

## **UNFPA's Accomplishments and Challenges in the Africa Region**

Regional case study prepared for the  
***Center for Global Development Working Group on UNFPA's  
Leadership Transition***

By

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November 2010

\* The content of this paper is the responsibility of the author and may not represent the views of the Center for Global Development.

## Foreword

In August 2010—three months before a new executive director of the United Nations Population Fund (UNFPA) was announced—CGD formed a Working Group to examine UNFPA’s evolving role in sexual and reproductive health, reproductive rights, and the integration of population dynamics into development. The recommendations from the Working Group on UNFPA’s Leadership Transition were based on consultative meetings, one-on-one interviews, expert-panel deliberation, and literature reviews. In addition, we commissioned four country case studies and one regional case study to represent the diversity of country and regional conditions in two of UNFPA’s most important regions: Asia and Africa. With 76 percent of its staff based outside of headquarters, understanding UNFPA’s role and performance in the field is essential to understanding UNFPA.

In this paper, Oladele O. Arowolo provides a view into UNFPA’s role in population, gender, and reproductive health throughout the Africa region. He offers a summary of pre- and post-ICPD population activities in Africa; identifies UNFPA’s comparative advantages; looks at UN reform and UNFPA’s role within the reform; and identifies opportunities and challenges for UNFPA in Africa. Oladele ends by offering a handful of recommendations for UNFPA’s work throughout the Africa region.

This paper is part of the larger Demographics and Development Initiative at CGD and a contribution to CGD’s Working Group Report on UNFPA’s Leadership Transition. The work is generously supported by a grant from the William and Flora Hewlett Foundation.

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# Population Issues and the Policy Environment in Africa before 1994

## Introduction

This opening section examines the state of population in Africa and the African response to global population initiatives prior to the 1994 International Conference on Population and Development (ICPD). The main challenge was the lack of reliable population and socioeconomic data at national level; this curtailed research efforts in the field and beclouded the reality of population dynamics in relation to development. The first generation of population policies in Africa mirrored a narrow conception of the challenge of population dynamics in relation to development. An emphasis was placed on high rates of population growth as the scapegoat for slow economic growth with family planning as its only remedy.

Given the poor state of knowledge of population and development interrelationships, it is not surprising that many African countries were suspicious of foreign influence and motives behind the family planning advocacy that dominated population policies before 1994. This is where the role of the United Nations Population Fund (UNFPA) in countries became crucial. Across Africa from the 1980s onward, UNFPA supported population data collection (censuses and demographic surveys) and their analysis and dissemination; it placed emphasis on institution and human capacity building and; advocated, through its country offices, for the integration of population issues into development policies and plans. All of these activities prepared Africa for ICPD in Cairo, Egypt in 1994.

## The Challenge of Population and Socio-Economic Data

Population data and information did not inspire much confidence in many African countries before the 1980 Round of Population and Housing Censuses, largely because of the weak institutional structures supporting the statistical systems, and in part because of poor understanding of the value of demographic information in government circles. Admittedly, censuses are the largest, most elaborate and costly data collection activity that Statistical Offices undertake; however, the population and housing census provides an important foundation for good governance and development (Mari Simonen, UNFPA, 2002). Before 1980, only about 10 African countries had undertaken a reliable national census; soon thereafter, many more African countries began to appreciate the value of population data and information for policies and planning. With the support of UNFPA, during the 1990 Round of censuses (1985-1994) the majority of African countries, 48 out of 56, embraced the idea and actually conducted a national census of population and housing (Zewoldi, UN Statistical Division, 2002).

Nevertheless, UNFPA has indicated, informally, that it would scale down its support for the 2000 Round of Censuses well below its past levels, while carrying on with its key roles in mounting census assessments and coordinating donor support (US, Bureau of the Census, 1997). UNFPA itself later put it this way:

“For more than three decades UNFPA, working in partnership with other international technical and donor agencies, especially the United Nations Statistics Division (UNSD) and the United Nations Regional Commissions, has played a leading role in supporting censuses in developing

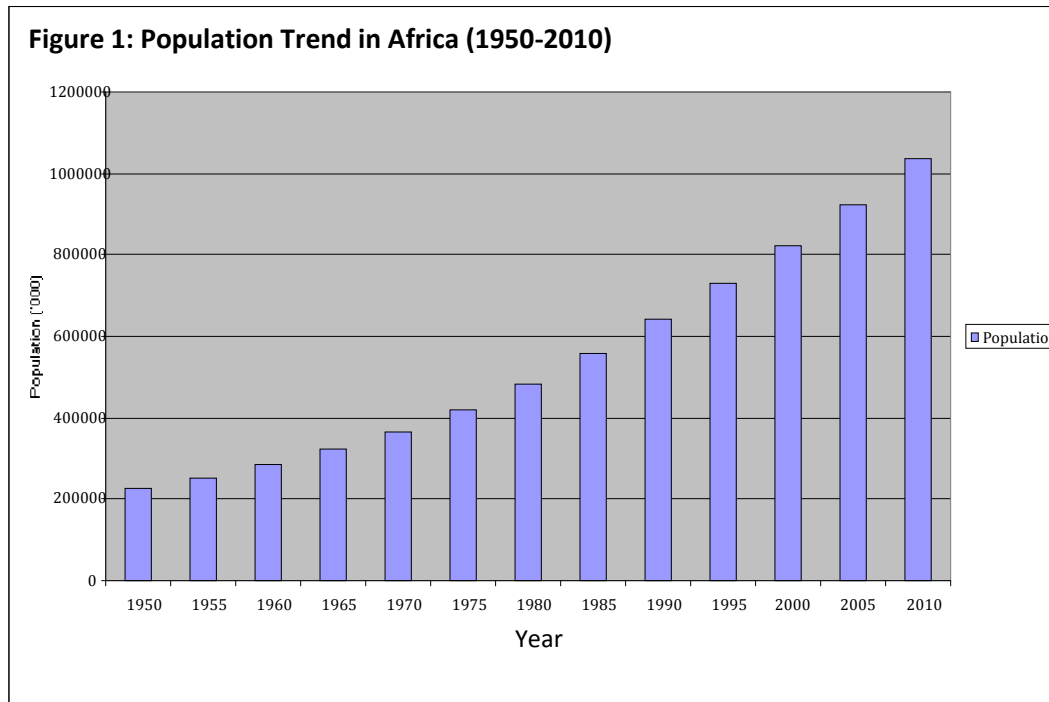
countries throughout the world. UNFPA technical and financial assistance to developing countries has contributed to the rich census histories in many countries and their strengthened capacities to conduct modern censuses. The 2000 census round has been marked by a funding crisis throughout the developing world, but especially in sub-Saharan Africa....The hope that after three decades of support, countries would have developed the capacity to conduct their censuses and be in a position to finance census activities has proved overly optimistic. Given all these problems and constraints, the time is ripe to consider cost-saving strategies and approaches, extending beyond national boundaries.” (Mari Simonen, Director, UNFPA Technical Support Division, August 2002)

The lack of reliable and comprehensive data on population in most of the African countries before 1980 was a major constraint to research on population and development. It also meant that governments did not have the needed information to understand the relationship between population dynamics and consequences on social and economic development. The decade following 1985 was really a census decade in Africa. Most of the earlier census data provided basic population data (size, age/sex distribution, regional spread, household characteristics – education, occupation, religion, ethnicity, etc.). Only crude estimates of birth and death rates could be made and information on migration was limited to indirectly derived intercensal calculations (Arowolo, 1982).

Apart from population census data, most African countries have also conducted Demographic and Health Surveys, also with the support of UNFPA and in the absence of a vital registration system in most countries. Together with census data conducted decennially in many countries and with technological advancement in demographic analysis, information is now widely available on the important variables in population dynamics and their relation to development. It is now clear to African countries in general that population is a major factor in development.

### **Demographic Trends**

As shown in Table 1 and illustrated in Figure 1, data on the population of Africa dates back to 1950 and provides estimates to 2010 (UN World Population Prospects – The 2008 Revision, 2009). The population of Africa was estimated at 227 million in 1950; by 1980 it more than doubled to an estimated 482 million people. While it took 30 years for the population to double between 1950 and 1980, the next doubling took barely 25 years as the population grew from 482 million in 1980 to 924 million in 2005. Within five years from 2005, 113 million was added to the population of Africa.



Source: UN, Population Division, 2009. World Population Prospects: The 2008 Revision; CD Rom Edition (POP/DB/Wpp/Rev.2008/03/F01).

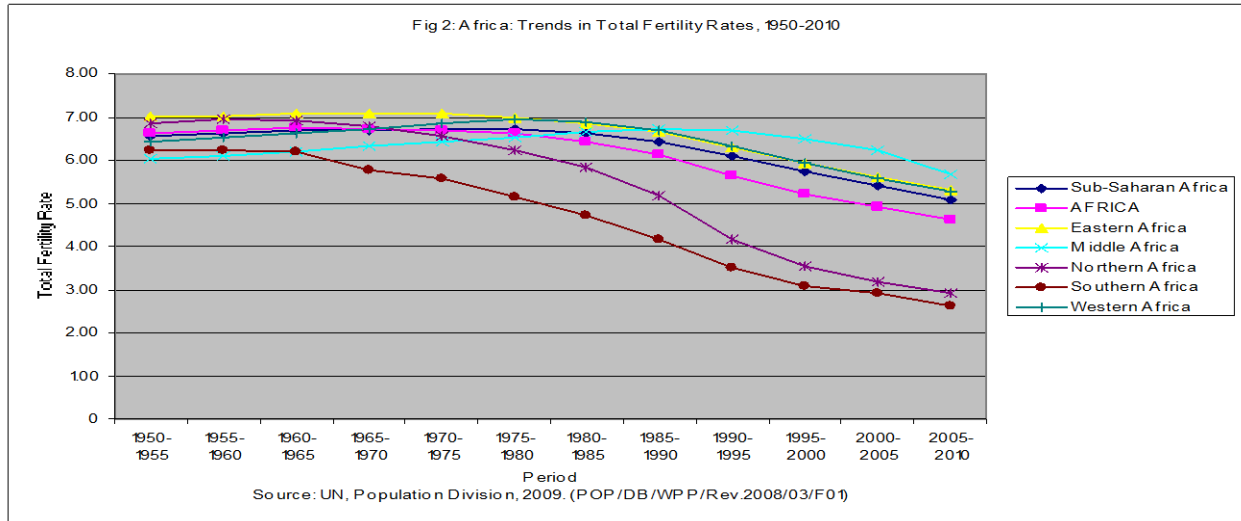
**Table 1: Population of Africa**

<u>Year</u>	<u>Population</u>
1950	227 270
1955	253 397
1960	285 049
1965	322 309
1970	366 792
1975	418 765
1980	482 236
1985	556 131
1990	640 723
1995	728 647
2000	822 368
2005	924 590
2010	1 037 346

Source: UN Population Division, 2009.

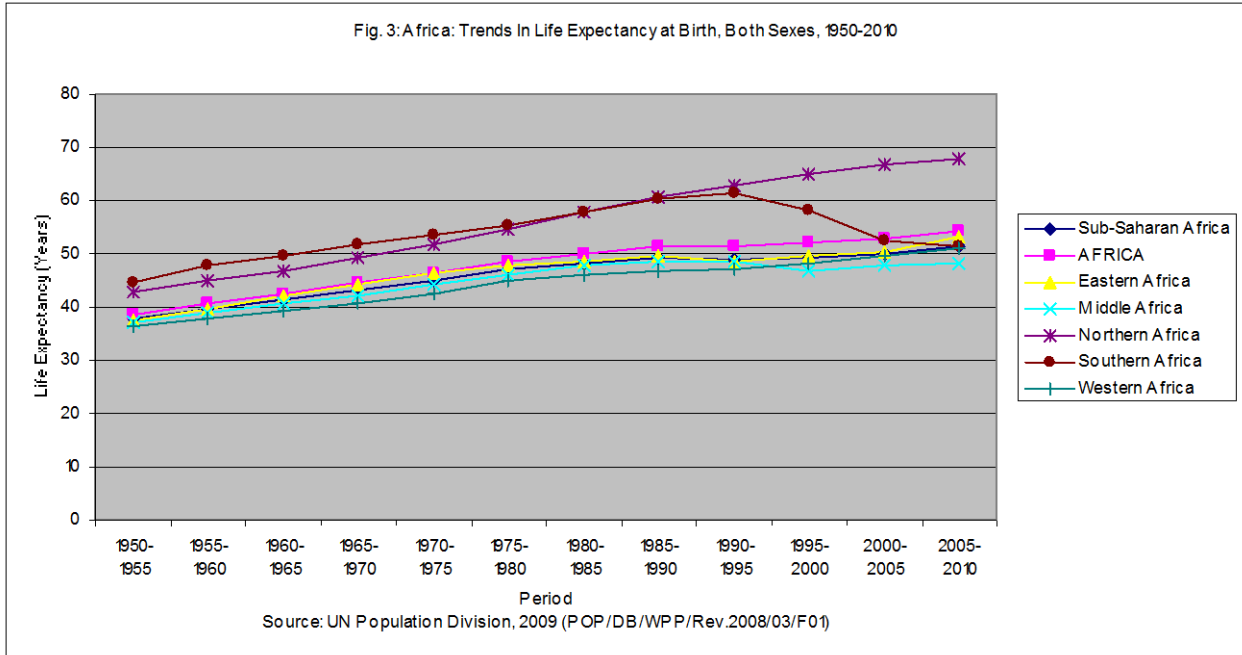
The initial focus on fertility reduction interventions in the earlier population policies in Africa was quite justified; however the context was largely misunderstood by most planners. Between 1950 and 1980, the Total Fertility Rate for Africa averaged 6.5. Initially the period rates increased from 1950-55 to 1970-75, and thereafter a gentle decline until 1990, when more notable declines set in. Standing at an average of 4.8 during the 2005-2010 period, Africa is yet to experience the demographic transition from high- to low-level fertility; but signs of an imminent fertility transition are being shown by Southern and Northern Africa (Figure 2).

**Figure 2: Trends in Total Fertility Rate in Africa, 1950 – 2010**



Persistently high levels of fertility have been combined with declining mortality in the continent from 1980 to 1990; hence, the high rate of natural increase that characterized the population. Except for Northern Africa, the continent has experienced a drastic reduction in the average life expectancy at birth (both sexes) due to the ravaging effect of AIDS mortality. The most severely hit region has been Southern Africa.

**Figure 3: Trends in Life Expectancy at Birth in Africa (both sexes), 1950 – 2010**



Clear evidence of the interplay of fertility and mortality rates in the continent is illustrated in Figure 4, showing the rate of natural increase of population in Africa from 1950 to 2010. Reaching over 30.0 per 1,000 population per annum in dozens of countries across the continent, the rate of natural increase of population has grown steadily from 22.2 in 1950-55 to 28.8 in the 1980-85 period. Regional rates differ but remain quite high or higher than the continental average, except in Northern Africa where efforts to reduce mortality have been paying off, and in Southern Africa where AIDS mortality has been largely responsible for the reduced rates of natural increase of population.

**Figure 4: Rate of Natural Increase in Africa (1000 population)**



## Population Policy

Before 1970, only two countries in Africa (Kenya in 1967 and Ghana in 1969) had promulgated a national population policy. Following the 1990 Round of Censuses (1985-1994), 18 other countries in the continent published their national population policies. During the 1990 Round, population census data were complemented by national Demographic and Health Surveys in most of these countries, which facilitated derivation of demographic indicators and provided an insight into the interplay of social, economic and environmental factors in population dynamics. This ‘new’ population information age spurred the emergence and popularization of national population policies in the continent. Sullivan (2006) sums it up as follows:

“At independence in the 1960s, the leaders of most sub-Saharan African countries saw population growth as congruent with cultural norms encouraging fertility as well as a means to achieve the economies of scale necessary to jump-start economic development. However, starting in the late 1980s and continuing through the 1990s, one sub-Saharan African country after another announced national population policies aimed at reducing growth, and by 2003, the governments of 77% of sub-Saharan African countries viewed the rate of population growth in their country as too high (UN 2004).”

Much of the earlier debate on population and development revolved around human numbers—the size and growth rates of population in relation to the growth rates of the economy. Back then, information on the population of Africa was scanty, as only a few African countries had attempted a national census in the real sense. Little was known about population dynamics in the continent and the implications for social and economic policy formulation and development planning.

A decade later, the picture for Africa was beginning to change. With a wave of independence across the continent also came a yearning for national identity; independent nation states wanted to know the size of their populations. This prompted many countries to either conduct a full census or a partial one to derive estimates of their population and the associated demographic, social and economic characteristics. Based on fresh population data, a few countries came up with national population policies with the primary orientation to curb population growth through family planning (see Box 1).

<b>Box 1: Adoption of Population Policy in Sub-Saharan Africa by date (1965-1999)</b>	
<p><b>1965-1984</b> Kenya 1967 ; Ghana 1969</p> <p><b>1985-1989:</b> Liberia 1989; Senegal 1988; Zambia 1980; Sierra Leone 1989; Nigeria 1988</p> <p><b>1990-1994:</b> Ethiopia 1993; Rwanda 1990; Chad 1994; Niger 1992; Guinea 1992; Cameroon 1992; Mali 1991; Burkina Faso 1991; Madagascar 1990; Malawi 1994; Lesotho 1994; Tanzania 1992; Gambia 1992</p>	<p><b>1995-1999:</b> Namibia 1997; Mozambique 1999; Capa Verde 1995; Togo 1998; CAR 1998; Cote d’Ivoire 1997; Benin 1996; Mauritania 1995; Zimbabwe 1998; South Africa 1998; Botswana 1997; Uganda 1995.</p> <p><i>Source: Sullivan, Rachel. The Politics of Population Adoption in Sub-Saharan Africa: Global Intersections with Demographic Localities, allacademic research, Jan. 2006. download: <a href="http://www.allacademioic.com">http://www.allacademioic.com</a>.</i></p>

The Second World Population Conference (1965) was held in Belgrade and organized by the International Union for the Scientific Study of Population (IUSSP) and the United Nations. Unlike the policy orientation of subsequent population conferences, it was largely an academic affair. Emphasis at the conference was on “the analysis of fertility as part of a policy for development planning” (IUSSP, 1965). By then, Africa was a not prominent in the international picture.

In 1974, in Bucharest, the debate became truly global, largely through the efforts of the United Nations. At that international conference, the world nations, following discussions of numerous academic papers from different parts of the world, adopted the World Population Plan of Action (WPPA) which recognized the interrelationship between population and development. Among other things, the WPPA called on governments to devise appropriate action programmes to integrate population measures into their social and economic goals and strategies. At the conference, the slogan “development is the best contraceptive” emerged and became associated with a small group of developing countries including some in Africa, which signaled that the debate on population and development was far from being resolved (UN, 1974).

Ten years later in 1984, another United Nations international conference on population was held in Mexico. The conference re-visited the Bucharest deliberations and reiterated the WPPA, with country pledges to integrate population factors into their development plans. In reality the majority never implemented integration, in part due to the lack of data and information, but also due to poor understanding of the relationship between population and development issues.

In 1994, the International Conference on Population and Development (ICPD), again under the auspices of the United Nations, was held in Cairo, Egypt. Based on improved understanding of the relationship between population and development, and rooted on human rights principles, the Conference adopted the Programme of Action (PoA) which deepened attention to population and development interrelations. The twenty-year (1994-2014) PoA is guided by a set of principles agreed to by 180 countries. They call for full respect for religious diversity, critical values and cultural backgrounds; international human rights standards; and national laws when implementing population and development programs. They are based on the interrelationship between population and sustainable development.

## **Research and Training in Population**

### **Research**

As more and better data on population became available from the 1980s in Africa, foreign and international scholars engaged in population research that had remained almost a virgin field. For Africa, most of the initial stimulus to research in population and development was provided by external funding and this inevitably led to the dominance of external influences on research thinking and outcomes in the continent at large.

In 1977, the International Research Group of Social Science Research on Population and Development (IRG) commissioned a study, among others in other regions of the world, on: 'Social Science Research on Population and Development in Africa South of the Sahara' (Mabogunje and Arowolo, 1978). Many of the observations recorded in the report are about population research in Sub-Saharan Africa and suggestions for the future. The 1978 publication remains valid even in today, not only for Sub-Saharan Africa, but for the whole continent.

Based on evidence from assistance to population activities in the region between 1969 and 1970, the report (1978) noted that there was a bias in favor of research on fertility and family planning in Africa which might not be unrelated to the sources of research funds and the conditions under which such funds were made available to scholars. During this period, a substantial proportion of funds for population research and population activities originated from foreign sources and was expended under the usually rigid criteria governing foreign development assistance in general. This explains why research during that period in Sub-Saharan Africa was dominated by issues on fertility and family planning. Indeed, 80 percent of assistance in the field of population went to family planning (Mabogunje and Arowolo, 1978:10).

Three decades have passed since the above observations were made, and in spite of the ICPD PoA and developments in population policy formulation and (limited) programming, Africa still relies very much on foreign funds for population activities, including research. In almost all cases, a country with or without an explicit population policy has a number of population projects being implemented by the government or other agencies, with financial inputs from diverse sources, including multilateral organizations (UNFPA, UNDP, World Bank, WHO, UNICEF, etc.), bilateral agencies (ODA, USAID, CIDA, etc.) and non-governmental organizations (The Ford Foundation, The Population Council, IDRC, IPPF, etc).

A 'Cairo Plus Five' publication by the Population Reference Bureau and Population Council (1999) is quite revealing. Titled: *A Guide to Research Findings on the Cairo Consensus*, the publication was based on information collected from 48 'research organizations,' two of them based in Africa (and not necessarily supported by domestic funds), one in the United Kingdom and one in Malaysia; the remaining organizations were based in the U.S. (and funded locally). As shown in Table 2, the research bias is obvious: of the 172 listings, 120, or more than 54%, relate to reproductive health issues; 11% on population and environment and 4% on migration. Again, and as before, the overwhelming interest of foreign agencies in population research in Africa seems to be in the area of reproductive health, which in the 1970s was family planning (Arowolo, 2006). It is equally revealing that only one of studies focusing on Africa received support from agencies originating from Africa itself. There is no doubt that numerous research activities in the field of population and development have been carried out in different African countries by local and international researchers following ICPD in 1994. However, local funding by governments, NGOs and private organizations need to be encouraged, if only for sustainability reasons. The extent to which these individual and institutional research efforts are coordinated, or could serve as a guide, is also difficult to determine. A guide to research in population and development following the

ICPD PoA, of the sort described above, should provide the answer. Such a guide would provide a platform for information sharing, identification of gaps in research and at the same time encourage collaboration.

<b>Table 2: Analysis of research in support of the ICPD PoA</b>				
	<i>Topic</i>	<i>Listing</i>	<i>Focus on Africa</i>	<i>Local funding</i>
1	Adolescents (Largely Rep. Health)	28	6	1
2	Ageing	8	0	None
3	Migration	7	0	None
4	Resource mobilization	17	2	None
5	Pop., environment & development	19	2	None
6	Rep Health & Family Planning	49	10	None
7	Rep. Health in emergencies	6	0	None
8	Rep. Rights & Human Rights	38	4	None
	TOTAL	172	24	

Source: Population Reference Bureau & the Population Council, A Guide to Research Findings on the Cairo Consensus, New York, (Jan.1999).

To say the least, such a study would also serve as a scientific basis for educating national governments in Africa on research activities – who is carrying out research; in which areas are research being conducted; what are the gaps that remain to be filled; who is funding research; and how are research findings being used for policy and programme implementation?

In terms of ‘guide to research’ on the ICPD PoA, there is no general direction for Africa. There is no doubt that a large number of research materials have accumulated on various population and development issues with focus on Africa or parts thereof; however, analysis of such is not available. Under the circumstance, the researcher is left to wonder which areas constitute research gaps on the population of Africa. The basis for determining a post-ICPD research orientation and gaps in the field of population and development in African remains to be established by any concrete study (Arowolo, 2006).

However, there are encouraging signs of growing interest in population research in Africa, given the diversity of research papers presented mostly by African scholars on population at the 5<sup>th</sup> African Population Conference held in Arusha, Tanzania in December 2007. The Conference attracted over 700 participants, mostly from Africa, and accepted abstracts of 100 papers covering the following areas: new

and innovative approaches to data collection and analysis; population, environment and sustainable development; family, gender and households; sexual behavior and sexuality; health transition; HIV/AIDS; schooling and employment; maternal health and young child survival; migration and urbanization and their consequences on development and environment; reproductive health and family planning; the MDGs and ICPD PoA; and population growth and poverty. In the end, the Conference urged African nations to support population and development research and called on donors to not relent in their support to population research and related activities on the continent (UAPS, 2008).

### **Training in Population**

Training is a major strategy for capacity building. By its nature, most of the training programs in population are based in universities, usually at post-graduate level and also requires one to conduct research. Research requires the training of high-level human resources in all the relevant areas and to support research and training, institutions require adequate funding by local agencies and partners. National governments in Africa need to be adequately informed about the significance of training in population so as to provide the necessary funding.

In recent years, however, UNFPA seems to have changed its capacity building strategy; while capacity building support to government institutions continue, it has systematically withdrawn support to university-based training in population science, including institutions initially set up by UNFPA and supported for over a decade. In the past, UNFPA considered training in population pivotal to the population agenda in Africa. The Fund supported the establishment of Regional Population Institutes in Africa located in selected universities (Northern, Cairo, Egypt; Western, Legon, Ghana; Central, Yaoundé, Cameroon; Eastern/Southern, Gaborone, Botswana). These centers produced a large crop of demographers with post-graduate diploma certificates at the Masters or PhD level. They have contributed immensely to sustainability of capacity building in training and research on population across the continent. In addition, UNFPA supported the creation of Population Units in many African countries and provided training fellowships through the ILO Turin for nationals to be trained in Population Studies/Demography abroad. The issues around UNFPA's withdrawal of support to demographic training and census programs are summarized in Box 2.

#### **Box 2: UNFPA's role in population census and training population scientists**

After ICPD in 1994, national and international attention and funding was diverted away from population and technical demography towards a human rights approach focusing on the sexual and reproductive health of individuals. As a result of these changed research priorities, and compounded by concerns about their sustainability, UNFPA withdrew its funding for many demography training centers and university departments across the developing world. Most of these centers have since collapsed, although a very small number have successfully leveraged other sources of funding. Even still, the essential character of the surviving institutions has changed. Fifteen years after ICPD, there is a general appreciation that the cohort of technical demographers is aging rapidly and has not been replaced. Some of the core skills that demographers used to have, and which can be very important in informing public policy and resource allocation exercises, are in danger of being lost. In addition, overseas technical assistance programmes such as those offered by the U.S. Census Bureau, which in the past

were able to cover for national shortages in skills, have been curtailed or disbanded. Likewise, UNFPA cannot offer technical expertise to all developing countries requiring its help in the areas of census planning, implementation, data collection and analysis. In much of the developing world, and particularly in Africa, there is a very real danger that countries executing censuses as part of the 2010 round may struggle to run their censuses, or to collect, process, analyze and disseminate their data.

*Source:* Report on IUSSP/UNFPA meeting on Applied and Technical Demographic Training in Developing Countries: Towards an Agenda for Revitalisation, March 26-28 2009 The Hague, The Netherlands (Hosted by NIDI), prepared by Tom Moultrie, Cape Town April 2009.

Population Units are still active in the countries in which they were established within government structures. However, the university-based training institutions seem to have disappeared since UNFPA withdrew support. In the last decade following the demise of these institutions in Africa as elsewhere, two IUSSP seminars have been held to highlight an impending crisis in training in technical and applied demography in developing countries; namely, i) the 2001 IUSSP seminar on Demographic Teaching in the Third Millennium held in Rabat, Morocco, and ii) the 2007 meeting also in Rabat to discuss the data needs required to monitor progress in achieving the MDGs (IUSSP/UNFPA, 2009).

## Post-ICPD Support to Population Activities in Africa

Following ICPD in 1994, UNFPA renewed the focus of its support to population activities in Africa, devoid of suspicion of international interference in domestic policies and development priorities. UNFPA's 'new' support strategy consists of implementation of the ICPD PoA and, after 2000, the achievement of the population-related MDGs; development of a new generation of population policies; reorientation of UNFPA Country Programmes in support to Governments; and advocacy for renewed roles of NGOs. Following this string of support to policies and programs, the question is: Will Africa achieve the objectives of the ICPD PoA and MDGs?

### Africa and ICPD

ICPD was inclusive: more than 1,200 representatives of citizens' groups attended the last preparatory meeting in New York and more than 2,000 attended the conference. The Dakar/Ngor Declaration (DND) on Population, Family and Sustainable Development (DND), which was adopted by the African countries in 1992, formed the basis of Africa's common position at ICPD in 1994. The ICPD process also prompted far more cooperation between North and South than the previous conferences on population, a signal to the need for collaboration in a globalizing world (UN, ICPD 1994).

ICPD brought with it a shift in focus of meeting individual needs rather than achieving demographic targets (such as reducing population growth). Quality of life for all, including present and future generations, has since become a key concern. ICPD put an emphasis on "sustainable human development" and thereby placed population at the center of all development policies and plans. Henceforth, population is to be viewed as the driving force behind development, while people are the ultimate beneficiary of development. Beyond numbers, population concerns now include the environment, economic development, human rights—including gender equality—and sexual and reproductive health and rights. Issues of internal and international migration, urban and rural population, labor force and unemployment, youth and the elderly became recognized under the ICPD PoA as development issues. All these emerging population issues influence the orientation of post-ICPD population policies in African countries and removed the suspicion of family planning as a foreign inspired agenda.

The ICPD PoA called on governments to take actions to integrate population into sustained economic growth and sustainable development. Most of the actions focus on integrating population issues into the formulation, implementation, monitoring and evaluation of all policies and programs; establishing the requisite internal institutional mechanisms; strengthening political commitment to integrate population in development strategies and plans; reducing and eliminating unsustainable patterns of production and consumption; and promoting appropriate demographic policies. This call encouraged many more African countries to adopt population policies (12 countries adopted policies between 1995 and 1999) or review the existing ones in light of the paradigm shift. All of these new policies or the review of old policies benefited from UNFPA's technical and financial support.

## Post-ICPD Population Policies and Programs

Between 1995 and 1999, 12 countries in Africa adopted population policies (see Box 1), and many more reviewed their existing policies to reflect the consensus of ICPD, all benefiting from the support of UNFPA through its country offices and technical support services. Space does not permit an in-depth analysis of the characteristics of these post-ICPD population policies; but, for the first time the concept of sexual and reproductive health and rights replaced the narrow focus on family planning which dominated previous policies across the continent. Also, unlike in the past, gender became more prominent in setting strategies for reproductive health, HIV/AIDS, education and the environment. Post-ICPD population policies tend to be broader in their coverage of population issues, taking into consideration strategies to address migration, population distribution, demographic aspects of the labor force and unemployment, gender parity in education and the active participation of government, parliamentarians, the private sector and NGOs in policy formulation and implementation processes.

In order to implement these policies, the ICPD PoA called for the establishment of the requisite internal institutional mechanisms and the strengthening of political commitment to integrate population in development strategies and plans. In this regard, UNFPA supported the establishment and sustained functioning of a number of population units in Planning Ministries and provided technical support for sensitization, development of action plans and periodic evaluation of program performance, especially the 5-yearly reporting on implementation of the ICPD PoA and MDGs. UNFPA country offices have played a pivotal role in assisting African Governments to produce these evaluation reports, from the ICPD+5 of 1999, ICPD+10 of 2004, to the most recent one – ICPD+15 of 2009. Indeed, organization and financial support for these reviews and conference deliberation have been led by UNFPA with support from the UN Economic Commission for Africa (UNECA) and African Union Commission (AUC) (see UNFPA, UNECA and AUC, Report on ICPD+15, 2009).

## Will Africa Achieve the ICPD PoA and MDGs?

As already noted, since 1994, countries in the world, particularly developing countries, have been reviewing the implementation of ICPD PoA every five years. The ICPD+15 Review report (UNFPA, UNECA & AUC, 2009), which also incorporated the MDGs, notes that much has been done in African countries in collaboration with local and international partners to achieve the objectives of the ICPD PoA and MDGs. This includes policy formulation, development of appropriate legal frameworks and the adoption of relevant international instruments, including those derived from African Union initiatives since the 1992 Dakar/Ngor Declaration. Many countries have reportedly moved forward to set up new institutions and strengthen existing ones and designed national and sectoral programs and plans to address the various dimensions of population – poverty, gender, youth, access to health and reproductive health services, family planning, education, housing, transport, communication, data, research, etc. However, the report notes that there are still quite a number of countries in which population planning has not yet been given explicit consideration. In such countries, population policy is explicit, but there is no action plan or

program specifically designed to address policy implementation. Overall, the review notes with concern the wide gap that exists in most African countries between population-related policies and actual implementation.

According to the ICPD+15 review report, analysis of responses to the ICPD+15 and MDGs questionnaires sent to all African countries shows that countries express a range of economic and financial problems that continue to impede the implementation of the ICPD PoA and MDGs. Between 40 and 50 percent of the responding countries reported that they were affected by external financial problems including debt burden, a decrease in official development assistance and insufficient access to international markets. Added to this, 27 out of 40 responding countries cited insufficient external financial resources mobilized for population programmes as a very major constraint. Also, nearly the same proportion of responding countries was faced by the challenge of inadequate government funding of population activities—a factor underpinned by the fact that nearly two-thirds of the responding countries indicated that they face competing national problems. Correspondingly, about 68 percent of the responding countries indicated that they had difficulties in mobilizing other domestic resources for population programmes. Apart from the above economic and financial constraints, countries identified a set of socio-cultural factors which inhibited programme implementation in their respective countries—the existence of unfavorable socio-cultural norms, values and practices (70 percent), and in particular, women’s socio-economic status and vulnerability (about 68 percent) were key factors that continued to impede the implementation of the ICPD PoA and achievement of MDGs in Africa (UNFPA, UNECA & AUC, 2009).

The Ministerial Conference which followed the technical review meeting of ICPD+15, while accepting the report and its recommendations, noted with serious concern “that in spite of national efforts and international partnerships, our continent has made slow progress in the areas of poverty reduction, maternal and child health, gender equity and equality, HIV/AIDS and youth employment; and this has been exacerbated by conflicts and emerging issues, including climate change, environmental degradation, food and the financial crises” (Ministerial Conference ICPD+15, Commitment Document, Addis Ababa, 23 October 2009, p1).

About five years to the end of both the ICPD and MDG program cycles (2014 and 2015, respectively), the prognosis for achieving their objectives/targets has not been generally reassuring. Time is limited and population issues are generally difficult to turn around in the short term; but strategic or targeted interventions could make a difference.

## UNFPA's Comparative Advantage

UNFPA is an international development agency with a mission to promote the right of every woman, man, and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect. In meeting the development goals, UNFPA works in partnership with governments, as well as with other agencies and civil society broadly, to advance its mission with focus on the achievement of the ICPD PoA and MDGs. To this end, UNFPA has adopted three core areas for its operation around the world: sexual and reproductive health (including HIV/AIDS), gender equality, and population and development, which includes data collection and analysis for policies and programs on population, fertility, mortality, migration, urbanization, ageing, and climate change (<http://www.unfpa.org/public/about/>).

The role of UNFPA as an international body in providing support to population and MDGs population-related activities in Africa and elsewhere should be commended. In the past, UNFPA support focused on population data collection and analysis through national censuses. This provided a valuable information base for advocacy on the relationship between population dynamics and development; the result is that now there are only a few countries in African without a population policy.

UNFPA has country offices in almost all countries in Africa in order to effectively support governments in implementing their population programs. The Fund's program budget at the country level is structured in such a way that the bulk of the allocations from regular sources goes to reproductive health. This has been the pattern of UNFPA programming for the last 20 years or so, with the result that national governments, particularly in Africa, seem to have come to associate population with reproductive health. While there is no doubt that reproductive health is important—in fact a matter of life and death—the problems confronting the developing nations go far beyond mere survival; they revolve around life and living as defined by the ICPD PoA and MDGs. In its full form, the ICPD PoA defines the dimensions of population that require attention as follows: interrelationships between population, sustained economic growth and sustainable development; gender equality, equity, and empowerment of women; the family, its roles, rights, composition and structure; population growth and structure; reproductive rights and reproductive health; health, morbidity and mortality; population distribution, urbanization and internal migration; international migration; population, development and education and; technology, research and development (UN, ICPD PoA, 1994).

Admittedly, it is unrealistic to expect UNFPA alone to address all of these population issues given limitations of resources and capacity. However, now that UN Reform is urging all agencies to come together to develop joint programmes as much as possible, it is time for UNFPA to re-define its areas of comparative advantage within the context of UN agencies and with regard to the ICPD conception of the subject of population. In this regard, the UNFPA seems to have more options than many other UN agencies; it has a vast area of population issues that pose serious problems to national governments in Africa and elsewhere in the developing world in which most other UN agencies seem not to be

particularly interested. These include population data (censuses, surveys, vital registration); population distribution, urbanization and internal migration; population and development interrelationships; technology, research and development in population; integrated population and development planning; population, agriculture, and the environment; youth and the 'Demographic Dividend.' These issues could be brought to the forefront in the design of program assistance to a country, supported by projects of a collaborative nature with WHO, UNICEF, UNIFEM, UNAIDS, WFP, etc. on issues of mutual interest.

UNFPA itself has been undergoing changes, and in its Strategic Plan, it has issued its 'new' strategic direction. This is an integrated organizational strategy which identifies the priorities and strategic positioning of the Fund to contribute to the implementation of the ICPD PoA and MDGs. UNFPA plans to implement and mainstream this strategic direction in all its new country programmes.

Whatever the mission of UNFPA and its programming modality at country level, it is the responsibility of a national government to define the scope of population issues affecting development. UNFPA's Programme of Support to a country does not, and should not, be misconstrued as the national population program. Indeed, a national population program should provide a platform for all agencies, internal and international (including UNFPA) to provide support to population activities in the country. (It is in the same regard that a World Bank program of support to a country is not a substitute for that country's national development plan).

It is in the areas of designing and implementing comprehensive national population and development programmes, through more effective targeting, and addressing human rights issues in concrete terms through research, that many African countries today face the greatest challenge (see, Arowolo, 2005; Arowolo, 2010; UNFPA, UNECA & AUC, 2009).

## Opportunities for UNFPA

The Commitment Document of African Ministers, composed at their meeting in October 2009, for the fifteen-year review of the implementation of the ICPD PoA in Africa (op.cit) provides a valid basis for UNFPA and other agencies interested in population and development in Africa for support to African Governments.

As already noted, the Ministers expressed “serious concern” about the rather slow progress in implementing both the ICPD PoA and MDGs in African countries in general due to internal constraints and limited external support. They renewed their commitment to implementing the international and continental agreements and initiatives, which have objectives that are aligned with the ICPD PoA and the MDGs (regarding social policies; reproductive, maternal and child health; gender equality and empowerment of women; youth; and HIV/AIDS, TB and Malaria). Among others, the Ministers promised to mobilize additional domestic resources for population programmes through public funds, public-private and civil society partnerships within the context of good governance and accountability, and strengthen partnership for effective participation of civil society, NGOs, the private sector, and foundations in the implementation of the ICPD PoA and MDGs.

In undertaking the above actions, the Ministers called upon: “i) international partners, both bilateral and multilateral, including the United Nations system, to provide adequate technical and financial support to our development efforts and to move swiftly to implement their commitments within the context of the Accra Agenda for Action on Aid Effectiveness; ii) the AUC, the UNECA and UNFPA to strengthen their coordination and harmonization processes with regard to the implementation of the priorities identified in this document, including facilitating South-South collaboration and exchange of experiences and best practices and; iii) the AUC and UNECA annually monitor progress made in implementing the relevant development programmes and plans, and to ensure that follow-up on the ICPD Programme of Action is included in the work plan of the proposed UN ECA Committee on Human and Social Development.” (African Ministerial Conference, Commitment Document, 2009, op cit).

Given the observed gap between policies and their implementation, and based on the range of actions proposed by the ministers, it seems that UNFPA has the opportunity to assist African Governments through capacity building (training and research) and additional program interventions (apart from reproductive health, and gender) in two main areas of population and development: i) integration of population issues (population dynamics and gender as well as their reproductive and health impacts) in policies, strategies, and plans, as part of initiatives for climate change, mitigation/adaptation, and in response to local environmental change; ii) design and implementation of action plans for population policy implementation, including the coordination of population activities.

## UNFPA and the UN Reform Process in the Next 20-30 Years in Africa

### UN Reform

As a follow-up to the outcome of the 2005 Millennium Summit, the Secretary-General set up a High-Level Panel on 'UN System-wide Coherence in the Areas of Development, Humanitarian Assistance, and the Environment.' The report from the High-Level Panel contains a series of recommendations deemed to overcome the fragmentation of the UN "so that the system can deliver as one." It embodies "One United Nations" at the country level that has full country ownership and is supported by a strengthened and more consolidated funding structure to substantially increase the effectiveness of UN interventions. The stated purpose of the "One UN" system is to further strengthen the management and coordination of UN operational activities so that they can make an even more effective contribution to the achievement of the internationally agreed development goals, including the MDGs. At the country level, One UN will have one leader, one program, one budget, and, where appropriate, one office (UN, 2006).

Following the launch of this, the governments of eight countries volunteered to become "One UN" pilots—Albania, Cape Verde, Mozambique, Pakistan, Rwanda, Tanzania, Uruguay, and Viet Nam. These countries are already piloting different models to "deliver as one," by looking at common elements, such as "One Programme", "One Budgetary Framework", "One Leader," and "One Office." Thereafter, a roll out process has been put forward: five One United Nations country pilots to be established by 2007 and, subject to satisfactory review, 20 One United Nations country programs by 2009, 40 by 2010 and all other appropriate programs by 2012. At the headquarters level, the process calls for the establishment of a Sustainable Development Board to oversee the One United Nations country programs. The role of UNDP will be to consolidate and focus its operational work on strengthening the coherence and positioning of the United Nations country team delivering the One Country Program. And in order to promote transparency and accountability, a United Nations common evaluation system was planned to be established by 2008, on the basis of a common evaluation methodology.

### Challenges and Opportunities

The United Nations Development Assistance Framework (UNDAF) provides a common platform for UN agencies to provide their support to governments; this has been the practice for the past decade or so. Joint programming through UNDAF has provided a good beginning and the rest of the process to follow will have to endure the slow process of fundamental institutional reform. At this point only the 8 pilot countries are testing the ground, and it could take time to know the outcome of this experiment and replicate in other countries.

The operationalization of a "One UN" offers both governments and the UN (including UNFPA) an opportunity to address the bottlenecks in program quality and efficient and effective delivery of services at country level, particularly to the less-privileged. They could address: institutional and human capacity strengthening for program management and service delivery; departmental and inter-agency

collaboration; sharpened mechanisms for effective program coordination, monitoring and evaluation; harmonized resource mobilization strategy; and mutual accountability and transparency.

A recent High-Level Panel Report on System-Wide Coherence (2008) submitted to the General Assembly rightly cautioned “that ‘Delivering as One’ cannot be about attempting to create ‘One Single UN’, but rather it must be about maintaining the diverse and vitally important capacities of the individual Funds, Programmes and Specialised Agencies while at the same time harnessing these capacities so that they can ‘Deliver as One’ in a more efficient, coordinated, coherent and effective manner” (UN, 2008, para 47).

However, there are challenges facing the reform process, as reported by the Pilot countries (UN, 2008). At the root of the challenge of “delivering as one” are resources: the lack of a common resource mobilization strategy, differences in agency regulations, and the imperative of agency allegiance to their respective bodies and offices at the headquarters, all of which set a limit on agency collaboration. The One UN system in is expected to work as one at country level, but the agencies they represent at the headquarters remain separate and operate independently, guided by their own regulations. Another dimension to resources at country level is the role of donors. Donor funding of the One UN program and the use of the One Fund Mechanism remain largely unpopular.

The High-Level Panel Report (UN, 2008) also notes that the “delivering as one” approach will, ultimately, have implications and result in changes for the work of individual UN organizations at country level. In addition, the report identifies challenges which need to be addressed by concerned entities at headquarters level: “where duplication is found, agreement will need to be reached to eliminate it; and where gaps are found there must be agreement on which UN organisation can most suitably fill these gaps”. Questions are also being asked for which answers are not provided: When will the pilot period end? After the pilot, what follows?

## Recommendations for UNFPA

1. In designing the UNDAF and the Results and Resources Matrix, UNFPA should ensure that its interventions in joint programming are backed by well-defined and measurable output indicators to facilitate the determination of agency contributions for the sake of accountability.
2. In terms of contributions to joint programming, UNFPA should consider more strategic than operational interventions, particularly in the areas of capacity building, advocacy, and monitoring and evaluation. This is where the Fund has comparative advantages.
3. UNFPA should strengthen its support to population programs in Africa in the following specific areas (apart from reproductive health and gender): census and demographic and health surveys; vital registration; analysis of and programming for youth and the 'Demographic Dividend'; urbanization; internal and international migration; integration of population into policies and plans; design and implementation of population programs. In these areas, UNFPA has comparative advantage, and the question of duplication and overlap of functions with other UN entities in the field will be minimized if not eliminated.
4. Capacity building is critical to population program efforts. UNFPA should strengthen its support to training and research in population science through support to PPUs and selected university and research institutions.

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