Folder Title:	Safe Motherhood Conference - Press Files
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Dates:	11/20/1986 - 04/02/1987
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SAFE MOTHERHOOD CONFERENCE
Press File

SMI Files.

March 31, 1987

Dear Ms. Mossop:

Mr. Conable has asked me to thank you warmly for your very thoughtful and interesting letter on health visitors. He has asked me to make sure that it is also read by our Health Adviser, Dr. Anthony Measham, and our Adviser on Women in Development, Ms. Barbara Herz.

Mr. Conable also wishes me to tell you how much he appreciates your kind remarks concerning his action on the plight of Third World mothers and children.

In case you have not seen the full text of his speech to the Safe Motherhood Conference, I enclose a copy.

With best wishes,

Sincerely,

Julian Grenfell
Special Adviser

Ms. Mary Mossop
2214 Tunlow Road, N.W.
Washington, DC 20007

cc: Mr. Anthony Measham
Ms. Barbara Herz

EXC 870313014

J.Grenfell/avs

2214 Tunlow Road, N.W.
Washington, D.C. 20007

Mr. Barber R. Conable
President, World Bank
1818 H. St. N.W.
Washington, D.C. 20433

March 10, 1987

Dear Mr. Conable,

I have been following with interest the strong postition you are taking on the plight of Third World mothers. While such an issue may have to be tackled by attacking many battlegrounds simultaneously, you have suggested that relatively small investments in basic health would quite drastically reduce the number of mothers dying during pregnancy and labour.

During the late 1960's, early 1970's, I trained and worked as a United Kingdon health visitor and subsequently as Assistant Secretary for Professional Matters at the Health Visiters Association, London. It is the role of health visitor that very much comes to mind when reading extracts of your speechs, both inaugural and more recently in Nairobi.

A health visitor in England is a State Registered Nurse, who subsequently trains for one year as a midwife or undertakes obstetrics training. This is followed by a further year of college training as a Health Visitor. Health Visitors are then employed by local Health Authorities. Their primary role is preventive health care which focuses almost exclusively on mothers and children under five years.

Briefly summarised their role involves contacting and establishing a relationship with pregnant mothers and holding prenatal classes at local health clinics. Ten days after delivery (when the midwife services cease) the health visitor makes a house call, offering emotional support to the mother together with guidance and practical help on feeding, nutrition, healthcare and development. During the process the health visitor is watching for early signs of abnormalities or disease. The health visiter with the mother, decides on the frequency of home visits.

The mother is encouraged to visit the local health clinic with her child. Weekly mother and baby clinics are held where mothers can meet, children are weighed, and general health advice given. Immunization sessions are held separately. It is the health visiter's job to ensure all children are immunized against disease. The health visitor maintains an ongoing file of mother and child progress and will make referrals to other medical and social workers if required. This care continues until the child reaches 5 years. On a recent visit to England I learned that health visitors have been given even more resources in order to intensify these services.

I believe the health visitors role could provide a framework from which to customise a similar type of service for mothers and children in less developed countries.

Finally, Mr. Conable, thank you for voicing your concern for the plight of Third World mothers and children and even more importantly for the actions you are taking such as doubling the Bank's lending for population, health and nutrition activities over the next three years.

Yours sincerely,

Mary Mossop

Mary Mossop

FORM NO. 27 - OCR
(7/86)

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UNISANTE GENEVA

ATTN COOK AND LIISBERG.

REFERENCE YOUR TELEPHONE INQUIRY. DELIGHTED FOR WHO TO

PUBLISH CONABLE NAIROBI SPEECH NEXT ISSUE WORLD HEALTH FORUM.

KINDLY SEND COPY OF PUBLISHED VERSION IN DUE COURSE. REGARDS

MEASHAM INTBAFRAD WASHINGTON

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CLASS OF SERVICE: TELEX TELEX NO.: W 27821 DATE: 2/25/87

SUBJECT: Safe Motherhood Conference

DRAFTED BY: ARMeasham.cjm

EXTENSION: 61574

CLEARANCES AND COPY DISTRIBUTION:

cc: Messrs. North, Sai
Mmes. Herz, Maguire, Schwattz, Sheffield

AUTHORIZED BY (Name and Signature): ARMeasham

DEPARTMENT: ANTHONY R. MEASHAM/PHNDR

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UNISANTE, GENEVA, SWITZERLAND

FOR LIISBERG. PROOFS FOR PUBLICATION MR. CONABLE'S NAIROBI SPEECH IN WORLD HEALTH FORUM LOOK FINE. ANSWERS TO YOUR QUESTIONS FOLLOW. PRIMO REFERENCES NOT AVAILABLE EXCEPT FOR WOLLSTONECRAFT QUOTATION PAGE 8 WHICH IS FROM QUOTE VINDICATION OF THE RIGHTS OF WOMEN UNQUOTE, CHAPTER THREE, PUBLISHED IN 1792. SEGUNDO MEMBER COUNTRY SHOULD HAVE SMALL QUOTE M UNQUOTE. MANY THANKS FOR YOUR ASSISTANCE. REGARDS. MEASHAM, INTAFRAD, WASHINGTON

END OF TEXT

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CLASS OF SERVICE: TELEX

TELEX NO.: 27821

DATE: 4/2/87

SUBJECT: SAFE MOTHERHOOD

DRAFTED BY: ARMeasham/rmf

EXTENSION: 61573

CLEARANCES AND COPY DISTRIBUTION:
cc: Messrs. North, Sai, Akin, Hasan
Mesdames Herz, Maguire, Sanyal

AUTHORIZED BY (Name and Signature): Anthony R. Measham

DEPARTMENT: PHN

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Mmes. Birdsall, Herz, Maguire Schwartz	

	APPROPRIATE DISPOSITION		NOTE AND RETURN
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	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		URGENT

REMARKS:

Attached are two articles on Safe Motherhood. One from the New York Times, in case you did not see it, the other a report on the Conference published in The Lancet.

FROM:	ROOM NO.:	EXTENSION:
ARMeasham	N440	61573

NEW YORK TIMES
SATURDAY, APRIL 4, 1987
Pg 26

When Childbirth Is Fatal

For women in the developing world the most worrying question about pregnancy is not "Will it change my life?" but "Will it end my life?" Reducing this maternal mortality rate — a goal recently, and commendably, set by the World Bank — depends heavily on birth control and health care services. Sadly, over the last three years the United States Government's commitment to this noble cause has continued to diminish.

Ideally, women ought to bear children between the ages of 18 and 35, probably have no more than four and space them two years apart. For a woman in Kenya, say, or Bangladesh, the ideal is far off; childbearing often begins with puberty and ends with menopause, assuming that the woman lives till menopause. Women in poorer countries may be 100 times more apt to die in pregnancy or childbirth. A quarter of the deaths that occur before term are the result of illegal abortions.

An estimated 500,000 pregnant women die each year. During a recent conference in Kenya, the World Bank launched a campaign to cut that in half by the year 2000. Barber Conable, the bank's president, pledged $1 million for a Safe Motherhood Fund. "Sometimes," Mr. Conable said, "we forget that development is the work of women as well as men . . . that they are the sustaining force of families, communities, nations."

Safe motherhood, however, requires access to family planning services and safe abortion — both of which the Reagan Administration insists on making cruelly difficult for the world's poor. In 1984, at the World Population Conference in Mexico City, the United States said it wanted to cut off funds to any agencies that so much as mentioned abortion, even though they used no Federal funds for their abortion-related activities.

As a result, the Agency for International Development withdrew support for the United Nations Fund for Population Activities and for the International Planned Parenthood Federation, the primary global network for family planning programs.

In bringing the world's attention to those 500,000 maternal deaths, the World Bank shows welcome concern for what Mr. Conable calls "the growth that comes from the bottom up." Would that the Reagan Administration could show similar understanding.

Maternal Health

The World Bank, the World Health Organisation, and the United Nations Fund for Population Activities were joint sponsors of a conference on Safe Motherhood, held in Nairobi on Feb 10–13. The participants from 37 countries included 5 Ministers of Health, the Director-General of WHO, the President of the World Bank, the Administrator of the UN Development Programme, the Assistant Executive of UNFPA, and staff from 14 non-governmental organisations and 7 bilateral aid agencies. They reviewed the extent of maternal mortality and morbidity, its causes and contributory factors, and the possible strategies and costs that would be required to ensure safe pregnancy and delivery for all women.

The article that follows is based on an address to the conference by the Director-General of WHO.

THE SAFE MOTHERHOOD INITIATIVE: A CALL TO ACTION

HALFDAN MAHLER

Director-General, World Health Organisation

THE most striking fact about maternal health in the world today is the extraordinary difference in maternal death rates between industrialised and developing countries. In the industrialised countries maternal deaths are now rare: the average lifetime risk for a woman of dying of pregnancy-related causes is between 1 in 4000 and 1 in 10 000. For a woman in the developing countries the average risk is between 1 in 15 and 1 in 50. These countries commonly have maternal mortality rates 200 times higher than those of Europe and North America—the widest disparity in all statistics of public health.

Why have these inequities in maternal death rates only recently become apparent and a cause of grave concern to governments and to WHO? The main reason is that until lately the size of the problem was largely unknown. Most of the countries where maternal mortality is high are also countries where even registration of deaths, let alone certification of cause of death, is greatly deficient or absent. Since 1974, however, some very careful community-level surveys have been carried out in at least ten countries in Africa, Asia, and the Americas. They have enabled us to correct the false impression which emerged from under-registration and thus to see, for the first time, the problem as it really is.

Sound estimates based on new data are thus the foundation of our current understanding and concern. There are other features of maternal mortality which impel us to give it a special priority. It has been a *neglected* tragedy; and it has been neglected because those who suffer it are neglected people, with the least power and influence over how national resources shall be spent; they are the poor, the rural peasants, and, above all, women.

DISCRIMINATION AGAINST WOMEN

One of the defects of modern society that is most damaging and impossible to justify is the persisting discrimination against women. "Women hold up half the sky", goes the Chinese saying. Somewhat more than half in many parts of the third world. They plant and harvest much of the food; they process and preserve it; women always cook the food, and they carry the fuel and the water needed. All this in addition to bearing, feeding, and in general caring for the children. They nurse those of the family, old or young, who need such care. They make, in short, an indispensable contribution to the national, the local, and the domestic economy, and they are the main providers of comfort and care to every family. There persist, however, many forms of obvious discrimination against women: a much smaller proportion of girls than boys is enrolled in primary or secondary school; in some parts of the world girls under the age of 5 years still endure much higher death rates than boys; higher proportions of girls than boys are severely malnourished. All such discrimination is not merely reprehensible in itself: it also has a more or less direct relation to maternal mortality.

The cause of a maternal death often has some of its roots in a woman's life before the pregnancy. It may lie in infancy, or even before her birth, when deficiencies of calcium, vitamin D, or iron begin. Continued throughout childhood and adolescence, these faults may result in a contracted pelvis and eventually in death from obstructed labour or in chronic iron-deficiency anaemia and often death from haemorrhage. The train of negative factors goes on through the woman's life: the special risks of adolescent pregnancy; the maternal depletion from pregnancies too closely spaced; the burdens of heavy physical labour in the reproductive period; the renewed high risk of childbearing after 35 and, worse, after 40; the compounding risks of grand multiparity; and, running through all this, the ghastly dangers of illegal abortion to which sheer desperation may drive her. All these are like links in a chain from which only the grave or the menopause offer hope of escape.

A WAY TO BREAK THESE CHAINS

The commitment by all the governments of the world to the Health for All Strategy gives a ray of hope. The only solution must involve a certain basic equity not merely from an ethical or political point of view, but because these deaths strike disproportionately on the poor in remote rural areas. We can succeed in making a major impact only by ensuring for all women access to the essential elements of preventive and promotive maternal health and family planning care—and, particularly, essential obstetric care in life-threatening emergencies of pregnancy and childbirth.

To take this combination of preventive and therapeutic care to the most peripheral level possible, the only approach which can succeed is that of primary health care. A well-planned combination of the community's and the families' own efforts with the inputs of governments and agencies offers the best hope of success.

Local health care, however, cannot exist in a vacuum. It needs technical and management support. It is at the district level (or governorate or county or department, however it is termed) that the health centres, aid posts, and the whole network of primary health care are administered. It is the district team that provides almost all the support and supervision of the health personnel and much of their training too. It is the district hospital that provides, or could provide, the most essential elements of midwifery and obstetric care. The district, therefore, is where we must

focus more of our efforts to reduce maternal mortality, in addition to the efforts to mobilise communities.

In many developing countries an even greater number of women survive only with severe damage to their health. Some of the worst forms of this maternal morbidity are so devastating to the personal, marital, and social life of the woman that many a time she must bitterly wish she had died. But exactly the same kind of measures that would prevent maternal deaths will also prevent this morbidity: from the practical point of view, I will not distinguish further between mortality and morbidity.

Over 50% of women in the world do not have in childbirth the assistance of any trained person whatsoever. Not only are they thus exposed to grave dangers, such as sepsis or other complications, but also they have no means whatever for the relief of pain. For them, obstetric analgesia is a remote dream. They are exposed to the full rigours of labour pains, the very existence of which their fortunate sisters of the developed countries have by now almost forgotten.

Among the many underlying causes of maternal mortality, the contribution made by unregulated fertility is particularly important. WHO's policy on family planning is based on the recognition of family planning as an integral and inseparable part of maternal and child health programmes. Family planning is indispensable in the struggle to prevent maternal deaths. We would be wilfully blind if we failed to acknowledge the millions of illegal abortions carried out every year, and the resulting scores of thousands of deaths from haemorrhage and septicaemia. Since the great majority of abortions arise from lack of knowledge of contraception, or failure to use it, or inability to obtain the means, family planning is the obvious way to save these thousands of pitifully wasted lives.

We face a tragedy of multiple causes and we must confront the challenge with a multiple strategy. There are the long-term objectives of social and economic development and a need for a more determined effort to end female illiteracy.

THE FOUR OBJECTIVES

We must stop behaving as if there were a single magic bullet that could slay this dragon. We need four strings to our bow. Under the umbrella of the Health for All Strategy, the four elements are:

Adequate primary health care and an adequate share of the available food for girls from infancy to adolescence; and family planning universally available to avoid unwanted or high risk pregnancies.

After pregnancy begins, good prenatal care, including nutrition, with efficient and early detection and referral of those at high risk.

The assistance of a trained person for all women in childbirth, at home as in hospital.

Women at higher risk, and, above all, women in the emergencies of pregnancy, childbirth, and puerperium, must all have effective access to the essential elements of obstetric care.

ACCESS TO ESSENTIAL OBSTETRIC CARE

The ability of small district and rural hospitals to carry out essential functions of midwifery and obstetrics, such as a caesarean section or a blood transfusion, saves many more lives than any amount of high technology at the tertiary hospital of the capital city. Family planning and good primary health care before and during pregnancy could greatly reduce the number of potentially fatal complications —perhaps by a half or two-thirds. Yet investigations have shown that a significant proportion of complications could not have been predicted or prevented. Speedy access to emergency care can be a matter of life or death. All the inquiries into the causes of maternal mortality in which WHO and UNFPA have lately collaborated with institutions in developing countries show clearly that the essential elements of obstetric care must be brought much nearer to the women of these regions than they are today.

NEED FOR RESEARCH

If we are effectively to apply existing knowledge in a wide range of different conditions, much further research is essential. In each country's circumstances the particular pattern of preventable causes of maternal deaths must be clarified; and the potentials for improvement in that country's own context must be identified. Health systems research (operational research, as it is sometimes termed) is essential to the evaluation of feasibility and effectiveness of many recent ideas and technologies. They cover a range as diverse as plasma substitutes, maternity waiting homes, detection of anaemia, delegation of clinical functions, improving the organisation of existing health facilities, and improving the logistics of supply and blood transfusion services.

NO REASON FOR DELAY

The need for research should not delay action. We know how to prevent most of the common causes of maternal death (eclampsia, obstructed labour, haemorrhage, or puerperal or post-abortion sepsis). The fact that they have become rarities in the industrialised world, in some developing countries, and in all but some rural areas of China, proves conclusively that we know enough to act now. What of the means, the resources? Could they be made available? We are not speaking of building great hospitals or whole new medical schools. We are speaking of resources that already exist in most developing countries, but not in adequate quantity. We are talking about training more midwives, traditional or otherwise; about extending and strengthening, at district and subdistrict level, the primary health care system for the provision of good prenatal care and family planning service. We are speaking about upgrading district hospitals and rural maternity centres so that they can perform at least the most essential lifesaving functions in midwifery and obstetric care. Where new hospitals are needed, it will be these modest units, and not great urban disease palaces, which are so costly to build and maintain.

Even in our present wintry economic climate these kinds of modest resources can be made available and deployed effectively, through a combined effort of central and district governments, of international and bilateral agencies, of non-government organisations, and of the communities and families themselves. We are not speaking of some kind of supranational campaign, but an initiative; the beginning of a renewed emphasis and more intense effort to make pregnancy and childbirth as safe for all women in the future as it is for the minority today. It could be done; it ought to be

done; and in the name of social justice and human solidarity, it must be done.

* * *

The conference came to the following conclusions:

The Problem

500 000 maternal deaths take place every year—99% of them in the developing world.[1] In the developed world, there are only 5–30 maternal deaths per 100 000 live births; in developing countries the figures range from 50 to 800 or more. Women in developing countries run 100 to 200 times the risk of dying in pregnancy and childbirth than do women in an affluent country. These figures do not convey the full measure of the risk, because women in, for example, Africa and Asia have on average 4–6 children compared to fewer than 2 in Europe. The lifetime risk of a woman in a developing country dying in pregnancy or from pregnancy-related illness may be 1 in 50 or as high as 1 in 14; this contrasts sharply with the 1 in several thousand women in the developed world. These measures of maternal death have not been used as part of the quality of health and quality of life index. They should be so used. No country can claim to be advancing if its maternal death rates remain poor.

The Causes

The causes of these deaths are tragic indeed. Illegal abortion from unwanted pregnancies causes some 25–50% of these deaths, simply because women do not have access to the family planning services they want and need, or have no access to safe procedures or to humane treatment for the complications of abortion. For the thousands of women who die in pregnancy and childbirth, millions more are permanently disabled. Many of them are ostracised by their families and communities. For every death, it is estimated that 10–15 women suffer serious health consequences in one way or another.

The question we must ask is why this happens: is it because the majority of these women are poor that they are allowed to suffer this silent carnage?

There must be a commitment to stop these deaths. We need to mobilise the political will, to mobilise community involvement among men and women, and to implement specific programmes to stop these tragedies from taking place. We must do this for common humanity as a human right. We must do this also because women are a major resource to any nation, to any community, and above all to any family. They make a crucial contribution to the productivity and wellbeing of their families and communities. When a woman dies in childbirth, the death sentence of the child she carries is almost certainly written. Often the children she leaves behind suffer the same fate, and the family stands a good chance of disintegration.

The causes are deeply rooted in the adverse social, cultural, political, and economic environment of societies, and especially the environment that societies create for women. Women are discriminated against in terms of legal status, access to education, access to financial resources, and access to relevant health care, including family planning services. This discrimination begins at birth and continues through adolescence and adulthood, where women's contributions and roles are ignored and undervalued.

These deep-rooted causes need to be addressed if we are to improve the long-term situation of women's health and status. The problems will only grow in magnitude with population growth if we do not address these basic causes. We must reduce the pool of women who are most likely to suffer from the complications that result in so many deaths. Let us reduce the risk and help women achieve healthier, happier lives.

There was a consensus at the United Nations International Conference on Population in 1984 in Mexico on the need for action in these areas. The End of the Women's Decade Conference in Nairobi in 1985 also emphasised this need, and there was consensus. We must cut the vicious circle that creates the conditions that cause women to suffer and die so needlessly.

The critical point, however, is that there are a number of immediate causes that result in the overwhelming majority of maternal deaths. These are obstructed labour, eclampsia, toxaemia, infection, and complications from both spontaneous and induced abortion. The challenge is that there exist low-cost effective and available interventions that can have a major impact on reducing these mortalities and morbidities if these interventions are specifically planned and practised as a priority.

What is needed now is dedication and action.

What Actions are to be Undertaken?

We need to generate the political commitment to reallocate resources to implement the available strategies that can reduce maternal mortality by an estimated 50% in one decade.

We need to remember that the industrialised countries faced this challenge in the past. For some the change has taken place in our lifetime, through dedication and the reallocation of priorities.

We need an integrated approach to maternal health care that makes it a priority within the context of primary health care services and overall development policy.

We need to reach decision-makers in family and government to change laws and attitudes, and improve the legal and health status of women generally, especially in areas such as adolescent marriage and restrictions on health care delivery.

We need to mobilise and involve the community and particularly women themselves in planning and implementing policies, programmes, and projects, so that their needs and preferences are explicitly taken into account.

We need to utilise a range of information, education, and communication activities to reach communities, women, men, boys, and policy-makers, through the media and all culturally appropriate channels.

We need to carry out additional studies to gain better country-specific and locale-specific information on maternal mortality: its immediate causes, which we know, and its root causes, some of which we either do not know or ignore.

We need to have continuous operational research and evaluation activities to assess the effectiveness of various programmes.

We need to expand family planning and family life education programmes, particularly for young people, and make services for planning families socially, culturally, financially, and geographically accessible.

We need to use appropriate technologies at all levels so that women have better care at lower cost.

We need to strengthen community-based maternal health care delivery systems, upgrade existing facilities, and create relevant new ones where necessary.

We need to ensure that pregnant women are screened by supervised and appropriately trained non-physician health workers were appropriate, with relevant technology (including charts to monitor labour [partograms] as needed), to identify those at risk, and to provide prenatal care and care during delivery as expeditiously as possible.

We need to strengthen referral facilities and site them appropriately—hospitals as well as health centres. They need to be equipped to handle emergencies effectively and efficiently.

We need to implement an alarm and transport system which ensures that women in need of emergency care reach the referral facilities in time.

These activities need to be seen within a comprehensive, multisectoral approach, although they do not have to wait for all the sectors to achieve improvement simultaneously. These activities need to involve governments as well as take advantage of the flexibility, responsiveness, and creativity of non-governmental organisations. They need to stimulate and support input from the communities themselves.

Perhaps the most important contribution to this initiative will be to call attention to the problems related to it, and to create an awareness that something can and must be done, starting with the commitment of heads of states and governments.

1. Maternal mortality rates: a tabulation of available data. 2nd ed. WHO document no FHE/86.3.

Maternal Health

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focus more of our efforts to reduce maternal mortality, in addition to the efforts to mobilise communities.

In many developing countries an even greater number of women survive only with severe damage to their health. Some of the worst forms of this maternal morbidity are so devastating to the personal, marital, and social life of the woman that many a time she must bitterly wish she had died. But exactly the same kind of measures that would prevent maternal deaths will also prevent this morbidity: from the practical point of view, I will not distinguish further between mortality and morbidity.

Over 50% of women in the world do not have in childbirth the assistance of any trained person whatsoever. Not only are they thus exposed to grave dangers, such as sepsis or other complications, but also they have no means whatever for the relief of pain. For them, obstetric analgesia is a remote dream. They are exposed to the full rigours of labour pains, the very existence of which their fortunate sisters of the developed countries have by now almost forgotten.

Among the many underlying causes of maternal mortality, the contribution made by unregulated fertility is particularly important. WHO's policy on family planning is based on the recognition of family planning as an integral and inseparable part of maternal and child health programmes. Family planning is indispensable in the struggle to prevent maternal deaths. We would be wilfully blind if we failed to acknowledge the millions of illegal abortions carried out every year, and the resulting scores of thousands of deaths from haemorrhage and septicaemia. Since the great majority of abortions arise from lack of knowledge of contraception, or failure to use it, or inability to obtain the means, family planning is the obvious way to save these thousands of pitifully wasted lives.

We face a tragedy of multiple causes and we must confront the challenge with a multiple strategy. There are the long-term objectives of social and economic development and a need for a more determined effort to end female illiteracy.

THE FOUR OBJECTIVES

We must stop behaving as if there were a single magic bullet that could slay this dragon. We need four strings to our bow. Under the umbrella of the Health for All Strategy, the four elements are:

Adequate primary health care and an adequate share of the available food for girls from infancy to adolescence; and family planning universally available to avoid unwanted or high risk pregnancies.

After pregnancy begins, good prenatal care, including nutrition, with efficient and early detection and referral of those at high risk.

The assistance of a trained person for all women in childbirth, at home as in hospital.

Women at higher risk, and, above all, women in the emergencies of pregnancy, childbirth, and puerperium, must all have effective access to the essential elements of obstetric care.

ACCESS TO ESSENTIAL OBSTETRIC CARE

The ability of small district and rural hospitals to carry out essential functions of midwifery and obstetrics, such as a caesarean section or a blood transfusion, saves many more lives than any amount of high technology at the tertiary hospital of the capital city. Family planning and good primary health care before and during pregnancy could greatly reduce the number of potentially fatal complications —perhaps by a half or two-thirds. Yet investigations have shown that a significant proportion of complications could not have been predicted or prevented. Speedy access to emergency care can be a matter of life or death. All the inquiries into the causes of maternal mortality in which WHO and UNFPA have lately collaborated with institutions in developing countries show clearly that the essential elements of obstetric care must be brought much nearer to the women of these regions than they are today.

NEED FOR RESEARCH

If we are effectively to apply existing knowledge in a wide range of different conditions, much further research is essential. In each country's circumstances the particular pattern of preventable causes of maternal deaths must be clarified; and the potentials for improvement in that country's own context must be identified. Health systems research (operational research, as it is sometimes termed) is essential to the evaluation of feasibility and effectiveness of many recent ideas and technologies. They cover a range as diverse as plasma substitutes, maternity waiting homes, detection of anaemia, delegation of clinical functions, improving the organisation of existing health facilities, and improving the logistics of supply and blood transfusion services.

NO REASON FOR DELAY

The need for research should not delay action. We know how to prevent most of the common causes of maternal death (eclampsia, obstructed labour, haemorrhage, or puerperal or post-abortion sepsis). The fact that they have become rarities in the industrialised world, in some developing countries, and in all but some rural areas of China, proves conclusively that we know enough to act now. What of the means, the resources? Could they be made available? We are not speaking of building great hospitals or whole new medical schools. We are speaking of resources that already exist in most developing countries, but not in adequate quantity. We are talking about training more midwives, traditional or otherwise; about extending and strengthening, at district and subdistrict level, the primary health care system for the provision of good prenatal care and family planning service. We are speaking about upgrading district hospitals and rural maternity centres so that they can perform at least the most essential lifesaving functions in midwifery and obstetric care. Where new hospitals are needed, it will be these modest units, and not great urban disease palaces, which are so costly to build and maintain.

Even in our present wintry economic climate these kinds of modest resources can be made available and deployed effectively, through a combined effort of central and district governments, of international and bilateral agencies, of non-government organisations, and of the communities and families themselves. We are not speaking of some kind of supranational campaign, but an initiative; the beginning of a renewed emphasis and more intense effort to make pregnancy and childbirth as safe for all women in the future as it is for the minority today. It could be done; it ought to be

done; and in the name of social justice and human solidarity, it must be done.

* * *

The conference came to the following conclusions:

The Problem

500 000 maternal deaths take place every year—99% of them in the developing world.[1] In the developed world, there are only 5–30 maternal deaths per 100 000 live births; in developing countries the figures range from 50 to 800 or more. Women in developing countries run 100 to 200 times the risk of dying in pregnancy and childbirth than do women in an affluent country. These figures do not convey the full measure of the risk, because women in, for example, Africa and Asia have on average 4–6 children compared to fewer than 2 in Europe. The lifetime risk of a woman in a developing country dying in pregnancy or from pregnancy-related illness may be 1 in 50 or as high as 1 in 14; this contrasts sharply with the 1 in several thousand women in the developed world. These measures of maternal death have not been used as part of the quality of health and quality of life index. They should be so used. No country can claim to be advancing if its maternal death rates remain poor.

The Causes

The causes of these deaths are tragic indeed. Illegal abortion from unwanted pregnancies causes some 25–50% of these deaths, simply because women do not have access to the family planning services they want and need, or have no access to safe procedures or to humane treatment for the complications of abortion. For the thousands of women who die in pregnancy and childbirth, millions more are permanently disabled. Many of them are ostracised by their families and communities. For every death, it is estimated that 10–15 women suffer serious health consequences in one way or another.

The question we must ask is why this happens: is it because the majority of these women are poor that they are allowed to suffer this silent carnage?

There must be a commitment to stop these deaths. We need to mobilise the political will, to mobilise community involvement among men and women, and to implement specific programmes to stop these tragedies from taking place. We must do this for common humanity as a human right. We must do this also because women are a major resource to any nation, to any community, and above all to any family. They make a crucial contribution to the productivity and wellbeing of their families and communities. When a woman dies in childbirth, the death sentence of the child she carries is almost certainly written. Often the children she leaves behind suffer the same fate, and the family stands a good chance of disintegration.

The causes are deeply rooted in the adverse social, cultural, political, and economic environment of societies, and especially the environment that societies create for women. Women are discriminated against in terms of legal status, access to education, access to financial resources, and access to relevant health care, including family planning services. This discrimination begins at birth and continues through adolescence and adulthood, where women's contributions and roles are ignored and undervalued.

These deep-rooted causes need to be addressed if we are to improve the long-term situation of women's health and status. The problems will only grow in magnitude with population growth if we do not address these basic causes. We must reduce the pool of women who are most likely to suffer from the complications that result in so many deaths. Let us reduce the risk and help women achieve healthier, happier lives.

There was a consensus at the United Nations International Conference on Population in 1984 in Mexico on the need for action in these areas. The End of the Women's Decade Conference in Nairobi in 1985 also emphasised this need, and there was consensus. We must cut the vicious circle that creates the conditions that cause women to suffer and die so needlessly.

The critical point, however, is that there are a number of immediate causes that result in the overwhelming majority of maternal deaths. These are obstructed labour, eclampsia, toxaemia, infection, and complications from both spontaneous and induced abortion. The challenge is that there exist low-cost effective and available interventions that can have a major impact on reducing these mortalities and morbidities if these interventions are specifically planned and practised as a priority.

What is needed now is dedication and action.

What Actions are to be Undertaken?

We need to generate the political commitment to reallocate resources to implement the available strategies that can reduce maternal mortality by an estimated 50% in one decade.

We need to remember that the industrialised countries faced this challenge in the past. For some the change has taken place in our lifetime, through dedication and the reallocation of priorities.

We need an integrated approach to maternal health care that makes it a priority within the context of primary health care services and overall development policy.

We need to reach decision-makers in family and government to change laws and attitudes, and improve the legal and health status of women generally, especially in areas such as adolescent marriage and restrictions on health care delivery.

We need to mobilise and involve the community and particularly women themselves in planning and implementing policies, programmes, and projects, so that their needs and preferences are explicitly taken into account.

We need to utilise a range of information, education, and communication activities to reach communities, women, men, boys, and policy-makers, through the media and all culturally appropriate channels.

We need to carry out additional studies to gain better country-specific and locale-specific information on maternal mortality: its immediate causes, which we know, and its root causes, some of which we either do not know or ignore.

We need to have continuous operational research and evaluation activities to assess the effectiveness of various programmes.

We need to expand family planning and family life education programmes, particularly for young people, and make services for planning families socially, culturally, financially, and geographically accessible.

We need to use appropriate technologies at all levels so that women have better care at lower cost.

We need to strengthen community-based maternal health care delivery systems, upgrade existing facilities, and create relevant new ones where necessary.

We need to ensure that pregnant women are screened by supervised and appropriately trained non-physician health workers were appropriate, with relevant technology (including charts to monitor labour [partograms] as needed), to identify those at risk, and to provide prenatal care and care during delivery as expeditiously as possible.

We need to strengthen referral facilities and site them appropriately—hospitals as well as health centres. They need to be equipped to handle emergencies effectively and efficiently.

We need to implement an alarm and transport system which ensures that women in need of emergency care reach the referral facilities in time.

These activities need to be seen within a comprehensive, multisectoral approach, although they do not have to wait for all the sectors to achieve improvement simultaneously. These activities need to involve governments as well as take advantage of the flexibility, responsiveness, and creativity of non-governmental organisations. They need to stimulate and support input from the communities themselves.

Perhaps the most important contribution to this initiative will be to call attention to the problems related to it, and to create an awareness that something can and must be done, starting with the commitment of heads of states and governments.

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1. Maternal mortality rates: a tabulation of available data. 2nd ed. WHO document no FHE 86.3.

FORM NO. 75
(6–83)

THE WORLD BANK/IFC

ROUTING SLIP	DATE: 4/10/87

NAME	ROOM NO.
Messrs. North, Hodgkinson, Berg	
Sai, Liese, Akin, Cuca, Denning, Vogl	
Mmes. Birdsall, Herz, Maguire Schwartz	

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		**URGENT**

REMARKS:

Attached are two articles on Safe Motherhood. One from the New York Times, in case you did not see it, the other a report on the Conference published in The Lancet.

FROM:	ROOM NO.:	EXTENSION:
ARMeasham	N440	61573

NEW YORK TIMES
SATURDAY, APRIL 4, 1987
Pg 26

When Childbirth Is Fatal

For women in the developing world the most worrying question about pregnancy is not "Will it change my life?" but "Will it end my life?" Reducing this maternal mortality rate — a goal recently, and commendably, set by the World Bank — depends heavily on birth control and health care services. Sadly, over the last three years the United States Government's commitment to this noble cause has continued to diminish.

Ideally, women ought to bear children between the ages of 18 and 35, probably have no more than four and space them two years apart. For a woman in Kenya, say, or Bangladesh, the ideal is far off; childbearing often begins with puberty and ends with menopause, assuming that the woman lives till menopause. Women in poorer countries may be 100 times more apt to die in pregnancy or childbirth. A quarter of the deaths that occur before term are the result of illegal abortions.

An estimated 500,000 pregnant women die each year. During a recent conference in Kenya, the World Bank launched a campaign to cut that in half by the year 2000. Barber Conable, the bank's president, pledged $1 million for a Safe Motherhood Fund. "Sometimes," Mr. Conable said, "we forget that development is the work of women as well as men . . . that they are the sustaining force of families, communities, nations."

Safe motherhood, however, requires access to family planning services and safe abortion — both of which the Reagan Administration insists on making cruelly difficult for the world's poor. In 1984, at the World Population Conference in Mexico City, the United States said it wanted to cut off funds to any agencies that so much as mentioned abortion, even though they used no Federal funds for their abortion-related activities.

As a result, the Agency for International Development withdrew support for the United Nations Fund for Population Activities and for the International Planned Parenthood Federation, the primary global network for family planning programs.

In bringing the world's attention to those 500,000 maternal deaths, the World Bank shows welcome concern for what Mr. Conable calls "the growth that comes from the bottom up." Would that the Reagan Administration could show similar understanding.

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

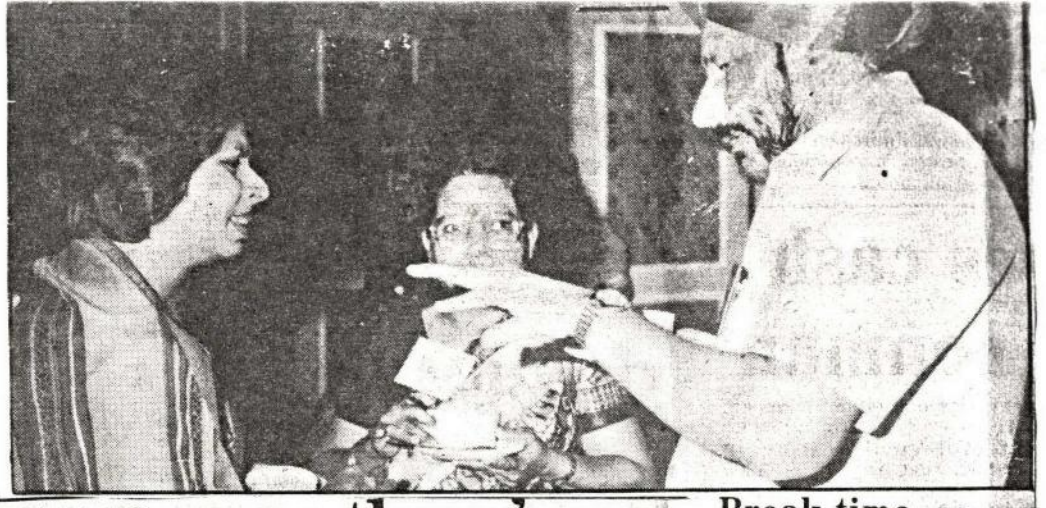
DATE

TO

FROM

EXTENSION

SUBJECT



Spacing 'vital for mothers'

The conference has stressed the importance of family planning and use of contraceptives to ensure the mother's safety.

A Ghanaian doctor and advisor to the World Bank, Dr Sai, told a press brefing at a Nairobi hotel on Wednesday that research had shown that mothers with fewer births risked their lives less than those with many births. The use of contraceptives, including condoms, is absolutely necessary, he said.

Dr Sai said one of the methods used to reduce child births was for a mother to use family planning devices. This way, a mother has fewer pregnancies, hence less risks of death during child birth.

The conference, said Dr Sai, has continuously asked women to seek medical advice at maternities and other health clinics during their pregnancies.

He said it was very important for women, mid-wives, nurses and traditional birth attendants to be clean during child birth. Everything they use should also be clean, he said.

(KNA)

Break-time

A member of the conference planning committee, Dr H. Singh, from India exchanges views with Mrs Rami Chabra (left) and Ms A. I. Begum during a break yesterday. The conference ends this morning. The guests will have the afternoon free tour of Nairobi.

Neglected health workers worry WHO

Women and their children cannot be in good health if those expected to look after them in hospital have medical problems, a World Heath Organistion official said.

Dr Barbra Kwast of WHO's division of family health in Geneva said millions of female health workers were expected to serve 24 hours to the last days of pregnancy and return to work a few weeks after delivery.

She said it was unfortunate that the ongoing conference was paying little attention to this issue.

She said if the world was truly concerned about safe motherhood, the health of the millions of nurses, midwives and traditional birth attendants must be well taken care of first.

Kenya's Chief Nursing Officer, Mr Tabitha Oduori, admitted that nurses worked to the last days of their pregnancy and left work to deliver the following day.

Dr Kwast: "Little attention paid to the issue"

Mrs Oduori: "Nurses treated like other civil servants"

She said health workers got two months maternity leave like all the other civil servants.

The chief nursing officer said she was talking of a population of health workers totalling 20,000 and above.

Asked what her recommendations would be for safe motherhood of nurses, Mrs Oduori said a pregnant mother should avoid strenuous duties from the seventh month.

After delivery, she should have a minimum of three months during which she can regain her health, and give her child a good start in life with proper and sufficient breast feeding.

Mrs Oduori said this was not the first time of the first forum in which health staff's safe motherhood was being discussed. She said several memorandums had been raised with little positive results.

A former Chief Nursing Officer, Mrs Eunice Kiereini said nurses worked to the last days of their pregancies because they preferred to spend the two month-maternity leave with their babies after delivery rather than take time to rest before the baby arrived.

Mrs Kiereini is the chairman of the regional nursing task force which advises the regional director of WHO on nurses participation in primary health activities.

Women run high risk in poor states

The chances of pregnant women in developing countries dying can be 100 to 200 times higher than those of their counterparts in the wealthy countries, the World Health Organisation (WHO), says.

A WHO press release says there are five to 30 maternal deaths in 100,000 live births in the developed countries, while in the poor nations, there are between 50 and 800 deaths in 100,000 live births.

For this reason, the press release says, WHO and the United Nations Fund for Population Activities (UNFPA) have sponsored the conference.

It says about 500,000 women die every year from causes related to pregnancy and child-birth, only 6,000 of these in the developed world.

The high death toll among pregnant women at child-birth has been mainly attributed to individual and national poverty.

Other contributory factors are illiteracy, ill health and malnutrition, inadequate primary health care, unregulated fertility and poor communication in rural areas.

The press release says the world has the human resources, the technology and funds to help reduce the death rate.

The conference intends to forge a strategy and launch an initiative to reduce maternal deaths and morbidity and to improve women's health through stronger health care and family planning services.

DAILY NATION, 13 February 1987

THE SAFE MOTHERHOOD CONFERENCE

The happily married 'are more safe'

Single, divorced and separated women stand a higher risk of dying from causes related to childbirth than those in stable marriages, the Safe Motherhood Conference was told yesterday.

And the major cause of such deaths is illicitly induced abortion, according to a paper titled "Prevention of Maternal Deaths in Developing Countries — Programme Options and Practical Considerations".

The paper's authors are Deborah Maine, Allan Rosenfield, Marilyn Wallace and Ann Marie Kimball of Columbia University, New York, Barbara Kwasi of the World Health Organisation (WHO), and Emile Papiernik and Sharon White of Hospital de la Communaute Evangelique en Ubangi-Mongala, Kerewa, Zaire.

"For women in some of these groups (single or divorced), an unwanted pregancy would have particularly negative social consequences," the authors say.

Poor women, maids, servants and students are in the group of women most likely to suffer maternal death.

Illicit abortion is one of the seven obstetric factors leading to maternal death.

The authors prefer the term "illicit" to "illegal" abortion because induced abortion is a major cause of maternal deaths not only in countries where it is forbidden by law but also in countries where is legally accepted.

In the poor nations death from abortion occurs because safe procedures are "largely unobtainable", authors say.

Any abortion — legal or illegal — carries the risk of over 200 complications, both immediate and long-term.

A section of the morning panel at yesterday's session of the Safe Motherhood conference. (From left) Dr Inonge Lewanika of Unicef, Mr Hilary Ng'weno, editor-in-chief of the *Weekly Review*, and Mr Fred Sai, a World Bank Population advisor.

How traditional beliefs influence women's health

Taboos are a major factor in maternal health, according to a report presented at the meeting.

The document by the "world health organisation says fear of contamination by menstrual blood, for instance, necessitates separate latrines for men and women in some communities.

In others men and women were prohibited from bathing in the same water.

The document says that among some people, the need for privacy and the shame surrounding defacation was greater for women than men.

In South Asia, women tend to defacate at night only in order not to be seen practising a retention which is difficult and unhealthy. Women in other areas only eat after sunset to avoid going to the toilet at the wrong time.

In certain parts of the Middle East, the document says, women observe such strict *purdah* (seclusion) that is not unusual for them to defacate on roof tops. They are not allowed to use latrines in places where people can see them enter or if the door-latch is not secure.

The paper entitled "Women, Water and Sanitation", says men and women have varying opinions on water quality. Decisions on acceptance often depend on smell, taste and colour. But it is primarily women who make choices about where to get water and how to use it.

"It is women's time, women's energy and women's convenience which are critical," says the report.

Women and men also use their time differently. The former work longer hours and have more and different task to perform throughout the day.

DAILY NEWS (TANZANIA)

14 FEBRUARY 1987

DAILY NEWS, (TANZANIA) · 14 Feb 1987

WHO to continue services without US funding

Nairobi, Friday.

THE World Health Organisation (WHO) and the United Nations Fund for Population Activities (UNFPA) will continue their programmes in sub-Saharan Africa this year despite the refusal of the United States to fund the organisations, *Inter Press Service (IPS)* reported.

"The United States, which is a major donor to the WHO, has not paid and other countries are slow, but we have to maintain our programmes in Africa while we reduce elsewhere." Robert Cook, a WHO official, told the Conference on Safe Motherhood being held here.

Cook noted that Africa was going through economic problems beyond its control and because of this, the two organisations had no alternative but to reduce their funding in other regions of the world.

A UNFPA Deputy Director, Nafis Sadik, said the withdrawal of US funding had caused financial problems but "we are getting other donors, and most of this money is going to our sub-Saharan Africa programmes."

UNFPA will spend 30 million dollars (about 1.5 billion/-) this year in sub-Saharan Africa alone, Sadik said. She, however, expressed concern that some African governments had reduced their health investment from four per cent to two per cent of their national budgets at a time when there was "the greatest need to train and retrain" medical personnel.

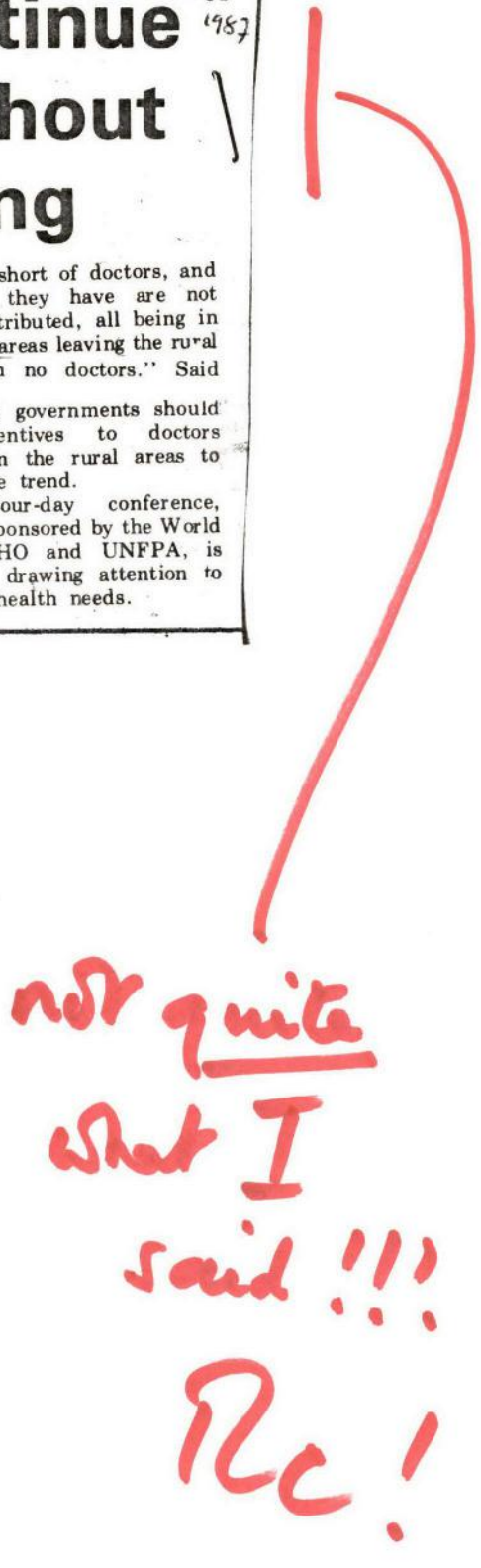
Fred Said, a World Bank advisor on population told the meeting that Africa was suffering from an acute shortage of trained medical personnel.

It was for this reason that in some countries, midwives had been trained to perform caesarean operations, he said.

"Many African countries are genuinely short of doctors, and the ones they have are not evenly distributed, all being in the urban areas leaving the rural areas with no doctors." Said said.

He said governments should give incentives to doctors working in the rural areas to reverse the trend.

The four-day conference, which is sponsored by the World Bank, WHO and UNFPA, is aimed at drawing attention to women's health needs.



FOCUS ON MOTHERHOOD CONFERENCE

KENYA WOMEN 'LEAD IN FERTILITY RATE'

THE AVERAGE number of babies born to each woman in Kenya is eight, which represents the highest fertility rate in the world, says a paper by the World Health Organisation (WHO).

By Ngumo wa Kuria and Otieno Awiti

The paper entitled: "The Status of Women, Maternal Health and Maternal Mortality", says the average fertility rate for Africa as a whole is 6.5, Asia 4.1 and Latin America 4.3 compared to 1.9 for the developed countries.

"However, averages mask huge variations and it is not uncommon to meet village women in India, Brazil or Burkina Fasso who have born ten or more children", the paper, presented to the Safe Motherhood International conference states.

The conference, taking place at the Hotel Inter-Continental, is sponsored by the World Bank, the WHO and the United Nations Fund for Population Activities (UNFPA).

The paper says contrary to popular belief that childbirth gets easier with each experience of it, the risks involved in the endless child bearing are many.

Safest

The second and third births are the most trouble-free while the risk of serious complications such as haemorrhage, repture of the uterus whereas and infection rises steadily from third birth onwards, says the WHO paper."

It adds that the years from 20 to 30 are the safest period of a woman's life for child bearing, though between 10 per cent and 20 per cent of babies born in developing countries are born to women in their teens who may be little more than children themselves.

Because their bodies are not yet fully prepared for the demands of childbirth, teenagers stand and an excess risk of death compared with women aged between 20 and 24 years; the paper notes.

Another cause of high fertility directly associated with the status of women is the high value accorded to male children compared with female: which encourages women to go on bearing children until they have the desired number of sons.

Though sons preference is primarily an attitude of mind, it is both encouraged and reinforced by the patterns of society. In some parts of the world, son preference is reinforced by the practice of "dowry" in which a daughter estensibly takes with her at marriage her portion of the family's wealth.

The sense that a daughter is a burden is enhanced by the fact that her duty will be to her marital home eventually, and she will not even contribute to the support of her parents when they are old, says the paper.

Sons on the other hand are seen as an asset in such societies because they are expected later to find work that will benefit their families and strengthen the family unit through marriage.

Care of women 'a vital obligation'

Standard Reporter

ASSISTANCE to women's health programmes is vital in any nation in the world, Dr J. A. Pinotti of the State University in Brazil said in Nairobi yesterday.

Dr Pinotti, who is professor of obstetrics and gynaecology, was addressing the Safe Motherhood Initiative Conference. He said the subject deserved priority from conscientious political leaders to avoid the so-called street children.

He pointed out that more than 500,000 children were estimated to be living in his country.

The idea that governments' obligation towards the child was limited only to the formal education between seven and 14 years of age was erroneous, he said.

The idea, he said, had contributed to other countries' higher infant mortality and malnutrition rates, and revealed an outrageous insensitivity to the misery of such children.

VITAL

running for their lives.

The fire brigade was immediately called and in the meantime workers opened the fire hydrants and started fighting it.

The brigade sent two fire engines which helped to put out the fire. The factory suffered only minor damage, mainly from the water used to extinguish the fire.

The cause of the fire was not immediately known, but when The Standard arrived at the factory soon after 4 p.m., there was a large number of plainclothes and uniformed police officers at the scene.

Standard freelance photographer Mr Jackson Ngugi was, however, unable to take any photographs at the factory as he was quickly thrown out by a manager, who said" We don't want pressmen here".

He also ordered a Standard reporter out of the factory, saying. "We cannot guarantee your safety in the facory".

13/1/87

Lombard

Crusader at the World Bank

By Michael Prowse

IT IS probably fair to say that Mr Barber Conable's appointment as World Bank president last year was widely regarded as uninspired. Mr Conable had a record as a decent and competent US Congressman but no experience of running a large and complex organisation and little knowledge of either banking or development economics. In the Third World, the question on everybody's lips was "Barber who?"

Nearly a year later, it is still far too early to judge whether Mr Conable will be a good, bad or indifferent World Bank president. He has not produced a brilliant new plan to deal with the debt crisis — but then nobody suggested he was another Lord Keynes. On the other hand, he does seem to be bringing to development issues a passion that perhaps was lacking in his predecessor, Mr A. W. "Tom" Clausen. His inaugural address of last September and a speech delivered in Nairobi this week carry an emotional charge that would embarrass a run-of-the-mill speechwriter.

The Nairobi speech develops a theme referred to only fleetingly in the inauguration address: the role of women in development. It is rather striking that, when most economists are debating the relative merits of different types of financing facility and different recipes for macro-economic adjustment, Mr Conable should zero-in on a structural problem of vast proportions—so vast that it has never been properly tackled. Relief agencies have highlighted again and again the plight of children in the Third World. How often have they worried specifically about the mothers?

Mr Conable has not yet chained himself to railings on behalf of Third World women, but there is no doubting his outrage at their physical and economic subjugation. He points out that they face a risk of death in pregnancy that is 100 times as high as in the developed world and that about 1,400 women die every day in the course of carrying children or giving birth. The deaths are mostly unnecessary and could be averted by quite small investments in basic health care and nutrition.

Women's economic deprivation is almost as worrying. They do two-thirds of the world's work, produce 60-80 per cent of Africa's and Asia's food, yet earn only one-tenth of the world's income and own less than 1 per cent of the world's property. In Africa in particular women do the hardest work for the least pay, often for no pay.

The discrimination is not just bad in itself; it is holding back Third World development. Much aid money goes directly to men and never reaches the women who do the productive work. Mr Conable points out that when (as in Bangladesh) credit for small business or agriculture is available to women, they prove to be excellent risks with better repayment rates than men. When backed in agriculture, women have often adopted more efficient farming techniques.

How can Third World women be helped ? To combat maternal deaths, the World Bank is helping to establish a Safe Motherhood Fund. The aim is to cut in half deaths in pregnancy and childbirth by the year 2000. Economic and social discrimination poses a deeper challenge. Women's conception of their own role is likely to change only gradually as a result of better education. Few people get a good education in the poorest countries, but women on average do much worse than men: 80 per cent of women over the age of 25 have had no schooling at all and six out of 10 school-age girls are still in the home instead of in class; only half of women in developing countries are literate compared with two thirds of men.

Mr Conable's rhetoric about development is encouraging. In the long run, however, he will be judged by his actions. He claimed in his inaugural address that in the World Bank he had found the thing Archimedes had dreamed of: a place from which to move the world. It is now just a matter of getting the lever into position.

LOANS/AID

EEC aid for uranium in Niger

Niger's long-standing appeals for financial help from the European Community for its ailing uranium sector have finally been accepted by EEC officials in Brussels, *writes Shada Islam.*

The Community has agreed to extend its "system for mineral resources development" or "sysmin" for African, Caribbean and Pacific (ACP) members of the Lomé Convention to Niger because of the important role played by uranium in Niger's economy.

Export earnings from uranium currently represent about 12 per cent of the country's total export revenues, with most of the exports meant for EEC states. Niger is, in fact, the EEC's largest supplier of uranium, covering 29 per cent of EEC imports of the product.

Falling world demand for uranium — the result of a worldwide slowdown in the development of nuclear energy — have had a dramatic effect on sales of uranium from Niger. The two national companies, Somair and Cominak, with an annual production capacity of 4,600 tonnes of uranium per year, are currently working at about half their capacity. The fall in export earnings from uranium has also led to a drastic reduction in Niger's investment plans, making it difficult for the government to implement its plans for food self-sufficiency.

Community officials have yet to indicate just how much money will be available for Niger. They stress, however, that the funds will be used to "diversify" the economy of Niger rather than for the direct development of the uranium sector. Emphasis will be given to energy projects and the development of economic and social infrastructure projects in the rural sector.

Britain gives to SADCC

Britain has promised a further £10m to the Southern African Development Coordination Conference, bringing its total pledges to the SADCC to £35m. The funds are to be spent on transport and communications as well as other projects that benefit the member countries.

The minister for overseas development told the recent SADCC meeting in Gaborone, Botswana (full report next week) "We remain acutely aware that SADCC member states are in the 'Frontline geographically, politically and economically" and that "events of the past year have underlined the pressing need to help these countries to move away from their present degree of dependence on South Africa.

Over the five years from 1981/82, he said, his government has provided over £560m in gross bilateral aid to the region and over £700m through bilateral and multilateral channels.

Communications aid

The International Programme for the Development of Communication (IPDC) at its recent meeting at the Unesco headquarters, Paris, allocated $2.27m to 69 projects worldwide.

Almost 32 per cent of the financing was allocated to Africa, where projects to be assisted include, communication training and career development for women, the Pan African News Agency's editorial training programme and the African Regional Film and Television Institute. (Six contributions to IPDC's special account announced during the session include $30,000 from Nigeria, $1m from Norway, $300,000 from Japan, $200,000 from the Soviet Union, $100,000 from India and $24,280 from Yugoslavia.)

$80m for Zaire

The World Bank has released a loan of $80m for Zaire's industrial sector, $40m of which will be released immediately. The credit will be used to finance the importation of raw materials, spare parts and other equipment for manufacturing and agricultural activities in the private sector.

A joint IMF-World Bank team arrived in Kinshasa on January 9 to follow up on discussions held in Washington last December, during President Mobutu's visit.

The loan is repayable over 50 years and carries an annual interest rate of less than one per cent.

COMPANIES

IFC invests in Ivorian palm oil

The International Finance Corporation is to invest $1.9m to help the Ivorian Company Consmivoire, build a $4.9m plant to produce 18,000 tonnes of refined palm oil a year mainly for local consumption.

The plant, to be built near Abidjan is expected to reach full capacity in 1990. The IFC investment will help finance the purchase of equipment, as well as enable the rstructuring of Cosmivoire, which is a wholly Ivorian owned company.

● A Nigerian company, Stag Engineering Ltd, has concluded an £800,000 technical agreement with Britain's T. J. Filters Ltd for the local manufacture of oil and air filters for motor vehicles.

Under the agreement which is financed by the World Bank through the Morgan Guaranty Trust Company of New York, T. J. Filters will provide product design and technical assistance during the setting up of Stag Engineering's new manufacturing plant at Ijebu-Ode, Ogun State. The plant however will initially concentrate on assembly, using mainly CKD parts supplied by T. J. Filters, but hopes eventually to become fully self-reliant, when it expects to be producing about 1.5m filters a year.

WORLD BANK/IMF

Safe motherhood

The World Bank, in conjunction with the World Health Organisation and the United Nations, has launched a major initiative to combat maternal death in the developing world.

Each year, the bank estimates, some 500,000 women die from causes related to childbearing. Some 30 per cent of these deaths occur in sub-saharan Africa.

According to the bank, maternal mortality is the leading cause of death among young women in developing countries, deaths that are multiplied in the subsequent mortalities of dependent children.

The World Bank co-sponsored a conference in Nairobi on February 10 to 13 to bring governments, aid agencies, and non-governmental organisations together in a cohesive plan to cut down on the incidence of maternal mortality.

"We expect the developing countries will formulate ways to build stronger maternal health care, including family planning, into their primary health care systems," as a result of the Nairobi conference, said Barbara Herz, a World Bank adviser on women. "This will result in increasing requests to the donor community, including the Bank."

According to Herz, childbearing could be made safer for women in the developing world with three basic steps. Improved community-level maternal care, better referral systems for complicated pregnancies, and a transportation and communications system capable of linking those two efforts.

AGRICULTURE

EEC tackles rinderpest

The European Economic Community (EEC) has approved about ₦75m to finance a major pan-African rinderpest campaign in several African states, including Nigeria, the EEC delegate to Nigeria, Joannes Ter has announced.

A statement issued by the Lagos office of the EEC on February 9 said that the first phase of the campaign referred to as "immediate action programme" had commenced in Nigeria, Benin, Ethiopia, Mali and Burkina Faso.

The statement added that the project would be coordinated by the Nairobi-based Inter-African Bureau for Animal Resources (IBAR), a body within the scientific and technical research centre of the OAU.

It explained that the grant would be used over a two-year period starting in 1987 to fund a number of actions to control the disease, including the establishment of vaccine banks at veterinary laboratories at strategic locations; it will be used for research into critical aspects of the disease and of the vaccines used, technical assistance to IBAR and direct action to assist on-going national rinderpest eradication campaigns in the five selected countries, including Nigeria.

The statement disclosed that Nigeria would receive immediate assistance of ₦6m which should be used to purchase vaccines, vehicles and delivery equipment for the campaign during the first two years of operations. The programme would commence as soon as the implementation protocol had been signed by the federal livestock department, on behalf of the Nigerian government and the EEC, it said.

Wheat researchers agree

Wheat researchers meeting in Rome, have said that to achieve a breakthrough in food production for the benefit of the rural and urban poor in developing countries, it was necessary to strengthen cooperation among agricultural researchers.

The meeting agreed that progress achieved in the recent past in the development of high-yielding and resistant varieties of rice and wheat has opened a new door in the search for better food security. Cooperation in this field can help bring progress to parts of the world where it is most needed. For example, some varieties of rice developed in India have been released in Nepal, Burkina Faso, Pakistan, Tanzania, Mali and Senegal.

In his closing statement, Idriss Jazairy, President of Ifad, said: "This consultation was organised to test a simple proposition — that the time has come for closer collaboration between international agricultural research centres and national agricultural research systems, with the aim of strengthening the latter to assume some of the capabilities of the former within the context of a dynamic division of labour. The task was to open new overall perspectives and also to discuss new possibilities for South-South cooperation in the all-important field of agricultural research for the benefit of developing countries."

Jazairy added that the consultation had "succeeded remarkably in clarifying issues, in generating new ideas and approaches, and in marking the path for wider consultations with other

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Extract from
Scotsman, Edinburgh

Matters of life and death

SUE ARMSTRONG on the risks of maternity in the Third World

THERE is a popular belief that unsophisticated peasant women give birth as easily as shelling peas and get to work in the fields within hours. This is a complete myth. In fact poor women in developing countries often face fearsome risks in becoming pregnant, and an estimated half million of them a year die as a result.

A quarter of all deaths of women between the ages of 15 and 44 years in developing countries are maternal deaths, whereas in the West only one in 100 is attributed to pregnancy.

The biggest killers, resonsible between them for 80 per cent of maternal deaths, are haemorrhage, infection of the reproductive organs, and eclampsia — fits brought on by high blood pressure in pregnancy. The tragedy is that all these conditions are emminently treatable, but the health services in developing countries are woefully inadequate. Few women receive regular antenatal care and hospital is often the distant and desperate last resort or a woman with problems she never anticipated. If she gets there at all, she may find overworked or incompetent staff, or the place lacking the most basic necessities for her treatment, such as drugs or blood, or even equipment for transfusion.

T. G. Price, a consultant obstetrician in the southern highlands of Tanzania, paints a poignant and all too familiar picture of conditions in the Third World. In Tanzania "there is seldom a reservoir of blood available in a hospital for emergency cases, yet haemorrhage in obstetrics is often sudden and catastrophic." Analysing the causes of 89 maternal deaths in hospital, he writes: "One woman who died from haemorrhage had arrived at hospital after walking 15 kilometres. No blood was available in the laboratory for an emergency transfusion and relatives were not available to give blood. She died of shock shortly after admission."

Sixteen other mothers in the sample had also needed transfusions that the hospital could not provide, and Dr Price explains: "The laboratory staff felt that blood could be obtained from the local population or police and army only if a reward, such as a pint of beer, were offered, but there was no money for this purpose as a rule."

The effect of a poor facilities at hospitals is compounded by the fact that wom en often arrive in such poor condition that any treatment might kill themm. They might, for instance, have been treated already by a traditional midwife with herbal remedies, or even crude surgery with dirty instruments, rendering them unfit for anaesthetic or modern drugs.

But narrowing the focus to a woman's final hours in hospital, or even village hut, will give the mistaken impression that her death was simply a tragic misfortune.

It is no coincidence that figures for maternal mortality are highest where women's lives are cheapest. Yet general poverty — which is presumed to put men, women and children at equal disadvantage in health terms — has tended to obscure the potent role of sex discrimination in this equation.

It is discrimination not poverty that causes little girls to be given less food than their brothers as they grow up, less care during sickness, less chance of going to school. And it is discrimination rather than poverty that burdens adult women with longer hours of work than their menfolk, that takes decisions about marriage and childbearing out of their hands.

For Nigerian doctor, Kelsey Harrison, working in the northern Region of Zaria, the links are clearr between wommen's low status and the risks they face in producing their families. "In Zaria many women are married in their very early teens. They will not have been to school or be trained in any skills at all, so outside of marriage there is *nothing*," he says.

"The husband has complete authority over his wife, so that even if she becomes ill while he is absent from the village, noone will be willing to make a decision to send her to hospital.

In the end, saving maternal lives in developing countries will depend as much on changing social attitudes as on improving the health services. This is one of the messages that WHO, the World Bank and the UN Fund for Population Activities stressed last-week, as they llaunched a campaign whose ultimate aim is to make motherhood as safe for Third World women as it is already for Westerners. It will be a long haul. As things stand at present, roughly 32 African, 28 South Asian, or 13 Latin American women lose their lives for every one Westerner.

Les risques de la maternité dans le tiers-monde

Enfanter dans la mort

Chaque année, près de 500 000 femmes du tiers-monde meurent en accouchant. Une conférence sur « la maternité sans risques » vient d'avoir lieu à Nairobi (1). Une action doit être entreprise pour que le nombre de décès au cours de la grossesse ou de l'enfantement soit réduit de moitié avant l'an 2000.

NAIROBI
de notre correspondant

« *Tu enfanteras dans la douleur* », dit Yahvé à Eve après que, dans le jardin d'Eden, elle eut croqué la pomme. Cette citation du livre de la Genèse, M. Halfdan Mahler, directeur général de l'Organisation mondiale de la santé (OMS), s'en est servi pour introduire la conférence sur « la maternité sans risques » et constater qu'« *à notre époque ni la grossesse ni la souffrance ne sont également réparties dans le monde* ».

Et M. Barber Conable, président de la Banque mondiale, de préciser : « *Les femmes des pays pauvres risquent cent fois plus de mourir au cours de leur grossesse que celles des pays industrialisés.* »

N'estime-t'on pas, en effet, que, chaque année, 500 000 femmes meurent de complications de la grossesse ou de l'accouchement dont 6 000 seulement dans les pays riches ?

Circonstance aggravante : le risque pour le nouveau-né de ne pas survivre à sa mère. Au Bangladesh, lorsqu'une femme meurt en donnant naissance à un enfant, la probabilité qu'a celui-ci de mourir avant l'âge de un an est de 95 %...

Comme la plupart des pays où la mortalité maternelle est la plus élevée ne possèdent pas de registres d'état civil à jour, la gravité de ce problème a ainsi, jusqu'à une date récente, échappé à l'attention des gouvernements. Il a donc fallu lancer des enquêtes méticuleuses pour découvrir l'ampleur du drame.

JACQUES DE BARRIN.

(Lire la suite page 11.)

(1) Du 10 au 13 février, sous les auspices conjoints de la Banque mondiale, de l'OMS et du Fonds des Nations unies pour les activités en matière de population.

(Suite de la première page.)

« *La mortalité maternelle est une tragédie que l'on a négligée parce que les victimes sont des pauvres, des paysannes et, surtout, parce que ce sont des femmes* », a remarqué M. Mahler. « *Depuis trop longtemps, les « dos courbés » des femmes du tiers-monde ne sont que trop négligés par les responsables de la planification,* a renchéri M. Conable. *Dans le monde, elles font les deux tiers du travail et ne gagnent qu'un dixième des revenus. Elles sont parmi les plus pauvres d'entre les pauvres.* »

Les femmes du tiers-monde sont, en effet, soumises à toutes les corvées – travail de la terre, ramassage du bois, collecte de l'eau, etc. Elles sont victimes de toutes les discriminations, scolaire et professionnelle, puisque les garçons ont presque toujours le pas sur les filles. On estime que les deux tiers au moins des femmes enceintes dans les pays en développement présentent des signes cliniques d'anémie. Ainsi, des femmes au bassin trop étroit finissent par mourir au cours d'un accouchement difficile. Affaiblies, elles sont plus facilement sujettes à des infections ou à des hémorragies.

La planification familiale est une arme indispensable dans la lutte contre la mortalité maternelle. Or dans les pays en développement, les femmes analphabètes ont deux fois plus d'enfants que les femmes instruites. Ainsi, la grande majorité des avortements illégaux – des millions par an – qui ont pour conséquences des milliers de décès par hémorragie et septicémie, sont imputables à l'ignorance de la contraception. Et que dire des adolescentes déjà mariées à l'âge de treize ans (70 % au Népal et 90 % au Bangladesh).

Comment ne pas compter aussi avec le poids énorme des traditions ? Dans certaines sociétés, l'accouchement est considéré comme impur et « polluant » et la femme en travail doit s'isoler. Dans certaines régions de la Papouasie-Nouvelle-Guinée, le fait que le personnel des postes de santé soit essentiellement masculin dissuade les femmes de lui demander conseil pour des problèmes obstétricaux.

Formation et dépistage

Reste le sous-développement lui-même. Manque de personnel compétent – plus de la moitié des femmes du monde entier accouchent sans l'assistance d'une personne qualifiée – et mauvaise répartition géographique : au Nigéria, dans les années 80, plus de 90 % des deux cents obstétriciens travaillaient à Lagos et dans les chefs-lieux de province. Manque de centres de santé, d'instruments et de médicaments, de moyens de transport aussi. Manque de moyens financiers enfin, car les soins ne sont pas toujours gratuits, qu'il s'agisse d'honoraires ou de... pots-de-vin.

Que faire ? « *Il ne s'agit pas de construire de grands hôpitaux ou de nouvelles écoles de médecine,* a insisté M. Mahler, *mais de former davantage de sages-femmes ou d'accoucheuses traditionnelles, de renforcer le réseau de soins de santé primaires au niveau du district et du sous-district.* » De manière à dépister systématiquement les grossesses. Une telle politique, accompagnée d'une vigoureuse campagne de planification familiale – au Mexique, plus de 40 % des utilisateurs de contraceptifs s'approvisionnent dans des boutiques et non auprès des dispensaires – « *pourrait,* selon le directeur général de l'OMS, *réduire de moitié ou des deux tiers, le nombre des complications pré ou post-natales dont l'issue peut être fatale* ».

« *Ces soins de santé maternelle ne devraient pas coûter plus de 2 dollars par an et par habitant, alors que 9 dollars sont actuellement dépensés en moyenne pour l'ensemble des soins de santé dans les pays à faible revenu* », a indiqué M. Conable. Or, de l'avis des experts, un investissement d'un seul dollar par an et par habitant devrait permettre de réduire la mortalité maternelle d'au moins 25 % en dix ans. A cet égard, le président de la Banque mondiale a proposé la création d'un fonds pour la maternité sans danger de 5 millions de dollars auquel la banque s'est engagée à verser 1 million de dollars.

La conférence de Nairobi a opté pour un « *appel à l'action* » qui sera transmis aux autorités concernées avec l'espoir que son message sera entendu. Que pouvait-on attendre de mieux de pareille réunion si ce n'est qu'elle ouvre les yeux des participants sur le drame de la mortalité maternelle et qu'elle les pousse à agir, « *avec enthousiasme, détermination et imagination* ».

JACQUES DE BARRIN.

Le Monde
19/2/87

CHINA MORNING POST - 22 February 1987

AIDS drug proves partially effective

AZT is the only drug that has been proven clinically effective in treating AIDS, but a dozen other drugs that may be as good or better were in the medical pipeline, a researcher told a conference on the deadly disease.

Dr Martin Hirsch of the Massachusetts General Hospital said last Friday that AZT, or azid-3-deoxythymidine, "is not a cure, but it certainly does help along the way".

"This is the only drug that has been shown to be clinically effective up to the present ti Dr Hirsch said at the c ence.

Dr Hirsch, who heads a hospital program where antiviral agents are tested against the AIDS virus, said "there are lots of other drugs that are as good as AZT and perhaps not as toxic".

He added: "At least a dozen coming down the pike will be at least as good as AZT. There will be better drugs than AZT down the road."

Acquired Immune Deficiency Syndrome is caused by a virus that destroys the body's immune system. At least 30,800 AIDS cases have been reported in the United States and 17,728 of the patients have died.

Dr Hirsch described the results of a seven-month AZT trial on 280 people suffering from AIDS and AIDS-related complex in 12 medical centres last year.

During the study, 19 of the AIDS patients given a placebo died, but only one AIDS patient given AZT died and there were no deaths among patients with AIDS-related complex, he said.

Because AZT had obviously extended the lives of AIDS victims, Dr Hirsch said, "we had no choice but to terminate the study and put all the placebo patients on the drug. There are a number of patients who have been on the drug for a year or a year and a half and are doing remarkably well."

Dr Hirsch said AIDS patients on AZT, which was first used in the 1960s as an anti-cancer drug, gained weight and their number of disease-fighting blood cells increased.

But he warned AZT could lead to anaemia and "there are a number of patients who required transfusions".

He said the Federal Drug Administration was expected to license AZT "within a month or two".

Dr Hirsch said another drug, ribavirin, had been tested on 163 patients with lymphadenopathy, sometimes a forerunner of AIDS, and among those who received doses of 800 mg none had progressed to AIDS infection.

● The World Health Organisation is giving Uganda US$500,000 (about HK$3.9 million) and two million condoms to help control AIDS in this eastern African nation, a Government-owned newspaper reported last Friday.

New Vision said the money would be used to buy testing kits, blood screening machines and other equipment and help train health workers about the disease.

United Press International

MANILA TIMES

24 February 1987

Childbirth – a matter of life, death

WHEN a woman in a developing country becomes pregnant, her chances of dying can be 100 to 200 times higher than those of a pregnant woman in an affluent society. In developed countries there are between 5 and 30 maternal deaths per 100,000 live births; in developing countries the figure ranges from 50 to over 800 deaths for 100,000 live births. It is against this background that the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) are sponsoring a top-level conference on safe motherhood in Nairobi, Kenya.

An estimated 500,000 women die each year from causes related to pregnancy and childbirth and only 6,000 of these are in the developed world. While in Europe a woman has a lifetime risk of one in several thousand of dying from maternal causes, the average risk for a woman in Africa is about 1 in 25.

MANILA BULLETIN - 26 February 1987

Medical feature

Drug safety

U...rsecretary of Health Rhais Gamboa revealed recently that four different kinds of antibiotics manufactured locally by various drug companies failed the required bioavailability tests which means that the drugs did not have the desired therapeutic effect.

Indeed, the Department of Health, without much fanfare, has been trying its best to curb the influx of substandard drugs. This concern derives from these main reasons — failure of patient treatment because of low potency and inherent defects and potential side effects common to the ingredients or from toxic impurities.

In short, the drug consumer must be protected to the greatest degree possible, and the health ministry has taken pains to conduct tests before new drugs, including wonder drugs which spawned imitation or copy products, are registered.

It is in this setting where post-marketing surveillance is in order as exemplified by a world monitoring system instituted by SK & F on all cimetidine products, precisely because it invented the drug and which because of its phenomenal success has become the object of imitation cimetidine products by other companies.

It is thus auspicious that the health ministry recognizes the moral obligation of insuring product safety that should accompany the manufacture and marketing of drugs, especially in the Third World countries, where sophisticated levels of product tests have yet to be reached.

STRAITS TIMES

23 February 1987

VD makes comeback in China after 20 years

BEIJING — More than 20 years after China declared itself free of venereal disease, sexually transmitted ailments have re-emerged and threaten to spread out of control, the official China Daily reported on Saturday.

"The re-emergence of VD is posing a new challenge to Chinese medical workers," the newspaper said in a report on a national symposium on VD held this month in the southern city of Guangzhou.

Mr Zhang Yifang, Director of the Health Ministry's Endemic Diseases Bureau, told the meeting that VD had re-emerged in recent years in part because of "the influx of tourists who have brought the virus into China and in part by the occurrence of promiscuous behaviour in the country".

"We now face the task of combining sociology and medical sciences in our attempt to prevent the diseases from getting out of control," the paper quoted another specialist as saying. It gave no statistics on the incidence of VD.

The paper said the Health Ministry had set up 10 VD surveillance stations in major coastal cities and six more are expected to be established soon.

It said China's communist leadership fought a successful battle against VD in the 1950s by closing down brothels, setting up institutions for VD treatment and publicising the dangers of sexual diseases. In 1964, health officials declared that VD no longer existed in China. — UPI, AP.

ANILA TIMES - 16 February 1987

AIDS clearance papers to be suspended soon

THE Ministry of Health will soon suspend the implementation of AIDS clearance certificate requirement to foreign students and workers, a ranking official disclosed.

He said the existing requirement did not really target the high risk group which is susceptible to Acquired Immune Deficiency Syndrome.

The group includes homosexuals, hospitality girls and intravenous drug users.

The AIDS clearance certificate is required by Philippine immigration authorities to foreign students and workers applying for permanent residence in the country on recommendation of the MOH.

Earlier, the World Health Organization expressed an opposite view on clearance requirement, saying the WHO did not advocate such policy because of the nature of the disease and in accordance with the international agreement not to impose such kind of regulation.

The MOH official admitted the ministry made a hasty decision on the clearance requirement and said its implementation would be temporarily stopped to allow the AIDS committee to find ways and means of containing the spread of the disease in a more practical manner.

"Medical certificate perhaps would be enough since the incubation of the disease takes a long period and its signs and symptoms do not immediately appear," he stressed.

The official, however, said that tourists from countries like the United States, Africa and some parts of Europe — where AIDS incidence is high — might be subjected for clearance.

The official also expressed concern over the clearance requirement for tourists, saying this would surely hurt the tourism industry.

He said the suspension of the implementation of AIDS clearance certificate was recommended by the MOH AIDS committee led by Dr. Manuel Dayrit.

The official added that strict monitoring of AIDS cases in the Philippines would continue.

MANILA BULLETIN
15 February 1987

Exhibit on hepatitis at St. Luke's

Hepatitis B, a disease of which the Philippines has the highest virus carrier rate in Asia, is the subject of a roving exhibit currently on display at the Medical Arts building looby of Saint Luke's Medical Center.

The exhibit carries facts and statistics on the disease, including World Health Organization figures that 200 million people worldwide are carriers of the virus while 2 million die of it annually.

While illustrating the modes of transmission of the virus, the exhibit also relates the development of Engerix-B, a new genetically engineered vaccine for Hepatitis B.

The need for a public information campaign on Hepatitis B was underscored in a symposium at the ballroom of the Philippine Plaza Hotel last Feb. 12.

In his lecture, Dr. Ernesto O. Domingo, head of the UP-PGH Liver study group and associate dean for clinical sciences of the UP college of medicine, said an information drive should go hand-in-hand with a mass immunization campaign.

(Manila)
MALAYA - 18 February 1987

Health experts tackle childbirth problems

When a woman in a developing country becomes pregnant, her chances of dying can be 100 to 200 times higher than those of a pregnant woman in an affluent society.

In developed countries there are between five and 30 maternal deaths per 100,000 live births; in developing countries the figure ranges from 50 to over 800 deaths for 100,000 live births.

It is against this background that the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) are sponsoring a top-level Conference on Safe Motherhood which began yesterday and will conclude Friday, in Nairobi, Kenya.

An estimated 500,000 women die each year from causes related to pregnancy and childbirth and only 6,000 of these are in the developed world. While in Europe a woman has a life-term risk of one in several thousands of dying from maternal causes, the average risk for a woman in Africa is about 1 in 25.

The reasons for the appallingly high toll of deaths and illness in pregnancy and childbirth are grounded in national and individual poverty, in the low status of women, in female illiteracy, in ill-health and malnutrition, in inadequate Primary Health Care including health care infrastructure, in unregulated fertility, and in the poor communication networks of rural areas.

The disparities in risk, which are greater than in any other health indicator — greater even than the infant mortality rate — "are, at the same time, both shocking and a sign of hope," the heads of sponsoring agencies say.

ES - 3 February 1987

A BOOKLET ON AIDS, edited by the Health and Welfare Ministry, was released Monday, with the aim of informing the public about preventive measures against the disease.

Health Ministry Issues AIDS Booklet

A booklet aimed at informing the public about AIDS (acquired immune deficiency syndrome) was put out Monday by the Health and Welfare Ministry.

"Eizu-tte Nani?" (What is AIDS?), a 16-page booklet edited by the ministry's Office of Infectious Diseases Control and the AIDS Surveillance Committee, focuses on basic facts about the symptoms and causes of AIDS, and preventive measures against it.

Ministry officials point out that the booklet pays special attention to preventing the spread of AIDS transmitted through sexual intercourse, because the first woman AIDS victim was infected through intercourse with a man.

The booklet warns that 100 million persons around the world may die of AIDS by the end of the century.

It also cautions that there is a high risk of AIDS infection through oral and anal sexual intercourse and that condoms are effective in preventing the AIDS virus from spreading.

Sharing razors and tooth brushes should also be avoided, the booklet says.

The pamphlet will be distributed to local governments, medical institutions and public health centers.

The ministry has already published 1.5 million copies of two similar leaflets: "AIDS," aimed at the general public, and "AIDS in Japan," for counselors working at public health centers.

The publisher of "Eizu-tte Nani" is Shakai Hoken Shuppansha, tel. (03) 291-9841.

'Cot Death' Major Killer of Babies In Advanced Nations

GENEVA (Reuter-Kyodo) — A fatal "mystery illness" that afflicts sleeping, seemingly healthy babies is believed to be the most common reason in industrialized countries for the deaths of children aged between one week and 1 year, the World Health Organization reported Wednesday.

Known as "cot death," the sudden infant death syndrome, which stops babies' breathing, takes the lives of 7,000 to 10,000 infants in the United States and about 2,000 in Britain each year, the U.N. agency said. No further figures were available.

500,000 women die each year in developing nations

AN estimated 500,000 woman die each year from causes related to pregnancy and childbirth and majority of them are in the developing countries.

This was disclosed by the World Health Organization as it stressed the need for a strategy that would reduce maternal mortality and morbidity.

The WHO said the chances of dying among pregnant women in developing countries can be 100 to 200 times higher than those of the developed nations.

The high death toll in these countries, said the WHO, was attributed to ill health and malnutrition, unregulated pregnancy, and inadequate health care, including health facilities, especially in rural areas.

The WHO said in view of this, a top level conference on safe motherhood was conducted in cooperation with international agencies such as the World Bank and the United Nations Fund for Population Activities (UNFPA).

"It is time now to focus attention not only on women in their maternal role but also in their own right as individuals," the WHO stressed.

It said at the end of the conference, a strategy on the promotion of maternal health and family planning services would be forged.

The WHO added that the strategy would entail firming up of international commitment on primary health care with women playing an important role in the "Health for All" program by the year 2,000.

Meanwhile, Dr. Hiroshi Nakajima, WHO regional director for the Western Pacific, said Filipinos should not worry about the Acquired Immune Deficiency Syndrome, but the situation should be carefully observed.

Fortunately, he said, although there have been actual AIDS cases in the country, the growth in the number of infected cases is slow.

He said, quoting Dr. Halfdan Mahler WHO director general, "AIDS is just knocking at the door of Asia, but the door is closed tight. Only Australia has opened it."

Study says virus may infect or kill foetus

FIJI SUN
12 February 1987

BOSTON (AP) — A common virus that causes a mild rash in children may infect and kill the foetus of a pregnant woman who contracts the illness, according to a study released yesterday.

There are no figures detailing how many foetuses are damaged by the microbe parvovirus, according to researchers at the University of Aberdeen in Scotland.

The researchers wrote in the New England *Journal of Medicine* that the virus may be a more important threat for pregnant women to be aware of than rubella, which is controlled by vaccinations.

The researchers blamed the parvovirus for two foetal deaths during an outbreak in northeast Scotland three years ago.

"We conclude that this common virus may pose a serious risk to the foetus after maternal infection," according to the article by Dr Aditi Anand and colleagues.

The virus typically causes a mild rash on the cheeks sometimes called fifth disease. When children get it, they often have strikingly red cheeks and look as though their faces have been slapped.

The doctors identified six pregnant women who contracted the virus during the Scottish outbreak. Two suffered miscarriages, and both foetuses were infected with the parvovirus. The other four women delivered healthy babies with no signs of infection.

"Happily, the two women described in this paper have since become pregnant and delivered normal, healthy term infants," the researchers wrote.

DEPTHNEWS
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TITLE : Safe Motherhood Conference

Some 500,000 women die every year from causes related to pregnancy and childbirth.

But mortality could be reduced by half without too much additional expense, if only governments would commit themselves to tackling the problem.

To help women survive the dangers of pregnancy and to promote maternal health in general, a Safe Motherhood Conference was held recently in Nairobi, Kenya.

Some 90 decision-makers from developing countries, the donor community and experts attended the meeting which was hosted by the Kenyan government.

Sponsoring agencies were the World Bank, the World Health Organization and the United Nations Fund for Population Activities.

More

It was announced at the conference that the three agencies are setting up a Safe Motherhood Fund to undertake research in maternal health programmes.

The Fund has a proposed three-year budget of US$5 million, to which the World Bank and the United Nations Development Programme have committed US$1 million each.

The Fund, which will be managed by the WHO, is expected to help governments develop effective maternal health programmes at affordable cost.

World Bank experts estimate that an expenditure of 48 US cents per head of population in a country could reduce maternal death by 20 percent. A higher expenditure of US$1.50 could cut the deaths by 66 percent..

The expense would be only about 10 to 20 percent of the cost of health services in developing countries, said Bank adviser on women in development Barbara Herz.

Ms. Herz suggested to the conference that maternal health programmes should emphasize certain basic obstetrical services.

More

These would be screening for pregnancy risks, referral care of women who are found to be at high risk, and routine prenatal care for all pregnant women.

To implement these services, stronger community-based health care should be developed wherein health workers would dispense prenatal care as well as family planning and health education.

Hospitals and health centres should also be enlisted to receive emergency cases, and a system devised to promptly bring these cases to the hospital.

Improvement of maternal health likewise hinges on nutrition and health education, improved family planning services and development of income opportunities for women.

Ends

INTERNATIONAL PRESS
CUTTING BUREAU
Extract from:
ARAB NEWS Riyadh
Saudi Arabia.

Maternal deaths: Half a million women, almost all in Asia and Africa, die each year from causes related to childbirth. Ministers and officials from 50 developing countries will meet in Nairobi next week in a four-day conference aimed at reducing the risks to these women. The conference is sponsored by the World Bank, the United Nations World Health Organization (WHO) and the U.N. Fund for Population Activities (UNFPA).

Saving mothers' lives through contraception

AFFAIRS

The daily toll of maternal deaths does not make headlines. But the numbers involved are equivalent to a Jumbo Jet full of women crashing to earth every four or five hours, day in, day out. All the pregnant, have just given birth or have undergone and abortion. Some are still in their teens.

When poor and illiterate women it is a poignant tragedy for their families but in so many cases the tragedy is not even visible to the medical services. Deaths in childbirth are highest where they are lest well recorded. Yet accurate measurement of a public health problem is a prerequisite to effective action.

Between 1981 and 1983 Family Health International (FHI), an American research organisation, conducted population-based surveys of maternal deaths in the governorate of Menoufia in Egypt and on the island of Bali in Indonesia. Nearly 4,000 deaths from all causes were investigated.

The maternal mortality was estimated at 1.9 per 1,000 live births in Menoufia and 7.2 per 1,000 in Bali. Relative to their population and taking into account the higher birth rates, Menoufia had 48 times and Bali 75 times as many maternal deaths as the United States. Twenty to 25 per cent of all deaths of women aged 15-49 in Indonesia and Egypt result from pregnancy and childbirth.

This compares with 1 per cent in western countries, where reproductive mortality is curbed by a comprehensive system of antenatal care, medical help with practically every delivery, and the large-scale elimination of high-risk groups through the voluntary control of childbirth.

Haemorrahage and obstructed labour accounted for most of the deaths in the FHI studies. Training and provision of simple equipment to traditional birth attendants would help reduce the death rates. More funds can and must be invested to improve clinic and hospital facilities. But often the easiest and most achievable first step is to improve access to contraception.

In Menoufia half the women who died in childbirth were over 30 and/or had three or more children. This fits the profile of women most likely to adopt contraception and underlines the importance of the message that in such areas community-based and private enterprise distribution of contraceptives can save lives.

In some parts of the world many maternal deaths are caused by illegal abortions, in Bangladesh it accounts for one quarter of all maternal deaths. Contraception reduced the number of abortions and deaths.

Clearly, solutions to the carnage of maternal deaths do exist. Traditonal birth attendants can be trained to screen high risk patients early in pregnancy, a little planning can improve transport, and immunizing a woman against tetanus can help. Women's chances improve when they enter pregnancy reasonably healthy and not weakened by, say, anaemia.

Sri Lanka, for example, has a lower per capita income than Pakistan, yet its maternal mortality is less than in Pakistan because there is better use of family planning, more emphasis on maternal care and a longer history of concern by the public health..

THE STANDARD

No. 22616 Nairobi, Tuesday, 10 February 1987

MOI TO OPEN CONFERENCE

PRESIDENT Daniel arap Moi will this morning open the international conference on "Safe Motherhood" at the Kenyatta International Conference Centre.

President Moi will arrive at the centre at 10.00 a.m. escorted by Nairobi PC, Mr Fred Waiganjo.

He will be met by the Minister for Health, Mr Peter Nyakiamo, the World Bank President, Mr Barber Conable, the director-general of the World Health Organisation, Dr Halfdan Mahler, the deputy director for the United Nations Fund for Population Activities, Dr Nafis Saki, and the administrator of the United Nations Development Programme, Mr William H. Draper III.

The World Bank president will welcome President Moi and the conference participants to the opening session after which Dr Mahler will make his address. This will be followed by another by Dr Saki.

Mr Nyakiamo, who is also the chairman to the opening session, will then invite the President to deliver the inaugural address and officially open the conference.

— *K.N.A.*

DAILY NATION

(Nairobi)

10 February 1987

Moi to open talks

President Moi will open the international conference on safe motherhood this morning.

He will arrive at the Kenyatta International Conference Centre at 10 a.m. escorted by the Nairobi Provincial Commissioner, Mr Fred Waiganjo, and will be met by the Minister for Health, Mr Peter Nyakiamo.

Also at hand will be the World Bank president, Mr Barber Conable, the director-general of the World Health Organisation, Dr Halfdaw Mahler, the deputy director for the United Nations Fund for Population Activities, Dr Nafis Saki, and the administrator of the United Nations Development Programme, Mr William Draper III.

The conference runs from today to February 13.

Yesterday, World Bank officials told the Press that the bank had set aside money to be used in efforts to minimise maternal death during delivery.

The exact amount will be announced this morning by the World Bank president.

The officials said the conference will seek to find why 500,000 women die every year when giving birth.

Delegates will discuss how the deaths can be avoided.

A paper prepared by the bank estimates that the deaths can be reduced by a half in the next 10 years. (KNA and NATION Reporter)

KENYA TIMES

Wednesday, 11 February 1987

Moi stresses importance of health facilities for all

HIS Excellency President Daniel arap Moi said in Nairobi yesterday that almost two-thirds of the Kenyan population is within walking distance of a health facility and that all districts will have adopted the district-based primary health approach by June, 1988.

By KAULI MWEMBE

President Moi said this when he officially opened the three-day conference on Safe Motherhood Initiative at the Kenyatta International Conference Centre (KICC).

He said the provision of health facilities was a reflection of the enormous resources the government has invested in the health of its people and the government's commitment towards the goal of health for all by the year 2000.

Touching on the district-based primary health approach, President Moi said this extensive exercise will provide Kenyans with an opportunity to participate more actively and closely and to identify themselves with health programmes at district level.

"I believe that safe

Back Page — Col. 2

Moi opens safe motherhood talks

From Page 1

motherhood initiatives should also be based at the district level," said President Moi at the conference which is being attended by 120 delegates from 30 different countries.

The President welcomed to Kenya World Bank president, Mr Barber B. Conable, who was making his first visit to the country in his capacity as World Bank chief. Mr Conable also addressed the conference.

President Moi told the gathering that the ruling party Kenya African National Union (KANU) and the government had pledged to make better efforts to improve the living standards of its people.

It was for this reason, said the President, that for the women, men and children of Kenya, the government had decided to invest heavily in health services.

"We realise that mothers and children make the majority of our population and that investing in their health means better health for the whole nation," said President Moi.

He expressed concern that many women lose their lives due to pregnancy and childbirth often early in their lives, leaving their families and robbing nations of their strength and care.

"This is too great a cost for humanity to bear and I am glad that we have all gathered here today to do something about it — to launch the Safe Motherhood Initiatives," said the President.

He told delegates that as they entered their deliberations, they should bear in mind that humanity will judge the success of the conference on the impact it will make in improving the health of child-bearing women during the remaining years of this century and beyond.

The conference had the necessary resolve and expertise to find practical ways through which governments in the developing countries can place more emphasis on maternal health, the President said. The function was also attended by several cabinet ministers, permanent secretaries and top executives from both the public and private sectors.

The President also welcomed Dr Halfdan Mahler, director-general of World Health Organisation (WHO), and Dr Nafis Sadik, deputy executive director of the UN Fund for Population Activities.

President Moi noted that available statistics indicate that some half a million women die every year for pregnancy related ailments in the world, while many more suffered long-lasting disabilities as result of complications during pregnancy and childbirth.

"All of us appreciate the fact that the full potential of women can only be realised if safety in motherhood is improved and ensured," he added.

He regretted that developing countries which require more of these services are also the ones which continue to experience difficult economic times.

He said a conference on safe motherhood cannot avoid reference to population issues and in this connection the President said Kenya had taken various measures to slow the rapid population growth rate.

President Daniel arap Moi, yesterday at State House, Nairobi, held discussions with the president of the World Bank, Mr Barber Conable.

During the discussions, President Moi urged the World Bank to increase the in-flow of funds to Kenya. This, he said, could be done through budget support.

President Moi told Mr Conable that despite many difficulties Kenya had undergone in the recent past, it had managed to considerably cut budget deficits and reduce the rate of inflation thus stabilising the economy.

He cited such setbacks as the high oil increases in 1973 and the 1984 drought which had very adverse effects in the country's economy.

President Moi reiterated that Kenya welcomed foreign investors adding that the country had favourable conditions for such investment.

Kenya, the President noted, was centrally situated and had a well developed telecommunications system to link with the surrounding markets and overseas countries.

He called on the banks to continue with the current support in the agricultural sector and other areas in order to increase job opportunities.

Mr Conable said the bank was discussing with the Kenya Government economic support for the transport sector and other areas. The bank, he added, was trying to see how it could be more responsive to Kenya's development needs.

He praised Kenya's investment in education and also President Moi's personal efforts in the areas of population control.

P.T.O.

President Moi addressing the International Motherhood Initiative Conference which he officially opened at the Kenyatta International Conference Centre yesterday.

President Daniel arap Moi leaves the Kenyatta International Conference Centre after he officially opened the Safe Motherhood conference yesterday. On the right is the World Bank President, Mr Barber Conable and Vice-President Mwai Kibaki.

Picture by WALLACE GICHERE.

INTERNATIONAL PRESS-CUTTING BUREAU
224-236 Walworth Road,
London SE17 1JE

Extract from
International Herald Tribune,
London & Paris.

11 FEB 1987

4453

Mothers in Danger

Leaders of several international organizations meet in Nairobi this week to plan an effort to improve maternal health. Every year more than half a million women die of causes related to pregnancy. Almost 99 percent of these deaths occur in the developing world, principally in sub-Saharan Africa and South Asia. The causes — malnutrition, lack of education, inadequate health care and faulty means of getting help — are being addressed by officials from the World Health Organization, the UN Fund for Population Activities, the World Bank, the U.S. Agency for International Development and interested private foundations.

Internationally sponsored health programs have been remarkably successful in recent years. Life expectancy in poor countries has been raised from 43 years to 60 in two decades. But the statistics on young women who die in childbirth continue to be discouraging. The Nairobi conference is an important first step in meeting this challenge in the developing world.

Meanwhile, there is reason to be concerned by American statistics on another aspect of childbirth, infant mortality. How can it be that in a wealthy, resourceful and well educated country so many infants die in the first year? A report last week by the Childrens' Defense Fund details the situation. The United States is tied for last place on a table of infant mortality rates in 20 industrialized countries.

There has been a great deal of interest in this problem quite recently, so maybe things have begun to improve. Still, you have to wonder how Americans can provide leadership in helping mothers and children in the Third World and do such an unsatisfactory job at home.

— *THE WASHINGTON POST.*

THE STANDARD

Friday, 13 February 1987

Babies determine the fate of nations

THE major division in the world is not between East and West, or even between the industrialised North and the developing South, claims a new report.

It is between the countries which have slowed population growth so that there is a balance between births and deaths, and those where the babies are still booming.

This week's Nairobi conference on Safe Motherhood and the visit of top World Bank officials to Kenya has again focused on matters of population growth. Rapid population growth is leading to environmental catastrophe, which in turn interacts with economic decline and political instability, resulting in social disintegration, warns a new report. Daniel Nelson of Gemini News Service looks at the latest broadside from the international family planning movement.

The division is crucial, says the Washington-based World watch organisation, because the baby-boomers are being pushed into ecological deterioration, economic decline and political instability, leading to social disintegration.

Stopping the process, says Worldwatch, "now rivals in importance nuclear disarmament in the international agenda".

On this analysis, Western Europe, China, Japan and a handful of other countries are moving slowly but surely into a better dawn, while the other half of the world's population is heading for disaster.

The report suggests that rapid population growth will lead to falling living standards and a consequent rise in death rates. Decades of development effort would be rendered bankrupt "a spectre growing uncomfortably close".

The argument is important because it runs counter to the Reagan Administration's current thinking, which equates effective family planning programmes with "socialistic" government control and therefore supports freewheeling population growth.

The new Reaganomics reverses years of US-led birth control drives when the answer to the world's problems appeared to be the distribution of contraceptives.

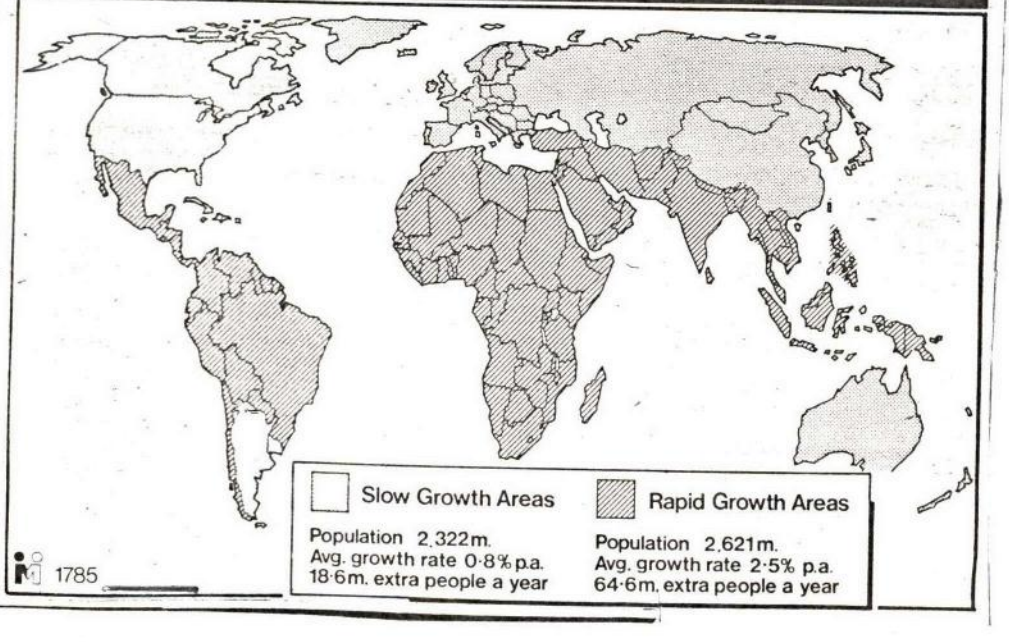
TRANSITION

The Worldwatch report is part of the family planners response to the new line, an attempt to win back the ideological high ground in order to stop further cutbacks to internationally-funded birth control programmes.

The argument takes as its basis the "theory of demographic transition" which links births and deaths to one of three stages of economic development:

- Traditional agricultural societies: High birth rates and high death rates, so population grows slowly.
- Developing countries: Death rates fall as public health measures improve and food production expands, but the birth rate remains high, so population grows rapidly.
- Industrialised countries: As economic gains reduce the demand for large families, birth rates fall, and births and deaths again reach

The demographic divide



P.T.O.

equilibrium but at a lower level than in stage one.

Worldwatch suggests, however, that unlike the experience of the industrialised countries of Europe, developing countries may get trapped in the second stage, unable to achieve the economic and social gains that are counted on to reduce births for stage three.

Inexorably, economic stresses begin to generate social stresses: "Ethnic and tribal tensions are exacerbated, and governments become preoccupied with instability. More and more of their time and energy is required merely to stay in power. Dozens of countries in Africa, Latin America, the Middle East and South Asia are already enmeshed in this demographic trap".

The report says that unless countries act to slow and halt population growth, perhaps on an emergency basis, they face social disintegration. Inevitably, it is argued, death rates start to rise again and society goes back to the equilibrium of the first stage, of high birth rates and high death rates, probably through disease, famine or war:

REGRESSION

"Such a regression is already evident in Africa, where famine has raised death rates twice since 1970".

The report warns that during the 1970s Africa became the first region since the Great Depression of half a century ago to experience a decade-long decline in per capita income during peacetime.

It is likely to be joined by Latin America, where average income in 1986 was noticeably lower than in 1980:

"Barring a miracle, Latin America, like Africa, appears likely to end the decade with a lower per capita income than that which it started".

DECLINE

The billion people of the Indian Sub-continent are also said to be at risk: "Whether India can slow its population growth before deforestation, soil erosion and desertification undermine its economy remains to be seen.

"There has been essentially no decline in growth rates over the past decade. Severe regional shortages of water and food within India are likely in the not-too-distant future if population growth is not arrested."

Worldwatch says that continuation of India's current population growth rate could lead to a decline in food availability, as happened in Africa.

Analysing countries which have achieved sharp reductions in the birth rate — including Cuba and South Korea, Canada and Thailand — the report says the common denominators are a committed leadership and locally designed programmes.

The document is full of questionable statements and dubious assumptions but it is surely right to conclude that "the issue is how — not whether — population growth will eventually be slowed. Will it be humanely, through foresight and leadership, or will living standards deteriorate until death rates begin to rise?"

DAILY NATION, 13 FEBRUARY 1987

Expert reporters lacking

Press coverage of many professional fields in developing countries is often inadequate due to a shortage of specialist journalists, the editor-in-chief of the *Weekly Review*, Mr Hilary Ng'weno, said.

Mr Ng'weno singled out the medical profession as requiring effective communication. medical professionals shared the needed qualified media people to effectively convey their messages.

Despite accusations of misreporting, sensationalisation and mischief against the Press, most medical professionals shared the blame because they were unwilling to write for the media.

Doctors, Mr Ng'weno said, found it demeanig to write for newspapers and magazines. "They would rather write for journals and are hard to convince to change their attitudes."

Mr Ng'weno praised Unicef and UNDP for their yearly Press kit releases, but cautioned that a campaign should go on for a year rather than being given a different meaning every year.

He said the media were willing to participate in such campaigns but should be supplied with information.

Role of the aged given

Communities should involve grandparents more in the stimulation and care of young children, Unicef's senior programme officer in Kenya, Dr Inonge Lewanika said yesterday.

Dr Lewanika said grandparents were good child minders and their participation in the upbringing of children would relieve mothers of some burden.

He was contributing to a session on additional resources for improved maternal health during the ongoing Safe Motherhood conference which was opened by President Moi on Tuesday.

She said mothers had no time for themselves, not even time to eat adequately yet they spent so much energy in the agricultural fields, collecting water and firewood and handling other household chores.

Dr Lewanika said safe motherhood was a result of safe childhood. If the health of children was ensured during development into adulthood, chances were that there would be more healthy mothers, and fathers.

Dr Lewanika said initiatives should be made to give children practical information for safe motherhood, particularly the school going children, scouts and girl guides.

Many aspects of community life offered opportunities for improving the health of mothers and these should be exploited, she said.

Dr Lewanika singled out social services, housing and planning departments, labour, water and sanitation, agriculture and food production sectors.

She said labour laws need to give more attention to working hours for women, the distances they have to walk to work, breast feeding time, and marternity leave.

The World Bank
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INTERNATIONAL DEVELOPMENT ASSOCIATION

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NOTE TO THE PRESS

Attached is a summary of the World Bank paper, "The Safe Motherhood Initiative: Proposals for Action" by Barbara Herz, Adviser on Women in Development, and Anthony R. Measham, Health Adviser. The paper has been prepared for the Safe Motherhood Conference in Nairobi, Kenya, February 10-13, 1987, which is being co-sponsored by The World Bank, the World Health Organization, and the United Nations Fund for Population Activities.

For further information, contact Mrs. Pushpa N. Schwartz at (202) 477-3573.

Attachment

The World Bank
INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT
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SAFE MOTHERHOOD INITIATIVE: PROPOSALS FOR ACTION

Summary

Governments throughout the world have adopted the goal of "Health for All by the Year 2000." Considerable progress has been made toward that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 percent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

Maternal Mortality

The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies; for women with certain pre-existing health conditions; for poor, malnourished, and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from hemorrhage, severe infection (sepsis), toxemia, obstructed labor, and abortion (particularly illegal or primitive abortion).

Improving Maternal Health

A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth, and the post-partum period. Her capacity to produce a strong, healthy baby, and to nurse and care for her baby are also directly related to her own health and nutrition. Most pregnant women in developing countries are anemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education, and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 percent and 40 percent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances: the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are **prevention of complications, routine care,** and **backup** for high-risk and emergency cases. Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk, and good prenatal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably hemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile, and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services, plus programs to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and learning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach is required.

-- Stronger community-based health care, relying on non-physician health workers, to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

-- Stronger referral facilities -- hospitals and health centers with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgical family planning methods.

-- An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organizations' (NGOs) primary health care programs. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of service, which affect costs.

Cost and Impact of Maternal Health Care

The table below shows the approximate cost and the impact of two safe motherhood program models: a limited and a moderate effort.

	No Program	Limited Effort	Moderate Effort
Annual Cost per capita Population	US$0	US$0.48	US$1.50
Approximate Annual Cost per Maternal Death Averted	US$0	US$4,800	US$6,200
Annual Cost per Death Averted (incl. children)	US$0	US$2,400	US$3,100
Annual Cost per Birth Averted	US$0	US$60	US$100
Percentage of Fertile-Age Couples Using Contraception	0-9	16	40
Maternal Mortality Rate per 100,000 live births	800-1,000	950	400
Percentage Reduction in Maternal Deaths	not applicable	20%	66%
Associated Birth Rate	45-50	42	30

The two models above illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than US$2 per capita per year compared to average annual health expenditures of US$9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than US$1 per capita a year, and it could be used to begin the process of improving maternal health.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditures on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Other Measures

Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care and generally improving their well-being and self-esteem, and by encouraging local communities to give greater priority to maternal and health services.

Call for Action

The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required:

- **political commitment to and higher priority for safe motherhood;**
- **allocation of the necessary resources to maternal health and family planning services;** and
- **supportive activities in other sectors.**

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial assistance to developing countries on request.

January 12, 1987

Notes for Press Briefings on
Safe Motherhood Conference,
Nairobi, February 10-13, 1987

I. The Problem - 500,000 women die every year from pregnancy-related causes:

- o 99% of deaths occur in developing countries;
- o a woman dies every minute;
- o pregnancy-related deaths account for 1/3-1/2 of all deaths to women in the reproductive age group (15-49) in LDCs; for less than 5% of deaths in industrialized countries;
- o risk of death depends on both the risks faced in each pregnancy and the number of pregnancies;
- o 1/25-1/50 (2-4%) of women in LDCs will die from these causes (this is the lifetime risk).

II. Many countries have almost solved the problem - in the vast majority of cases these deaths can be prevented. Compare industrialized countries and some LDCs, with the rest (WHO estimates):

- o in many LDCs, 800-1,000, of every 100,000 live births end in a maternal death;
- o in Canada, the figure is 2/100,000 in Sweden and Norway - 4, in US. - 9, it is under 10 in most developed countries,
- o in Costa Rica, it is 26/100,000, in China 44;
- o in Somalia and Nigeria, it is over 1,000 per 100,000 live births.

III Two sets of actions/responses are needed in LDCs:

a) Indirect and longer term responses

- o better nutrition, health care and education for female children;
- o higher status, better opportunities and higher incomes for women.

b) Direct (short and long term) responses

- o better maternal health care before, during and after delivery;
- o good family planning services.

Both sets of actions are needed and they are synergistic.

IV There is no single medical answer, like immunization for many of the diseases of childhood.

- o there are 5 main medical causes of maternal death - hemorrhage, infection, toxemia (high blood pressure conditions in pregnancy), obstructed labor and complications of primitive induced abortion;
- o each cause requires a different approach but all require a system that provides:
  - good community based care - prenatal, delivery, postnatal and family planning services;
  - a first referral level (usually a small hospital) for high risk and emergency cases, a place where blood transfusions and caesarean section operations are possible;
  - a communications ("alarm") and transport system to link the two levels.

We believe this system will only work if all three elements are in place.

V Potential impact and cost.

a) The Bank strategy paper for the Conference estimates that maternal mortality can be reduce by half within about 10 years at a cost of less than US$2 per capita population/per year. Low income LDCs spend on average about US$10 per capita per year for all health care. But some will not be able to afford US$2 per capita/per year. A good start is possible for US$1 per capita/per year.

b) We calculate it will cost US$4,000-6,000 to prevent each maternal death, US$2,000-3,000 when children's lives saved are included (most infants do not survive their mother's death and the survival chances of her other small children are reduced).

c) Child survival programs cost less - about $700 per infant death averted (Walsh and Warren, New England Journal of Medicine 1979). This is because:

- o there are many more child deaths, giving economies of scale. But children who are saved from measles may die of pneumonia or diarrhea, and face continuous threats, while women face these risks of dying only when pregnant. Comparisons can be misleading.
- o World Bank, WHO and UNFPA all strongly support child survival efforts but believe that Safe Motherhood has been relatively neglected and deserves greater priority.

d) Preventing Mothers' deaths confers a triple benefit:

- o saving the mother's productivity and overall contribution to society;
- o saving the life of the infant of this pregnancy;
- o improving the survival prospects of the other young children.

e) Obviously both child survival and safe motherhood programs are needed. Indeed they are mutually reinforcing. What we are saying is that Safe Motherhood is an issue whose time finally has come.

Anthony R. Measham, M.D.
Health Adviser
Population, Health and Nutrition Dept.,
The World Bank
Washington, D.C.

January 28, 1987

Safe Motherhood Conference in Nairobi
Public Affairs Strategy

Objectives:

To sensitize the development community in Part I and Part II countries, international organizations, and NGOs to the immense problem of maternal death and ill health in developing coutries, particularly in Asia and Sub-Saharan Africa, so that a broad consensus is obtained to support new initiatives and policies to reduce it; and to demonstrate that such initiatives are not costly, have high pay-off and can be justified on economic and humanitarian grounds. To obtain support for the Declaration that will emerge from the Conference and to make it operational.

Messages:

World Bank, WHO, UNFPA and others (UNICEF, UNDP, et al), NGOs and some foundations are willing to support new initiatives, but more help is needed. This help has to come both from donors and from developing countries themselves -- from policymakers who make decisions on allocations of development budgets. More resources have to be directed at provision of health facilities in rural areas, better education, training of personnel, and research and demonstration programs.

Audiences:

Policymakers in Part I and Part II countries, NGOs, including women's groups, health professionals, the public at large.

To attain the objectives outlined above and to deliver the key messages to the prime audience the following actions are proposed:

I. Before Nairobi Safe Motherhood Conference

1) Press kit -- prepare a separate World Bank kit (or incorporate into package) that will include WB materials from WDR 1984 and Population Growth and Policies in Sub-Saharan Africa; project profiles and news releases on projects in South Asia and Sub-Saharan Africa that positively affect women's health; project photos and Mr. Conable's photo; Mr. Conable's embargoed speech; news release on the conference and speech; Mr. Conable's biodata; and pamphlet on women and development.

2) Media to attend conference -- prepare invitation list and letter or telex; accreditation -- details through News Release; press briefing pre-conference (if one is scheduled in Nairobi) and Press Conferences at beginning and end. Balance media invitations between Part I and Part II countries. Obtain lists of foreign journalists and local journalists in Nairobi. How much of teh Conference wil they have access?

3) Radio programs -- Herz, Mr. Conable, Mrs. Conable (?), Mrs. Schwartz and Mr. Sagnier to interview. Dissemination through UN radio, Resident Representatives, UNICs and commercial outlets (?), transcripts, translations.

4) TV coverage to be arranged in Nairobi through VISNews for worldwide dissemination.

5) IRD and EUR to help on NGO mailings.

6) IPAPA Specialists, EUR, Tokyo, and ResReps to disseminate speech, press kits, tapes, etc.

7) Mr. Vogl to send letters to EUR, Tokyo, and all ResReps emphasizing importance of the Conference and enlisting support for dissemiantion efforts.

8) Q&A: talking points for Press Briefigns -- schedule briefings in Washington, N.Y., London, Paris, Bonn, Frankfurt en route to the Conference and in Nairobi (?)

II. During Conference

9) Press Room with kits and materials; what background papers can be distributed?

10) Press Conferences -- beginning and end.

11) Daily press brieifing on progress.

12) TV and radio feeds through professional dissemination services.

III. Post Conference Follow-up Activities

13) WB News, F&D features and articles, poster or calendar, stamp.

14) Follow-up seminars in Asia and Africa, and Part I countries for government officials, NGOs, news media, professional associations, universities, etc. in selected countries and capitals.

15) Articles, radio programs, TV interviews in Part I and Part II countries.

16) Dissemination of conference Declaration and proceedings - PUB to be consulted.

17) EDI to include modules on safe motherhood in human resources and population and health courses.

FORM NO. 75
(6-83)

THE WORLD BANK/IFC

SM Press File

ROUTING SLIP	DATE: March 13, 1987
NAME	ROOM NO.
Mr. Frank Vogl, Dir, IPA	E 827
Mr. Anthony Measham, PHN	N 440
Mrs. Babara Herz, PPDPR	E 1050
Ms. Ingram, PIO	D 845

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
X	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		URGENT

REMARKS:

FROM:	ROOM NO.:	EXTENSION:
Pushpa N. Schwartz	D 832	73573

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Radio | UNITED NATIONS NATIONS UNIES NACIONES UNIDAS

SCOPE EIGHTY-SEVEN, No. 5 2 FEBRUARY 1987

CONTENTS:

Written, Produced and Narrated by Geraldine Harris

Assisted by Helen Shaskan

Duration: 14 minutes

87-43334

MUSIC: UP, HOLD UNDER

VOICE: This is United Nations Radio from New York. SCOPE -- a programme about the United Nations and its related agencies.

MUSIC: HOLD UNDER

NARRATOR: Hello. I'm Geraldine Harris. This time, the arrival of the five billionth human being; the relationship between population growth and economic opportunities; and the Safe Motherhood Initiative.

MUSIC: UP, UNDER AND OUT

NARRATOR: World population will surpass five billion around the middle of 1987. As we approach this milestone, says Rafael Salas, Executive Director of the United Nations Fund for Population Activities, UNFPA, it is a time for both celebration and reflection. On the one hand, says Mr. Salas, the arrival of a child is considered a joyous occasion for a family:

CUT 1
SALAS
UN Population
Commission
24th session
28 Jan. 87
New York

There are reasons for joy and pride in the arrival of that five billionth human being. The quickening pace of the arrival of the billions in population history has been made possible by dramatic increases in life expectancy and the declines in infant and child mortality. Current life expectancy of the world as a whole is around 60 years, probably three times as long as it was when world population reached the half-billion mark in the middle of the eighteenth century. Similarly, infant mortality today is only a fifth of what it was in those days. While there are still substantial differences in the chances for survival -- for instance between the rich and the poor, the educated and the uneducated, city dwellers and villagers, and between developed and developing countries -- gains in life expectancy have been universal, benefiting millions and billions of people all over the world.

NARRATOR: But on the other hand, Mr. Salas notes that the birth of the world's five billionth baby demands the serious attention of the world community. The last one billion people were added to the earth's population in just 13 years. The next one billion, bringing the population to six billion, will be born before the year 2000. Here again is Mr. Salas:

CUT 2
SALAS
Ibid.

Population growth has been a mixed blessing. What kind of a world will it be when the five billionth child grows up -- when there will be six billion people on our planet, in the year 2000? More people than ever before live in conditions which deny them the full exercise of their rights as human beings: the right to education, the right to work and to a fair return for work; the right to food, clothing, medical care and social services; the right to found a family and raise it to maturity in peace; the right to dignity, justice and political freedom. Meeting these needs would be in any conditions a monumental task; but its difficulty is compounded in many countries by the pace of population growth. An increasing number of governments have concluded that development programmes cannot succeed in conditions of rapid population growth and are taking determined steps to redress the balance. Prominent among supporters of this concept are African governments faced with the prospect of a long and hard struggle to recover from the effects of many years of drought and shortage in their countries. UNFPA welcomes these initiatives and pledges its support for their efforts in 1987 and in the years to come.

NARRATOR: UNFPA finds the birth of the world's five billionth baby significant enough to suggest that countries commemorate it in a special way:

CUT 3
SALAS
Ibid.

This year's State of World Population Report will be devoted to the theme, and we are proposing that 11 July be designated this year as "The Day of Five Billion", a day on which it can plausibly be held that world population may actually have passed five billion.

NARRATOR: Rafael Salas, Executive Director of UNFPA, the United Nations Fund for Population Activities. Other commemorations of the birth of the world's five billionth child may include addresses by local and national leaders, discussions on the implications of continued population growth and even cultural shows celebrating family or national life.

**** MUSIC BRIDGE ****

NARRATOR: Coming up next, we look at population growth from a slightly different angle.

MUSIC: UP AND OUT

NARRATOR: Rafael Salas, Executive Director of UNFPA, the United Nations Fund for Population Activities, says that population growth between now and the end of the century will radically change existing patterns of business activities and will create new economic opportunities. Here are Randy Cline-Thomas and Helen Shaskan of United Nations Radio with more:

CLINE-THOMAS: Speaking recently on the relationship between population growth and economic opportunities, Mr. Salas said that although population growth has slowed from the record rates of the 1960's, world population today is growing at the rate of 156 persons per minute. Annual additions, around 80 million in this decade, will be 90 million towards the end of the century. Total population, at nearly five billion now, is expected to stabilize at 10.5 billion around the year 2100, according to United Nations statistics.

Mr. Salas cited several examples of how changes in population affect business. In developed countries, the baby-boom generation, born in the decade following World War Two, first created enormous demand for child-care products, entertainment and education, then -- as they became young adults -- drove up the market for consumer durables. Early in the next century, he says, they will contribute to the increasing numbers of elderly people in the developed countries and therefore expand the demand for health care and retirement housing.

SHASKAN: In the developing countries, the most important current phenomenon is the predominance of youth. This is creating a bigger demand for goods and services, and is increasing demand for education and employment. In the market, adds Mr. Salas, this is a sign of a potential increase in consumer demand.

Mr. Salas said that population growth will be uneven, and its effects on business will be varied. Rapid population growth in the developing world will create a new affluent market of 500 million or more, and a huge labour force. At the same time, slower growth in the industrialized

SHASKAN (Cont'd.)

world will cause the shrinking of its population from one-quarter to one-tenth of global population by the year 2000.

Because of their responsiveness to economic trends, free enterprise economies will stand to benefit most from recognition of the linkages between business and population. Mr. Salas added that business leaders need to be aware of such linkages so they can plan rationally for the changes needed.

NARRATOR: Helen Shaskan and, before her, Randy Cline-Thomas of United Nations Radio in New York.

**** MUSIC BRIDGE ****

NARRATOR: Next, bringing a leading cause of death among young women under control.

MUSIC: UP AND OUT

NARRATOR: Maternal mortality is one of the leading causes of death among young women in the developing world, where one woman dies every minute of every day. The World Bank, in cooperation with the World Health Organization, the United Nations Fund for Population Activities and many developing countries, has launched a new campaign -- the Safe Motherhood Initiative -- designed to improve maternal health in poor countries. Barbara Herz, adviser of women and development for the World Bank, gives us a glimpse of the scope of the problem:

CUT 1
HERZ
World Bank
Press Briefing
28 Jan. 87
New York

About half a million women die every year from causes related to pregnancy. That means things like hemorrhage; or severe infection in childbirth; or abstructed labour; toxemia of pregnancy which is the high blood pressure that causes convulsions; or botched, primitive and usually illegal abortion. Now, this means that in fact maternal mortality is one of the leading causes of death to young women in the third world. In many countries it is the leading cause.

NARRATOR: However, Ms. Herz sees the issue of safe motherhood as a manageable problem for which something can be done:

CUT 2
HERZ
Ibid.

It's a question of providing more effective prenatal care, more effective help in childbirth and more effective family planning services and information. This, in turn, requires better community-based health care -- village health workers, for example, who can go around and identify women who are at high risk when they are pregnant. For example, young women -- fourteen, fifteen-year-old girls having their first children; or older women having their fifth or sixth child; or other women who are at high risk. They can also provide family planning, some help with child health problems and so on. The second key thing we need is referral facilities -- some kind of clinic or health center where a woman can go if she has difficulty or where she can go, in fact, to begin with if she looks to be at high risk. And finally, we need a system of alarm and transport, so that we can move women who are trying to deliver at the community level but who get into trouble into the facilities in time. Maternal health problems have to be dealt with swifly in many cases if they are to be dealt with successfully.

NARRATOR: And in fact, many countries have been able to significantly reduce maternal deaths from childbirth. Anthony Meesham is a health adviser for the World Bank:

CUT 3
MEESHAM
Ibid.

In Canada the rate is two per one hundred thousand live births. In the United States, nine per hundred thousand. And we can compare this with Somalia and Nigeria where the rate is one thousand women out of every hundred thousand live births. On the other hand, if one looks at many developing countries, it's clear that they are already well on the way to solving the problem. For instance, in Costa Rica the rate is 26 per hundred thousand; in China it's 44 per hundred thousand live births. We think basically there are two sets of actions that are needed to resolve these problems in developing countries. First, the indirect and longer-term needs, better nutrition, health care and education for female children throughout their lives. One cannot start with this when they reach the reproductive

CUT 3
MEESHAM
(Cont'd.)

age groups. And also higher status, better opportunities and higher incomes for women.

NARRATOR: The Safe Motherhood Initiative can be seen as part of a wider effort on the part of the World Bank to give greater attention to the issue of women in general:

CUT 4
HERZ
Ibid.

We think that by involving women in development more effectively, we can make our own development programmes -- those that we support -- more productive. For example, women grow three-quarters of the food in Africa, so it cannot be sensible to leave them out of agricultural extension or credit programmes. Secondly, we think we can make development programmes more responsive to the poor because after all, women and children are disproportionately represented among the poor. Third, we can help to slow population growth because birth rates come down naturally when you provide women with some education and income-earning opportunities, and also when you extend family planning and health care. Finally, we can even work a bit on the environment because it's, after all, women who seek and who use most of the water and fuel wood in the third world. And it's women who get stuck with the outdated and unproductive agricultural technologies that lead most easily to overuse of the land.

NARRATOR: Barbara Herz, an adviser on women and development for the World Bank. Programmes such as the Safe Motherhood Initiative are designed to bring women into the mainstream of development activities.

This is Geraldine Harris reporting.

MUSIC: UP, HOLD UNDER

VOICE: This has been SCOPE -- a look at the worldwide activities of the United Nations. The programme was produced by the international staff of United Nations Radio in New York.

MUSIC: OUT

*** February 13, 1987 ***
Development News
. Weekly Supplement .

This news item appeared on page of the Feb. 10, 1987 issue of:
BUSINESS NEWS (Kenya)

WORLD BANK BOSS ARRIVES IN KENYA

Excerpts:

WORLD Bank President, Mr Barber Conable, arrived in Nairobi yesterday on his first visit to Kenya and Africa.

During his five-day visit to Kenya, he will deliver a keynote address to the Safe Motherhood Conference opening tomorrow and then spend most his time discussing Kenyan relations with the World Bank during his meetings with the top Kenyan leaders, Government officials and representatives of the private sector.

Mr Conable, who took over the top job of the World Bank on July 1, 1986, will also tour some developing projects in Kenya being aided by the world Bank.

Kenya has received more than two billion dollars from World Bank aid since 1964 to finance some 80 projects. In addition, Kenya benefited from ten loans from the bank totalling about 245 million dollars to the former E.A. Community.

After the initial priority for World Bank lending to Kenya on agriculture and industry, the more recent emphasis has been on energy and population. Recent lending has also helped in the restructuring of the economy, including agricultural marketing.

After his visit to Kenya, Mr Conable will proceed to Zambia where he will be from February 13 to 17 and finish his African safari with a visit to Tanzania from February 17 to 19.

Both these countries are also important for the bank's lending programme in free Africa. The Zambian economy is undergoing major changes and its recent problems after the food price increase riots are crucial as a pointer for other African states trying to readjust their economies in favour of the peasant farmers.

Tanzania, which has liberalised its economy in the last two years, is also undergoing radical changes in its economic structure after agreement with the IMF and World Bank.

Mr Conable said yesterday he was optimistically looking forward to hold vital discussions with the officials of the Kenya Government adds Otieno Awiti.

Mr Conable accompanied by his wife was speaking at the Jomo Kenyatta Airport in Nairobi, on arrival.

Finance Minister Prof George Saitoti told the world bank boss, that it was gratefying to note that he was visiting Kenya following his recent appointment

This news item appeared on page A29 of the February 11, 1987 issue of:

THE WASHINGTON POST

'Safe Motherhood' Drive Launched in Africa

By Blaine Harden
Washington Post Foreign Service

NAIROBI, Kenya, Feb. 10—World Bank President Barber Conable launched a worldwide "safe motherhood" campaign today that he said by the turn of the century will reduce by half the estimated 500,000 women who die each year in pregnancy or childbirth.

Conable's speech at a bank-funded international conference here marks a significant shift in the public profile of the World Bank, the largest and most influential lending institution in the developing world.

In the past, the bank's focus has been on lending for large projects, such as irrigation schemes or road construction, and recently on so-called "structural adjustment" loans aimed at encouraging free-market economic reform.

Conable, a former New York congresaman who took the job at the bank last year, said that it and other development agencies have made a fundamental error by concentrating on big-budget projects while ignoring the economic role of rural women in the Third World.

"Planners have slighted the growth that comes from the bottom up," Conable said, especially in Africa, where "women produce as much as 80 percent of the food supply but earn little income and own even less property."

When a mother dies in childbirth, her surviving child has an 85 percent chance of dying within 12 months, according to the U.N. Fund for Population Activities, participating here.

Conable pledged $1 million for a Safe Motherhood Fund, to be managed by the U.N.-affiliated World Health Organization. He said that by 1990, World Bank lending for population, health and nutrition programs will reach $500 million a year—double the current level.

Some of the money will be used to strengthen rural health care for pregnant women, to refer women with problem pregnancies to city hospitals and to provide them with transport, said Conable.

While to support safe motherhood would seem about as controversial as to praise apple pie, the plan is a potential mine field for participating agencies, including the World Bank, that rely on U.S. funding.

A major guarantee of safe motherhood, according to several specialists at the conference, is access to family planning services and safe abortion. One-quarter of the 500,000 women who die annually of pregnancy-related causes have had illegal abortions, according to Dr. Nafis Sadik, deputy director of the U.N. Fund for Population Activities.

Both family planning and abortion are sensitive subjects within the Reagan administration and among influential conservatives in Congress. Last year, the U.S. Agency for International Development withdrew its funding from the U.N. population fund..

AID, which had been the largest single contributor to the fund, held up the money because of charges in Congress, denied by the fund, that it was involved in coercive abortions in China.

This news item appeared on page 7C of the February 10, 1987 issue of:

WASHINGTON TIMES

World Bank seeking to cut female deaths

By Donald H. May
THE WASHINGTON TIMES

A half million women, 99 percent of them in developing countries, die each year from causes related to pregnancy and childbirth. The World Bank says this number could be cut in half by the year 2000.

World Bank President Barber Conable, in a speech he is giving today in Nairobi, Kenya, outlines a plan for accomplishing this goal at a cost of about $2 a year per person in areas where the program would operate.

Mr. Conable proposes creation of a $5 million Safe Motherhood Fund, toward which the bank would provide $1 million.

His speech, the text of which was released in Washington, was given at a Safe Motherhood Conference cosponsored by the World Bank, the World Health Organization, the United Nations Fund for Population Activities and several foundations.

More generally, Mr. Conable said the World Bank will put increased emphasis on the role of women in development. In many countries, according to the bank, economic progress is slow to filter down to women, yet their role both in the economy and in the family is critical to the development process.

Closely related to this, Mr. Conable said, the bank plans to double its lending for population, health and nutritional activities. By 1990 it expects to have such in about 50 countries, totaling possibly $500 million in lending, roughly double the 1984-85 level.

According to a recent World Bank study, pregnancy-related deaths account for a third to a half of all deaths to women in the reproductive age group (15-49) in developing countries, compared to 5 percent in industrialized countries.

In many developing countries, 800 to 1,000 of every 100,000 live births end in the mother's death. In the United States, this figure is nine per 100,000. In Canada it is two per 100,000, in China 44 per 100,000. In Somalia and Nigeria the figure is more than 1,000 per 100,000 live births.

The bank's study calls for attacking the problem on two levels: by efforts to improve the well-being of women in these countries generally through better nutrition, health care, education of female children and better economic opportunity for women, and by direct maternal care programs.

Direct care programs would include:

- Stronger community-based health care, in which non-physician workers would screen pregnant women, identify those at high risk and refer them for help. The system would provide prenatal care, delivery, family life education, family planning and encourage better family health and nutrition.
- Referral facilities, such as hospitals and health centers to which emergencies and complicated cases could be referred.
- An alarm and transport system to take women with high risk pregnancies and emergencies to the referral facilities in time.

All three of these pieces must be in place for the system to work, the authors of the study, Barbara Herz and Anthony R. Measham, told reporters at a Washington briefing.

They said preventing a mother's death brings a triple benefit — saving the mother's productivity and her overall contribution to society, saving the life of the infant she is carrying, and improving the prospects that other children in the family will survive.

"We will place far more emphasis on the role of women in development," Mr. Conable said in his prepared text.

He said plans will be developed so that the bank's agricultural, industrial, educational and health programs promote women's progress along with other development goals. Women's issues will be part of the bank's "dialogue" with countries it aids.

Programs in agricultural extension, in farm and non-farm credit and job training will be developed for women. The bank will help promote formal and informal education for women and girls.

7C

This news item appeared on page 3 of the Feb. 1, 1987 issue of:

THE ECONOMIC TIMES (INDIA)

Safe motherhood

By Barbara Herz

Governments throughout the world have adopted the goal of "Health for All by the Year 2000." Considerable progress has been made toward that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

Maternal Mortality: The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies, for women with certain pre-existing health conditions; for poor, malnourished, and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from haemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

Improving Maternal Health: A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth, and the postpartum period. Her capacity to produce a strong, healthy baby, and to nurse and care for her baby are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education, and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances: the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complications, routine care, and backup for high-risk and emergency cases.

Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk, and good pre-natal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably haemorrhage, are routine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages. Experience in developed countries and in China, Chile, and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services plus programme to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and earning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach is required.

Stronger community-based health care: Relying on non-physician health workers, to screen pregnant women, identify those at high risk, and refer them for help; provide good pre-natal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

Stronger referral facilities: Hospitals and health centers with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgical family planning methods.

— An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organisations' (NGOs) primary health care programms. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of service, which affect costs.

Cost and Impact of Maternal Health Care: The table below shows the approximate cost and the impact of two safe motherhood program models: a limited and a moderate effort.

The two models above illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than US$2 per capita per year compared to average annual health expenditures of US$9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than US$1 per capita a year, and it

(continued)

Each year about 500,000 women die from causes relating to childbearing. Sixty per cent of these deaths occur in South Asia and 30 per cent in sub-Saharan Africa. Maternal mortality is the leading cause of death among young women in many developing countries, and illness and death from childbearing afflict poor women and their families disproportionately. The issue will be highlighted at the forthcoming 3-day meeting in Nairobi beginning Feb. 10.

	No Program	Limited Effort	Moderate Effort
Annual Cost per capita Population	US$0	US$0.48	US$1.50
Approximate Annual Cost per Maternal Death Averted	US$0	US$4,800	US$6,200
Annual Cost per Death Averted (incl. children)	US$0	US$2,400	US$3,100
Annual Cost per Birth Averted	US$0	US$60	US$100
Percentage of Fertile-Age Couples Using Contraception	0-6	16	40
Maternal Mortality Rate per 100,000 live births	800-1,000	950	400
Percentage Reduction in Maternal Deaths	not applicable	20%	66%
Associated Birth Rate	45-5	42	30

could be used to begin the process of improving maternal health.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditures on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Other Measures: Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care and generally improving their well-being and self-esteem, and by encouraging local communities to give greater priority to maternal and health services.

Call for Action: The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required: • political commitment to and higher priority for safe motherhood; • allocation of the necessary resources to maternal health and family planning services; and • supportive activities in other sectors.

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial assistance to developing countries on request.

This news item appeared on page 16 of the February 9, 1987 issue of:

THE CHRISTIAN SCIENCE MONITOR

Improving prenatal care in third world: experts to explore ways

By Robert M. Press
Staff writer of The Christian Science Monitor

Washington

Preventing the pregnancy-related deaths of some 500,000 women is the focus of an international conference this week in Nairobi, Kenya.

Although little new money for additional health care and family planning is expected to be pledged at the conference, just bringing attention to the issue is valuable, several participants say.

Representatives from some 50 nations are expected to attend the conference, along with the heads of the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA).

More maternal deaths occur in India in a week than in Europe in a year, according to WHO. Out of 100,000 live births worldwide, about 450 women die in poor nations. This compares with about 30 who die in developed nations, WHO says.

"Safe motherhood is an issue whose time has come," says Dr. Anthony Measham, a health adviser to the World Bank. "Almost all [the deaths] are preventable. There really are solutions. We believe maternal mortality can be cut in about half in 10 years" with more health care.

But solutions cost. Every life saved would cost about $6,000 in added health care services, Dr. Measham says.

"A poor country is not going to spend" that amount of money, says Nafis Sadik, an assistant executive director of UNFPA. But there are alternatives that cost less. Greater use of midwives and more training for existing staff would help. Greater use of family planning is also necessary, she adds. WHO reports unwanted pregnancies add to "maternal deaths ... through illegal induced abortion." **[An interview with Fatou Banja, a relief worker who helps Gambian villagers help themselves. Page 33.]**

Measham and World Bank colleague Barbara Herz, an adviser on women's issues, recommend:

- Greater use of nonmedical community health-care personnel to provide better care for pregnant mothers.
- Better staffed and equipped hospitals to handle serious cases and more vehicles to get serious cases to the hospitals quickly.
- More health, nutrition, and family planning assistance to pregnant women.

World Bank president Barber Conable is expected to announce in Nairobi that additional funds will be made available for research on maternal health care. US Agency for International Development (AID) officials are discussing possible commitment of more funding for research and help to governments to develop better heath services for maternity care.

This news item appeared on page 3 of the February 11, 1987 issue of:

FINANCIAL EXPRESS, India

World Bank-aided plan for women

From A Correspondent

NAIROBI, Feb 10 — Mr Barber B. Conable, President of the World Bank, has unfolded a bank-aided action plan to enable women to play greater role in development efforts.

The plan includes, among others:

●New lending programmes in selected countries, so that Bank's agricultural, industrial, educational and health schemes promote women's progress along with other development goals.

●Emphasis on issues affecting women in the Bank's dialogues with member countries.

●Encouraging development policies that provide appropriate incentives for women and ensuring that women have the means to respond.

●Developing programme initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.

●Promoting both formal and informal education for women and girls.

●Plans to double the bank's lending for population, health and nutrition activities. By 1990 we expected to have projects in about 50 countries, with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $ 500 million per year, about twice our level in 1984-85."

Addressing the "safe Motherhood conference" here on Tuesday, Mr Conable said that almost half a million maternal deaths a year occurred in the developing world, 80 per cent of them in South Asia and sub-Saharan Africa. "Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face. They begin childbearing much earlier, end till much later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength, in progress."

He said: "common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children. And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

Mr Conable said that the World Bank "believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach."

First, stronger community-based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition.

Second, stronger referral facilities — a few hospitals and health centres to act as a back-up network for complicated deliveries and obstetrical emergencies.

Third, an 'alarm' and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

He also said that in addition to the action plan, the Bank plans to help establish a safe motherhood fund under the management of the World Health Organisation to undertake operational research that will support the development of country programmes and projects in the maternal health field. The Bank would contribute $ 1 million towards the proposed three-year budget of $ 5 million.

This news item appeared on page 4 of the February 11, 1987 issue of:

THE ECONOMIC TIMES, India

IBRD plans 'Safe Motherhood Fund'

By Our Special Correspondent

NEW DELHI, Feb. 10.

The World Bank plans to establish a Safe Motherhood Fund under the management of the World Health Organisation to undertake operational research that will support the development of country programmes and projects in the maternal health field.

Disclosing this, the World Bank President Mr. Barber B. Conable said that the Bank plans a contribution of U.S. $ 1 million towards the proposed three-year budget of U.S. $ 5 million for this Fund.

Addressing the Safe Motherhood Conference in Nairobi, Kenya, today, Mr. Conable hoped that through the joint efforts of the developing countries, the Bank, other donors, non-governmental organisations and private groups, "we can reduce by half the number of women who die at pregnancy or childbirth, by the year 2000".

He said throughout the developing world, women aspire to become full partners with men in creating strong and productive societies. Development programmes must help realise this aspiration by supplying the tools to help women to help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, "we can ensure greater dignity and productivity for women, thus fostering sensible decisions about child-bearing and health care and guaranteeing that the next generation will be a happier, healthier one", he added.

He said families communities and nations that help provide for women's health are providing wisely for their own future.

Mr Conable said that the Bank believes that it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. This calls for a three-tier approach.

First, stronger community-based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services and generally encourage better family health and nutrition.

Secondly, stronger referral facilities—a few hospitals and health centres to act as a back-up network for complicated deliveries and obstetrical emergencies.

Thirdly, an 'alarm' and transport system to transfer within a survival time frame, women with high-risk pregnancies and emergencies from the community to the referral facilities.

Mr Conable said that such maternal health care should cost no more than about two dollars per capital a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunisation and child care. One can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths at pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths at childbirth and the number of unwanted pregnancies.

He said while women all over the world have made significant gains in the job market—both in absolute and qualitative terms—farm and village women in the Third World and the urban poor remain overworked and under-rewarded. In Africa, women produce as much as 80 per cent of the food supply but earn little income and own even less property. "Sustained development must bridge that gap. It must not only create opportunity, but expand access to it," he added.

The President said that the Bank will take a few specific steps towards this end, like preparing an action plan on women in development for the Bank lending programme in selected countries, so that the agricultural, industrial, educational and health programmes promote women's progress along with other development goals. It will emphasise issues affecting women in the dialogue with members countries; encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond; develop programme initiatives in agricultural extension and agricultural credit targeted for women and expand credit and training for women to improve their employment prospects outside agriculture and help promote both formal and informal education for women and girls.

He said "we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries, with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach U.S. $ 500 million per year, about twice our level in 1984-85".

This news item appeared on page of the February 16, 1987 issue of:

THE NEW NATION, Bangladesh

MATERNAL MORTALITY

Eve's travails following her inquisitiveness and subsequent sojourn into this earth are known to most of mankind. What is denied due attention is the fact that curiosity and knowledge which are believed by many to be the rationale behind the loss of paradise by humankind also hold the key to regaining it mystifying though it may sound. "Thou shalt bear children in sorrow" –it was said to Eve during the beginning of human life on earth, goes the Biblical record and ever since she has been doomed to labour for prolongation of the species. But medical science has been able to take away much of the pain and risk of child-bearing in advanced countries while pregnancy in the backward countries continues to pose a high risk of fatality.

Statistics revealed at the recent conference on Save Motherhood held in Nairobi under the joint auspices of the World Bank, the World Health Organisation and the United Nations Fund for Population Activities go to establish the unpleasant fact that pregnant women in developing and underdeveloped countries are a hundred times more at risk of death than those in advanced countries. In developing countries there are 50 to 800 deaths for 1 lakh live births while the figure ranges from only 5 to 30 in advanced countries. Out of an estimated 5 lakh maternal deaths in the world each year only 6 thousand fall to the share of the developed world.

These figures are enough to establish that knowledge, economic well-being and primary health care can act as effective safeguards against the risk of death of conceiving women. On the other hand, poverty, ignorance and inadequate primary health care account for most of the deaths during pregnancy and child birth. In a developing country like ours pregnant women are often found to suffer from anaemia and oedema. Insufficient blood haemoglobin and passing of albumen in urine are common indicators of the risk of death at child birth due mostly to bleeding oneself white. ecalempsia and tetanus. Timely test of blood and urine and administration of necessary curative medicines along with other nutrients may save most of the high-risk expectant mothers. But this much of care is still a far cry in our socio-economic situation.

This brings us to the problem of poverty and ignorance which lie at the basis of many of our ailments—physical and otherwise, But a problem like maternal mortality may not have to wait till the achievement of economic self-sufficiency or hundred per cent literacy. Some knowledge of the 'do's and don't's' during pregnancy and gearing up our primary health care programmes including the population control one a little can go a great distance in eliminating much of the risk of maternal deaths. Our country has won U. N. recognition for success in the drive for population control the growth rate having been brought down to 2.4 per cent this year from the 3.2 per cent of 1982. This is an encouraging piece of news no doubt. But it remains to be seen that population control programme which is vitally linked with primary health care comes to the aid of fertile women, Unregulated fertility and frequent child births are two of the major causes of death of pregnant women here. The health assistants and population control personnel who are found to visit most of the homes as a matter of routine can render valuable service both against unwarranted conception and death at child birth.

This news item appeared on page 6 of the February 9, 1987 issue of:

CAMEROON TRIBUNE (Cameroon)

SANTE

UNE CONFERENCE SUR LA MATERNITE SANS RISQUE ORGANISEE PAR LES NATIONS UNIES

Un demi-million de femmes environ meurent chaque année de causes liées à une grossesse. Soixante pour cent de ces décès se produisent en Asie du Sud et 30 en Afrique subsaharienne. La mortalité maternelle est la principale cause de mortalité chez les jeunes femmes d'un grand nombre de pays en développement et la grossesse cause un nombre anormalement élevé de maladies et de décès chez les femmes aux faibles revenus ainsi que dans leurs familles.

Les préoccupations que leur inspire la santé maternelle ont amené la Banque mondiale, l'Organisation mondiale de la santé (OMS) et le Fonds des Nations unies pour les activités en matière de population (ENUAP) à organiser conjointement une conférence sur la maternité sans risque qui aura lieu sous l'égide du gouvernement du Kenya, à Naïrobi, du 10 au 13 février. M. Barber Conable, président de la Banque mondiale, le Dr Halfdan Mahler, directeur général de l'OMS, M. Rafael Salas, directeur exécutif du FNUAP et M. William Draper, administrateur du programme des Nations unies pour le développement prononceront des discours de grande portée. M. Daniel Arap Moï, président du Kenya, souhaitera la bienvenue aux participants lors de la séance inaugurale.

La conférence sur la maternité sans risque a pour objet d'appeler l'attention des gouvernements, des institutions internationales, sur les besoins des femmes en matière de santé, particulièrement dans les pays en développement ; de mettre au point des stratégies visant à améliorer la santé des femmes et d'entreprendre des programmes efficaces et d'un coût abordable. Des ministres et personnalités de 50 pays en développement et de hauts responsables du développement participeront à la conférence.

Les programmes de la Banque mondiale accordent une importance accrue aux femmes en ce qui concerne les questions de développement et de santé. Comme l'a dit M. Conable dans son premier discours à l'occasion de l'assemblée annuelle des conseils des gouverneurs de la Banque mondiale et du Fonds monétaire international, « les femmes font les deux tiers du travail dans le monde. Leur travail produit de 60 à 80 pour cent des aliments en Afrique et en Asie, 40 pour cent en Amérique latine. Et partant ne gagnent qu'un dizième des revenus du monde. Elles sont parmi les plus pauvres d'entre les pauvres.» Il a demandé instamment que l'on redouble d'efforts pour créer des possibilités de développement en faveur des femmes et de leur donner les moyens d'en profiter et de tirer parti des progrès réalisés. Dans le cadre de cet effort, il a indiqué combien il était important par la formation, de «mettre les femmes en mesure de déterminer leur vie productive et reproductive.»

La presse est invitée à assister à la séance inaugurale de la conférence le 10 février à 09h30, à l'amphithéâtre du Kenyatta International Conférence Center. Les directeurs des trois organisations internationales co-parrainant la conférence tiendront une conférence de presse immédiatement après la séance inaugurale. Une dernière conférence de presse aura lieu le 13 février dans la Turkana Room de l'hôtel Intercontinental.

Les représentants de la presse procéderont aux formalités d'usage le 9 février dans le hall de l'hôtel Inter-continental entre 8 et 18 heures. Durant la conférence, le personnel de la conférence leur apportera son concours dans la Turkana Room de l'Hôtel Intercontinental.

Summary translation of news item appearing in CAMEROON TRIBUNE (Cameroon) on February 9, 1987.

Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood in Nairobi on February 10-13.

The Safe Motherhood conference is aimed at drawing the attention of governments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world; devising strategies to improve women's health; and launching effective and affordable programs.

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This news item appeared on page 3 of the February 17, 1987 issue of:

CAMEROON TRIBUNE

World Bank President urges action on safe motherhood

— *Announces IBRD development strategy for women*

We can reduce by half the number of women who die in pregnancy or childbirth by the year 2000, declared World Bank President Barber Conable at the opening session of the Safe Motherhood Conference in Kenya. He noted that the number of such deaths is now around 500,000 a year.

Noting that sometimes we forget that development is the work of women as well as men, the bank's president called for an immediate Safe Motherhood Action Program and, at the same time, outlined the key features of a major new strategy for women in development for the World Bank. He made his remarks in Kenya before the Safe Motherhood Conference, co-sponsored by the bank, the World Health Organization (WHO), the United Nations Fund for Population.

Mr. Conable said that all over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development. He added that this conference has been called not just to publicize the critical problems of Safe Motherhood, but to attack these problems and to save lives and to build better ones.

In his speech the President outlined a series of broad actions that can be taken by governments and international organizations to make motherhood secure. He called for a five million dollar Safe Motherhood Fund and pledged that the World Bank would provide one million dollars. He announced that the bank plans to double its lending for population, health and nutrition activities over the next three years, so that by 1990 the bank might be directly assisting projects in 50 countries with expenditures of up to 500 million dollars a year.

Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face, he said, adding that only a small investment in basic health care and improved nutrition can bring large returns in survival, strength and progress. He outlined a three-tiered approach to reduce maternal mortality: (1) - stronger community-based health care, utilising non-physician health workers to identify pregnant women at high risk and refer them for help. Women at less risk would be provided good prenatal care and assistance for safe delivery. (2) - stronger referral facilities - hospitals and health centers to cope with complicated deliveries and obstetrical emergencies. (3) - an alarm and transport system to bring, within a survivable time-frame, pregnant women at risk to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, he told the delegates, compared to an average of nine dollars now being spent for all health care purposes in low-income countries.

For too long, he asserted, the bent backs of the women of the Third World have been too little visible to macroeconomic development planners. Frequently, these women have not been consulted in such planning, Mr. Conable said, thus making it difficult to focus on the opportunities and obstacles they face and to enhance their productivity and the quality of life for entire families. The World Bank will do its best.

He pledged, we have already started intensifying staff involvement, in issues affecting women. He outlined some specific steps the bank will take: (1) - action plans will be prepared so that lending programes in selected countries will promote women's progress along with other development goals in a wide range of sectors. (2) - issues affecting women will be emphasized in the bank's dialogue with member countries. (3) development policies will be designed to provide appropriate incentives for women and to ensure that they have the means to respond. (4) - program initiatives in agricultural extension and credit will be directed to women and training and credit expanded to improve employment prospects for women outside agriculture. (5) - formal and informal education for women and girls will be promoted. (6) throughout the developing, women aspire to become full partners with men in creating strong and productive societies. Mr. Conable observed. Development programs must help realize this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater.

This news item appeared on page of the February 16, 1987 issue of:

SCOTSMAN/EDINBURGH (U.K.)

Matters of life and death

SUE ARMSTRONG on the risks of maternity in the Third World

THERE is a popular belief that unsophisticated peasant women give birth as easily as shelling peas and get to work in the fields within hours. This is a complete myth. In fact poor women in developing countries often face fearsome risks in becoming pregnant, and an estimated half million of them a year die as a result.

A quarter of all deaths of women between the ages of 15 and 44 years in developing countries are maternal deaths, whereas in the West only one in 100 is attributed to pregnancy.

The biggest killers, resonsible between them for 80 per cent of maternal deaths, are haemorrhage, infection of the reproductive organs, and eclampsia — fits brought on by high blood pressure in pregnancy. The tragedy is that all these conditions are emminently treatable, but the health services in developing countries are woefully inadequate. Few women receive regular antenatal care and hospital is often the distant and desperate last resort or a woman with problems she never anticipated. If she gets there at all, she may find overworked or incompetent staff, or the place lacking the most basic necessities for her treatment, such as drugs or blood, or even equipment for transfusion.

T. G. Price, a consultant obstetrician in the southern highlands of Tanzania, paints a poignant and all too familiar picture of conditions in the Third World. In Tanzania "there is seldom a reservoir of blood available in a hospital for emergency cases, yet haemorrhage in obstetrics is often sudden and catastrophic." Analysing the causes of 89 maternal deaths in hospital, he writes: "One woman who died from haemorrhage had arrived at hospital after walking 15 kilometres. No blood was available in the laboratory for an emergency transfusion and relatives were not available to give blood. She died of shock shortly after admission."

Sixteen other mothers in the sample had also needed transfusions that the hospital could not provide, and Dr Price explains: "The laboratory staff felt that blood could be obtained from the local population or police and army only if a reward, such as a pint of beer, were offered, but there was no money for this purpose as a rule."

The effect of a poor facilities at hospitals is compounded by the fact that wom en often arrive in such poor condition that any treatment might kill themm. They might, for instance, have been treated already by a traditional midwife with herbal remedies, or even crude surgery with dirty instruments, rendering them unfit for anaesthetic or modern drugs.

But narrowing the focus to a woman's final hours in hospital, or even village hut, will give the mistaken impression that her death was simply a tragic misfortune.

It is no coincidence that figures for maternal mortality are highest where women's lives are cheapest. Yet general poverty — which is presumed to put men, women and children at equal disadvantage in health terms — has tended to obscure the potent role of sex discrimination in this equation.

It is discrimination not poverty that causes little girls to be given less food than their brothers as they grow up, less care during sickness, less chance of going to school. And it is discrimination rather than poverty that burdens adult women with longer hours of work than their menfolk, that takes decisions about marriage and childbearing out of their hands.

For Nigerian doctor, Kelsey Harrison, working in the northern Region of Zaria, the links are clearr between wommen's low status and the risks they face in producing their families. "In Zaria many women are married in their very early teens. They will not have been to school or be trained in any skills at all, so outside of marriage there is *nothing*," he says.

"The husband has complete authority over his wife, so that even if she becomes ill while he is absent from the village, no-one will be willing to make a decision to send her to hospital.

In the end, saving maternal lives in developing countries will depend as much on changing social attitudes as on improving the health services. This is one of the messages that WHO, the World Bank and the UN Fund for Population Activities stressed last-week, as they llaunched a campaign whose ultimate aim is to make motherhood as safe for Third World women as it is already for Westerners. It will be a long haul. As things stand at present, roughly 32 African, 28 South Asian, or 13 Latin American women lose their lives for every one Westerner.

This news item appeared on page 1 of the February 6, 1987 issue of:

Daily Norwegian Journal

DEATH IN CHILDBIRTH KILLS 500,000 WOMEN

Half a million women die annually from complications caused by pregnancy and birth. 99 percent of these women, or 455,000 are from developing countries.

By Kristin Eggen

According to a joint World Bank and World Health Organization report, it would cost less than two dollars or fourteen (Norwegian) Kroner, per person to cut this figure in half.

The hunger problems in Africa have recently received a great deal of attention which is very constructive. But the fact that complications stemming from pregnancy and birth are the foremost cause of death among women in developing countries has not received an equal amount of attention, the report goes on.

The general health of a woman determines whether she is capable of carrying a strong and healthy child and whether she can handle the strain and stress connected with pregnancy and birth. In areas in which the health sector is only developed a little and in which poverty and undernourishment cause the women to be generally weak, the figures showing women dying in childbirth are dramatically high.

Poor Control

In Africa, 640 out of every 100,000 women die during pregnancy and birth. By comparison, these figures are only 20 out of every 100,000 in Europe and the United States. Only 34 percent of the women in Africa have their health checked during pregnancy, while the figures are 100 percent for Western Europe and North America.

Bleeding

Bleeding and infections which occur before, during and after birth may be life-threatening if help is not immediately available. According to the report, it is basically impossible that women who live in isolated areas be checked by medically trained personnel.

Another factor is that in many instances, women in the developing countries that give birth are often very very young. A woman who becomes pregnant within the year of her first menstrual period is not yet fully grown, and her birth canals may be too narrow to accommodate a baby's head. That may cause damage such as tearing of the tissue

located between the uterus and the bladder, which, in turn, can cause serious infections or heavy bleeding.

Circumcision

This also applies to situations in which the women have been circumcised. By circumcision, the tissue in the sexual organs is damaged; it becomes less elastic whereby the risk of life-threatening blood loss is more pronounced than by a normal, healthy birth.

Although these figures are quite high, the report indicates that there is reason to be optimistic when considering the chances of solving these problems. Experience from Europe and North America shows that it is possible to reduce the puerperal mortality rate and make it almost non-existent.

It is particularly important that investments be made to train traditional midwives at the village level because they are often the only help available to village women during pregnancy and birth.

The possibility of establishing the so-called "maternity stations" to be manned by medically trained staff is being discussed. Mothers in special risk groups could spend some time there before and after giving birth. Such stations have proven quite successful where tried, like in Sri Lanka.

The report warns against viewing the issue of women dying in childbirth as an isolated problem.

This news item appeared on page 1 of the February 8, 1987 issue of:

THE SUNDAY MAIL (Zimbabwe)

Nairobi talks to focus on safe motherhood

with women in mind

Sunday Mail Reporter

ZIMBABWE is among 50 African and Asian countries meeting in Nairobi, Kenya, for the first Safe Motherhood conference expected to produce a breakthrough on methods of enhancing the quality of life of women in developing countries.

The major impetus intended to improve maternal health is likely to emerge from the key address by the World Bank president Mr Barber Conable. It is widely believed that the statement would serve to reaffirm the World Bank's commitment to women's health.

The Safe Motherhood conference is being co-sponsored by the World Bank, the World Health Organisation and the United Nations Fund for Population Activities. It starts in Nairobi on Tuesday and essentially it is a reflection of the concern, by the three organisations, over maternal health.

Zimbabwe will be represented by Dr Ephraim Mlilya, the acting principal medical director in the Ministry of Health, who said that most of the health problems in Zimbabwe related to mothers and their children, especially mothers in their child-bearing stage.

The Government's strategy for the achievement of Health for All by the Year 2000 places more priority on mothers in their child-bearing age and people in the 0-60 year age group, who constitute 70 percent of the country's population.

Dr Mlilya is expected to discuss the reasons for the success of the Zimbabwe Community-Based Delivery Programme, which involves the training of women community leaders by the Zimbabwe National Family Planning Council in educating and distributing contraceptives.

The Nairobi conference takes place against the background of reports that estimate up to 500 000 maternal deaths occurring in the Third World each year — the result of inadequate nutrition, health care education, facilities and staff for prenatal care and a lack of emergency delivery facilities contributing to this high incidence.

The conference, understands The Sunday Mail, is aimed at drawing the attention of governments, international agencies, organisations to women's health needs, devising of strategies to improve women's health and launching effective and affordable programmes.

And the reason why women's development and health issues seem to be getting greater emphasis in the World Bank's development programmes is found in Mr Conable's first address to the Joint Annual Meeting of the Boards of Governors of the World Bank and the International Monetary Fund in Washington last October.

"Women do two-thirds of the world's work. Their work produces 60 to 80 percent of Africa's and Asia's food, 40 percent of Latin America's. Yet they earn only one-tenth of the world's income and own less than 1 percent of the world's property. They are among the poorest of the world's poor," Mr Conable said.

Urging greater efforts to open up development opportunities to women and to equip them to respond and to enable them to share in the progress achieved, he stressed: "We must provide training to give women the skills to determine their productive and reproductive lives.

"We cannot provide leadership for sustained development without providing leadership, as well as, to restrain overpopulation, to balance growth with environmental protection, and to match the contributions women make with contributions to their welfare.

"We must integrate these concerns into our overall development strategy or risk the ultimate failure of our finest work. Fortunately, the bank has already accumulated much of the experience necessary to weave population, environmental, and women's issues into a tighter fabric of development assistance. Now we must put our knowledge vigorously to work."

The causes of the high rate of death and disease among mothers in developing countries are seen as basically falling into four main categories: the poor health and nutritional status of women in these countries; their high fertility — too many pregnancies often too closely spaced; a lack of good community-level care during their pregnancies; and absence of back-up care for complications and emergencies.

And the reason why such a situation has been allowed to go on for so long can be explained in two ways: firstly there is the general disadvantage women face in many societies; and the other is that it is easier to deal with some of the problems affecting children's health, than to carry a pregnancy to a healthy outcome.

There are three main reasons for the World Bank's leading role in organising the Nairobi conference. Safe motherhood is a major neglected problem; it remains a problem for bank member countries in sub-Saharan Africa and South Asia, "and we sense that countries and other donor agencies are ready to do more in this area. The bank is contributing a strategy paper which we hope will be the basis for debate and extensive discussions as to the 'how' of making motherhood safer," says the World Bank.

President Daniel arap Moi of Kenya is expected to welcome the conference participants at the opening session, also expected to be attended by the WHO director-general, Dr Halfdan Mahler, the UNFPA executive director, Mr Rafael Salas and the UNDP administrator, Mr William Draper.

*** February 20, 1987 ***
Development News
• Weekly Supplement •

This news item appeared on page of the Feb. 12, 1987 issue of:
KENYA TIMES

Motherhood: Let us give up wrong notions

A SERIES of important recommendations on how mankind can ensure safe motherhood and, in the process, significantly reduce the alarming number of women who lose their lives during or before giving birth, will be made by the delegates who are attending the present conference on the subject in Nairobi, which is an important and historic forum jointly sponsored by the World Bank and the UN.

Opening the conference on Tuesday, President Daniel arap Moi noted with regret in his keynote address that an estimated 500,000 women worldwide at present lose their lives every year due to pregnancy and childbirth. His Excellency observed that these fatalities were taking place early during the lives of the affected women.

The delegates, among whom are many eminent specialists and scholars, listened attentively as the Kenyan leader counselled them that as they embarked on their deliberations, they should bear in mind that humanity will judge the conference's success on the impact it will make in improving the health of childbearing women during the remaining years of this century and beyond.

According to conference sources, the assembled delegates are doing just that. They are exchanging notes and ideas on an important and many-sided subject which calls for as many solutions, since its delicate handling and purview can no longer be confined to gynaecological approaches alone.

Having become markedly affluent, Kenya's post-Independence society has been benefiting by the enormous resources the Government has invested in the health of the people. These resources and the ruling Party's and Government's concerted efforts and commitment to the common weal of every Kenyan, were alluded to by President Moi in his address to the present conference.

It is seldom realised, but the point featured in the same presidential address, that nearly two-thirds of the Kenyan population is within walking distance of a health facility, and that all districts will have adopted the district-based primary health approach by June, this year.

With all these and other facilities and, of course, coupled with the country's imaginative planned parenthood crusade which has been going on for many years now, surely, Kenyans are not faring too badly — but more remains to be done and achieved.

The mistaken notion that every adolescent woman must produce a child should henceforth be widely discouraged. Slanted and misunderstood by some of the country's youth as a "traditional" taboo of sorts, this retrogressive attitude has thus far been responsible for many of the births out of wedlock one sees.

If we are to ensure the safety of Kenyan motherhood we, too, must accept the world's relevant precautions and devices — and keep a sharper eye on the population barometer.

This news item appeared on page 1 of the February 17, 1987 issue of:

KENYA TIMES

World Bank, Kenya speak their minds

FRANK and fruitful exchange took place between Kenyan authorities and World Bank president, Mr. Barber B. Conable during his 6-day official visit to Kenya last week.

It is apparent that Kenyan authorities talked their mind and told Conable and his senior officials how best the bank could continue to assist Kenya in its efforts to further develop the country's economy.

They must have also taken the opportunity to suggest how best the existing cordial relationship between Kenya and the bank could be maintained.

Conable also took the opportunity to give some sugestions on how Kenya could rectify the few areas where the country had not done well in the past.

All the same, it was great honour to Kenya being selected as the country for the first official visit to Africa by the World Bank president.

The relationship between Kenya and the World Bank rests on a very sensitive issue called the economy because the country's economic well being has a direct bearing on the country's political standing. And this is basically why the two parties involved must be as frank with each other as possible.

The absence of frankness could lead one part to assume that all its policies designed for the other are all acceptable and the best.

Prudent policies and principles of the bank demand that it should say "No if it has sufficient reasons to believe that Kenya's economic path is not a viable one. But the question remains, "viable" for who?

Therefore, whichever way one tries to answer the above question, one argument will stand out. Let the bank let recipient countries to design their own priorities, and then the bank should willingly come forward to provide the necessary financial and professional support.

If the bank believes strongly that the recipient country's priorities are wrong, let it point out why they are wrong.

The authorities should on the other hand, have the real interests of their country at heart so as to design appropriate projects for financing. Then there will be no bitter experiences of costly white elepahants.

It is also time that the World Bank should review its policies which continue to be resisted by recipient countries, particularly in Africa.

Conable and his team, should for instance, ask themselves why African governments insist on price controls and subsidies on vital consumer items.

The World Bank may be is aware or may be it is not, but price hikes on bread, flour, milk, sugar, beef, and vegetables, may be accommodated without much suffering in London, New York, Tokyo, Bonn, Paris, and Rome, than the same measures would be received in Lusaka, Maputo, Lagos, Gaberone, Mogadishu, Khartoum, Addis Ababa, Kinshasa, Dar es Salaam, Kampala or Nairobi.

The difference between the European, American and Japanese cities mentioned above and those in Africa is that their inhabitants have widely varying incomes and purchasing powers, as well as sources of income.

A price hike in London and New York forces the consumer either to accommodate it or drop a few luxuries from his budget, while price increases in the African cities mean the consumer either buys the item or starves to death.

Most of such price increases have resulted in the masses pouring out into the streets in bitter demonstrations against their governments.

When the World Bank and the International Monetary Fund (IMF) say that governments should not subsidies the elite urban consumers, it forgets that in African cities, upto 90 per cent of the urbanites are neither elite nor well-to do. And that is the problem.

All the same the World Bank and its affiliate institutions have done a commendable job in improving the economic status of African countries. It would be difficult to imagine where these countries would be today without the support of the bank.

Here at home, records speak for themselves. Kenya's association with the bank dates back to the time of independence, and it has to date financed 97 development projects with almost 12 billion of loan funds from the bank. Of this, slightly less than 40 per cent have been attractive International Development Association (IDA) fund, while just over 20 per cent have gone to public corporations with guarantees by the government.

Projects financed by the bank have included those on energy, health, agriculture, industry, transport, education, telecommunications, and family planning.

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This news item appeared on page 1 of the February 13, 1987 issue of:

THE NEW YORK TIMES

Brazil Health Crisis: The Bubonic Plague Is Just a Single Part

By MARLISE SIMONS
Special to The New York Times

JOAO PESSOA, Brazil — In the dry, scrublands behind the coast of northeast Brazil, where peasants have been hardened by famines, drought and the premature death of loved ones, the churches have filled again with supplicants.

This time, it is bubonic plague that has driven them to beg for mercy.

The disease, the Black Death of the Middle Ages, has been identified in 41 backcountry villages of northeastern Brazil. Since last October, five people have died and, according to doctors, hundreds of people have reported real or imagined symptoms of the disease.

Elsewhere across this huge tropical nation, health authorities report high levels of malaria, tuberculosis, polio, leprosy, yellow fever, venereal diseases and other endemic illnesses.

'Predatory' Development

Brazil, which has long prided itself on being Latin America's most modern and enterprising nation, is experiencing a health crisis even by the standards of a region troubled by malnutrition and endemic disease, international experts say. The deteriorating health, above all in the countryside, has once again raised criticism of this nation's "predatory" route to development.

In the last two decades, military regimes, bent on pushing the country rapidly toward industrial power, have turned Brazil into the West's eighth largest economy. But although many

"We are seeing a general deterioration of health and health services," said Dr. Delosmar Mendonça, a public health official in João Pessoa, a city 65 miles north of Recife. "Here in the northeast, people are eating less and are more anemic, more disease prone."

Surveys show that more than one-third of the country's rural population suffers from undernourishment and diseases traceable to neglect, ignorance or poverty. In the cities, though public health centers have grown, doctors complain that services are severely inadequate.

Dr. Mendonça said studies at the University of Recife showed that because of chronic malnutrition many of the region's children were being born with smaller frames and smaller heads than before. "We are moving toward a generation of dwarfs," he said.

International Loans Sought

To confront this "expanding time bomb," as one official put it, the two-year-old civilian Government is negotiating multimillion dollar loans with the World Bank for health and eradication campaigns.

Priorities include the rapidly spreading malaria and yellow fever in the Amazon. Brazil had reduced malaria to 100,000 cases in 1975, officials said, but by 1986 the disease had jumped to 430,000 cases.

Another worry is Chagas disease, which is transmitted by insects and which affects the heart and nervous system. Officials say they believe the disease affects as many as 10 million of Brazil's 140 million people.

Two recent disclosures have caused particular shock because of the social stigma attached to the illnesses. One is that Brazil, with 1,031 known cases, is now one of the countries where AIDS appears to be spreading fastest.

The other, more dramatic, disclosure is about leprosy. According to a recent report, leprosy, although curable, has expanded even in the big cities like Rio de Janeiro and São Paulo and the more developed south of Brazil. The report said at least 223,000 people were leprosy victims.

Behind the Crisis

Reasons cited for the deterioration of health by Brazilian and international experts include political and bureaucratic inertia and siphoning off of funds. They note that not only underdevelopment, but development itself, is contributing to the spread of diseases associated with another era.

As Brazil opens up its jungles, hundreds of thousands of homesteaders, many of them poor and unprepared, have settled in the Amazon basin. Tens of thousands of people constantly migrate around the wilderness, hunting for rubber, gold or precious stones under primitive conditions.

Moreover, although Governments of the past two decades have not made health care a national priority, the most recent military regime that took over in 1979 cut back the budget to fight endemic illnesses by almost 25 percent.

In João Pessoa, authorities coping with the outbreak of the bubonic plague worry because it has drawn away their little staff from other urgent projects.

"The pest can be cured in a week," said Dr. Mendonça, who is in charge of the campaign. "But it has a tremendous psychological impact. People are very religious here, and many believed the world would now come to an end."

Beside dispatching teams to kill rats, which can carry the fleas that transmit the plague to humans, Dr. Mendonça had to send his workers around to schools, movie theaters and plantations to give talks "to calm people down." So far, 305 cases have been reported in the state of Paraíba and smaller numbers in several isolated communities of two neighboring states.

Brazilians have become richer, the new wealth has sharpened inequality, and much of the nation retains levels of health, education and housing that make it comparable to the poorest countries of Latin America.

Although some East bloc officials criticise Unido's policy departure as flirting with capitalism in breach of its mandate, Unido is accepting company funds for approved projects and giving firms access to its training and advisory services.

Another fashionable technique is the debt-equity swap, encouraged by a number of debtor countries to increase foreign participation in their troubled economies. About $3bn of the combined $220bn foreign commercial debt of five countries—Brazil, Chile, Mexico, Argentina and the Philippines—has been converted so far, according to Morgan Guaranty Trust. At least another $5bn a year could be recycled in these five countries alone, it says, provided the debtors were willing to improve the local investment climate and "open up opportunities for private capital."

In a typical swap, a foreign multinational buys its host country's debt at a large discount. The debt is redeemed in local currency at favourable rates of exchange for the purpose of setting up or expanding a local enterprise—how favourable will depend on whether the investment has a high industrial priority, will generate foreign exchange, reduce the country's imports and create more jobs.

For example, the Japanese steel company Kawasaki recently announced it was looking for $1.2m of Philippine debt, available at a discount of up to 30 per cent, for investment in a subsidiary that turns pineapple waste into animal feed. Nissan, the motor company, has converted $54m of Mexican debt. Early in December, Volkswagen completed the biggest conversion so far—again for Mexico—of $283m.

Although the terms debtors set for such swaps are not always attractive, some bankers believe experiments so far prove there is a large market still to be tapped.

Portfolio investment in developing countries could also begin to take off, according to a recent report sponsored by the OECD, the IFC and the UN Industrial Development Organisation (Unido). Western financial institutions like the pension funds are said to be showing a lively interest in taking equity where local market conditions allow.

An example is South Korea, where the IFC has been working with the Government to stimulate interest in company stocks. One result is the Korea Fund, a portfolio of $60m launched at a premium and traded daily on the New York Stock Exchange.

The IFC and its British equivalent, the Commonwealth Development Corporation, believe they are helping to reinforce a general trend towards privatisation of inefficient state enterprises that opens the way for a surge of new foreign investment. Their own equity stakes are small but have a large psychological value. The IFC, which is in the middle of a $7.5bn five-year programme of seedcorn investment, claims its very presence in a country spreads confidence—and may serve to protect its equity partners from arbitrary interference.

For their part, would-be hosts from China to Venezuela are busily revising their inward investment regimes to remove some of the more blatant discrimination against foreign companies. But, as the example of China shows, reforms announced by central government tend to be designed to disentangle the red tape in stubborn and arbitrary local bureaucracies rather than to address the real problems of foreign investors: a heavily overvalued local currency, too much emphasis on export and local content, too little freedom to repatriate profits.

Indeed, investment codes have scant relevance to real conditions. A statutory requirement for local majority control in a joint venture can often be negotiated away. Export performance targets may be raised one year and lowered the next. Import licensing rules can change overnight in response to a foreign exchange crisis.

"I know investors who never read any regulations at all," says Mr Richardson. "They just go and find out."

Yet behind all the confusion and experimentation, investment-starved countries appear to be overcoming their fear of foreign capitalism. The Gatt talks on trade-related investment are both a symptom of change and an opportunity for the developing world to negotiate mutual concessions that could transform the investment climate worldwide.

This news item appeared on page 24 of the Feb. 1, 1987 issue of:

THE BOSTON SUNDAY GLOBE (U.S.A.)

Chinese health care takes great leap backward

By Judy Foreman
Globe Staff

BEIJING – China's famous "barefoot doctors," once copied by developing countries around the world as providers of basic health care for the rural poor, are no more.

HEALTH IN CHINA

Driven by the chance to get rich as peasant farmers when China abandoned the old commune system and introduced new economic policies, barefoot doctors have left country doctoring in droves in the last few years, trading in their herbal medicine kits for plows and pitchforks.

Already, there has been a resurgence of several diseases once held in check by the barefoot doctor system, among them measles, whooping cough and diphtheria, according to the Chinese government's statistics for the year 1985, though unpublished World Bank data paint a somewhat rosier picture.

And where 80 to 90 percent of China's peasants had at least minimal health insurance under the old commune system, only 40 to 45 percent do now, some analysts say. Other China-watchers, the World Bank included, put the figure of uninsured even lower.

China's barefoot doctors – peasants with a few months' health care training – brought immunization, sanitation and elementary medical treatment to peasants. They were probably the most visible and certainly one of the most important symbols of Mao Tse-tung's "new China."

In the less than four decades since the Chinese revolution in 1949, they helped boost average life expectancy from 35 to 68 years. They helped reduce infant mortality to the point that, on average, a newborn has a better chance of surviving in Beijing than in Washington, D.C., or New York City.

As preventive medicine practitioners, they helped eradicate so many infectious diseases that the Chinese now die from the same causes as Westerners: stroke, heart attack and cancer.

Indeed, according to World Bank analysts, they helped put China among the developing world's three most "outstanding examples" of primary health care, along with Sri Lanka and Kerala state in India.

But between 1978 and 1982, the number of barefoot doctors dropped by a third – from 1.8 million to 1.2 million. Since then, the government has abolished the barefoot doctor system, upgrading some into "village doctors" with one to three years' training and demoting others to "rural health workers."

Reforms boosted income

In 1980, under the leadership of Deng Xiaoping, China instituted a series of economic reforms loosely called the "responsibility system," which, among other things, allowed peasants to make profits from the sale of excess crops.

The effects have been stunning: In the first five years alone, noted a World Bank economist here recently, the income of China's 800 million peasants doubled. The countryside blossomed. Markets sprouted on otherwise drab city sidewalks like Chinese cabbage.

No longer were peasants completely indentured to and taken care of by communes, now called "townships." Under the new system, every household bears at least some responsibility for its own financial health.

These were precisely the cracks Deng intended to make in the "iron rice bowl" – the rigid socialist system designed to provide the basic necessities for China's 1.03 billion people.

But in the last few years, those intentional cracks have produced gaping – and unintentional – holes in the rural health care system.

China's top health official, Health Minister Cue Yueli, denied in an interview here recently that the rural health care system is in a state of crisis. Indeed, he said, "the situation in rural health is better now than before the economic reforms" because the more qualified of the old barefoot doctors have been retrained as "village doctors."

But one top Chinese health official acknowledged privately that the impact of the economic reforms on the health system has been massive confusion. And some foreign experts say the system is in outright disarray.

A Beijing-based World Bank economist predicts that at least in poorer areas, more and more diseases will recur with the disappearance of the barefoot doctor system because "there is no model to replace it."

Officials becoming concerned

William Hsiao, a health economist and China scholar from the Harvard School of Public Health, said, "The cooperative medical system with barefoot doctors as its mainstay is being washed away on the tides of economic change."

Chinese health officials are beginning to share that concern, and have invited Hsiao to help them design a health and welfare system.

And the decline of the barefoot doctors is but one worry.

There is widespread consensus, World Bank analysts say, that perhaps the most serious negative effect of the reforms is the collapse – some say "decimation" – of the old commune-based health insurance system.

Today, only 14 percent of the Chinese population – government civil servants and factory workers – have full health care coverage, leaving vast segments of the rural population uninsured, World Bank figures show.

True, this is not the disaster it would be in the United States, noted Shan Cretin, a Rand Corp. analyst who has studied health care in the Chinese province of Sichuan, because China subsidizes the salaries of most doctors and nurses. Chinese patients pay only for drugs, hospitalization and lab fees.

But drugs alone – especially if prices are illegally marked up by village doctors, who are now allowed to make profits – can make up 70 percent of the average medical bill, she said.

This news item appeared on page of the November 1986 issue of:

GRASSROOTS DEVELOPMENT (U.S.)

Reviews

PUTTING PEOPLE FIRST. SOCIOLOGICAL VARIABLES IN RURAL DEVELOPMENT. edited by Michael Cernea. New York: Oxford University Press (published for the World Bank), 1985.

This is a book of advocacy and exhortation. Its message is simple but compelling: Development projects would tend to be far more successful—both in social and economic terms—if they were more fully and genuinely informed by sociological variables. The mental habits, cultural practices, and human values of poor people or "beneficiaries" ought to be at the very center of development work.

The volume's editor, Michael Cernea—sociology advisor to the World Bank—acknowledges that the book may be properly viewed as an "appeal to planners' humanitarian feelings." In arguing that "repeated failures have plagued development programs which were sociologically ill-informed and ill-conceived," Cernea laments the fact that—despite increased institutional hospitality in recent years—sociological insights still tend to be neglected, or at least belittled, in nearly all phases of the "project cycle." While sociological expertise is sometimes called upon to appraise a project's viability or assess its impact, it is rarely tapped, the authors maintain, during perhaps the project's most critical phase—design.

This collection of articles sets out to make a case for redressing this imbalance. In drawing on concrete projects in a variety of agricultural subsectors —including irrigation, livestock, fisheries, forestry, rural roads, and agricultural settlements—the authors, many of whom are sociologists or social anthropologists, address precisely how increased attention to sociological variables would yield better project results. The articles are of varying persuasive power, but the underlying point—sustained by the recurrent focus on the fit between human values and project activities—is a generally cogent one.

Cernea points out that sociologists working in development have only been taken seriously to the extent that they have been able to go beyond conceptual flourishes and generate "operational contributions." The challenge is to propose what Cernea calls "social inventions" and William Foot Whyte refers to as "social technologies"—organizational mechanisms, policy levers, and practical approaches for both project beneficiaries and administrators that will demonstrate, concretely and realistically, how to "put people first" in formulating and carrying out development projects.

On this score the volume is rather mixed. Several articles can be justly accused of belaboring the obvious and advancing merely commonsensical propositions. In fishery projects, for example—or any other kind of project, for that matter—few would dispute the assertion that "if the participants refuse to cooperate, the project will not succeed." Repeated appeals that underline the importance of clarifying project objectives or coordinating institutional roles have an empty ring after awhile and hardly contribute to the sociologists' efforts to establish greater credibility and legitimacy in the field. Economists, for example—particularly perceptive and sensitive economists—are apt to ask, "So what? What else is new?"

Several articles, however, are more promising and break new ground in "social engineering." The piece on agricultural settlements, for example, is unusually insightful and offers a dynamic conceptual framework—and practical guidelines—about how to match up patterns of social organization with project phases. Another article is particularly fruitful in going beyond the universal and somewhat trendy praise for "participation," by distinguishing among different project tasks and analyzing the relevance of beneficiary participation for each. Recognizing real opportunity costs, "putting people first" in this instance may mean foregoing participation in some project tasks, and focusing on the most important ones.

The trade-off between participating in different project tasks suggests another trade-off that is not adequately treated in this volume. The authors generally assume that sociological factors and economic performance are mutually reinforcing. The relationship between sociological variables and economic performance ought to be viewed not as an easy presupposition, but as a rich and extremely important subject for careful, empirical study.

Aimed at "development practitioners and professional social scientists from developed and developing countries," *Putting People First* is a valuable volume with a sound, compelling message. For sociologists and social anthropologists the book will be reaffirming. Economists, planners, and other development professionals are likely to be initially skeptical, though they too, one hopes, will eventually become sensitized to the key concerns addressed here. The exhortation to "put people first" and draw more extensively on sociological expertise is an important one that ought to be heeded.

MICHAEL SHIFTER, an IAF representative for Brazil, was a teaching fellow in the sociology department at Harvard University.

This news item appeared on page 2 of the February 1, 1987 issue of:

LE SAHEL (Niger)

Maternité sans risque

La Banque Mondiale, l'OMS et le FNUAP organisent une conférence

«La Banque Mondiale, l'OMS et le FNUAP organisent une conférence sur la maternité sans risque.

Un demi million de femmes environ meurent chaque année de causes liées à une grossesse. Soixante pour cent de ces décès se produisent en Asie du Sud et 30 pour cent en Afrique Subsaharienne. La mortalité maternelle est la principale cause de mortalité chez les jeunes femmes d'un grand nombre de pays en développement et la grossesse cause un nombre anormalement élevé des maladies et de décès chez les femmes aux faibles revenus ainsi que dans leurs familles.

Les préoccupations que leur inspire la santé maternelle ont amené la Banque Mondiale, l'Organisation Mondiale de la Santé (OMS) et le Fonds des Nations Unies pour les activités en matière de population (FNUAP) à organiser conjointement une conférence sur la maternité sans risque qui aura lieu sous l'égide du gouvernement du Kenya, à Nairobi, du 10 au 13 février 1987. M. Barber Conable, président de la Banque Mondiale, le docteur Halfdan Mahler, directeur général de l'OMS, M. Rafael Salas, directeur exécutif du FNUAP et M. William Draper, administrateur du Programme des Nations Unies pour le Développement prononceront des discours de grande portée. M. Daniel Arap Moi, président du Kenya, souhaitera la bienvenue aux participants lors de la séance inaugurale.

La conférence sur la maternité sans risque a pour objet d'appeler l'attention des gouvernements, des institutions internationales et des organisations non-gouvernementales, sur les besoins des femmes en matière de santé, particulièrement dans les pays en développement; de mettre au point des stratégies visant à améliorer la santé des femmes, et d'entreprendre des programmes efficaces et d'un coût abordable, des ministres et des personnalités de 50 pays en développement et de hauts responsables du développement participeront à la conférence.

Les programmes de la Banque Mondiale accordent une importance accrue aux femmes en ce qui concerne les questions de développement et de santé. Comme l'a dit M. Conable dans son premier discours à l'occasion de l'Assemblée annuelle des conseils des gouverneurs de la Banque Mondiale et du Fonds Monétaire International, «les femmes font les deux tiers du travail dans le monde. Leur travail produit de 60 à 80 pour cent des aliments en Afrique et en Asie, 40 pour cent en Amérique Latine. Et pourtant, elles ne gagnent qu'un dixième des revenus du monde. Elles sont parmi les plus pauvres d'entre les pauvres.» Il a demandé instamment que l'on redouble d'efforts pour créer des possibilités de développement en faveur des femmes et leur donner les moyens d'en profiter et de tirer parti des progrès réalisés. Dans le cadre de cet effort, il a indiqué combien il était important, «par la formation, de mettre les femmes en mesure de déterminer leur vie productive et reproductive».

Summary Translation: Women in development and health issues are receiving greater emphasis in the World Bank's development programs. Concern over maternal health has led the World Bank, the World Health Organization, and the United Nations Fund for Population Activities to co-sponsor a conference on Safe Motherhood hosted by the Government of Kenya in Nairobi on February 10-13.

This news item appeared on page 7 of the February 11, 1987 issue of:

THE TIMES (U.K.)

More care pledged for women

From Alastair Matheson
Nairobi

The World Bank launched a major international strategy here yesterday to reduce by half the number of women's deaths in childbirth within ten years. This is the Bank's latest contribution to family planning programmes in developing countries.

Giving details of the World Bank plan, its new president, Mr Barber Conadle, told the opening session in Nairobi of a global conference on "Save Motherhood" that the Bank plans to double the amount of money it will lend for population, health and nutrition activities in developing countries over the next three years.

By 1990 he expects the Bank will be directly assisting projects in 50 countries, with an annual expenditure of up to $500 million (£330 million).

Noting that the number of deaths from childbirth is now about 500,000 a year, mostly in Africa and South Asia, Mr Conable outlined the key features of what he termed "a major new strategy for women in developing countries".

This will include stronger community-based health care, more hospitals and health centres to deal with obstetric emergencies, and an "alarm" and transport system for pregnant women.

The following report was carried on the news at WTOP Radio, February 10, 1987 in Washington, D.C.

SUBJECT Campaign to Reduce Deaths of Women During Pregnancy

JOHN LINKLER: Health agencies from around the world launched a campaign today aimed at reducing the number of deaths of women during pregnancy and child birth.

The World Bank pledged a million dollars for the effort.

The Safe Motherhood Campaign, which seeks to cut in half the more than 500,000 deaths of young women each year, was launched at a conference of delegates from world health agencies meeting in Nairobi, Kenya.

THE STANDARD (U.K.)

Bank's £660,000 to save babies

WASHINGTON, Tuesday. WORLD Bank president Barber Conable said the organisation will dedicate £660,000 for a global fight against the pregnancy and child delivery complications that kill 1400 women every day.

Conable said the World Bank will double its lending for population, health and nutrition activities over the next three years.

The bank's commitment will serve as the basis for a safe motherhood fund to be managed by the World Health Organisation.

Its goal is to halve by 2000 the number of women who die in pregnancy or childbirth.

"Common decency tells us that it is intolerable that 1400 women die every day in the process of carrying or delivering their children," said Conable.

"And common sense tells us that those needless deaths waste not only precious lives, but precious human resources."

THE TIMES (U.K.)
Feb. 14, 1987

African loans hope

The president of the World Bank, Mr Barber Conable, said yesterday that he hoped the Bank would soon be able to assist African countries with more easy-term concessional loans from the International Development Association (IDA). This would be possible as a result of a $12.5 billion (£8.22 billion) replenishment to IDA's resources negotiated recently with some donor nations, he said as he left Nairobi for Zambia. About $3 billion (£1.97 billion) would be in concessional lending.

He said the World Bank would try also to encourage the kind of economic adjustment that would attract direct private investment and the transfer of skills that could lead to an improved quality of life for people on the continent.

This news item appeared on page 221 of the February 2, 1987 issue of:

WEST AFRICA (U.K.)

Policies for people

Population Growth and Policies in Sub-Saharan Africa, *(World Bank, Washington, DC; 1986; no price indicated)*

THE issue of population growth in less developed countries (LDCs) has featured for some time now in the work programme of the World Bank. For example, *the World Development Report, 1984* focused on the links between population change and development in these countries. Also, a number of its working papers and monographs have attempted to elucidate facets of this complex subject. The present report on sub-Saharan Africa is a continuation of this work programme.

It is not by chance, that the region should be the subject of a special study since population growth rates in parts of that region are among the highest in the world: information on the average, annual population growth rates between 1950 and 1985 in countries with population sizes of 10 million and above in this area indicate that all were growing at the rate of 2.5 per cent and more, implying that their populations will double, if these rates are maintained, within the next 20 to 35 years. Indeed, one of the highest annual rates of population growth in the world has been that of Kenya, whose rates within the past decade have averaged four per cent.

In this context, it is pertinent to note that sub-Saharan Africa's population growth is fertility — rather than mortality — driven. Consequently, it is this component of population growth that is fully addressed by the report. The following factors, among others, have been suggested in explaining the phenomenon: the early and almost universal marriage patterns, the influence of culture, the large cohorts in the child-bearing ages in view of the young populations and the slow spread of family-planning activities. These factors along with the certain further decline in mortality levels in the coming years have endowed the populations with a growth momentum.

The present report reviews the evidence about the magnitude and underlying causes of this population growth. Explicitly, it tries to highlight three themes, namely: (a) a concern that rapid population growth is jeopardising development efforts in the region and in the process reducing the possibilities for raising living standards; (b) the acceleration of population growth rates in Africa at a time when they are falling in other LDCs; and (c) that without specific efforts to lower current birth rates, population growth will further increase.

The report discusses, rather perfunctorily, the causes and consequences of population growth in African countries. These sections of the monograph set this present study apart from other previous World Bank analyses on this subject, which are distinguished by their balanced and well-informed documentation. In the desire, perhaps, to make the arguments digestible to a wider audience, the report gives as a whole, one-sided and simplified views of the consequences of population growth in Africa, all with the objective of buttressing its central thesis of general adverse effects. Note, for example, the following: ". . . in Africa today population is growing so fast that even a high growth rate of human and other complementary resources . . . would not be enough to sustain a significant rise in per capita incomes". Even granted that the phenomenon the report is grappling to comprehend is rapid rather than moderate population growth, such orthodoxy is uncalled for in the face of evidence on the coexistence of rapid population growth and rapid economic growth. More important, this reviewer doubts the wisdom of the approach adopted by analysing the consequences at a generalised and somewhat abstract level. This is because one cannot make categorical statements (as the report does) about the consequences of population growth without considering the socio-economic and enviromental setting of such growth. A case study of a small number of African countries would have been more illuminating.

The most controversial but at the same time more important aspects of the report are the sections on policy measures to depress current levels of fertility in the region. They are controversial because of the present poor understanding of the complex determinants of fertility in LDCs especially in Africa; and important, because, given the existing momentum for rapid population growth, any reasonable policy prescription to alleviate the situation ought to be considered seriously.

The broad argument of the sections is that African governments should play a more visible role in population policy by legitimising family planning activities and modestly financing basic health and family planning programmes in order to tap unmet demands for these services. This strategy, by strengthening demands for smaller family sizes, it is argued, would help to reduce birth rates. That such a strategy has resulted in decreasing fertility in some LDCs for example, in East Asia, within a relatively short time has much to recommend it in this case. Nonetheless, one question appears to have been glossed over by the report, namely whether family planning activities, given the socio-economic and cultural environment of sub-Saharan Africa, could succeed in making a significant impact on current fertility levels? This question assumes importance in the context of recent evidence — admittedly not entirely representative — from the eight sub-Saharan African countries that participated in the World Fertility Survey. This indicated that desired family sizes of six to eight children are still the norm rather than the exception in the region.

There has been, however, one optimistic development in recent years, one to which the present report should give a boost, namely that an increasing number of sub-Saharan African governments are facing up to the population growth issue as shown by declarations in such intergovernmental documents as the Kilimanjaro Programme of Action on Population and the recently enunciated African Priority Programme for Economic Recovery as well as surveys by the UN Population Division in New York. If the present report should make contributions to the debate, and also hopefully, sustained action on this important subject, it would have served its purpose.

Toma J. Makannah

This news item appeared on page 17 of the Feb. 13, 1987 issue of:

FINANCIAL TIMES (U.K.)

Crusader at the World Bank

By Michael Prowse

IT IS probably fair to say that Mr Barber Conable's appointment as World Bank president last year was widely regarded as uninspired. Mr Conable had a record as a decent and competent US Congressman but no experience of running a large and complex organisation and little knowledge of either banking or development economics. In the Third World, the question on everybody's lips was "Barber who?"

Nearly a year later, it is still far too early to judge whether Mr Conable will be a good, bad or indifferent World Bank president. He has not produced a brilliant new plan to deal with the debt crisis — but then nobody suggested he was another Lord Keynes. On the other hand, he does seem to be bringing to development issues a passion that perhaps was lacking in his predecessor, Mr A. W. "Tom" Clausen. His inaugural address of last September and a speech delivered in Nairobi this week carry an emotional charge that would embarrass a run-of-the-mill speechwriter.

The Nairobi speech develops a theme referred to only fleetingly in the inauguration address: the role of women in development. It is rather striking that, when most economists are debating the relative merits of different types of financing facility and different recipes for macro-economic adjustment, Mr Conable should zero-in on a structural problem of vast proportions—so vast that it has never been properly tackled. Relief agencies have highlighted again and again the plight of children in the Third World. How often have they worried specifically about the mothers?

Mr Conable has not yet chained himself to railings on behalf of Third World women, but there is no doubting his outrage at their physical and economic subjugation. He points out that they face a risk of death in pregnancy that is 100 times as high as in the developed world and that about 1,400 women die every day in the course of carrying children or giving birth. The deaths are mostly unnecessary and could be averted by quite small investments in basic health care and nutrition.

Women's economic deprivation is almost as worrying. They do two-thirds of the world's work, produce 60-80 per cent of Africa's and Asia's food, yet earn only one-tenth of the world's income and own less than 1 per cent of the world's property. In Africa in particular women do the hardest work for the least pay, often for no pay.

The discrimination is not just bad in itself; it is holding back Third World development. Much aid money goes directly to men and never reaches the women who do the productive work. Mr Conable points out that when (as in Bangladesh) credit for small business or agriculture is available to women, they prove to be excellent risks with better repayment rates than men. When backed in agriculture, women have often adopted more efficient farming techniques.

How can Third World women be helped? To combat maternal deaths, the World Bank is helping to establish a Safe Motherhood Fund. The aim is to cut in half deaths in pregnancy and childbirth by the year 2000. Economic and social discrimination poses a deeper challenge. Women's conception of their own role is likely to change only gradually as a result of better education. Few people get a good education in the poorest countries, but women on average do much worse than men: 80 per cent of women over the age of 25 have had no schooling at all and six out of 10 school-age girls are still in the home instead of in class; only half of women in developing countries are literate compared with two thirds of men.

Mr Conable's rhetoric about development is encouraging. In the long run, however, he will be judged by his actions. He claimed in his inaugural address that in the World Bank he had found the thing Archimedes had dreamed of: a place from which to move the world. It is now just a matter of getting the lever into position.

This news item appeared on page 5 of the Feb. 14, 1987 issue of:

NEW YORK TIMES

Third-World Concern: Deaths During Childbirth

By JAMES BROOKE
Special to The New York Times

NAIROBI, Kenya, Feb. 13 — International health experts here began a campaign today to conquer a third-world health problem that has been largely overcome in the West: the death of women in childbirth.

"The third world is where we were in Europe and the United States at the turn of the century," said Dr. Halfdan Mahler, Director General of the World Health Organization, one of several sponsors of a "Safe Motherhood" conference held here this week to focus attention on what participants called "a hidden tragedy."

At the opening session, on Tuesday, Barber B. Conable Jr., president of the World Bank, challenged participants to "reduce by half the number of women who die in pregnancy or childbirth by the year 2000."

To further this goal, Mr. Conable pledged $1 million in World Bank funds for a "Safe Motherhood Fund" to be managed by the World Health Organization. Mr. Conable also promised to double World Bank lending for population, health and nutrition programs to $500 million by 1990.

"Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children," said Mr. Conable, a former Republican Representative from upstate New York.

The Nairobi meeting was partly an outgrowth of a conference held here two years ago to mark the end of the United Nations Decade for Women. This week's conference drew on new research and personal experiences to bring the problem of maternal mortality into focus.

According to the World Health Organization, one quarter of all deaths of women of childbearing age in developing countries occur during pregnancy or childbirth.

Last year, of 500,000 women who died worldwide in pregnancy or childbirth, 99 percent lived in underdeveloped nations. An American has one chance in 6,366 of dying while pregnant; an East African one chance in 15.

Child Dies if Mother Dies

The death of a mother often means death or hardship for surviving children. In Bangladesh, a study found that when a mother dies in childbirth her infant has a 95 percent chance of dying within a year.

"I remember a group of 20 women in rural Kenya telling me that three women from their community had died in childbirth," said Barbara Herz, an adviser to the World Bank. "I asked them what happened to the children. They said, 'The older ones went to the city to beg, and the younger ones died.' "

In Latin America and in urban Africa, about half of maternal deaths are a result of complications arising from illicit abortions, experts said. Mortality could be cut by a third if women who did not want more children had access to contraceptives, one study said.

One participant in the conference, Barbara E. Kwast, recalled interviewing an Ethiopian tailor whose 35-year-old wife had died because of an attempt to abort her 10th pregnancy. "He did not know anything about family planning services," said Ms. Kwast, a professor of public health who worked in Addis Ababa from 1981 to 1985.

In developing countries, about half of all women go through labor and childbirth without anesthesia or trained attendants. In addition, two-thirds of pregnant women in developing countries are believed to be anemic.

Several conference participants, citing recent medical history, were optimistic that maternal mortality rates could be reduced in underdeveloped countries.

In 1935, it was pointed out, England and Wales had a maternal mortality rate of 400 for each 100,000 live births — not much below India's current rate of about 500. Today, Britain's rate is about 10 deaths for each 100,000 births.

The difference, experts here said, is not economic development but the widespread extension of modern health services: family planning, antibiotics, Caesarian sections, blood transfusions, and hygenic medical practices.

Family Planning Favored

A key step, participants said, is access to family planning. Through the 1970's, many Africans criticized family planning programs as racially inspired limits on their growth. But at this week's conference, which was attended by health professionals from 13 African countries, the mood was heavily in favor of family planning.

"I believe an effective population-management program will considerably improve the quality of life for women and thereby insure safe motherhood," President Daniel arap Moi of Kenya said in the keynote speech.

Participants also discussed other low-cost methods for reducing maternal deaths.

One method that has worked successfully in several countries is building maternity waiting homes adjacent to health centers. One week before her due date a woman moves with her children to one of the homes. This eliminates the need to transport her from a remote site to a health center when an emergency develops unexpectedly.

Caesarians by Midwives

Another proposal that drew much comment was a move by Dr. Sambe Duale of Zaire to teach nurse-midwives how to perform Caesarians if a doctor is not available. In his rural area, he said, midwives perform 80 percent of the 200 to 300 Caesarians a year.

Other solutions included improving rural health centers, extending ambulance service to remote areas and training community health workers to identify pregnant women at high risk.

Down a dirt road in the Nairobi slum of Kawangware, a community of 59,000, the effect of a modestly financed maternal health program could be seen. Built about 10 years ago, the Kabiro Health Care Outpost sends 37 health-care workers into local shacks to explain maternal and child care.

"I haven't seen a mother die of childbirth in five years," Sister Eroni Nakagwa, a nurse-midwife, said today.

This news item appeared on page 2 of the February 14, 1987 issue of:

DAILY NATION (Kenya)

BUSINESS

Kenya to get more World Bank help

By DOUG CHARAGGU

Kenya's strong relationship with the World Bank will be enhanced to boost its economic development and make it maintain its leading position in Africa, the bank's president, Mr Barber Conable said in Nairobi yesterday.

Mr Conable said that Kenya had adequate manpower and political stability which the bank could use to make its economy a model of development.

He told a press conference that he held constructive discussions and negotiations with the Government during his week-long visit.

He said he held meetings with President Moi, the Minister for Finance, Professor George Saitoti and other senior Government officials.

The World Bank, Mr Conable said, would assist the agricultural, industrial and health sectors. The emphasis would be on the agricultural sector, as the major source of growth.

In the industrial sector, the World Bank and the Government would draw up a programme under which the private sector would play a major role in development. Kenya's well trained manpower was a great asset in tapping the potential in the private sector, Mr Conable said.

The World Bank boss said Kenya would be given funds for population and nutrition programmes. "We expect the rate of population growth to start declining in Kenya. At the moment, it is probably the highest in the world."

Mr Conable said that under the International Development Association, (IDA), the concessionary lending arm of the bank, about $6.2 billion (equivalent to Sh100 billion) was being diverted to Africa.

He said Africa needed more concessionary funds because of the increasing debt burden. He said the bank was also providing adjustment loans to many African countries, including Kenya.

The International Finance Corporation (IFC), the affiliate of the bank that provides private sector lending was working closely with the Kenya Government.

The bank boss said Africa required more resources from the rest of the world because of the continent's divers problems compounded by a capital shortage.

However, he said, each country's problems were different and there was no universal solution for the continent.

Mr Conable said he had toured several projects funded by the bank. The projects visited included Kwale rural water programme, where boreholes are being drilled and Kiambere Hydro-electric Power Project, which is about to be completed.

The team also went to Meru District to assess the progress made by small-scale farmers operating under the World Bank S Train and Visit (TV) extension programme.

Mr Conable said that the Frontline states fighting the racial regime in South Africa would get assistance from the bank if sanctions hurt their economies. However, he said, it was up to these countries to approach the bank with the details.

He said the bank was carrying out studies on the impact of sanctions against South Africa on the Frontline States "but it's too early to speculate."

Mr Conable said he had decided to visit many developing countries to get first-hand information on their problems.

From Kenya, he said, he would go to Zambia which he said was going through rough times.

This news item appeared on page of the February 11, 1987 issue of:

NATION (Kenya)

The real meaning of safe motherhood

When he opened the safe motherhood conference in Nairobi yesterday, President Moi listed some of the enduring problems afflicting our women. They included early marriages, adolescent pregnancies, single mothers without adequate incomes, shortages of childcare services and unfavourable working conditions.

Any objective look at these and other social problems that beset women reveals at their root centuries — even millenniums — of gross underprivilege, discrimination and oppression.

If women so often rushed into marriage they had little choice in it. Even today newspapers carry numerous reports of young schoolgirls forced to marry rich men old enough to be their grandfathers.

If adolescent women become pregnant and there are hundreds of single mothers without an income, the tendency in society — especially among the menfolk — is to blame the women. The boys — nay, the "sugar daddies" — responsible get away with impunity.

If there is a shortage of childcare services and if women work in environmental conditions far worse than those of men, what is to blame for it? Nothing else but the fact that few of our mothers and sisters are as well prepared — mentally as well as physically — to compete with their male counterparts in industry, commerce, agriculture, politics, the civil bureaucracy, anywhere.

The reason is obvious. Even in this day and age, many parents are not fully committed to the education of their daughters. There are far more male graduates than female. So, although our official policy discourages discrimination on the basis of sex, discrimination must take place since not enough women are educated enough to man — nay, to "woman" — certain positions adequately.

On top of that, there are many men in key situations today who would rather give that job to a man, bypassing a woman with equal or better training. The result is our females continue to languish on the peripheries of policy making and policy implementation.

Their demonstrably immense mental propensities continue to lie fallow. So do their physical abilities. Physically as much as mentally, our women waste untold energy in the anguish of annual pregnancy and delivery. It was to this dehumanising condition that President Moi referred when he said women's difficulties have much to do with our runaway population rate of growth.

A social group whose total energy is consumed in overly frequent childbirth, but has no say as to how to take care of the children and no access to the instruments of doing so — education or social decision-making — cannot contribute much to the development of its society.

As mothers, they remain private means of reproduction, and have little opportunity to give adequate thought even to the subject of discussion at the present conference, safe motherhood. They are so steeped in the ignorance of their own self-interest that they support certain male-fanoled causes that can only continue to tie them to the distaff side.

For instance, how many Kenyan mothers are familiar with the simple techniques of child survival which Unicef has been promoting for a decade now? How many have availed themselves of Gobi — Growth charts, Oral rehydration therapy, Breastfeeding and Immunisation?

We suspect that few have heard of the primary health care campaign which Unicef, the World Health Organisation and other UN agencies are conducting. In a word, if we do not deliver our women from this kind of ignorance — if we do not liberate them from their present mental and physical disuse — really safe motherhood may elude us for a long time to come.

This news item appeared on page 7 of the February 11, 1987 issue of:

THE STANDARD (Kenya)

Motherhood needs help

THE World Bank-sponsored International Safe Motherhood Initiative Conference opened in Nairobi yesterday. This is one of the major international conferences whose deliberations will have a bearing on the welfare of the underprivileged people of the world.

Health has been one of the main concerns of the developing nations. All developing countries recognise that people are a rich asset for development. The asset cannot be utilised as a resource unless it is healthy.

President Daniel arap Moi, officially opening the conference, brought this point to the attention of the listening world, whose delegates were among the representatives at the conference. He spoke of the expansion of health facilities in Kenya and noted that today, two-thirds of the Kenyan population is within walking distance of a health facility.

This is indeed a remarkable advance towards the goal of providing health services for all by the year 2000. The task is not easy and the President clearly spelt out the framework for better health.

Women, as child-bearers, are the first ones in the developing world to be affected in the absence of proper health services. As President Moi noted in his speech, half a million women die every year of pregnancy-related ailments in the world.

It is gratifying that the World Health Organisation is aware of this global problem and its Director-General, Dr. Halfdan Mahler, joined the World Bank President, Mr Barber Conable, to listen to a leading representative of the Third World spell out the need for concerted efforts to save women in motherhood.

President Moi told the delegates: "Many governments recognise the vital role mothers play in national development. All of us appreciate the fact that the full potential of women can only be realised if safety in motherhood is improved and ensured".

Improved maternal health services require substantial investments. And yet, as the President noted, the developing countries which require these services more are the ones experiencing difficult economic times.

Thus it befalls on the rest of the world to take the initiative, or to advance the cause of good maternal health in developing nations.

Some of the factors endangering safe motherhood, as clearly pointed out by President Moi, are early marriages, adolescence pregnancies and single mothers with inadequate incomes. These are socio-economic problems.

They have a direct bearing on the other major problem in the developing world, and that is uncontrolled population growth. It is more like the case of which came first, the hen or the egg. Time is past for a debate on which came first. Now is the time to deliberate on solutions.

Women in motherhood are suffering. They need immediate help. That can only be provided by the availability of resources from the world community and their applicability by the receiving nations.

Basic primary health should be made available. Kenya, as the world delegates will note while here, has started well on the provision of this asset by promoting primary health from the district level. The basic primary health approach will provide the needed service to women. This will in turn ensure safe motherhood, and at the same time bear in mind the need for population growth control.

We support President Moi in his statement that "humanity will judge the success of this conference by the impact it will make in improving the health of child-bearing women".

The world is awaiting the good tide.

This news item appeared on page 8 of the February 16, 1987 issue of:

KENYA TIMES

Motherhood: Why Kenya must act!

SOVEREIGN Kenya was the first country in sub-Sahara Africa, way back in 1967, to adopt an official national family planning programme and a great deal more could by now have been achieved had so many human follies and biases not been impeding the noble crusade.

Regretably, by the early 1970s, the country's population was menacingly growing at the rate of 3.3 per cent and has since substantially increased, making it one of the highest in the world. And there is, therefore, a call now for the launching of a factual propaganda campaign nationwide with a view to enlightening wananchi on the dangers inherent in a population explosion.

Winding up their important deliberations and consultations in Nairobi last week, at the international Safe Motherhood Conference they were attending, all the delegates unanimously counselled the international community to help save millions of women from dying in pregnancy and childbirth.

One of the key participants, Dr Fred T. Sai, a World Bank population adviser, noted that illegal abortion caused about 25 to 50 per cent of the number of women who die during pregnancy.

Calling for commitment to stop these deaths, Dr Sai told the conference: "We need to mobilise the political will, to mobilise community involvement among men and women, and to implement specific programmes to stop these tragedies from taking place."

Luckily, in respect of Kenyan women, they do not suffer from any of the misdeals and injustices alluded to by Dr Sai in another part of his address. He said women were discriminated against in terms of legal status, access to education, access to food and nutritional status and to financial resources, among other things.

In an interview with "Sunday Times", a leading Kenya gynaecologist, Dr Yusuf Eraj, rightly said at the weekend that the main causes of deaths during pregnancy and childbirth could be classified as direct, indirect and coincidental. As Kenya does not lack the necessary local expertise, resources and will to tackle the triple menace, positive action should be taken NOW — and not during the year 1999 when mankind expects to realise a crop of Utopian dreams.

Having proved, in 1967, and even much earlier in 1957, when the Family Planning Association of Kenya was first formed, that we Kenyans had the political will and maturity with which to wrestle with these delicate problems, all that remains to be achieved now is mobilisation of community involvement among men and women. Let's regard it as a national crusade and give up that arrogant mentality of each man for himself and the devil take the hindmost.

*** February 27, 1987 ***
Development News
• Weekly Supplement •

This news item appeared on page 7 of the Feb. 13, 1987 issue of:
THE ECONOMIC TIMES (India)

Safe motherhood

Mr. Barber B. Conable's address on Tuesday (February 10) at the Nairobi conference on 'safe motherhood' has shown a concern for the plight of women in poor societies. This was backed by an impassioned plea for reaching out to them at the base level with medicare in the first instance. The staggering fact of death at childbirth (half a million a year in the developing countries, of which 80 per cent in South Asia alone) was highlighted by the World Bank president, even as he underscored that women of the third world are "the poorest of the poor". He said: "we have assumed that the benefits of macro-economic development programmes (roads, power transmission, schools, hospitals, factories and ports) would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven". Mr. Conable's focus is on maldistribution based on sex discrimination. One can raise several issues in this context, including the structuralist one, but the fact of discrimination against women in societies like ours cannot be denied nor can we ignore its cruel impact on the poorest of the poor. This calls for an immediate response. Mr. Conable's proposition, that working for safe motherhood is an affordable and productive investment, will, therefore, be widely endorsed. Among other things, he promised a lending of $ 500 million annually by 1990, double that for 1984-85, for population control, health and nutrition. Presumably, the governments of the concerned countries could raise much more by way of counterpart local resources. Equally important was Mr. Conable's assertion that the World Bank will prepare action plans for women in developing countries in its lending programmes and encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond. Beyond the alleviatory strategy of improved nutrition, effective help during childbirth and improved family planning, Mr. Conable wants to foster development at the base level. While an alleviatory strategy can be directed at the beneficiaries, a meaningful development strategy for women will have to be one that will promote growth all round. Put another way, for the results to be worthwhile for women, the productivity of their occupations will have to be raised and this will be possible only with a rise in productivity all round. To go beyond an alleviatory strategy, we will need more growth, more resources, domestic and foreign.

This news item appeared on page 20 of the February 8, 1987 issue of:

THE HINDU, India

The emphasis is on maternal health

The "Safe Motherhood Conference" is being held in Nairobi, Kenya, from Febuary 10 to 13, 1987, co-sponsored by the World Bank, the World Health Organisation and the United Nations Fund for Population Activities. It is aimed at drawing the attention of government, international agencies and non-governmental organisations to women's health needs, particularly in the developing world; devising strategies to improve women's health and launching effective and affordable programmes.

GOVERNMENTS throughout the world have adopted the goal of "Health for all by the year 2000." Considerable progress has been made towards that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies; for women with certain pre-existing health conditions; for poor, malnourished and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from hemorrhage, severe infection (sepsis), toxaemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth and the post-partum period. Her capacity to produce a strong, healthy baby and to nurse and care for it are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances; the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complication, routine care and backup for high-risk and emergency cases. Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk and good prenatal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably hemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services, plus programmes to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and learning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach, is required. Stronger community-based health care, relying on non-physician health workers, to screen pregnant women, identify those at high risk and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

Stronger referral facilities. Hospitals and health centres with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgi-

	No programme	Limited effort	Moderate effort
Annual cost per capita population	U.S. $0	U.S. $0.46	U.S. $1.50
Approximate annual cost per maternal death averted	U.S. $0	U.S. $4,800	U.S. $6,200
Annual cost per death averted (incl. children)	U.S. $0	U.S. $2,400	U.S. $3,100
Annual cost per birth averted	U.S. $0	U.S. $60	U.S. $100
Percentage of fertile-age couples using contraception	0-9	16	40
Maternal mortality rate per 100,000 live births	800-1,000	560	400
Percentage reduction in maternal deaths	not applicable	20%	60%
Associated birth rate	46-6	42	30

cal family planning methods.

An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organisations' (NGOs) primary health care programmes. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of services, which affect costs.

The table below shows the approximate cost and the impact of two safe motherhood programme models: a limited and a moderate effort. (One dollar is approximately Rs.13).

The two models illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than U.S. $2 per capita per year compared to average annual health expenditures of U.S. $9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than U.S. $1 per capita a year, and it could be used to begin the process of improving maternal health.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditures on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care.

The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required: political commitment to and higher priority for safe motherhood; allocation of the necessary resources to maternal health and family planning services; and supportive activities in other sectors.

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial assistance to developing countries on request. — The World Bank

This news item appeared on page 4 of the February 11, 1987 issue of:

THE INDONESIAN OBSERVER, Indonesia

WB Dedicates US$ 1 M For Pregnancy Complication

Washington (Agencies) -- World Bank President Barber Conable said the organization will dedicate dlrs 1 million for a global fight against the pregnancy and child delivery complications that kill 1,400 women every day.

Conable, in prepared remarks to be delivered at the opening of a conference in Nairobi, Kenya, on safe motherhood, also said the World Bank will double its lending for population, health and nutrition actives over the next three years.

His groups dlrs 1 million commitment will serve as the basis for a safe motherhood fund to be managed by the world health organization. Its goal is to help by the year 2000 the number of women who die in pregnancy or childbirth.

"Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children," Conable said in prepared remarks. "And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

The safe motherhood conference, which continues through Friday, is expected to focus on ways to prevent those 500,000 deaths annually.

It features leaders from the World Bank, the World Health Organization, the U.N. fund for population activities and more than 40 government representatves, most of them health ministers.

Anthony Measham, a World Bank health adviser, said in a paper prepared for the conference that 800 to 1,000 women die for every 100,000 live births in undeveloped nations.

This news item appeared on page 1 of the February 11, 1987 issue of:

DAILY NATION (Kenya)

Rally round mothers, Moi tells conference

By CHRIS MUSYOKA

President Moi yesterday urged the international community to strive to improve safety in motherhood to help realise women's full potential.

He said that due to their role as mothers, women had common health problems which must be tackled seriously and urgently if nations — particularly developing ones — were to develop faster and enjoy a high standard of living.

President Moi was officially opening a three-day Safe Motherhood Conference at the Kenyatta International Conference Centre, Nairobi.

Attended by over 120 delegates from 30 countries — including Ministers and representatives of 25 donor agencies — the conference will try to identify the causes of death if pregnancy and childbirth and to outline the key strategies for combating this problem.

The opening session was also addressed by the president of the World Bank, Mr Barber Conable, the Director-General of the World Health Organisation, Dr Halfdan Mehler, the Administrator of the United Nations Development Programme, Mr William Draper III, and the Deputy Director of the UN Fund for Population Activities, Dr Nafis Sadik.

President Moi identified some of the factors endangering the safety of mothers, including early marriages, adolescent pregnancies and unwed mothers with inadequate incomes.

"Other factors," he said, "include the non-availability of maternal and childcare services and unfavourable working conditions for women, both of which contribute significantly to the increasing risks in childbirth."

Saying safe motherhood required easily accessible and

FROM PAGE 1

well-equipped health-care services — which were expensive — the President urged the conference to address themselves to "the need for an appropriate combination of type, quality and costs of the (safety) initiatives to be pursued".

He thanked the World Bank, UNDP, WHO and UNFPA for taking the safety motherhood initiative and choosing Kenya to host "the important conference".

He thanked the World Bank for showing a great interest in the problems of mothers over the last three years.

President Moi said Kenya had, since independence, achieved remarkable success in health services by increasing the number of facilities, hospital beds, personnel and other areas despite hard economic times.

"Today, two-thirds of the Kenyan population is within walking distance of a health facility," he told the conference.

He asked the participants to discuss the concept of safe motherhood alongside that of population, saying: "I believe an effective population management programme will considerably improve the quality of life for women and thereby ensure safe motherhood."

He said Kenya had taken various measures to slow down the rapid population growth rate through the National Council for Population and Development, which had been active in creating awareness of the problem and informing the public and leaders about the methods by which to reduce fertility.

He said the country had decided that the district be the focus for development policy and that all districts would adopt locally-based primary health approach by June, 1988.

President Moi said that in the quest to improve the people's living standards, the Government and the ruling party had invested heavily in health services.

Said he: "I trust that there is the resolve and expertise in this conference hall to find practical ways through which governments in the developing nations can place more emphasis on maternal health."

President Moi arrived at the KICC shortly after 10 a.m. escorted by the Nairobi Provincial Commissioner, Mr Fred Waiganjo. He was met by the Minister for Health, Mr Peter Nyakiamo, and two Assistant Ministers for Health.

Moi, bank boss in talks

President Moi held discussions with the President of the World Bank, Mr Barber Conable, at State House, Nairobi, yesterday.

He urged the World Bank to increase the inflow of funds to Kenya, through budget support.

The President told Mr Conable that despite the many difficulties Kenya had undergone, it had managed to cut budget deficits and reduce the rate of inflation, thus stabilising the economy.

President Moi reiterated that Kenya welcomed foreign investors, adding that the country had very favourable conditions for that investment.

Kenya, he said, was centrally situated and had a well developed telecommunications system to link with the surrounding markets and overseas countries.

Mr Conable said the bank was discussing with Kenya economic support for the transport sector and other areas.

He further said the bank would mobilise other donors to raise sufficient resources in those areas.

Mr Conable expressed confidence in President Moi's leadership and pledged the bank's economic support to the Government's economic policies.

This news item appeared on page 11 of the February 11, 1987 issue of:

DAILY NATION (Kenya)

Govts that misuse funds to be struck off bank's list

Government that fail to use money given to them by the World Bank "for specified" projects may be disqualified from getting any, the World Bank president, Mr. Barber Conable, said yesterday.

He was addressing a press conference at the Kenyatta International Conference Centre after the official opening of the Safe Motherhood Conference.

Mr Conable said the bank's staff normally "oversee projects" that the bank had financed. "If the money does not reach the projects we've financed, that government does not get any more money from the World Bank," he said.

The World Bank boss said women were "partners" with men in development and said the Bank was interested in useful financial and human allocation of resources.

Mr Conable said a mothe

Mr Conable said a mother's health when delivering was important. "Many mothers die during child birth and the situation has reached alarming proportions particularly in he developing countries," he said.

He said the World Bank had donated about $2 million for the programme.

Safe motherhood was an idea conceived during the 1985 United Nations Women's Decade Conference in Nairobi.

Barbara Herz, a World Bank adviser on women and development said at the time that most women felt strongly that too many women in the developing world were dying during child birth and that something ought to be done.

The present conference is a result of this concern.

During the opening of the conference, Mr Conable said the World Bank planed to lend out Sh8 billion for population, health and nutrition activities.

He said the bank hopes to have approximately 14 new operations in about 50 countries by 1990.

According to Mr Conable, the Safe Motherhood Fund will be managed by the World Health Organisation (WHO). It will support research leading to programmes and projects in the maternal health field.

He added: "It is possible, to reduce by half the number of women who die in pregnancy or childbirth by the year 2000 through the joint efforts of the developing countries, the bank, non-governmental organisations and private groups.

The bank wants a low-cost system that provides basic health care built on the existing services.

Mr Conable said what was needed was better community-based health care, efficient referral hospitals and health centres and an alarm transport system to transfer high-risk pregnancies from community to referral institutions.

"Such maternal health care should cost no more than $2 per capita a year compared to an average of $9 now being spent for all health care purposes in slow income countries," he added.

In China, Sri-Lanka and Costa Rica, Mr Conable went on, such health services had reduced the number of deaths in childbirth and unwanted pregnancies.

The bank will prepare action plans for lending to women in selected countries to boost the agricultural, industrial, educational and health programmes the bank is undertaking. (By NATION Reporter and KNA)

Summary translation of news item appearing in LA CROIX (France) on February 18, 1987

Safe Motherhood

Half a million women die each year as a result of pregnancy, 99% of them in the continents of Africa, Asia and Latin America, where maternal mortality rates are 200 times higher than in Europe or North America. Speaking to the Safe Motherhood Conference in Nairobi, WHO Director General Mahler said that in most countries with high maternal mortality rates there were no official death records, let alone certificates showing cause of death. For this reason, this tragically high statistic had been discovered only recently. According to Barber Conable, the aim of the Conference was to boost affirmative action. He pledged $1 million in World Bank funds to a $5-million Safe Motherhood Fund to be sponsored by WHO. He foresaw a 50% reduction in maternal mortality within 10 years, at no great cost, since this would mainly involve strengthening existing health care systems.

To improve the living and survival conditions of mothers, it was necessary to improve the living and survival conditions of women in general. In many of Africa's low-income countries, 80% of adult women have never attended school. And while women are responsible for nearly all of the food production, they are the lowest paid (if paid at all). Since they are treated as second-class human beings in all areas — social, political, and cultural — why should their treatment be any different when they go through pregnancy and childbirth? (GSCLS)

This news item appeared on page 1/4 of the February 19, 1987 issue of:

LE MONDE (France)

Les risques de la maternité dans le tiers-monde

Enfanter dans la mort

Chaque année, près de 500 000 femmes du tiers-monde meurent en accouchant. Une conférence sur « la maternité sans risques » vient d'avoir lieu à Nairobi (1). Une action doit être entreprise pour que le nombre de décès au cours de la grossesse ou de l'enfantement soit réduit de moitié avant l'an 2000.

NAIROBI

de notre correspondant

« *Tu enfanteras dans la douleur* », dit Yahvé à Eve après que, dans le jardin d'Eden, elle eut croqué la pommme. Cette citation du livre de la Genèse, M. Halfdan Mahler, directeur général de l'Organisation mondiale de la santé (OMS), s'en est servi pour introduire la conférence sur « la maternité sans risques » et constater qu'« *à notre époque ni la grossesse ni la souffrance ne sont également réparties dans le monde* ».

Et M. Barber Conable, président de la Banque mondiale, de préciser : « *Les femmes des pays pauvres risquent cent fois plus de mourir au cours de leur grossesse que celles des pays industrialisés.* »

N'estime-t'on pas, en effet, que, chaque année, 500 000 femmes meurent de complications de la grossesse ou de l'accouchement dont 6 000 seulement dans les pays riches ?

Circonstance aggravante : le risque pour le nouveau-né de ne pas survivre à sa mère. Au Bangladesh, lorsqu'une femme meurt en donnant naissance à un enfant, la probabilité qu'a celui-ci de mourir avant l'âge de un an est de 95 %...

Comme la plupart des pays où la mortalité maternelle est la plus élevée ne possèdent pas de registres d'état civil à jour, la gravité de ce problème a ainsi, jusqu'à une date récente, échappé à l'attention des gouvernements. Il a donc fallu lancer des enquêtes méticuleuses pour découvrir l'ampleur du drame.

« *La mortalité maternelle est une tragédie que l'on a négligée parce que les victimes sont des pauvres, des paysannes et, surtout, parce que ce sont des femmes* », a remarqué M. Mahler. « *Depuis trop longtemps, les « dos courbés » des femmes du tiers-monde ne sont que trop négligés par les responsables de la planification*, a renchéri M. Conable. *Dans le monde, elles font les deux tiers du travail et ne gagnent qu'un dixième des revenus. Elles sont parmi les plus pauvres d'entre les pauvres.* »

Les femmes du tiers-monde sont, en effet, soumises à toutes les corvées – travail de la terre, ramassage du bois, collecte de l'eau, etc. Elles sont victimes de toutes les discriminations, scolaire et professionnelle, puisque les garçons ont presque toujours le pas sur les filles. On estime que les deux tiers au moins des femmes enceintes dans les pays en développement présentent des signes cliniques d'anémie. Ainsi, des femmes au bassin trop étroit finissent par mourir au cours d'un accouchement difficile. Affaiblies, elles sont plus facilement sujettes à des infections ou à des hémorragies.

La planification familiale est une arme indispensable dans la lutte contre la mortalité maternelle. Or dans les pays en développement, les femmes analphabètes ont deux fois plus d'enfants que les femmes instruites. Ainsi, la grande majorité des avortements illégaux – des millions par an – qui ont pour conséquences des milliers de décès par hémorragie et septicémie, sont imputables à l'ignorance de la contraception. Et que dire des adolescentes déjà mariées à l'âge de treize ans (70 % au Népal et 90 % au Bangladesh).

Comment ne pas compter aussi avec le poids énorme des traditions ? Dans certaines sociétés, l'accouchement est considéré comme impur et « polluant » et la femme en travail doit s'isoler. Dans certaines régions de la Papouasie-Nouvelle-Guinée, le fait que le personnel des postes de santé soit essentiellement masculin dissuade les femmes de lui demander conseil pour des problèmes obstétricaux.

Formation et dépistage

Reste le sous-développement lui-même. Manque de personnel compétent – plus de la moitié des femmes du monde entier accouchent sans l'assistance d'une personne qualifiée – et mauvaise répartition géographique : au Nigéria, dans les années 80, plus de 90 % des deux cents obstétriciens travaillaient à Lagos et dans les chefs-lieux de province. Manque de centres de santé, d'instruments et de médicaments, de moyens de transport aussi. Manque de moyens financiers enfin, car les soins ne sont pas toujours gratuits, qu'il s'agisse d'honoraires ou de... pots-de-vin.

Que faire ? « *Il ne s'agit pas de construire de grands hôpitaux ou de nouvelles écoles de médecine*, a insisté M. Mahler, *mais de former davantage de sages-femmes ou d'accoucheuses traditionnelles, de renforcer le réseau de soins de santé primaires au niveau du district et du sous-district.* » De manière à dépister systématiquement les grossesses. Une telle politique, accompagnée d'une vigoureuse campagne de planification familiale – au Mexique, plus de 40 % des utilisateurs de contraceptifs s'approvisionnent dans des boutiques et non auprès des dispensaires – « *pourrait*, selon le directeur général de l'OMS, *réduire de moitié ou des deux tiers, le nombre des complications pré ou post-natales dont l'issue peut être fatale* ».

« *Ces soins de santé maternelle ne devraient pas coûter plus de 2 dollars par an et par habitant, alors que 9 dollars sont actuellement dépensés en moyenne pour l'ensemble des soins de santé dans les pays à faible revenu* », a indiqué M. Conable. Or, de l'avis des experts, un investissement d'un seul dollar par an et par habitant devrait permettre de réduire la mortalité maternelle d'au moins 25 % en dix ans. A cet égard, le président de la Banque mondiale a proposé la création d'un fonds pour la maternité sans danger de 5 millions de dollars auquel la banque s'est engagée à verser 1 million de dollars.

La conférence de Nairobi a opté pour un « *appel à l'action* » qui sera transmis aux autorités concernées avec l'espoir que son message sera entendu. Que pouvait-on attendre de mieux de pareille réunion si ce n'est qu'elle ouvre les yeux des participants sur le drame de la mortalité maternelle et qu'elle les pousse à agir, « *avec enthousiasme, détermination et imagination* ».

JACQUES DE BARRIN.

(1) Du 10 au 13 février, sous les auspices conjoints de la Banque mondiale, de l'OMS et du Fonds des Nations unies pour les activités en matière de population.

Summary translation of news item appearing in LE MONDE (France) on February 19, 1987

Death in childbirth

At the Safe Motherhood Conference in Nairobi, World Bank President Conable noted that women in poor countries are 100 times more likely to die during pregnancy than those in the developed world. An estimated 500,000 women die each year from complications of pregnancy or childbirth, a mere 6,000 of these in the wealthy countries. An estimated two-thirds of pregnant women in the Third World are anemic, hence highly susceptible to often fatal infection or hemorrhaging during labor. The death of the mother usually means the death of the newborn within a year. According to WHO Director General Mahler, this issue has been neglected because the victims are poor rural dwellers, and above all because they are women.

Family planning is essential to control maternal mortality and prevent illegal abortions. Traditions must also be overcome: in some societies, childbirth is considered dirty and a woman in labor must isolate herself from others. Women are also reluctant to ask male health personnel for advice. Other root causes are the shortage of health centers, equipment, medications and vehicles, patient inability to pay for health services, and uneven geographic distribution of obstetricians

According to Mahler, the solution is not to build huge hospitals or medical schools, but to train more midwives and strengthen local primary health care networks. Such a policy, combined with a vigorous family planning campaign, could reduce by half or more the number of fatal pre- and post-natal complications.

This maternal health care should not cost more than $2 per annum per inhabitant, said Mr. Conable. He proposed a $5-million Safe Motherhood Fund, pledging a $1 million contribution from the Bank. (GSCLS)

This news item appeared on page 14 of the February 20, 1987 issue of:

FRANKFURTER ALLGEMEINE (Germany)

Conable sieht Fortschritte in Afrika

Die Weltbank will mehr Einzelprogramme finanzieren

bb. NAIROBI, 19. Februar. Indirekt könnte die Weltbank sich finanziell engagieren, wenn Sanktionen gegen Südafrika den benachbarten Ländern schadeten. Die Weltbank helfe, wo es notwendig sei, „ohne nach dem Grund der Notwendigkeit zu fragen", sagte der Weltbankpräsident, Barber Conable, in der kenianischen Hauptstadt Nairobi. Er denke an Maßnahmen im Verkehrswesen. Im übrigen aber sei die Weltbank keine politische Institution.

„Wir haben die Kurve genommen", sagte er zur wirtschaftspolitischen Entwicklung in Afrika generell. Immer mehr Regierungen bäten die Weltbank um Anpassungsprogramme und Hilfe bei der Änderung ihrer Wirtschaftspolitik, denn „sie haben gesehen, daß nicht Intervention der Regierung, sondern Wachstum der Schlüssel zu Afrikas Problemen ist". In Afrika gingen heute etwa 20 Prozent der Ausleihungen in makroökonomische Anpassungsprogramme, fast der ganze Rest in die Finanzierung von Einzelprojekten. Er wolle den Anteil der Programmfinanzierung auf 30 Prozent erhöhen. Je Einwohner freilich seien die Ausleihungen der Weltbank an Afrika in den vergangenen Jahren eher zurückgegangen. Darum solle von den 12,4 Milliarden Dollar, die der Weltbank-Tochter Internationale Entwicklungsagentur (Ida) in den nächsten drei Jahren zusätzlich zuflössen, die Hälfte an afrikanische Länder gehen, und davon widerum die Hälfte in Anpassungsprogramme. Zum Unterschied von Lateinamerika gebe die Verschuldung in Afrika übrigens keinen Anlaß zu großer Sorge.

Kenia hat nach Einschätzung des Weltbankpräsidenten bei der Anpassung seiner Wirtschaft große Fortschritte gemacht und habe eine Führungsposition inne. Die Kredite würden gut verwendet, es gebe keine Probleme. Das Land habe einen Stand erreicht, auf dem das größte Wachstumspotential nicht mehr in der Landwirtschaft, sondern im industriellen Bereich liege. Die Weltbank warte nun auf einen Zeitplan der Regierung und weitere Einzelheiten, um mit Verhandlungen über Hilfe in diesem Bereich zu beginnen. Sambia sei in totale Abhängigkeit vom Weltmarktpreis für Kupfer geraten und müsse diversifizieren. Tansania habe eine großes Potential, das noch nicht genutzt werde.

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HARVARD UNIVERSITY
SCHOOL OF PUBLIC HEALTH

LINCOLN C. CHEN
Takemi Professor of
International Health

665 Huntington Avenue,
Boston, Massachusetts 02115
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Feb 15

Tony Measham
World Bank

Tony,

You all made the local paper, Boston Globe!

I'm sure the confernce was a success. See you on the 25th.

Cheers-

Lincoln

World Bank starts 'motherhood' campaign

Washington Post

NAIROBI, Kenya – World Bank president Barber Conable has launched a worldwide "safe motherhood" campaign that he said by the turn of the century will reduce by half the estimated 500,000 women who die each year during pregnancy or childbirth.

Conable's speech Tuesday at a bank-funded international conference here marks a significant shift in the public profile of the World Bank, the largest and most influential lending institution in the developing world.

In the past, the bank's focus has been on lending for large projects, such as irrigation schemes or road construction. Recently, it has focused on so-called "structural adjustment" loans aimed at encouraging free-market economic reform.

"Planners have slighted the growth that comes from the bottom up," Conable said, especially in Africa, where "women produce as much as 80 percent of the food supply but earn little income and own even less property."

Conable pledged $1 million for a Safe Motherhood Fund.

BY POUCH

THE WORLD BANK
RESIDENT MISSION IN BANGLADESH

ROUTING SLIP	**Date** February 17, 1987

NAME	**ROOM NO.**
Mr. Anthony R. Measham	N-440
PHNDR	
The World Bank	
Washington, D.C.	
USA	

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REMARKS

The paper clippings on "safe Motherhood" are attached.

Regards.

From Nurul Islam, RMB

Safe motherhood

Call for effective action - I

Address of Mr. Barber B Conable, President, The World Bank and International Finance Corporation to the Safe Motherhood Conference at Nairobi in Kenya on February 10, 1987.

SOMETIMES we forget that developmemnt is the work of wo men as well as men.

We meet today to reaffirm that simple truth and to act on it.

The Safe Motherhood Conference recognizes a reality so basic that it has been easy to overlook. We have come together to remedy that oversight.

But we are not here just to publicize a problem. We are here to attack it, to save lives and to build better ones.

Thanks to the vision and hospitality of our host, the Government of Kenya, we can put our shared resources of knowledge and experience to the service of women's health.

Thanks to the support of the World Health Organization, the United Nations Fund for Population Activities, the U N. Development Program and all the other donors, we can make this Conference the beginning of a new commitment to common decency and common sense.

Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children. And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

All over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development.

It is appropriate that we acknowledge this truth in Africa. For somewhere on this continent, sometime between 140,000 and 280,000 years ago, some biologists believe there lived a woman whom they call Eve and see as a common ancestor of all humanity. If so, her chromosomes are the shared inheritance of everyone living today.

They link us each to one another. They make us not just "riders on the earth together, brothers on that bright loveliness in the eternal cold," but brothers and sisters with a single family history and a single destiny. We can take charge of that destiny. We can take steps today to ensure that millions of women live to see tomorrow and live to make their families' futures and their nations' futures more secure.

The first step is toward better health for childbearing women, a life-saving step toward safe motherhood, a life-giving step toward sustained human development.

We all know the statistics ; almost half a million maternal deaths a year in the developing world, 80 per cent of them in South Asia and sub-Saharan Africa, Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face.

They begin childbearing much earlier, and later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength in progress.

Those findings can be our guides to action. Those statistics must prompt us to act. For statistics, an English physician has said, only represent people with the tears wiped off. Let us look, dry-eyed, at the people behind the numbers.

The women of the Third World are the poorest of the poor, but their work can make the difference between poverty and hope.

It is their backs that are bent in the fields to till and plant, to weed and fertilize and harvest.

Their backs are bent at the well to draw water and to carry it home.

Their backs are bent under loads of fuelwood and the weight of young children.

Their backs are bent over cookfires and looms and market stalls and sickbeds.

For too long, those bent backs have been too little visible to those who plan development in terms of macroeconomic policy of roads and power lines, of schools and hospitals, of factories and ports and irrigation projects.

We have assumed that the benefits of these programs would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven. Macroeconomic planners have slighted the growth that comes from the bottom up.

In developing nations—but not in those nations, alone—too many women are at the bottom. Their arms hold the family together. Their hands build the foundation of stable, growing communities.

But development efforts have not lent enough strength to those arms, have not entrusted enough resources to those hands. And, along with women, development itself has suffered. To sustain itself, development must help women up.

It already has. Only not far enough or fast enough. At the end of the United Nations Decade for Women, the World Conference here in Nairobi recorded satisfying advances. But those, like my wife, who attended that meeting, left it conscious of how much remains to be done to equip women to participate effectively in development and share in its rewards.

Female enrollment in school has quadrupled since 1950, but in the developing nations, six out of every ten school-age girls are still at home, not in class.

Female literacy has roughly doubled since 1960, but where more than two-thirds of the men in developing nations are now readers and writers, only half the women have the same skills. And in many of the poorest nations, 80 percent of the women over 25 have no schooling at all.

It is in those regions, as well, that women do the hardest work for the least pay. Often, for no pay.

While women all over the world have made significant gains in the job market—both in absolute and qualitative terms—farm and village women in the Third World and the urban poor remain overworked and underrewarded. In Africa, women produce as much as 80 percent of the food supply but earn little income and own even less property.

When, as in Bangladesh, credit for small business or agriculture is available to women, they have shown themselves to the excellent risks, with better repayment rates than men. Where, as here in Kenya, they can get agricultural extension services, such women have readily adopted improved farming methods.

But the resources they have to invest—in seed, livestock, tools and household technology, for example—are so minimal that women's productivity remains low. Their earnings may be enough to make the difference between starvation and subsistence, but not to pay the passage from disadvantage to opportunty.

Sustained development must bridge that gap. It must not only create opportunity, but expand access to it.

We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts on their behalf have been uncertain. Frequently we have not even consulted them or included them in development planning. This makes it difficult to focus on the opportunities and the obstacles women face, to enhance women's productivity and thus improve the quality of life for entire families.

The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women. Through the Bank's advisory, lending and research efforts, we will place far more emphasis on the role of women in development. In cooperation with our member countries, we will make that emphasis operational.

(To be Continued)

DAILY NEWS BANGLADESH
(February 14, 1987)

Safe Motherhood

Call for effective action-II

Barber B. Conable

LET me mention a few specific steps the bank will undertake.

o We will prepare action plans on women in development for our lending programs in selected countries, so that our agricultural, industrial, educational and health programs promote women's progress along with other development goals.

o We will emqhasise issues affecting women in our dialogues with member countries.

o We will encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond.

o We will develop program initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.

o We will help promote both formal and informal education for women and girls.

o And we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $500 million per year, about twice our level in 1984/85.

Women's health is basic to women's advance in all fields of endeavor. And as a mother's health is the bulwark of her family, it is tbe foundation of community and social progress. Working for safe motherhood, we will be working for steady development on all fronts.

Maternal health care—improved nutrition, early warning of likely difficulties in pregnancy, more effective help during childbirth and improved family planning—is an investment in development. It is an affordable and productive investmeat.

A low-cost system that provides basic health care in communities and timely transportation to more advanced medical help at regional health centers can save thousands of mothers and children. We know that such measures can succeed, particularly in conjunction with other development programs to improve women's incomes, food supplies and education.

A few hundred miles from my birthplace, a privileged young American woman set out some 50 years ago to bring health to the impoverished, isolated mothers of backwoods eastern Kentucky. In 1925 Mary Breckinridge, who had lost a child of her own at birth, founded the Frontier Nursing Service, sending midwives on horseback over the hilly trails of one of America's poorest regions.

The problems she faced would be familiar to most mothers and to most medical personnel who treat them in developing nations: women too young and too old to have children safely, too poorly fed, too far from hospitals, too vital to the support of their families to die in childbirth. The Frontier Nursing Service faced all those challenges and overcame them.

After 58 years and 20,000 births with only 11 maternal deaths, its success also included the counseling that helped cut the area's birth rate dramatically. "The glorious thing about it," Mrs. Breckinridge wrote, "is that it has worked."

Imaginative health care can also work in the Third World. The World Bank believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach:

First, stronger community based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition.

Second, stronger referral facilities—a few hospitals and health centers to act as a back-up network for complicated deliveries and obstetrical emergencies.

Third, an "alarm" and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunization and child care. We can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths in childbirth and the number of unwanted pregnancies.

We can, in short, be life-savers, economically and effectively. But development is also a life-giving enterprise, and our maternal health programs must enrich the quality of life, as well as prolong it.

Safe motherhood initiatives should be a means and a spur to the education that fits women to earn an income and improve family well-being-education in work skills, education in nutrition, education in timing and spacing pregnancies, education in family health care. These efforts should express and reinforce the involvement of women in community self-help associations.

Example and instruction can come from outside—from local and national leaders, from women's groups and civic organizations, from the news media, schools and universities, even from the theater. But the effort that poor women make themselves to take charge of their productive and reproductive lives is what will matter the most.

Throughout the developing world, women aspire to become full partners with men in creating strong and productive societies. Development programs must help realise this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater dignity and productivity for women, thus fostering sensible decisions about child-bearing and health care

See Col. 1

Call for effective action-II Continued

From Col. 6

and guaranteeing that the next ganeration will be a happier, healthier one.

Unhappily, the reverse is also true. Families where mothers die in childbirth are families that disintegrate. Communities where women are treated as expendable are communities that waste vital resources. Families, communities and nations that help provide for women's health are providing wisely for their own future.

Almost 200 years ago, the great English philosopher and reformer, Mary Wollstonecraft, wrote that "progress in human virtue and improvement in knowledge" depended on women being "more rationally educated." Mary Wollstonecraft, who died in childbirth, would agree that rational education for women begins with the knowledge that gives mothers the strenght to bear children safely and to nurture them in hope.

The World Bank wants to help spread that knowledge and the resources to put it to work. That knowledge its dissemination and application—is our new investment in the strength and progress of women.

Mr. President, allow me to conclude my remarks as I began.

Development is women's work.

Like women's work, it is never done.

This conference, indeed, is just a beginning of our work for Safe Motherhood. It must stimulate not just thought and rhetoric, but effective action.

The World Bank has presented a program for action. In addition, we plan to help establish a Safe Motherhood Fund under the management of the World Health Organisation to undertake operational research that will support the development of country programs and projects in the maternal health field. We plan a contribution of $1 million toward the proposed three-year budget of $5 million.

We believe that through the Joint efforts of the developing countries, the Bank, other donors, nongovernmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000.

We believe that this initiative will advance the health, the dignity and the productivity of women in the developing world and the coming generations that depend on them. We urge you to join in this campaign to save lives...to offer hope.

The goal is modest. We can reach it. Together, let us begin. (Concluded)

DAILY NEWS BANGLADESH
(February 15, 1987)

Steps for safe motherhood in LDCs iterated

NAIROBI, Feb 14 (AFP) : The first ever international conference on safe motherhood ended here Friday with the adoption of a "call to action" document detailing efforts to be undertaken to reduce the number of Third World women dying from childbirth or from complications during pregnancy.

The four-day conference was sponsored by the World Bank, the World Health Organisation (WHO), the United Nations Development Programme (UNDP), the U.N. Family Planning Association (UNFPA) and several other foundations.

Child bearing is now estimated to kill around 500,000 women each year in the developing countries.

For the thousands of women who die in pregnancy and childbirth. millions more are permanently disabled, while many are ostracized by their families and communities, the document said.

It called for action to be taken to generate the political commitment to realalocate resources to implement the available strategies that could reduce maternal mortality by an estimated 50 per cent in one decade.

It also called for the mobilisation and involvement of the community, particularly women themselves, in planning and implementing policies, programmes and projects so that their needs and preferences are explicitly taken into account.

"The most important contribution to this safe motherhood initiative will be to call attention to the problems related to it and to create an awarness that something can, should indeed must be done, starting with the commitment of head of state and governments the call the action document pointed out.

In his key address to the conference on Tuesday, World Bank President Barber Conable announced a series of measures to be undertaken by the World Bank "to reduce by half the current number of women who die in pregnancy by the year 2000'i

The included doubling World Bank lending for population, health and nutrition activities over the next three years by 1990, the bank will be spending about 500 million dollars a year to aid projects in 50 countries, he said.

He also called for a five-million-dollar safe motherhood fund for research, to be managed by the WHO of which the World Bank contributions to the fund.

The conference was attended by representatives of more than 30 countries and officials of many international organistions.

THE NEW NATION BANGLADESH
(February 16, 1987)

Bangladesh

MATERNAL MORTALITY

Eve's travails following her inquisitiveness and subsequent sojourn into this earth are known to most of mankind. What is denied due attention is the fact that curiosity and knowledge which are believed by many to be the rationale behind the loss of paradise by humankind also hold the key to regaining it mystifying though it may sound. "Thou shalt bear children in sorrow" –it was said to Eve during the beginning of human life on earth, goes the Biblical record and ever since she has been doomed to labour for prolongation of the species. But medical science has been able to take away much of the pain and risk of child-bearing in advanced countries while pregnancy in the backward countries continues to pose a high risk of fatality.

Statistics revealed at the recent conference on. Save Motherhood held in Nairobi under the joint auspices of the World Bank, the World Health Organisation and the United Nations Fund for Population Activities go to establish the unpleasant fact that pregnant women in developing and underdeveloped countries are a hundred times more at risk of death than those in advanced countries. In developing countries there are 50 to 800 deaths for 1 lakh live births while the figure ranges from only 5 to 30 in advanced countries. Out of an estimated 5 lakh maternal deaths in the world each year only 6 thousand fall to the share of the developed world.

These figures are enough to establish that knowledge, economic well-being and primary health care can act as effective safeguards against the risk of death of conceiving women. On the other hand, poverty, ignorance and inadequate primary health care account for most of the deaths during pregnancy and child birth. In a developing country like ours pregnant women are often found to suffer from anaemia and oedema. Insufficient blood haemoglobin and passing of albumen in urine are common indicators of the risk of death at child birth due mostly to bleeding oneself white. ecalempsia and tetanus. Timely test of blood and urine and administration of necessary curative medicines along with other nutrients may save most of the high-risk expectant mothers. But this much of care is still a far cry in our socio-economic situation.

This brings us to the problem of poverty and ignorance which lie at the basis of many of our ailments—physical and otherwise, But a problem like maternal mortality may not have to wait till the achievement of economic self-sufficiency or hundred per cent literacy. Some knowledge of the 'do's and don't's' during pregnancy and gearing up our primary health care programmes including the population control one a little can go a great distance in eliminating much of the risk of maternal deaths. Our country has won U. N. recognition for success in the drive for population control the growth rate having been brought down to 2.4 per cent this year from the 3.2 per cent of 1982. This is an encouraging piece of news no doubt. But it remains to be seen that population control programme which is vitally linked with primary health care comes to the aid of fertile women, Unregulated fertility and frequent child births are two of the major causes of death of pregnant women here. The health assistants and population control personnel who are found to visit most of the homes as a matter of routine can render valuable service both against unwarranted conception and death at child birth.

THE WORLD BANK BY POUCH
RESIDENT MISSION IN BANGLADESH

ROUTING SLIP	Date February 26, 1987

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PHNDR	
The World Bank	
Washington, D.C.	
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REMARKS

The paper clippings on "Safe Motherhood" are attached.

Regards.

From Nurul Islam, RMB

Safe Motherhood

The decade of Health for all has, paradoxically, turned out to be one more for men than women. The latter's case for health care, education and other socio-economic benefits and rights goes by the wayside. Needless to say, this is almost wholly a third world phenomenon. A greater sense of democracy and of women's rights, among numerous other advantages such as those of education, information, communication and state-provided health service facilities, has reduced to the minimum the rate of maternal mortality during pregnancy or from childbirth in most developed countries. In the United States, for instance, a maternal mortality rate of 56.8 deaths in 1936 has been reduced to 3.6 per 10,000 live births. In some of its states it has come down to 1.3.

Against this western background of 50 to over 800 deaths for 100,000 live births the collosal death rate in developing societies is a chilling contrast. An estimated 5,00,000 women die each year from causes related to pregnancy and childbirth, and only about 6,000 (six thousand) of these are in the developed world. This leaves the third world, with an appalling toll of 4,94,000 deaths in childbirth.

For Afro-Asian third world societies the probiem is basically one of poverty and of malnutrition generally, and for childbearing mothers in particular. Among other problems accounting for a higher rate of maternal mortality is illiteracy, specially among rural women, and ignorance of even elementary health rules. Against such a lethal combination of circumstances the wonder is that there are safe deliveries at all. The safety is therefore more an exception. Compared with this an English or American mother with child receives the best possible prenatal care provided by Public Health Service in her country. Nothing is left to chance as happens in our part of the world. According to the U.S. Children's Bureau reports (1960) 96% per cent of births were attended by physicians in hospitals, 1.5 per cent by physicians in the home, 2.5 per cent by midwives and other unprofessional attendants. By now maternal morbidity and mortality is as good as wholly controlled. Which shows that pregnancy problems and child-birth deaths are among the most avoidable calamities. Our public or private health care seems criminally innocent of its obligations to so many so direly in need of health services. Family planning, while it is matter of control of births, must take as seriously the health and safety of mothers.

It is worth noting that pregnancy brings on tremendous change in the metabolism of the mother. Her need for energy derivable from nutrients like carbohydrates, fats, proteins, vitamins and minerals almost trebles. But living below the poverty line few, if any, in the poor countries can afford even a fraction of the needed calories. There is a positive correlation between the mother's diet during pregnancy and her health and the health of her new baby. No wonder, with a nutrition deficiency of the above rate, infant mortality and maternal mortality go hand in hand—apart from stillbirths, and premature births as well as the incidence of toximias and other serious pregnancy complications.

The greater pity is that even organisations like WHO or U.N. Fund for Population Activities (UNFPA) and World Bank have only lately risen to this menace ravaging Africa and South Asia. And the piece of good news is that the World Bank has launched a major international strategy to reduce by half the number of women's deaths within ten years. Under this programme the World Bank, by 1990, will be directly assisting projects in 50 countries with an annual expenditure of up to $ 50 million. This was revealed at a global conference on 'Save Motherhood' held in Nairobi early this month. If, as stated, it includes stronger community-based health care, more hospitals and health centres dealing with obstetric emergencies and an 'alarm' and transport system for pregnant women, quite something will have been done to provide relief where it has been long overdue. But, most important, the same institutions will have to see to it that the funds so deployed are used so as to achieve the results aimed at. This caution is necessary in view of the record (not always known) of waste of such funds in most of the developing world.

THE DAILY NEWS
(February 26, 1987)

Population stabilisation 'survival issue' for Bangladesh

Jeremy Hamand

DHAKA : Bangladesh's rapid population growth rate is the country's "worst enemy," President Hussain Muhammad Ershad said at a Press conference in December. Speaking to an international group of journalists who were on a study tour sponsored by the Washington-based Population Institute. President Ershad said he tells his ministers to try to convince people of this at every opportunity.

"If we cannot keep our population growth under control, we will not survive as a nation. It must come from every minister, every government official, so that people hear it every day, and get motivated," he added.

Bangladesh's present population of around 100 million is growing at over 2.5 per cent per year. The Government has an ambitious target of reducing fertility to replacement level by the end of the century. In this case, Bangladesh would enter the next century with a population of 130 million. If the present high fertility continued the country could have an additional 30 million people in 2000. To achieve population stabilisation "is a question of survival for Bangladesh", said the President.

Bangladesh failed to meet an earlier target of reducing the birth rate to 31.6 by 1985, and postponed its target of replacement fertility by 1990 to 10 years later. But as an example of the progress being made, President Ershad said that if a man in a Bangladesh village was asked how many children he had, he would feel embarrassed if he had to admit to having more than two. "Having more than two children has come to be seen as a crime. That awareness is a great achievement for us, in a society so backward and a society which suffers from religious troubles."

Asked whether Islamic fundamentalism was likely to have an effect on the family planning programme in a country where 90 per cent of the population are Muslims, the President replied that Bangladeshis were "basically very liberal Muslims". He admitted that there might be some opposition from the mullahs in some quarters; but the Government has introduced courses for religious teachers on population issues and family planning.

"We tell them: 'Let us survive first, then religion will come". At a recent seminar on 'Family Welfare in Islam' organised by the Bangladesh Family Planning Association, the country's Vice-President and Minister for Law and Justice Judge Nurul Islam, called on Muslim religious leaders to promote family planning, and an Islamic research centre has recently been opened to conduct research into the role of Islam in promoting family planning.

Obstacles

The President admitted that the low literacy rate, especially of women, and the low standard of living were obstacles impeding the wider acceptance of family planning. But he was encouraged by the greater numbers of women now working in paid employment outside the home in factories and offices. He said his Government was committed to combatting the social oppression under which so many Bangladeshi women still suffered. Laws had been enacted to abolish the dowry system and to punish jilted men who assaulted their former fiancees. The quota of women employed in government service had been raised from 10 to 15 per cent, although in some sectors, such as family planning and primary schoolteaching, it was already much higher.

President Ershad took the journalists to his operations room, where family planning targets and statistics were displayed alongside trade and budget figures. "If targets are not met, I always ask for an explanation", said the President who in November had shown his political confidence by lifting the martial law restrictions which had been in force since he came to power in 1982.

High infant mortality was another impediment to family planning acceptance. The Minister for Health and Family Planning, Mr. Salahuddin Quader Chowdhury, told the visiting journalists that 850,000 children died in Bangladesh every year—250,000 from identifiable diseases, and the rest from diarrhoea, chest complaints, and similar treatable illnesses. Infant mortality in 1985 was 125 per 1,000, and the Government aims to reduce it to 100 by the end of the decade.

"It is a delicate tightrope walk to conduct family planning in a country such as ours", said Minister Chowdhury, answering a question on accusations of coercion in the sterilisation programme made a year ago. "The history of Bangladesh shows that Bengalis are resistant to all coercion. No government would last 24 hours if it sanctioned coercive sterilisation—it is just not on", he said. The concept of voluntarism was a vital part of the family planning programme.

Under government regulations, female sterilisation acceptors are paid Taka 175 (about $ 5) to help defray the costs of loss of earnings and transport. Most women bring their youngest child and a relative with them when they come for the minilaparotomy operation.

The contraceptive prevalence rate in Bangladesh is now around 30 per cent. Of these accceptors about 10 per cent are sterilised, as against over 30 per cent in some states of India, 28 per cent in South Korea, 25 per cent in China and 40 per cent in the United States.

—People News/Features

DAILY NEWS Bangkok
(FEBRUARY 1, 1987)

World conference on Safe Motherhood

WASHINGTON: Each year about 500,000 women die from causes related to childbearing. Sixty percent of these deaths occur in South Asia and 30 percent in sub-Saharan Africa. Maternal mortality is the leading cause of death amongyoung women in many developing countries, and illness and death from childbearing afflict poor women and their families disproportionately.

Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood which will be hosted by the Government of Kenya, in Nairobi on February 10-13. World Bank President Barber B. Conable, WHO Director-General Dr. Halfdan Mahler, UNFPA Executive Director Rafel M. Sales, and United Nations Development Programme Administrator Willim Draper III will deliver major addresses. The President of Kenya, Daniel arap Moi, will welcome the conference participants at the opening session.

The Safe Motherhood conference is aimed at drawing the attention of goverenments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world: devising strategies to improve women's health : and launching effective and affordable programs. Minister and officials from 50 developing countries and leaders in the development field will participate in the conference.

Women in development and health issues are receiving greater emphasis in the World Banks Development Programs. Mr. Conable, in his first address to the Joint Annual Meetings of the Boards of Governors of the World Bank and the International Monetary Fund in Washington last October, said that "women do two-thirds of the world's work. Their work produces 60 to 80 percent of Africa's and Asia's food, 40 percent of Latin America's. Yet they earn only one-tenth of the world's income and own less than one percent of the world's property. They are among the poorest of the world's poor." He urged that greater efforts be made to open up development opportunities to women, to equip them to respond, and to enable them to share in the progress achieved. As part of this effort, he emphasized "we must provide training to give women the skills to determine their productive and reproductive lives."

—World Bank News

This news item appeared on page of the February 8, 1987 issue of:

EXPRESSEN (Sweden)

En jumbojet med kvinnor kraschar var fjärde timme . .

■■ Tänk att en fullsatt jumbojet kraschar var fjärde timme, dygnet om, året runt. Tänk vidare att alla passagerare ombord är kvinnor som är gravida eller just har fått barn.

Så många kvinnor — en halv miljon om året — dör runt om i världen på grund av sjukdomar och ohälsa i samband med graviditeter och förlossningar.

Oftast är de täta graviditeterna och den vacklande hälsan hos undernärda mammor den dominerande dödsorsaken bland u-landskvinnor i fertil ålder. Värst är det i Västafrika och Sydasien. Mödradödligheten, mätt som antal döda kvinnor per 100 000 levande födda barn, ligger i de svårast drabbade områdena mellan 600 och 1 000. Motsvarande siffra för Sverige är 4.

■■ Om detta — det (o)säkra mödraskapet — arrangerar Världsbanken, Världshälsoorganisationen (WHO) och FN:s befolkningsfond en konferens i Nairobi nu på tisdag.

Syftet är att fokusera världens intresse på den hittills glömda, felande länken i utvecklingsarbetet: kvinnors hälsa och mödrarnas situation i den tredje världens länder.

Under mottot "Hälsa för alla år 2000" har en större andel av resurserna slussats till hälso- och sjukvård. På tjugo år har också den förväntade livslängden i de fattigaste länderna stigit från 43 till 52 år. Insatser har gjorts för barnen. Med tämligen enkla och billiga medel har man nu också börjat nå imponerande framgångar i kampen mot bl a uttorkning och spädbarnsdöd.

För kvinnorna — och mot mödradödligheten — har emellertid inte mycket hänt. Situationen i många u-länder är i dag densamma som för två decennier sedan. Kvinnor kommer i sista hand: de rankas lägst bland de lägsta, de är de fattigaste bland fattiga.

■■ Kvinnorna står för mellan 60 och 80 procent av Afrikas och Asiens hela matproduktion. Världens kvinnor utför två tredjedelar av allt arbete. Men de tjänar bara en tiondel av de samlade inkomsterna, och de äger mindre än en hundradel av de samlade förmögenheterna.

Kvinnornas oerhörda betydelse för u-ländernas ekonomier, deras nyckelroll i olika biståndsprojekt har länge negligerats — av givarländer liksom av mottagarländer.

Ändå är det ofta modern som drar det tyngsta lasset: det är hon som odlar jorden, som sliter hårdast för att familjen skall få mat. Samtidigt är det hon som får minst att äta och som drabbas hårdast av undernäring och sjukdomar; när det är ont om mat och pengar går det lilla som finns till männen och sönerna.

■■ En hög mödradödlighet är naturligtvis — liksom spädbarnsdödligheten, undernäringen och en låg förväntad livslängd — ytterst en fråga om landets ekonomiska resurser och utvecklingsstadium. Men det innebär för den skull inte att inget kan göras. Sri Lanka har till exempel samma låga BNP som Pakistan. På Sri Lanka är dock den kvinnliga utbildningsnivån högre, och där är mödradödligheten bara en femtedel så hög som i Pakistan.

Det handlar därför inte bara om en allmänt utbredd fattigdom, utan även om kvinnans villkor och ställning; om attityder och om vilken prioritet man lägger på mödrarnas utbildning, näringsstandard och hälsa.

Ju lägre status kvinnan har i ett samhälle, desto viktigare tycks hon dock vara för familjens försörjning. Ju fattigare områden, desto vanligare är det också att hon ensam har hela familjeansvaret.

Kampen för kvinnors hälsa och för deras överlevnad blir därmed även en kamp för barnens hälsa och möjligheter. Faller modern ifrån finns det sällan någon som kan ta över. I Bangladesh ges ett barn som förlorat sin mor bara 5 procents chans att överleva det närmsta året.

■■ Risken att dö i sjukdomar i samband med graviditeter hänger dels samman med ålder och ökar dels med antalet graviditeter. Fertiliteten kan också vara mycket hög; den kenyanska kvinnan föder i snitt 8 barn, den svenska bara 1,6.

Varje år utförs dessutom 25 miljoner illegala eller primitiva aborter med strumpstickor och vassa föremål, av okunnig personal eller av desperata kvinnor själva. 200 000 kvinnor dör av följderna, många fler lemlästas och skadas för livet.

Större insatser kan därför även göras, med en effektivare familjeplanering. Med stöd och information om hur man kan förebygga oönskade graviditeter skulle, räknar man, mödradödligheten i vissa fall kunna sänkas med upp till 40 procent.

■■ Världsbankens budskap, framfört i en rapport av Barbara Herz, är dock inte enbart dystert. Mycket kan göras, också med begränsade medel.

Visst satsas det redan i dag på en del håll relativt mycket pengar på vården. Men inte sällan har det handlat om stora och högteknologiska sjukhusanläggningar i städerna, för den privilegierade och politiskt inflytelserika stadsbefolkningen.

Alternativet här heter i stället lokal och förebyggande sjuk- och hälsovård, bättre kommunikationer och bättre larmsystem. Det är i byarna och på landsbygden som varje investerad krona gör mest nytta.

Världsbanken skissar i sitt program till Nairobikonferensen också på en konkretare plan för att minska mödradödligheten. Om man satsar två dollar per invånare och år skulle, beräknar man, mödradödligheten kunna sänkas med hälften inom tio år. På sikt skulle man därmed även kunna bryta fattigdomsspiralen och lägga grunden för mer produktiva ekonomier genom friskare kvinnor och färre, men starkare, barn att försörja.

■■ Situationen i u-länderna liknar i mångt och mycket den vi hade i våra länder för hundrahundrafemti år sedan. Den stora skillnaden i dag är dock att vi nu har medel och kunskap att sänka mödradödligheten: genom information om hygien, genom antibiotika och medicinska hjälpmedel, genom riskvärdering och familjeplanering, genom förebyggande mödravård.

Kvinnor har dött i barnsäng i långliga tider. Kanske är det därför som så litet har gjorts för u-ländernas kvinnor.

Nyheten är inte att kvinnor dör i samband med graviditeter utan att det egentligen inte alls behöver ske — om vi bestämmer oss för att förhindra det.

EXPRESSEN 8th FEBRUARY, 1987

A jumbojet with women crashes every four hour.....

Imagine that a jumbojet crashes every four hour all the year round and that all the passengers aboard are pregnant women or women who have just given birth.

This is the number of women, half a million a year, who die around the world in illnesses in connection with pregnancy and confinement. The predominant reasons for deaths among women of fertile age are too many pregnancies, poor health and undernourishment. The most affected areas are West Africa and Southern Asia where mortality rates are between 600-1000 per 100 000 women, in Sweden 4 per 100 000.

The World Bank together with WHO arranges a Conference in Nairobi Tuesday 10th February about Safe Motherhood. The aim of the Conference is to focus interest of the world on the forgotten link in Development Aid: women's health and mothers' situation in the Third World. Under the motto "HEALTH FOR ALL YEAR 2000" has more resources been given to healthcare. During the last 20 years life expectancy in the poorest countries has increased from 43 to 52 years. With fairly simple and inexpensive methods advances have been made in the fight against dehyderation and infant mortality.

For women - and maternal mortality - very little has been done. The situation in many Developing countries is the same today as it was 20 years ago. The women come last: they are the lowest of the low and the poorest of the poor.

Women stand for 60 - 80% of food production in Africa and Asia, they carry out 2/3 of the world's work but earn only 1/10 of the collected income and they own less than 1/100 of the world's resources. Women's importance for the economy has been neglected for a long time both by aidgiving and receiving countries. But in the Third World it is the women who carry the heaviest load for the family, she grows the food but during hard times she is the one who suffers of under-nourishment, husbands and sons eat first she gets what is left. A high deathrate, infant mortality and malnutrition are depending on the economy, but even with bad economy something can be done, for instance Sri Lanka and Pakistan have the same GNP but in Sri Lanka educational standard for women is fairly high and deathrate during pregnancy is 1/5 as that of Pakistan.

It is therefore not only the poverty that counts but the attitude towards women and what priority is given to education and health for women. The lower the status the woman has the more important does she seem to be for the family's support and she is often the sole supporter of her family. To improve the health of the women is to improve the prospect of the children. A child in Bangladesh is given 5% chance to survive if the mother dies.

The risk to die during pregnancy increases with age and number of pregnancies. The fertility can be very high, the Kenyan woman gives birth to avarage 8 children, the Swedish 1,6. 200 000 women die each year due to primitive and illegal abortions, an even greater number are damaged for life.

Family planning is therefore very important and it is estimated that the death rate could be reduced with 40% with an effective family planning.

But the message presented by Barbara Herz of the World Bank is not completely gloomy. Much can be done even with limited resources. In some places big sums of money have been invested in high technology hospital for the priviledged in cities, the alternative is instead primary health care, prenatal care and better communications. It is in the villages in the rural areas where each dollar invested will come to good use.

The World Bank is outlining a concrete plan to reduce mortality rate amongst women. If a government invest 2 dollars per capita a year, it is estimated that the mortality rate could be reduced by 50% within 10 years.

The situation in the Developing countries can be compared to situation in the West 150 years ago.

Women have died in childbirth from time immemorial, maybe that is the reason so little has been done for women in Developing countries. The news is not that women die in connection with pregnancy but that it does not need to happen - if we make up our minds to prevent it.

BARSEL-DØD RAMMER 500 000 KVINNER

En halv million kvinner dør årlig etter komplikasjoner i forbindelse med svangerskap og fødsel. 99 prosent av dem, eller 455 000, er kvinner fra u-land.

Av KRISTIN EGGEN

Å redusere dette tallet med halvparten ville ikke koste mer enn to dollar, eller 14 kroner pr hode, heter det i en rapport fra Verdensbanken og Verdens helseorganisasjon.

— Det er blitt vist en stor og positiv interesse for sultproblemet i Afrika den siste tida. Det faktum at komplikasjoner i forbindelse med svangerskap og fødsel er den fremste dødsårsaken blant kvinner i u-land, har dessverre ikke fått like mye oppmerksomhet, heter det i rapporten.

En kvinnes generelle helse er avgjørende for om hun skal kunne føre fram et sunt og sterkt barn, og for at hun selv skal klare påkjenningene ved graviditet og fødsel. I områder der helsetjenesten er lite utviklet, og der fattigdom og undernæring gjør at kvinnene er generelt svake, gir dette seg utslag i dramatisk høye tall på kvinner som døde i barselseng.

Dårlig kontroll

I Afrika dør 640 av 100 000 kvinner under graviditet og fødsel. Til sammenlikning er dette tallet bare 20 pr 100 000 i Europa og i USA. Bare 34 prosent av kvinnene i Afrika får jevnlig helsekontroll under graviditeten, mens tallet stiger til 100 prosent for Vest-Europa og Nord-Amerika.

Blødninger

Blødninger og infeksjoner før, under og etter fødselen kan være livstruende om man ikke får øyeblikkelig hjelp. I avsidesliggende landsbyer er det ofte så godt som umulig å få kvinnene til helsepersonell i tide, heter det i rapporten.

En annen faktor er at fødende kvinner i u-land ofte er unge, veldig unge. Får man barn det første året etter første menstruasjon, er man ikke utvokst selv, og fødselsveiene kan være for trange i forhold til babyenes hode. Dermed risikerer man skader som istykkerriving av vevet mellom livmor og urinblære, noe som kan føre til alvorlige infeksjoner, eller man får uforholdsmessig sterke blødninger.

Omskjæring

Dette gjelder også i de tilfellene der kvinnen er omskåret. Ved omskjæring blir vevet i kjønnsorganene skadd og lite elastisk, og risikoen for livsfarlig blodtap blir mye større enn ved en vanlig, sunn fødsel.

I rapporten heter det at selv om dette er dramatiske forhold, så stiller man seg optimistisk til mulighetene for løsning. Erfaringene fra Europa og Nord-Amerika viser at det er mulig å redusere antall barseldødsfall til det nesten ikke-eksisterende.

Man ønsker særlig å satse på opplæring av de tradisjonelle jordmødrene på landsbygda. Disse er ofte den eneste form for hjelp kvinnene har tilgang til under graviditeten og fødselen.

Man diskuterer også muligheten av å opprette såkalte «mødrestasjoner», bemannet med kvalifisert helsepersonell. Der kunne mødre med spesielle risikofaktorer kunne tilbringe tida før og etter fødselen. Dette har vist seg vellykket de steder man har prøvd det, for eksempel på Sri Lanka.

Rapporten advarer mot å se kvinners død i forbindelse med fødsler som noe isolert problem.

Om lag en halv million kvinner dør årlig som følge av komplikasjoner i forbindelse med svangerskap og fødsel. 99 prosent av dem bor i utviklingsland. (Foto: NTB/AP)

Dagbladet, Oslo
6 February

Childbed-death Hits 500,000 Women

Lead: Each year half a million women die of complications related to pregnancy and birth. 99 per cent of them, i.e. 455,000, are women in developing countries

Subheadings: Insufficient control

Bleedings

Circumcision

Article deals with the main parts of the World Bank/WHO report

Halv miljon kvinnor dör i barnsäng

Av GUNILLA TENGVALL

Varje år dör en halv miljon kvinnor i barnsäng. Det är en kvinna i minuten. 90 procent av dödsfallen inträffar i tredje världen. I dag inleder Världsbanken, Världshälsoorganisationen och FN:s familjeplaneringsfond en konferens i Nairobi tillsammans med hälsoministrar från de berörda länderna.

Problemet är inte nytt. Men kvinnornas för tidiga död är förutom excesser i mänskligt lidande också ett ekonomiskt problem i hårt ansträngda länder. Kvinnorna sköter traditionellt merparten av jordbruksarbetet i tredje världen.

Enligt världsbankens rapport inför Nairobi-mötet utför kvinnorna "två tredjedelar av världens arbete. Deras arbete producerar 60-80 procent av Afrikas och Asiens mat, 40 procent av Latin-Amerikas. Ändå tjänar de bara en tiondel av inkomsterna och äger mindre än en tiondel av världens egendom."

Nu tänker världsbanken fördubbla lanen till hälso- och närings-projekt, säger Barbara Herz, bankens rådgivare när det gäller utvecklingsprogram för kvinnor i tredje världen:

– 1985-86 satsade vi 250 miljoner dollar. 1990 ska vi vara uppe i 500 miljoner och vara verksamma i 50 länder.

Känslig fråga

- Intresset är störst från de afrikanska regeringarna i stater söder om Sahara, säger Barbara Herz. Där är kvinnorna mer synliga än i t ex Asien. Kanske är det därför.

Är kvinnlig omskärelse (av religiösa skäl i vissa afrikanska stater) en stark bidragande orsak till att kvinnor dör i barnsäng?

– Ja, det är det. Omskärelsen gör risken för komplikationer vid förlossningen större. Men frågan är för känslig att prata högt om. I de fall regeringarna vill starta program för att stoppa omskärelsen hjälper vi till.

Men de viktigaste punkterna, enligt Barbara Herz, är:

□ Att skapa en effektivare lokal hälsovård som kan undersöka vilka gravida kvinnor som befinner i riskzonen och remittera dem till bättre utrustade kliniker.

□ Att förbättra sjukhusens utrustning så att de bland annat har tillräckligt med sängplatser för att ta hand om kvinnor med akuta besvär kan få hjälp tillräckligt snabbt.

Undanskymd

Barbara Herz tror att det är möjligt att minska kvinnors barnsängsdöd med hälften på tio år om man följer programmet. Som det nu är löper kvinnorna i tredje världen 50-100 gånger större risk att dö i samband med graviditet än kvinnor i utvecklade länder.

Varför har då den höga barnsängsdödligheten i tredje världen inte uppmärksammats mer tidigare?

– Först och främst på grund av den allmänt undanskymda roll som kvinnor spelar i de flesta av de här länderna, säger Barbara Herz. Men också på grund av att det är lättare för hjälporganisationerna att nå resultat med t ex barnhälsovård, vaccinationsprogram osv. än att föra en graviditet lyckligt i hamn. □

Dagens Nyheter, Stockholm
10 February

Half a Million Women Die In Childbirth

Lead on the reasons for holding the Nairobi Conference, its organizers and participants.

Article quotes the World Bank report on women's considerable share of the world's work, that they earn only one tenth of the income and own less than one per cent of the world's property.

According to Ms. Herz, World Bank will double its lending for health and nutrition projects, planning to reach 500 million dollars in 1990, with activities in 50 countries.

In response to a question on circumcision, Ms. Herz confirms that this implies greater risks for complicated births. In countries where governments will start programmes to stop circumcision, World Bank is prepared to assist.

But the most important points of action are: to establish more efficient local health centres and to improve hospital equipment.

If this programme is followed, Ms. Herz believes it will be possible to reduce maternal mortality rates by 50 per cent over a period of 10 years.

To a question why this problem has not earlier been more in focus, Ms. Herz explains that it is first and foremost because of the hidden role women play in most developing countries. But also because it is easier for the relief organizations to achieve results in, for instance, health care programmes for children, vaccination programmes, etc. than to bring a pregnancy to a happy end.

500 000 kvinnor dör varje år i barnafödande

Stockholm (G-P): Minst 500 000 kvinnor dör varje år i barnafödande eller i komplikationer runt förlossning eller havandeskap. 60 procent av dödsfallen inträffar i Södra Asien, 30 procent i Afrika. Främsta orsaken till majoriteten av unga kvinnors död i u-länderna kan direkt relateras till barnafödande eller havandeskap.

På tisdag inleds en stor konferens i Kenyas huvudstad Nairobi anordnad av bl a Världsbanken och WHO (Världshälsoorganisationen) för att föreslå regeringarna förbättringar.

— Barn mår bättre om de har en mamma. Så drastiskt formulerade sig ekonomen Barbara Herz från Världsbanken när hon nyligen besökte Stockholm för att presentera konferensen som helt kommer ägnas kvinnohälsovård och då främst i tredje världen.

En av 25 gravida kvinnor dör i barnsäng eller under graviditeten i Afrika, 1 av 38 kvinnor i södra Asien, 1 av 1750 i i-länderna.

— Kvinnor utför två tredjedelar av världens arbete. Kvinnoarbete producerar 60—80 procent av all mat i Afrika och Asien och 40 procent av all mat i Latinamerika. Ändå tjänar de en tiondel av världens inkomst och äger mindre än en procent av världens tillgångar. Kvinnorna tillhör de fattigaste av världens fattiga, sade Barbara Hertz, frodig tvåbarnsmamma från Washington på snabbvisit i Stockholm.

☐ Två dollar

— Det skulle kosta två dollar extra per invånare för varje regering varje år att med kraft ställa sig bakom program för att bekämpa dödsfall bland gravida och nyförlösta kvinnor, sade Barbara Herz, som tillade att konferensen, som varar i tre dagar, attraherat politiker, beslutsfattare och hälsoministrar från de flesta länder — bl a Kina, Peru, Mexiko och Indonesien och de nordiska länderna.

I Världsbankens strategi ingår dels att ge räntefria lån till de värst utsatta länderna, dels ett konkret handlingsprogram i tre etapper; hälsovård på kommunalplan eller i byarna där gravida kvinnor ges råd, hälsokontroll och utbildning under graviditeten, ett utbyggt nät av sjukhus dit kvinnor snabbare kan föras vid komplikationer i samband med förlossningen och slutligen ett transportsystem som gör det möjligt att snabbförflytta högriskkvinnor till sjukstuga, barnmorska eller sjukhus.

Kvinnor utför två tredjedelar av världens arbete, påminde Barbara Herz om när hon besökte Stockholm.
Bild: LEIF SCHRÖDER

Safe Motherhood-konferensens mål är att sätta kvinnan och framför allt den fertila kvinnan i fokus genom debatt kring utbildning, analfabetism och hälsa.

— Allt sammanhänger — en outbildad, fattig, svältande, blivande mamma på 16 år är utomordentligt dåligt rustad, sade Barbara Herz och påpekade att för varje död kvinna finns i allmänhet också ett dött barn.

I södra Etiopien arbetar regeringen tillsammans med frivilligorganisation i ett program som innebär att tränade sjuksköterskor besöker den blivande mamman minst en gång i månaden, ger råd vid järnbrist och blödningar och följer därefter kvinnan till en klinik när förlossningen närmar sig. I Nigeria finns på vissa orter s k "födelsehus" med utbildad barnmorska dit den blivande mamman kan komma ett par veckor före nedkomsten.

☐ Ansvar

— Regeringarna måste ta större ekonomiskt ansvar. Kvinnan är viktig för alla samhällen — både för familjen och ekonomin. Trots detta har allt för litet uppmärksamhet riktats mot kvinnan — särskilt den fertila. Vi hoppas konferensen skall innebära konkreta länderåtgärder och åtaganden för kvinnans skull, sade Barbara Herz.

VIVEKA VOGEL

GÖTEBORGS-POSTEN 10TH FEBRUARY, 1987

VIVEKA VOGEL

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500 000 women die each year during pregnancy and childbirth

At least 500 000 women die each year giving birth or in complications during pregnancy and confinement. 60% of deaths occur in Southern Asia, 30% in Africa. The main reason for deaths among young women in the Third World is related to pregnancy and confinement.

A Conference opens on Tuesday 10th February in Nairobi under the auspices of the World Bank and WHO to propose improvements to the Governments concerned.

Barbara Herz from the World Bank visited Stockholm to give information about the conference which will deal solely with women's healthcare in the Third World.

She opened her talk with "Children feel better if they have a mother" and she went on with her information:

- One in 25 pregnant women die in childbirth or during pregnancy in Africa, one in 38 women in Southern Asia and one in 1750 in industrialised countries.
Women carry out 2/3 of the world's work, produce 60-80% of the food in Africa and Asia and 40% of the food in Latin-America. Still they only earn 1/10 of the world's income and own less than 1% of the world's resources. The women belong to the world's poorest.
It would cost the governments 2 dollars extra per inhabitant each year to make a beginning to combat deaths among pregnant and newly confined women. The Conference will last for three days and is attracting politicians and health ministers from most countries including China, Peru, Mexico, Indonesia and the Nordic countries.
Part of the World Bank's strategy is to give interest-free loans to the most affected countries and to arrange a work programme; primary healthcare, prenatal care and more clinics where women can be taken in case of complications during confinements and lastly a better transport system which will make it possible for women to be moved to hospital, midwife or clinic.
The aim of the Safe Motherhood conference is to put fertile women in the limelight and introduce discussions about education, illiteracy and health. All problems are connected - an illiterate, poor, starving pregnant girl of 16 is very badly prepared for motherhood and with every dead women there is usually a dead child.
In Southern Ethiopia the government works together with a voluntary organisation on a programme of sending trained nurses to visit pregnant women at least once a month, she advises on how to cope with bleedings and lack of iron and accompanies the woman to a clinic when time for confinement approaches. In some places in Nigeria there are "maternity houses" where future mothers can come a couple of weeks before confinement.
Women are important to the community - both for the family and the economy. In spite of this too little notice has been taken of women - specially the fertile woman. We are hoping that governments in countries concerned will take on more responsibility for women's health. -

SWEDISH RADIO 5-29

		Kanal:	P 1
Program:	Dagens eko kl 18.00	Redaktör:	Lasse Johansson
Sändes:	1987-02-08 Söndag	Reporter:	Alice Petrén

Mödradödlighet

Det uråldriga problemet mödradödlighet har inte blivit mindre i vår moderna tid. Varje år räknar man med att minst en halv miljon kvinnor dör under graviditeten, runt om i världen, framförallt i u-länderna. Nu ska Världsbanken tillsammans med Sida och en rad andra biståndsorgan starta en rad hjälpprojekt för att göra något åt det här.

Barbara Hurts (?), Världsbanken: - (översätts av Alice Petrén) Tiden är egentligen inne för att minska mödradödligheten. Kvinnor har i alla tider ofta dött av sina graviditeter och förlossningar, på grund av häftiga blödningar, högt blodtryckmisslyckade abortförsök och annat. Men detta har inte tagits på samma allvar som andra dödsorsaker, trots att en kvinna dör varje minut någonstans i världen. Åtminstone en halv miljon kvinnor dör varje år just på grund av sina havandeskap. Enligt Världsbanken föder varannan kvinna sitt barn utan hjälp. Men nu tycks det äntligen finnas en vilja bland såväl biståndsgivare och organisationer som mottagarländernas regeringar att förbättra mödravården, säger Barbara Hurts.

Hjälpen ska ske i form av uppsökande verksamhet ute i byar och slumområden via kliniker och familjeplanering. Människorna måste också ha hälsan om annan hjälp och bistånd ska nå fram. Världsbanken kommer nu att fördubbla sin tidigare insats. Det handlar om miljardbelopp i svenska kronor. Målet är att ha halverat dödligheten bland de blivande mödrarna, på tio år. I Sverige dör fyra kvinnor på 100 000 födslar. I Afrika och Asien dör 4-5-6-700 kvinnor per 100 000 barn som föds, enligt Världshälsoorganisationens statistik. Förmodligen lågt räknat. Anledningen till det ökade intresset är nog att kvinnor syns och hörs allt mer, ofta har försörjningsbördan och därför är viktigare. Att mödradödlighet inte tidigare uppmärksammats i u-länderna beror kanske på att männen styr världen, säger Barbara Hurts.
Männens inställning i tredje världen förändras. Också det nordiska intresset att bidra är stort. På tisdag inleds en stor konferens kring mödradödlighet i Nairobi, Kenya. Deltagarlistan vittnar om stort intresse.

SWEDISH RADIO — BROADCAST: SUNDAY 8th FEBRUARY, 1987

"DAGENS EKO" — REPORTER: ANN PETREN

Mortality rate during pregnancy

The very old problem, death during pregnancy, has not lessened in our modern time. It is estimated that at least half a million women die each year during pregnancy, mostly in the Third World. The World Bank together with SIDA and other aid organisations is initiating several aid projects to combat this problem.

Barbara Herz of the World Bank says:

"The time has come to decrease deaths during pregnancies. Women have always been dying during pregnancy and in childbirth, because of heavy bleeding, high blood-pressure, attempted abortions and other causes. But these reasons for dying have not been taken as seriously as other causes of death despite the fact that one woman dies each minute somewhere in the world. At least half a million women die each year due to pregnancy and according to the World Bank every second woman gives birth without aid but now at last there seem to be a desire among aidgivers, organisations and governments of the receiving countries to imrpove maternity wellfare.

This help will consist of visits to villages and slums, via clinics and family planning as people must be healthy in order to benefit from other forms of aid granted. The World Bank will now double it's previous contribution. This will amount to billions in Swedish Crowns the aim being to halve mortality rate among pregnant women within 10 years. In Sweden four women in 100 000 die because of pregnancy. In Africa and Asia 4-5-6-700 women die per 100 000 births according to statistics by WHO, probably a low estimate. The reason for increased concern may be because women are being seen and heard more and are often the family's sole support. Why the mortality rate among pregnant women has not been taken into consideration earlier in the Developing countries may depend on the fact that men rule the world says Barbara Herz".

The attitude of men in the Third World is changing. The will among the Nordic countries to help is great. A conference opens on Tuesday in Nairobi about how to combat mortality rate among pregnant women, judging by the number of participants it would appear that keen interest is being shown.

The World Bank

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Washington, D.C. 20433, U.S.A.

With the compliments of
Ms. Pushpa N. Schwartz
Information and Public Affairs Department

*** February 27, 1987 ***
Development News
• Weekly Supplement •

This news item appeared on page 7 of the Feb. 13, 1987 issue of:
THE ECONOMIC TIMES (India)

Safe motherhood

Mr. Barber B. Conable's address on Tuesday (February 10) at the Nairobi conference on 'safe motherhood' has shown a concern for the plight of women in poor societies. This was backed by an impassioned plea for reaching out to them at the base level with medicare in the first instance. The staggering fact of death at childbirth (half a million a year in the developing countries, of which 80 per cent in South Asia alone) was highlighted by the World Bank president, even as he underscored that women of the third world are "the poorest of the poor". He said: "we have ascertained that the benefits of macro-economic development programmes (roads, power transmission, schools, hospitals, factories and ports) would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven". Mr. Conable's focus is on maldistribution based on sex discrimination. One can raise several issues in this context, including the structuralist one, but the fact of discrimination against women in societies like ours cannot be denied nor can we ignore its cruel impact on the poorest of the poor. This calls for an immediate response. Mr. Conable's proposition, that working for safe motherhood is an affordable and productive investment, will, therefore, be widely endorsed. Among other things, he promised a lending of $ 500 million annually by 1990, double that for 1984-85, for population control, health and nutrition. Presumably, the governments of the concerned countries could raise much more by way of counterpart local resources. Equally important was Mr. Conable's assertion that the World Bank will prepare action plans for women in developing countries in its lending programmes and encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond. Beyond the alleviatory strategy of improved nutrition, effective help during childbirth and improved family planning, Mr. Conable wants to foster development at the base level. While an alleviatory strategy can be directed at the beneficiaries, a meaningful development strategy for women will have to be one that will promote growth all round. Put another way, for the results to be worthwhile for women, the productivity of their occupations will have to be raised and this will be possible only with a rise in productivity all round. To go beyond an alleviatory strategy, we will need more growth, more resources, domestic and foreign.

This news item appeared on page 20 of the February 8, 1987 issue of:

THE HINDU, India

The emphasis is on maternal health

The "Safe Motherhood Conference" is being held in Nairobi, Kenya, from Febuary 10 to 13, 1987, co-sponsored by the World Bank, the World Health Organisation and the United Nations Fund for Population Activities. It is aimed at drawing the attention of government, international agencies and non-governmental organisations to women's health needs, particularly in the developing world; devising strategies to improve woman's health and launching effective and affordable programmes.

GOVERNMENTS throughout the world have adopted the goal of "Health for all by the year 2000." Considerable progress has been made towards that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies; for women with certain pre-existing health conditions; for poor, malnourished and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from hemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abaortion (particularly illegal or primitive abortion).

A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth and the post-partum period. Her capacity to produce a strong, healthy baby and to nurse and care for it are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances; the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complication, routine care and backup for high-risk and emergeny cases. Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk and good prenatal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threantening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably hemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services, plus programmes to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and learning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach, is required. Stronger community-based health care, relying on non-physician health workers, to screen pregnant women, identify those at high risk and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

Stronger referral facilities. Hospitals and health centres with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgi-

	No programme	Limited effort	Moderate effort
Annual cost per capita population	U.S. $0	U.S. $0.46	U.S. $1.50
Approximate annual cost per maternal death averted	U.S. $0	U.S. $4,800	U.S. $6,200
Annual cost per death averted (incl. children)	U.S. $0	U.S. $2,400	U.S. $3,100
Annual cost per birth averted	U.S. $0	U.S. $60	U.S. $100
Percentage of fertile-age couples using contraception	0-9	16	40
Maternal mortality rate per 100,000 live births	800-1,000	960	400
Percentage reduction in maternal deaths	not applicable	20%	66%
Associated birth rate	46-6	42	30

cal family planning methods.

An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organisations' (NGOs) primary health care programmes. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of services, which affect costs.

The table below shows the approximate cost and the impact of two safe motherhood programme models: a limited and a moderate effort. (One dollar is approximately Rs.13).

The two models illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than U.S. $2 per capita per year compared to average annual health expenditures of U.S. $9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than U.S. $1 per capita a year, and it could be used to begin the process of improving maternal health.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditures on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care

The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required: political commitment to and higher priority for safe motherhood; allocation of the necessary resources to maternal health and family planning services; and supportive activities in other sectors.

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial assistance to developing countries on request. — **The World Bank**

This news item appeared on page 4 of the February 11, 1987 issue of:

THE INDONESIAN OBSERVER, Indonesia

WB Dedicates US$ 1 M For Pregnancy Complication

Washington (Agencies) -- World Bank President Barber Conable said the organization will dedicate dlrs 1 million for a global fight against the pregnancy and child delivery complications that kill 1,400 women every day.

Conable, in prepared remarks to be delivered at the opening of a conference in Nairobi, Kenya, on safe motherhood, also said the World Bank will double its lending for population, health and nutrition actives over the next three years.

His groups dlrs 1 million commitment will serve as the basis for a safe motherhood fund to be managed by the world health organization. Its goal is to help by the year 2000 the number of women who die in pregnancy or childbirth.

"Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children," Conable said in prepared remarks. "And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

The safe motherhood conference, which continues through Friday, is expected to focus on ways to prevent those 500,000 deaths annually.

It features leaders from the World Bank, the World Health Organization, the U.N. fund for population activities and more than 40 government representatves, most of them health ministers.

Anthony Measham, a World Bank health adviser, said in a paper prepared for the conference that 800 to 1,000 women die for every 100,000 live births in undeveloped nations.

This news item appeared on page 1 of the February 11, 1987 issue of:

DAILY NATION (Kenya)

Rally round mothers, Moi tells conference

By CHRIS MUSYOKA

President Moi yesterday urged the international community to strive to improve safety in motherhood to help realise women's full potential.

He said that due to their role as mothers, women had common health problems which must be tackled seriously and urgently if nations — particularly developing ones — were to develop faster and enjoy a high standard of living.

President Moi was officially opening a three-day Safe Motherhood Conference at the Kenyatta International Conference Centre, Nairobi.

Attended by over 120 delegates from 30 countries — including Ministers and representatives of 25 donor agencies — the conference will try to identify the causes of death in pregnancy and childbirth and to outline the key strategies for combating this problem.

The opening session was also addressed by the president of the World Bank, Mr Barber Conable, the Director-General of the World Health Organisation, Dr Halfdan Mahler, the Administrator of the United Nations Development Programme, Mr William Draper III, and the Deputy Director of the UN Fund for Population Activities, Dr Nafis Sadik.

President Moi identified some of the factors endangering the safety of mothers, including early marriages, adolescent pregnancies and unwed mothers with inadequate incomes.

"Other factors," he said, "include the non-availability of maternal and childcare services and unfavourable working conditions for women, both of which contribute significantly to the increasing risks in childbirth."

Saying safe motherhood required easily accessible and

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well-equipped health-care services — which were expensive — the President urged the conference to address themselves to "the need for an appropriate combination of type, quality and costs of the (safety) initiatives to be pursued".

He thanked the World Bank, UNDP, WHO and UNFPA for taking the safety motherhood initiative and choosing Kenya to host "the important conference".

He thanked the World Bank for showing a great interest in the problems of mothers over the last three years.

President Moi said Kenya had, since independence, achieved remarkable success in health services by increasing the number of facilities, hospital beds, personnel and other areas despite hard economic times.

"Today, two-thirds of the Kenyan population is within walking distance of a health facility," he told the conference.

He asked the participants to discuss the concept of safe motherhood alongside that of population, saying: "I believe an effective population management programme will considerably improve the quality of life for women and thereby ensure safe motherhood."

He said Kenya had taken various measures to slow down the rapid population growth rate through the National Council for Population and Development, which had been active in creating awareness of the problem and informing the public and leaders about the methods by which to reduce fertility.

He said the country had decided that the district be the focus for development policy and that all districts would adopt locally-based primary health approach by June, 1988.

President Moi said that in the quest to improve the people's living standards, the Government and the ruling party had invested heavily in health services.

Said he: "I trust that there is the resolve and expertise in this conference hall to find practical ways through which governments in the developing nations can place more emphasis on maternal health."

President Moi arrived at the KICC shortly after 10 a.m. escorted by the Nairobi Provincial Commissioner, Mr Fred Waiganjo. He was met by the Minister for Health, Mr Peter Nyakiamo, and two Assistant Ministers for Health.

Moi, bank boss in talks

President Moi held discussions with the President of the World Bank, Mr Barber Conable, at State House, Nairobi, yesterday.

He urged the World Bank to increase the inflow of funds to Kenya, through budget support.

The President told Mr Conable that despite the many difficulties Kenya had undergone, it had managed to cut budget deficits and reduce the rate of inflation, thus stabilising the economy.

President Moi reiterated that Kenya welcomed foreign investors, adding that the country had very favourable conditions for that investment.

Kenya, he said, was centrally situated and had a well developed telecommunications system to link with the surrounding markets and overseas countries.

Mr Conable said the bank was discussing with Kenya economic support for the transport sector and other areas.

He further said the bank would mobilise other donors to raise sufficient resources in those areas.

Mr Conable expressed confidence in President Moi's leadership and pledged the bank's economic support to the Government's economic policies.

This news item appeared on page 11 of the February 11, 1987 issue of:

DAILY NATION (Kenya)

Govts that misuse funds to be struck off bank's list

Government that fail to use money given to them by the World Bank for specified projects may be disqualified from getting any, the World Bank president, Mr. Barber Conable, said yesterday.

He was addressing a press conference at the Kenyatta International Conference Centre after the official opening of the Safe Motherhood Conference.

Mr Conable said the bank's staff normally "oversee projects" that the bank had financed. "If the money does not reach the projects we've financed, that government does not get any more money from the World Bank," he said.

The World Bank boss said women were "partners" with men in development and said the Bank was interested in useful financial and human allocation of resources.

Mr Conable said a mthe

Mr Conable said a mother's health when delivering was important. "Many mothers die during child birth and the situation has reached alarming proportions particularly in he developing countries," he said.

He said the World Bank had donated about $2 million for the programme.

Safe motherhood was an idea conceived during the 1985 United Nations Women's Decade Conference in Nairobi.

Barbara Herz, a World Bank adviser on women and development said at the time that most women felt strongly that too many women in the developing world were dying during child birth and that something ought to be done.

The present conference is a result of this concern.

During the opening of the conference, Mr Conable said the World Bank planed to lend out Sh8 billion for population, health and nutrition activities.

He said the bank hopes to have approximately 14 new operations in about 50 countries by 1990.

According to Mr Conable, the Safe Motherhood Fund will be managed by the World Health Organisation (WHO). It will support research leading to programmes and projects in the maternal health field.

He added: "It is possible, to reduce by half the number of women who die in pregnancy or childbirth by the year 2000 through the joint efforts of the developing countries, the bank, non-governmental organisations and private groups.

The bank wants a low-cost system that provides basic health care built on the existing services.

Mr Conable said what was needed was better community-based health care, efficient referral hospitals and health centres and an alarm transport system to transfer high-risk pregnancies from community to referral institutions.

"Such maternal health care should cost no more than $2 per capita a year compared to an average of $9 now being spent for all health care purposes in slow income countries," he added.

In China, Sri-Lanka and Costa Rica, Mr Conable went on, such health services had reduced the number of deaths in childbirth and unwanted pregnancies.

The bank will prepare action plans for lending to women in selected countries to boost the agricultural, industrial, educational and health programmes the bank is undertaking. (By NATION Reporter and KNA)

This news item appeared on page of the Feb. 18, 1987 issue of:

LA CROIX (France)

MATERNITÉ SANS RISQUE

UNE CONFÉRENCE DE L'OMS A NAIROBI DÉNONCE LES 500000 ACCOUCHEMENTS MORTELS ANNUELS, DONT 99 % DANS LES PAYS DU TIERS MONDE

De notre correspondante

Un demi-million de femmes meurent chaque année des suites de leur grossesse. Un demi-million dont 99 % dans les pays sous-développés. Ces chiffres accablants, les 120 délégués présents à Nairobi la semaine passée, qui se réunissaient sous l'égide de l'OMS, les ont dits et répétés, dressant un tableau détaillé de ce qu'on appelle désormais, dans les bilans statistiques, la « mortalité maternelle ». Principaux continents concernés : l'Afrique, l'Asie et certains États d'Amérique latine. Dans ces pays-là, « les taux de mortalité maternelle sont 200 fois supérieurs à ceux de l'Europe et de l'Amérique du Nord », précisera le directeur général de l'Organisation mondiale de la santé, le docteur H. Mahler.

La « découverte » de cette tragédie, massive et quotidienne, qui frappe les pays du tiers monde n'a été faite que récemment : « La plupart des pays ou la mortalité maternelle est élevée sont aussi ceux ou l'inscription des décès sur les registres d'état civil, sans parler d'un certificat indiquant la cause du décès, est souvent inexistante », explique encore le docteur H. Mahler. Ce n'est, en effet, qu'à partir de 1974 que les premières enquêtes sérieuses ont été réalisées, permettant « pour la première fois de voir le problème dans sa réalité ».

Au-delà de ce constat, cette Conférence de Nairobi « doit déboucher, non seulement sur des réflexions et des discours, mais sur une action concrète », a affirmé le président de la Banque mondiale, Barber B. Conable. « La Banque mondiale envisage de contribuer à la création, sous les auspices de l'OMS, d'un fonds pour la maternité sans danger. (...) Nous sommes prêts à y verser une contribution de 1 million de dollars dans le cadre du budget de trois ans dont le montant prévu est de 5 millions de dollars », a-t-il ajouté.

Selon lui, dix ans pourraient suffire pour réduire le taux de mortalité maternelle de moitié. Le coût d'une telle opération n'a rien, *a priori*, de faramineux : il s'agit avant tout de renforcer les systèmes de santé déjà existants.

Le fait, hélas, que des milliers de femmes (1400 par jour, exactement...) meurent des suites d'un accouchement, n'est pas une malédiction isolée. Pour améliorer les conditions de vie et de survie des mères, ce sont les conditions de vie et de survie des femmes tout court qu'il faudrait voir changer. Le seul exemple de l'Afrique en dit long : « Dans beaucoup de pays parmi les plus pauvres, 80 % des femmes de plus de 23 ans ne sont jamais allées à l'école. » Et, tandis que ce sont les femmes africaines qui produisent la quasi-totalité de la production alimentaire, ce sont elles les plus mal payées (quand elles le sont...).

Traitées en être humains de seconde zone dans tous les domaines – social, professionnel ou culturel –, pourquoi les femmes ne le seraient-elles pas aussi quand il s'agit de leur santé de mère?

« C'est intéressant, tout ce que vous dites..., lancera, lors d'une conférence de presse, une journaliste kenyane. Mais qu'est-ce que ça va donner au niveau des gouvernements? Les ministres vont lire le dossier. Eux aussi, ils trouveront ça intéressant! Et puis, comme d'habitude, ça finira dans un tiroir. » Pessimisme excessif? Sans doute. A la radio kenyane, le même jour où la Conférence s'achevait, un speaker racontait d'une voix neutre le drame d'une écolière, enceinte de son professeur, et qui est aujourd'hui en train de mourir dans un hôpital de Nairobi, des suites d'un avortement clandestin.

Catherine SIMON

This news item appeared on page 2 of the February 7, 1987 issue of:

DAILY NATION (Kenya)

SA countries' future gloomy—World Bank

GABORONE, Friday.

The world bank told Southern African countries today that their long-term economic outlook is gloomy and they needed to increase productivity urgently.

Jochen Kraske, the World Bank Director of country programmes for East and Southern Africa, was speaking on the second and final day of the nine-nation Southern African Development Co-ordination Conference (SADCC) annual meeting.

Kraske told the meeting that an economic crisis was gripping Africa as a whole. "It is in many ways more acute in this region because of the political and economic crisis in South Africa, the largest economy in the region," he added.

SADCC groups Angola, Botswana, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia and Zimbabwe and was formed in 1980 with the principal aim of reducing its members' economic dependency on white-led South Africa, whose border lies only 15 km (10 miles) from Gaborone.

The World Bank representative continued: "It is now urgent to achieve a higher level of economic activity and growth in the region. For this purpose SADCC countries will need to:

- Increase investment in their own economies.
- Develop new export markets.
- Ensure that productive activity is directed toward labour intensive and resource-based enterprises.
- And raise skills levels."

Kraske said there had been some encouraging developments in the region last year, such as the end of a severe drought, a slight rise in per capita income, increased food production and improved terms of trade helped by a fall in oil prices and a sharp increase in the price of coffee.

"These advances provide a breathing space for African governments and people but no more than a breathing space, for the long term scenario is daunting."

He added that African countries on average were poorer today than they were 25 years ago.

"In many countries, malnutrition is common place as per capita food production has experienced a prolonged decline. Rapid population growth threatens to overwhelm the noteworthy accomplishments in education, health and other public services.

"And with rising oil prices and falling coffee prices, terms of trade are expected to resume their decline following their recent bouyancy," he said.

The meeting is being attended by several hundred delegates from the nine members, 34 donor or co-operating nations and 17 international organisations.

Yesterday the United States announced it would provide 93 million dollars in new funds to assist SADCCWs wide-raging portfolio of development projects. (Reuters)

Summary translation of news item appearing in LA CROIX (France) on February 18, 1987

Safe Motherhood

Half a million women die each year as a result of pregnancy, 99% of them in the continents of Africa, Asia and Latin America, where maternal mortality rates are 200 times higher than in Europe or North America. Speaking to the Safe Motherhood Conference in Nairobi, WHO Director General Mahler said that in most countries with high maternal mortality rates there were no official death records, let alone certificates showing cause of death. For this reason, this tragically high statistic had been discovered only recently. According to Barber Conable, the aim of the Conference was to boost affirmative action. He pledged $1 million in World Bank funds to a $5-million Safe Motherhood Fund to be sponsored by WHO. He foresaw a 50% reduction in maternal mortality within 10 years, at no great cost, since this would mainly involve strengthening existing health care systems.

To improve the living and survival conditions of mothers, it was necessary to improve the living and survival conditions of women in general. In many of Africa's low-income countries, 80% of adult women have never attended school. And while women are responsible for nearly all of the food production, they are the lowest paid (if paid at all). Since they are treated as second-class human beings in all areas -- social, political, and cultural -- why should their treatment be any different when they go through pregnancy and childbirth? (GSCLS)

This news item appeared on page 1/4 of the February 19, 1987 issue of:

LE MONDE (France)

Les risques de la maternité dans le tiers-monde

Enfanter dans la mort

Chaque année, près de 500 000 femmes du tiers-monde meurent en accouchant. Une conférence sur « la maternité sans risques » vient d'avoir lieu à Nairobi (1). Une action doit être entreprise pour que le nombre de décès au cours de la grossesse ou de l'enfantement soit réduit de moitié avant l'an 2000.

NAIROBI
de notre correspondant

« *Tu enfanteras dans la douleur* », dit Yahvé à Eve après que, dans le jardin d'Eden, elle eut croqué la pommme. Cette citation du livre de la Genèse, M. Halfdan Mahler, directeur général de l'Organisation mondiale de la santé (OMS), s'en est servi pour introduire la conférence sur « la maternité sans risques » et constater qu'« *à notre époque ni la grossesse ni la souffrance ne sont également réparties dans le monde* ».

Et M. Barber Conable, président de la Banque mondiale, de préciser : « *Les femmes des pays pauvres risquent cent fois plus de mourir au cours de leur grossesse que celles des pays industrialisés.* »

N'estime-t'on pas, en effet, que, chaque année, 500 000 femmes meurent de complications de la grossesse ou de l'accouchement dont 6 000 seulement dans les pays riches ?

Circonstance aggravante : le risque pour le nouveau-né de ne pas survivre à sa mère. Au Bangladesh, lorsqu'une femme meurt en donnant naissance à un enfant, la probabilité qu'a celui-ci de mourir avant l'âge de un an est de 95 %...

Comme la plupart des pays où la mortalité maternelle est la plus élevée ne possèdent pas de registres d'état civil à jour, la gravité de ce problème a ainsi, jusqu'à une date récente, échappé à l'attention des gouvernements. Il a donc fallu lancer des enquêtes méticuleuses pour découvrir l'ampleur du drame.

« *La mortalité maternelle est une tragédie que l'on a négligée parce que les victimes sont des pauvres, des paysannes et, surtout, parce que ce sont des femmes* », a remarqué M. Mahler. « *Depuis trop longtemps, les « dos courbés » des femmes du tiers-monde ne sont que trop négligés par les responsables de la planification,* a renchéri M. Conable. *Dans le monde, elles font les deux tiers du travail et ne gagnent qu'un dixième des revenus. Elles sont parmi les plus pauvres d'entre les pauvres.* »

Les femmes du tiers-monde sont, en effet, soumises à toutes les corvées – travail de la terre, ramassage du bois, collecte de l'eau, etc. Elles sont victimes de toutes les discriminations, scolaire et professionnelle, puisque les garçons ont presque toujours le pas sur les filles. On estime que les deux tiers au moins des femmes enceintes dans les pays en développement présentent des signes cliniques d'anémie. Ainsi, des femmes au bassin trop étroit finissent par mourir au cours d'un accouchement difficile. Affaiblies, elles sont plus facilement sujettes à des infections ou à des hémorragies.

La planification familiale est une arme indispensable dans la lutte contre la mortalité maternelle. Or dans les pays en développement, les femmes analphabètes ont deux fois plus d'enfants que les femmes instruites. Ainsi, la grande majorité des avortements illégaux – des millions par an – qui ont pour conséquences des milliers de décès par hémorragie et septicémie, sont imputables à l'ignorance de la contraception. Et que dire des adolescentes déjà mariées à l'âge de treize ans (70 % au Népal et 90 % au Bangladesh).

Comment ne pas compter aussi avec le poids énorme des traditions ? Dans certaines sociétés, l'accouchement est considéré comme impur et « polluant » et la femme en travail doit s'isoler. Dans certaines régions de la Papouasie-Nouvelle-Guinée, le fait que le personnel des postes de santé soit essentiellement masculin dissuade les femmes de lui demander conseil pour des problèmes obstétricaux.

Formation et dépistage

Reste le sous-développement lui-même. Manque de personnel compétent – plus de la moitié des femmes du monde entier accouchent sans l'assistance d'une personne qualifiée – et mauvaise répartition géographique : au Nigéria, dans les années 80, plus de 90 % des deux cents obstétriciens travaillaient à Lagos et dans les chefs-lieux de province. Manque de centres de santé, d'instruments et de médicaments, de moyens de transport aussi. Manque de moyens financiers enfin, car les soins ne sont pas toujours gratuits, qu'il s'agisse d'honoraires ou de... pots-de-vin.

Que faire ? « *Il ne s'agit pas de construire de grands hôpitaux ou de nouvelles écoles de médecine,* a insisté M. Mahler, *mais de former davantage de sages-femmes ou d'accoucheuses traditionnelles, de renforcer le réseau de soins de santé primaires au niveau du district et du sous-district.* » De manière à dépister systématiquement les grossesses. Une telle politique, accompagnée d'une vigoureuse campagne de planification familiale – au Mexique, plus de 40 % des utilisateurs de contraceptifs s'approvisionnent dans des boutiques et non auprès des dispensaires – « *pourrait,* selon le directeur général de l'OMS, *réduire de moitié ou des deux tiers, le nombre des complications pré ou post-natales dont l'issue peut être fatale* ».

« *Ces soins de santé maternelle ne devraient pas coûter plus de 2 dollars par an et par habitant, alors que 9 dollars sont actuellement dépensés en moyenne pour l'ensemble des soins de santé dans les pays à faible revenu* », a indiqué M. Conable. Or, de l'avis des experts, un investissement d'un seul dollar par an et par habitant devrait permettre de réduire la mortalité maternelle d'au moins 25 % en dix ans. A cet égard, le président de la Banque mondiale a proposé la création d'un fonds pour la maternité sans danger de 5 millions de dollars auquel la banque s'est engagée à verser 1 million de dollars.

La conférence de Nairobi a opté pour un « *appel à l'action* » qui sera transmis aux autorités concernées avec l'espoir que son message sera entendu. Que pouvait-on attendre de mieux de pareille réunion si ce n'est qu'elle ouvre les yeux des participants sur le drame de la mortalité maternelle et qu'elle les pousse à agir, « *avec enthousiasme, détermination et imagination* ».

JACQUES DE BARRIN.

(1) Du 10 au 13 février, sous les auspices conjoints de la Banque mondiale, de l'OMS et du Fonds des Nations unies pour les activités en matière de population.

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Summary translation of news item appearing in LE MONDE (France) on February 19, 1987

Death in childbirth

At the Safe Motherhood Conference in Nairobi, World Bank President Conable noted that women in poor countries are 100 times more likely to die during pregnancy than those in the developed world. An estimated 500,000 women die each year from complications of pregnancy or childbirth, a mere 6,000 of these in the wealthy countries. An estimated two-thirds of pregnant women in the Third World are anemic, hence highly susceptible to often fatal infection or hemorrhaging during labor. The death of the mother usually means the death of the newborn within a year. According to WHO Director General Mahler, this issue has been neglected because the victims are poor rural dwellers, and above all because they are women.

Family planning is essential to control maternal mortality and prevent illegal abortions. Traditions must also be overcome: in some societies, childbirth is considered dirty and a woman in labor must isolate herself from others. Women are also reluctant to ask male health personnel for advice. Other root causes are the shortage of health centers, equipment, medications and vehicles, patient inability to pay for health services, and uneven geographic distribution of obstetricians

According to Mahler, the solution is not to build huge hospitals or medical schools, but to train more midwives and strengthen local primary health care networks. Such a policy, combined with a vigorous family planning campaign, could reduce by half or more the number of fatal pre- and post-natal complications.

This maternal health care should not cost more than $2 per annum per inhabitant, said Mr. Conable. He proposed a $5-million Safe Motherhood Fund, pledging a $1 million contribution from the Bank. (GSCLS)

This news item appeared on page 14 of the February 20, 1987 issue of:

FRANKFURTER ALLGEMEINE (Germany)

Conable sieht Fortschritte in Afrika

Die Weltbank will mehr Einzelprogramme finanzieren

bb. NAIROBI, 19. Februar. Indirekt könnte die Weltbank sich finanziell engagieren, wenn Sanktionen gegen Südafrika den benachbarten Ländern schadeten. Die Weltbank helfe, wo es notwendig sei, „ohne nach dem Grund der Notwendigkeit zu fragen", sagte der Weltbankpräsident, Barber Conable, in der kenianischen Hauptstadt Nairobi. Er denke an Maßnahmen im Verkehrswesen. Im übrigen aber sei die Weltbank keine politische Institution.

„Wir haben die Kurve genommen", sagte er zur wirtschaftspolitischen Entwicklung in Afrika generell. Immer mehr Regierungen bäten die Weltbank um Anpassungsprogramme und Hilfe bei der Änderung ihrer Wirtschaftspolitik, denn „sie haben gesehen, daß nicht Intervention der Regierung, sondern Wachstum der Schlüssel zu Afrikas Problemen ist". In Afrika gingen heute etwa 20 Prozent der Ausleihungen in makroökonomische Anpassungsprogramme, fast der ganze Rest in die Finanzierung von Einzelprojekten. Er wolle den Anteil der Programmfinanzierung auf 30 Prozent erhöhen. Je Einwohner freilich seien die Ausleihungen der Weltbank an Afrika in den vergangenen Jahren eher zurückgegangen. Darum solle von den 12,4 Millarden Dollar, die der Weltbank-Tochter Internationale Entwicklungsagentur (Ida) in den nächsten drei Jahren zusätzlich zuflössen, die Hälfte an afrikanische Länder gehen, und davon widerum die Hälfte in Anpassungsprogramme. Zum Unterschied von Lateinamerika gebe die Verschuldung in Afrika übrigens keinen Anlaß zu großer Sorge.

Kenia hat nach Einschätzung des Weltbankpräsidenten bei der Anpassung seiner Wirtschaft große Fortschritte gemacht und habe eine Führungsposition inne. Die Kredite würden gut verwendet, es gebe keine Probleme. Das Land habe einen Stand erreicht, auf dem das größte Wachstumspotential nicht mehr in der Landwirtschaft, sondern im industriellen Bereich liege. Die Weltbank warte nun auf einen Zeitplan der Regierung und weitere Einzelheiten, um mit Verhandlungen über Hilfe in diesem Bereich zu beginnen. Sambia sei in totale Abhängigkeit vom Weltmarktpreis für Kupfer geraten und müsse diversifizieren. Tansania habe eine großes Potential, das noch nicht genutzt werde.

Summary translation of news item appearing in FRANKFURTER ALLGEMEINE ZEITUNG (Germany) on February 20, 1987

Conable sees progress in Africa

The World Bank would be able to provide indirect financial assistance if sanctions against South Africa were to harm its neighboring countries. The Bank provides help where there is need, without asking the reason for that need, said President Conable in Nairobi. The Bank, he added, is not a political institution. Speaking of Africa's economic development in general, he felt that progress was at last being made. More and more governments, aware that growth is the only solution, are asking the Bank for structural adjustment assistance. Twenty percent of lending to Africa now goes to structural adjustment programs, while almost all the rest finances individual projects. Conable wants to raise the share of program financing to 30%. One-half of the $12.4 billion available under IDA-VIII will go to Africa, half of that being for structural adjustment programs. In contrast to Latin America, Africa's debt gives no cause for great alarm.

Kenya has made great progress and is now a leader in the area of economic adjustment. Zambia, totally dependent on copper, needs to diversify. Tanzania is not using its considerable potential. (GSCLS)

This news item appeared on page 3 of the January 1987 issue of:

DAILY NEWS (Tanzania)

World Bank loan for cash crop sector

From Maelezo Reporter in Dodoma

TANZANIA will receive a World Bank loan to improve production of export crops under a three-year programme beginning this August, an official of the Ministry of Local Governments and Co-operatives said in Dodoma at the weekend.

The official did not state the amount to be given but said the loan would be channelled through the Co-operative and Rural Development Bank (CRDB), Tanzania Investment Bank (TIB) and the Tanganyika Development Finance Company (TDFL).

Speaking at the just-ended meeting for the general managers of co-operative unions, the official said the scheme would cover coffee, cotton production and the export of livestock. Those interested in the loan should forward their project proposals to one of the mentioned banks.

According to the Ministry's report, loan applications have to be submitted to the bank not later than March so as to have enough time for loan assessment before the World Bank issues the loan in August. All loan requirements will be in foreign exchange.

"Because the loan is to assist rehabilitation of export crops and products to be recorded within three years, the co-operative unions are advised to prepare short term projects", the report said.

It said in preparing the projects, the co-operative unions could utilize the expertise services of any of the banks and that the World Bank would set aside a certain amount of money to be used in conducting the projects' feasibility study.

The report said a team of World Bank experts had already visited Mbeya, Arusha and Kilimanjaro regions and interviewed about 150 co-operative officials on the proposed loan which, it said, was aimed at increasing co-operation between the country's agricultural sector and those from other countries as well as boosting the country's economy.

The World Bank programme which was endorsed by its Board of Directors will select 20 projects for assessment and the Government, in collaboration with responsible banks and the World Bank, is expected to discuss the projects on June this year, according to the report.

This news item appeared on page 1 of the January 23, 1987 issue of:

THE FINANCIAL GAZETTE (Zimbabwe)

WB keeps Hwange going

ZIMBABWE'S shortage of foreign currency is so acute that recently the multimillion dollar Hwange Power Station, vital for Zimbabwe's national power supply, was threatened with closure for lack of essential equipment — until the World Bank came to the rescue.

The Zimbabwe Electricity Supply Commission (Zesa) is known to have put in a request for $5 million worth of foreign currency for the present quota period. The allocation was needed to import necessary equipment and components in order to keep the high-technology thermal power operations going.

But the allocation Zesa has been granted is only some $400 000, it is believed.

According to reliable sources this huge cut in the requested currency allocation would have resulted in the temporary closure of the Hwange Power Station due to lack of essential equipment needed for safety measures, among other requirements.

However, a spokesman for Zesa said this possibility had now been avoided through the use of World Bank funds.

"Despite foreign exchange difficulties there is no likelihood of Hwange Power Station shutting down," he said.

"Zesa has utilised its existing facility with the World Bank to purchase spares needed at the station to the value of $5 million."

But he added: "There is still a need for further foreign exchange to finance an import substitution programme. Foreign exchange will be needed for such items as raw materials and machine tools. Funds will also be needed for the purchase of consumables such as chemicals."

This news item appeared on page 3 of the January 16, 1987 issue of:

THE FINANCIAL GAZETTE (Zimbabwe)

World Bank would like Zimbabwe to become more 'outward looking'

UNLESS Zimbabwe adopts a phased transition to "outward-looking" policies for exports and imports instead of the present policies which tend to promote production for local consumption only, the country will not be able to penetrate world markets, and per capita income will remain low.

In an interview this week, the vice-president of the World Bank (eastern and southern Africa region), Mr Edward Jaycox, told the *Gazette* that many of the existing policies which affect imports and exports in the agricultural and mining sectors, are policies that have been in effect for about 25 years, and are biased towards production for local consumption only. The bank would be more forthcoming in financial assistance for export-revolving funds should new measures be adopted.

"Present policies mean that it is more profitable to produce for the domestic market rather than for the export market. We feel that some changes should be made from an inward-looking set of policies, to outward-looking policies to achieve growth for export markets.

"Jobs in this country will, for the most part, have to be provided by the manufacturing sector, and this sector needs to be competitive to penetrate the world market in order to create those jobs. So it is a growth-orientated set of policies that we are advocating," he said.

Mr Jaycox was in Zimbabwe to hold talks with the Prime Minister, Mr Mugabe, concerning an export programme for the mining and agricultural sectors.

PROSPECTS GOOD

"We have been discussing this for about a year now, and I wanted to find out the extent to which the Zimbabwe Government is willing to move on a phased programme in export promotion policies, and I think the prospects are very good. I am not yet able to say when the programme will take place; that is still being discussed.

"This country has an option for a low growth rate, which means that per capita income will not rise, or a high growth in per capita income. It seems to us that the latter is only feasible under outward policies. That transition should be phased and insulated by sets of policies which insure against high risks, and our money would then be available to help the transition," he said.

Mr Jaycox disagreed that the World Bank has been reluctant to extend new terms of credit to Zimbabwe because the country would not meet certain prerequisite conditions set by the bank.

"The only area we are discussing and have had any difficulty with is the export promotion programme. We are going ahead in all the other sectors with whatever the government wants us to help with — roads, the Beira Corridor, health and family planning, urban development — and these are not affected by the current discussions."

While Zimbabwe's general economic performance had been "quite good", one area lacking was that of sustained growth, and the budget deficit was also a matter of grave concern, he said.

"We appreciate that the country faces necessary and urgent expenditure in education and security. Nevertheless, the overall deficit is very worrisome as it is pre-empting resources which could be going into investment in the public or the private sector.

MAJOR DEFICITS

"The area that we would like to see the government moving quickly on is the deficit in parastatals, which account for 60% of the overall deficit. We would like to see government efforts in eliminating these deficits."

Asked what steps the bank would take to assist frontline states to counteract effects of sanctions on South Africa, Mr Jaycox said: "I talked to the Prime Minister about what the bank ought to be doing in this area, and his main concern was on the transportation routes.

"We are already heavily involved in Sadcc, and we are giving about US$500 million a year to Sadcc countries, about half of which goes to priorities identified by Sadcc itself. Another area we are assisting in is the economic independence of frontline states vis-a-vis South Africa.

"We are interested in the Beira Corridor, Malawi's north route to Dar-es-Salaam, and assisting the railways of Zimbabwe, Botswana, and Tanzania to rehabilitate their capacities," he said.

On the problems of high debts being faced by Zimbabwe and other developing countries, as well as those of difficulty in repaying debts due to the decline in overseas commodity prices, Mr Jaycox said: "Again, this comes back to the issue of diversification of the export markets, and production for these markets is the answer.

"There is nothing that Zimbabwe or the World Bank can do about these prices, except to make these products more profitable, but beyond that we see the necessity to branch into new areas of export."

Donations by developed countries to the International Development Agency (IDA), a "soft-window" affiliate of the World Bank, had increased to about US$12,46 billion for the next three years, and the World Bank has been trying to increase the portion that goes to sub-Saharan Africa, he said.

This news item appeared on page IV of the February 5, 1987 issue of:

DAWN Economic & Business Review, Pakistan

'IFC assistance not linked with politics'

Dawn Lahore Bureau

FEBRUARY 4: Sir William Ryrie, Chief Executive of the International Finance Corporation (IFC), a sister organisation of the World Bank, has said that the political situation in a country is not a consideration with the Corporation for extending financial assistance to it. He admits, however, that economic policies do have an impact on political policies, but feels that the prospects for foreign investment are bright in Pakistan mainly because of the sound financial policies it has been following for the last few years.

Sir William was talking to the newsmen soon after his meeting with the members of the Executive Committee of the Lahore Chamber of Commerce and Industry here on Wednesday.

He said that IFC was mainly concerned with setting up industries in the engineering sector and others which could help improve exports and stabilise the country's balance of payments position.

He told a questioner that defence and nuclear energy were not the fields which the IFC was willing to finance. He told another questioner that at present the IFC had no plans to help Pakistan in setting up an investment bank as the Corporation had done in South Korea but added that although help to private sector industry was the main objective of the Corporation it also raised its profits from the interest on the credit it provided to various organisations.

Sir William said that the IFC provided help in many forms to the interested entrepreneurs by equity share, on commercial terms or by extending loans according to the needs of the individual concerns. He urged LCCI Executive Committee to come up with feasible schemes so that that they could benefit from the IFC.

On financial institutions in Pakistan, Sir William remarked that the stock markets seemed to be reasonably good financial institutions but added that there was a great scope to expand them to help investors. He proposed that more financial institutions should be set up in the country. He agreed with a questioner that petrochemical industry needed greater attention in view of its importance to various other industries. However, he did not like the idea to reduce the 3 per cent interest rate on foreign exchange fluctuations risk insurance by saying that the rate was already a low rate.

Sir William said that the IFC wanted reliable intermediaries to properly channel its assistance and at the same time be assured of the security of its investments.

Earlier welcoming the IFC chief, the acting president of LCCI, Mr Mumtaz Hameed, spoke on the role of the private sector in economic development and asked the guest to provide IFC loans to local investors on concessional terms. He also urged the corporation to identify profitable export-oriented agro-based industrial projects.

APP adds: He said that Pakistan had strong entrepreneurial class and that resource needed to be exploited to the maximum.

Addressing a Press conference at the Lahore Chamber he said the past policies had done little to encourage that class to play a larger role in the economy of the country.

He maintained that the level of investment in terms of GNP was not as high in Pakistan as in some other countries but he expected that due to more participation of the private sector as envisaged by the Government, the level of investment could be raised substantially.

He said the IFC had suggested to the Pakistan Government to set up some new financial institutions besides improving the working of the stock market.

Sir william sought the cooperation of the private sector in Pakistan for investment in the industrial sector.

He said the IFC played a supporting role in the setting up of industrial units as its share of investment in a project was not more than twenty per cent of the total cost. As such, the IFC served as a catalyst, he added.

Sir William Ryrie said there was growing realisation of the importance of the private industrial sector in Asia, Africa and other parts of the world which was a healthy sign. He said the importance of the public sector could not be minimised but it certainly lacked creativity and dynamism of the private sector.

Replying to questions from Chamber members, the IFC Vice-President said his agency financed only big industrial projects.

This news item appeared on page s 26-27 of the Feb. 14-20, 1987 issue of:

PAKISTAN & GULF ECONOMIST (PAKISTAN)

Growing debt burden

AFRICA'S DEBT, LIKE FAMINE, IS BIG AND PAINFUL

The debt problems of many developing countries, particularly those in Latin America, affect the developed world's banking system, and hence affect the public in the industrialised countries. That is why we hear so much about the debt in those countries and less about Africa's debt, says Chandra Hardy, a Senior Economist with the World Bank. But Africa's debt problem – particularly that of the sub-Saharan African countries – may be more difficult to overcome.

The debt of Africa is not large when compared to Latin America. The debt of sub-Saharan African is less than that of Brazil's, but it is extremely burdensome.

"Africa's debt" says Mrs. Hardy, "is seen more as a development crisis – a poverty problem. Like famine, it is big and painful. Latin American debt is seen as more of a liquidity problem."

"Policy-makers recognise Africa's debt as a constraint on its ability to grow out of its poverty problem. But solutions require major policy changes in the debtor countries and large increases in concessional aid, and both are difficult to get."

What makes Africa's debt so different from Latin America's debt?

"Most of Africa's debt is owed to government sources whereas Latin America's debt is owed to banks, "says Mr. Hardy. "There is also a large concessional element in African debt. The terms of the original debt are not the problem. But Africa's export situation has been much worse. It has experienced sharp declines in the terms of trade. Africa produces primary commodities as opposed to manufactured goods produced in Latin America."

A lot poorer on average

Six African countries have the highest overall outstanding debt. They are, in order, Nigeria, Cote D'Ivoire, Sudan, Zaire, Zambia, and Kenya.

Most of the increase in the continent's debt took over the decade of the '70s, growing at an annual rate of 22 per cent. As of the middle of 1986, the medium and long - term debt of sub-Saharan Africa was about $70 billion.

"Africa's economic decline over the past decade," adds Mrs. Hardy, "is reflected in declining output growth rates, rising inflation rates, and widening current account deficits. Since 1974, per capita Gross Domestic Product (GDP) had declined about 1 per cent a year and inflation jumped to more than 20 per cent a year by 1984. Since these deficits were not financed by a net inflow of medium and long-term debt, they were financed by what are called monetary transactions – a buildup of short-term debt, a drawdown of reserves, purchases from the International Monetary Fund (IMF) and the accumulation of payments arrears."

Africa is also having a difficult time servicing its debt. While the continent's scheduled interest payments amount to about 4 billion dollars a year – compared to Latin America's 30 billion dollars – Africa is not meeting its payments schedule. "Since 1975," says Mrs. Hardy, "22 sub-Saharan African countries have rescheduled their debt in multilateral negotiations with commercial creditors or commercial banks on 87 occasions. Payments arrears are estimated at more than 12 billion dollars, or about 20 per cent of the public medium and long-term debt."

The causes of Africa's debt-servicing difficulties are three-fold: the decline in export volumes and in the purchasing power of exports, the rise in the cost of the debt due to the increase in interest rates and high value of the U.S dollar compared to local currencies, and the decline in net capital flows.

A precondition of Paris Club

"The method and terms of these re-negotiations," adds Mrs. Hardy, "do not take into account Africa's long-term requirement for net resource inflows to halt the economic decline and stimulate a recovery in production. Also, many countries have been unwilling unable to reach agreement with the IMF, which is a precondition of Paris Club debt rescheduling."? (Official debt renegotiations take place at the Paris Club, an ad hoc group of Western creditor governments which meets in Paris.)

"Consequently, far from abating, the crisis has deepened. Debt-service payments are taking up an increasing share of Africa's declining export earnings and net capital inflows despite the fact that almost the only debts currently being serviced are those to the World Bank and IMF."

What are the prospects for the coming decade?

"The prospects," notes Mrs. Hardy, "do not suggest that the situation will turn around without concerted, major action on the part of the principal creditor countries. The international environment facing Africa remains unfavourable. For instance, per capita living standards in 1990 may be no higher than they were in 1970, and the debt burden will remain high. Forty-five per cent of the debt owed to the IMF is falling due during the next two years. Africa's export prospects are insufficient to finance its long-term development on conventional terms or even to service much of its existing ODA (Official Development Assistance) debt."

Mrs. Hardy says "there is an overwhelming need for more comprehensive and longer-term solutions to Africa's problems. The piecemeal and short-term solutions which have been applied so far have been ineffective and may have worsened the situation. A new approach is needed which will consider both the financial and non-financial problems of all the developing countries in Africa and which will address short-term problems in their longer-term context."

Courtesy: World Bank. News.

This news item appeared on page 5 of the January 7, 1987 issue of:

MANILA TIMES (Philippines)

From words to deeds

By STANLEY PLEASE

IN a personal conversation with the Minister of Planning in the Aquino government at the time of the World Bank/IMF meeting in Washington, I emphasized the need for government to act quickly on a program to raise the living standards of the rural people and to create more employment for the urban unemployed. Only by so doing would the economic conditions underlying the insurgency be addressed. The 60-day armistice makes this need even greater and at the same time provides a window of opportunity for action.

Since my talks with the Minister of Planning I have had the opportunity of reading the three Philippine publications which, in fact, present such a program of action — the Draft Plan 1987-92, the Policy Agenda for People Powered Development, and the Agenda for Action for the Philippine Rural Sector. In a lifetime of involvement in development issues, I must record that I find these publications the most analytically sound and the most candid and honest government programs that I have ever read.

Their uniqueness stems from the fact that while their objectives are politically and socially radical — the entire focus is on improving the well being of the poorest members of Philippine society — the proposals are not those which will be automatically and enthusiastically supported by radical politicians and radical economists. On the contrary, proposals to open industry to foreign competition, devalue the currency, increase interest rates, etc., are associated with right wing reactionaries who believe in the virtues of free market forces rather than with radical politicians. But the Aquino government's plan documents emphasize that policies such as import controls, over-valued exchange rates, low interest rates, subsidies, etc., etc., permit the rich and the privileged to exploit their country at the expense of giving decent prices to poor farmers, providing credit to artisans and small firms, creating new jobs in a dynamic industrial setting for poor unemployed workers, etc. The fact that the removal of these anti-social and anti-development policies is associated with IMF and World Bank conditionality is openly admitted but dismissed as irrelevant. The message is clear and explicitly stated. Let Filipinos determine what needs to be done for economic growth and for the poor and not get hung up on slogans or on visceral reactions towards the IMF, the World Bank, or any other outside organization.

Many of the policies which are proposed in the Draft Plan, including land reform, do not require additional financial resources from the budget or from external sources. Only the government's determination to act is required. Where additional resources are, however, needed is for the funding of the increased rural investment in roads, clinics, schools, water, agricultural research and extension, and so on, which are required. This will require, in the first place, greater budgetary discipline and switching of spending priorities, in particular from defense and internal security to rural development which is made possible by the armistice.

Secondly, however, it will require much greater external support than is so far forthcoming. The government commits itself in these documents to honoring its debt service obligations. But if this is to be achieved consistently with the need to finance domestic growth-cum-poverty redressal programs, then both more generous debt rescheduling and more new money is required. This must come from both multilateral sources and from those bilateral governments who wish to see an economically healthy Philippines under a democratic government. This increased external financial support is most likely to be forthcoming if the government demonstrates its willingness and ability to move rapidly to implement the policies set out in its Draft Plan documents.

The essential next step is, therefore, to mobilize political support for the Draft Plan and for the President to come out as strongly in her determination to see the Plan implemented as she has done to see the cease fire implemented. This will be no easier for her than her political struggle to implement the cease fire. Both radical politicians and those who are right-of-center will both need convincing of the desirability and viability of the Plan's proposals.

The image at the moment is that economic policy is, firstly, not sufficiently high on the President's list of priorities and, secondly, that responsibility for economic policy is divided and therefore weak. An economic czar is required to ensure that unity, direction and determination are given to implementing the Draft Plan.

The author is a consultant to the World Bank and a research scholar at Nuffield College, Oxford, England; was senior advisor to the Operational Senior Vice-President of the World Bank, 1980-83, and previously Director of World Bank operational programs in East Asia and the Pacific. For his 20-year service, as World Bank official, involving international development issues, was awarded the Order of the British Empire (O.B.E.) in 1982.

This news item appeared on page 7 of the January 29, 1987 issue of:

THE JAKARTA POST, Indonesia

Fertilizer companies set up energy consultancy firm

JAKARTA (JP): Five state-owned fertilizer companies have established Indonesia's first consulting enterprise for energy conservation, particularly in the manufacturing sector.

The new venture, which is 60 percent owned by PT Pupuk Sriwijaya, and 10 percent each by PT Pupuk Kujang, PT Pupuk Iskandar Muda, PT Pupuk Kalimantan Timur and PT Petrokimia Gresik, will operate in energy auditing, feasibility studies, technical assistance and information.

Joni Marsinih, chief executive of Pupuk Sriwijaya, said at the signing of the joint venture agreement here Wednesday that the new company, PT Konservasi Energi Abadi (Koneba), was set up with an authorized capital of Rp 5.5 billion (US$3.37 million) of which Rp 5.4 billion was issued.

"The World Bank will also provide $3.5 million in soft loan for the operation of the venture," he said.

He said the establishment of the company is based on the results of research by Trans Energ of France which indicates that a number of manufacturers with a total consumption of 11.13 million barrels of equivalent oil a year can increase the efficiency of their energy consumption by about 23 percent, which means annual savings of $38 million.

Trans Energ, in its research in Indonesia in 1984, investigated the energy consumption of 67 industries, including those for fertilizer, chemicals, plywood, cement, sugar, textiles, paper, glass, tires, food and tobacco, he said.

Emphasis

Director General of Basic Chemical Industry Sidharta, who witnessed the signing with Director General of Electricity and New Energy Artono Arismunandar, said the consulting service on energy conservation will first emphasize the manufacturing industry because this sector consumes about 92 million barrels of equivalent oil a year, or 40 percent of the nation's total energy consumption.

He said an energy consumption project for a manufacturing plant will require additional investments, but conservation, which increases the efficiency of energy consumption by about 15 to 20 percent, will return the investments within six to 12 months.

Marsinih said Koneba, in its initial stage of two years of operations, will invite a foreign company for technical cooperation.

"More than 20 companies from several countries (including Japan, the United States, West Germany, France, Sweden and Canada) have applied for the technical cooperation," Arismunandar told *The Jakarta Post*.

Koneba will choose one of the foreign companies to be its consultant under an international tender, said Arismunandar, who is also the chief commissioner of the new enterprise.

Entol Soeparman has been appointed as chief executive and Nurdin Nawas as director of Koneba, which is based in Jakarta.

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This news item appeared on page 9 of the Feb. 9, 1987 issue of:

THE PATRIOT, India

India likely to ask for larger IDA cake

Washington, Feb 6 (UNI) — India will be pressing for an increase in its dollar share of IDA from the United States during the upcoming, two day meeting of the Indo-US subcommission on economics and commerce, starting on 11 February in Delhi.

The American delegation to the meet will be led by undersecretary of state for economic affairs Allen Wallis and the Indian side will be headed by the Finance Secretary.

Sources familiar with the position said papers that have been drafted for the meeting are saying that India will strongly urge the Reagan Administration to seriously consider its request to enhance the absolute dollar quantum of India's share of IDA.

Other informed sources say India's share will stay put at 650 million dollars a year inspite of the fact that the IDA 8 is a good 3.4 billion dollars more than the previous IDA seven.

During IDA seven India's share was 22 per cent of the concessional funds or about 650 million dollars a year, out of an IDA kitty of nine billion dollars.

IDA eight which will run from fiscal year 1988 to 1990 is slated to be 12.6 billion dollars and India's dollar share has been frozen at 650 million dollars a year or about 18 per cent of IDA eight.

India is expected to take a strong stand during the subcommission's meeting and will urge the Reagan Administration to reinstate its 22 per cent share in IDA eight equivalent to about 900 million dollars a year.

Informed sources say that the discussions may centre around finding a mean between the present 650 million dollars established share for India and the desired 900 million dollars.

Another issue that is on the agenda, according to informed sources is the subject of American bilateral aid reduction to India. From a sum of 90 million dollars a year the US aid has now come down to 50 million dollars a year.

Apart from economic matters, a wide spectrum of commercial matters are also on the agenda. Reliable sources say that India will seek greater access into American markets.

This issue promises to be a contentious one.

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This news item appeared on page of the February 4, 1987 issue of:

NEW NATION, Bangladesh

World Bank earns $655m in first half of financial year

WASHINGTON: The World Bank announced recently that its net income for the six months ended December 31, 1986—the first half of its 1987 fiscal year was $655 million. The amount is the second largest six-month figure the Bank has posted. In the first half of fiscal year 1986 which ended December 31, 1985 net was a record $695 million.

A major reason for the lower net was that the Bank had capital gains of $107 million on its liquid asset portfolio during the first half of FY87 compared to $208 million a year earlier.

The Bank also announced that in the first six months of the current fiscal period it borrowed $4.9 billion at an average cost of 5.8 percent. These figures compare with $6.8 billion and 7.25 percent in the first half of FY86. The average maturity of the latest borrowings was 11.7 years.

Lending commitments reached $4.19 billion for the six months—$3.434 billion for the International Bank for Reconstruction and Development (IBRD) and $756 million for the International Development Association (IDA). These figures compare to $2.877 billion for ICRD and $960 million for IDA in the first half of the previous fiscal year. Disbursements for the first half of FY87 for IBRD were $6.026 billion (compared to $4.197 billion for a year earlier) and $1.326 billion for IDA (compare to 1.285 billion a year ago). Disbursements for the Special Facility for Sub-Saharan Africa were 195 million compared to 21 million a year ago.

Major contributions to net income came from the Bank's low cost of borrowing, its large equity base, and capital gains on its liquid assets portfolio.

Two factors largely accounted for the Banks low cost of borrowing. One was its substantial access to lower cost currencies. Another was its use of currency swaps (spot purchases of foreign exchage) which the Bank only does if it is less costly than a direct borrowing in the same currency. Swaps reduced the average cost of the Banks new medium-and long-term borrowings from 6.6 percent to 5.77 percent.

As of the end of 1986, the Bank's liquid assets were $19 billion, compared to $19.7 billion a year earlier. Equity, i.e., paid-in capital and retained earnings, amounted to $11.6 billion, consisting of 4.6 billion of usable paid-in capital and $7 billion of reserves and accumulated net income.

The average cost in the first half of FY87 of total available funds (outstanding borrowings, usable paid-in capital, and reserves and accumulated net income) of $87.8 billion was 6.82 percent compared to 7.22 percent and $70.6 billion a year earlier.

The lower cost of borrowing enabled the Bank to reduce its interest charges on loans from 8.23 percent to 7.92 percent for the six months beginning January 1, 1987—the ninth consecutive reduction of its lending rate since July 1982 when variable rates were introduced.

This news item appeared on page 7 of the February 13, 1987 issue of:

THE JAKARTA POST, Indonesia

IFC's office in Thailand

BANGKOK (AFP): The International Finance Corporation (IFC), the private investment arm of the World Bank, is to set up a permanent office in Bangkok soon, probably in July, IFC chief executive Sir William Ryrie has said here.

Describing Thailand as a developing country "where the private sector is strong," he said a rough estimate of the IFC's increased involvement in this Southeast Asian nation would be investments of US$50 million a year.

The IFC currently has $250 million invested in projects in Thailand worth about $1.5 billion.

Sir William said the IFC was steadfast in its commitment to two controversial industrial projects in Thailand — a plan to build a 44-million-dollar factory to produce space-age tantalum, which is used in aerospace and computer components, and another for a major fertilizer plant in eastern Thailand.

This news item appeared on page 44 of the January 16, 1987 issue of:

THE AUSTRALIAN FINANCIAL REVIEW, Australia

World Bank rejects debt management role

By JOHN T. NORMAN
of AP-Dow Jones

The president of the World Bank, Mr Barber Conable, said yesterday that the bank would co-operate with the International Monetary Fund (IMF) and commercial banks in providing new loans to Third World debtor countries, but asserted that it was not the mission of the World Bank to become a "debt management agency".

Conable said the World Bank was stepping up its lending to such debtor countries as Mexico and Argentina to support growth-oriented economic adjustments. He added that a large part of the financial help to poor African countries from the International Development Association (IDA), a World Bank affiliate, was for the same general purposes.

Mr Conable said "a lot of people would like to make us a debt management agency, but I do not want to do that".

The World Bank, he added, would be a "total flop if it became that".

The World Bank's primary concern about the debt problems of developing nations was that these financial difficulties needed to be resolved to permit Third World nations to move ahead with their economic development efforts, he explained. "We're a development institution, not a debt-management agency," he said.

Mr Conable stressed that Third World countries seeking new loans or debt reschedulings to support growth-oriented economic adjustments were on the right track. But he said Peru and other countries which shunned new foreign borrowings while arbitrarily holding their external debt service payments to a certain percentage of their export earnings were not. The Peruvian Government strategy would not work, Mr Conable said, adding that Peru was "gradually falling into default".

Nothing was likely to work in Third World debtor nations that failed to repay outstanding foreign loans and Peru was one country that was not doing that, he observed. More generally, he said there was not likely to be any major write-off of external debts of developing countries and "certainly not generalised write-offs". He added that there could be some limited debt relief for Third World nations by continuing the processes of debt reschedulings already underway.

Only through a "co-operative approach", involving Governments, the IMF, the World Bank, commercial banks and other lenders, could the debt problems of developing countries be resolved, he insisted, adding that the Third World "debt strategy" outlined by the US Treasury Secretary, Mr James Baker, in late 1985 was beginning to work in such countries as Mexico and Argentina.

The World Bank official also emphasised the need for co-operation, rather than confrontation tactics, when asked about reports that Brazil and the Philippines may force out US banks doing business in these countries because of disputes over terms for new loans or debt rescheduling arrangements. Mr Conable said he did not want to judge the merits of arguments between developing countries and foreign banks, but "we have to resolve problems through co-operation".

The World Bank president, who said the bank would approve "well above" $14 billion in new loans to developing countries in the year ending June 30 to support economic adjustments and specific development projects, said there was another way the bank and its affiliates could assist the debtor countries.

He said the International Finance Corp (IFC), a bank affiliate, was working with Mexico and other countries on debt-equity swaps, under which outstanding commercial bank loans could be turned into equity holdings in various private business enterprises through IFC's supported investment funds.

"I do not have any illusions that the debt-equity swaps will make a major difference in the short run," he said.

He said the World Bank and the IMF would continue to urge commercial bankers and other private lenders to approve new credits to Third World countries trying to grow out of their debt problems.

"We must make it clear to voluntary lenders that they have a stake in such efforts," the World Bank official said, noting that he had done this for Mexico and Argentina.

Conable also praised the US, Japan and other industrial countries for agreeing on a $12.4 billion refinancing plan for the International Development Association in the three-year period starting this July 1.

This news item appeared on page 18 of the January 22, 1987 issue of:

THE AUSTRALIAN FINANCIAL REVIEW, Australia

World Bank comes to Euro-$A party

By STEPHEN HUGHES
and wire services

The World Bank became the latest guest to arrive at the bubbling Euro-Australian dollar bond party on Tuesday, with the launch of a $A75 million issue.

The fifteenth new stock to be launched in the sector since January 1 brought the total of new Euro-$A debt raised so far this year to around $A900/ million.

The World Bank's five-year bond, which carries a coupon rate of 14¼ per cent, was priced at 101½ to yield 13.69 per cent. Late in the day, brokers quoted the issue comfortably inside its fees of 1⅛-points at bid, less 1¼ offered less 1¼.

Senior lead manager on the issue was Orion Royal Bank Ltd, while other lead managers were ANZ Merchant Bank Ltd, Deutsche Bank Capital Markets and Morgan Stanley International.

Syndicate officials said that the issue appeared to be attracting strong investor interest, largely based on the strength of the currency. The $A reached a peak of US66.65¢ in London following news on Tuesday of an improvement in the current account deficit in December.

Societe Generale Australia Ltd's recent issue of 14½ per cent three-year Eurobonds has been increased to $A50 million from $A40 million, lead manager Hambros Bank Ltd announced yesterday.

The increase suggested that despite the huge amounts of paper issued in the past three weeks, the $A sector has coped better than many traders initially thought.

The overall tone of the Euromarkets was aided by specalation that Japan and West Germany would take concerted action to stem the sharp decline of the $US.

This news item appeared on page 3 of the February 23, 1987 issue of:

FINANCIAL TIMES (U.K.)

Ghana to pursue economic reform despite criticism

BY PETER BLACKBURN, RECENTLY IN ACCRA

A TOP LEVEL Ghanaian government team starts important talks today in Washington with the World Bank and the International Monetary Fund concerning the continuation of a four-year economic recovery programme.

The talks follow last Friday's presentation of the 1987 budget, seen as a signal of the Government's determination to continue Africa's most farreaching economic reform programme despite strong labour criticism.

The team, led by the chairman of Ghana's Committee of Secretaries, Mr P. V. Obeng, and the Finance and Planning Secretary, Dr Kwesi Botchwey, will start talks with the World Bank on an estimated $150m structural adjustment loan and should conclude a performance review of last October's SDR 81.8m (£67m) one-year standby agreement with the IMF.

"We shall continue the adjustment programme. But we must match the pace with the mood of the people and take more account of the social consequences," Mr Obeng said in an interview in Accra.

The budget, originally expected in January, has abolished the two-tier foreign exchange rate system introduced last September, raised the daily minimum wage by 24 per cent and introduced production incentives designed to create new jobs.

Imports of oil and essential drugs, official debt service and cocoa exports formerly traded at the first tier rate of Cedis 90 to the dollar will now be traded at the second tier rate applicable to all other transactions. This is fixed by weekly foreign auctions and is currently Cedis 150 to the dollar.

The most immediate effect of the abolition of the two-tier system is a 27 per cent increase in fuel prices. A gallon of premium grade petrol has been increased to Cedis 190 from Cedis 150.

Import duty and purchase tax on commercial vehicles have been abolished and duty on spare parts reduced to 10 per cent from 30 per cent. These measures are designed to limit the increase in the cost of transport which would in turn affect food prices and accelerate inflation, analysts say.

No mention was made of an increase in cocoa producer prices. Under the two-tier system, cocoa farmers had been subsidising oil imports, finance and planning secretary Dr Botchwey pointed out. "This cannot be allowed to continue, since it would otherwise mean going back to the days when cocoa farmers provided cheap foreign exchange that was dissipated without being replenished," he said.

The Government has increased the daily minimum wage by 24 per cent to Cedis 112 from Cedis 90. This is in line both with last year's official inflation rate and IMF guidelines, analysts say. The country's powerful unions have argued that inflation is effectively much higher. They have been pressing for a minimum wage of Cedis 150 per day which would have maintained the traditional parity with the dollar.

However Cedis 150 per day is still insufficient to feed a worker, the unions point out. The Government has sought to mitigate union opposition by supplementing workers' incomes through more tax relief and increased housing, food and other allowances.

In an effort to restore confidence in the banking system, the Government has announced that Cedis 50 notes withdrawn after the December 1981 revolution can be redeemed immediately with full interest.

About 60 per cent of the country's money circulates outside the banking system and this has contributed to an acute liquidity squeeze, according to bankers.

The budget also provides further incentives for industry and non-traditional exports. The corporate tax rate has been cut to 45 per cent from 50 per cent and duties on industrial raw materials reduced.

Real gross domestic product grew by 5.3 per cent in 1986, the third successive year of rapid growth. Further growth of at least 5 per cent is forecast this year, while inflation is targetted at 15 per cent, down from 123 per cent in 1983.

This news item appeared on page 35 of the February 21, 1987 issue of:

NEW YORK TIMES

Poor Lands' Debts Up 1%

WASHINGTON, Feb. 20 (AP) — Debts of poor countries will total $1,080 billion this year, a small increase reflecting the shrinkage of financing for the third world, the World Bank projected today.

"The fact that debt did not increase much last year, in fact by only about 1 percent in real terms, is not a good thing in these current circumstances," said Jean Baneth of France, who heads the bank's economic analysis and projections department.

"It is not a good thing because it reflects the drying up of financing following the Mexican crisis almost half a decade ago and because it imposed on developing countries an enormous adjustment effort."

Charles Larkum of Britain, who heads the external debt division, said total debt actually dropped last year if adjusted for inflation.

The bank's annual study of poor countries' debt indicated the countries had maintained relations with creditors by stalling development and reducing their people's incomes. They already have low average incomes, from the $110 a year of the average Ethiopian, to $2,410 in Argentina, compared with $16,330 a year for the average Swiss.

This news item appeared on page of the Feb. 23, 1987 issue of:

THE TIMES (U.K.)

Brazilian debt action triggers fresh crisis

Brazil's financial plight has raised new fears among ministers about the reawakening of the global debt crisis during a trying period when industrialized nations are struggling to find ways to sustain economic growth.

One by one over the last several weeks, the Latin debtor nations have sent out distress signals which have shattered the complacency of international bankers. There are calls for a new strategy to find a lasting solution to Latin America's $380 billion (£248.7 billion) debt burden. Economists warned that a chain reaction of debt moratoriums would undermine the dollar.

Brazil, which has a total foreign debt of $108 billion, triggered the latest crisis when it said it would suspend payments to banks to preserve shrinking hard currency reserves. Ecuador, once the model of the West's debt strategy, confirmed that it had missed a $36 million interest payment and would seek to reschedule much of its $8.2 billion debt at lower interest rates.

There were reports that Mexico, which started the debt crisis in 1982 by suspending payments on its $98 billion debt, would follow Brazil's lead and declare another moratorium. These were later denied by the finance ministry in Mexico City.

Argentina threatened last Friday to suspend payments of its $53 billion debt if it does not receive new commercial bank credits. Venezuela, Chile, and Peru are all negotiating with their creditor banks for more lenient terms.

Mr Paul Volcker, the US Federal Reserve Board chairman, last week echoed the views of many officials when he told Congress that "management of the debt problems of Latin America and some other developing countries is again at a critical stage." The system has "bogged down," Mr Volcker says.

Adding to the concern were remarks by Señor Enrique Iglesias, the Foreign Minister of Uruguay who chairs the Cartagena Group of debtor nations. He said debtor nations feared there would be a new increase in world interest rates which would wipe out their hard-won gains.

"The debt problem is extremely volatile. Ecuador's present situation was unthinkable just six months ago, and what is happening to Brazil was unthinkable three months ago," Señor Iglesias said.

Although there have been success stories since 1982, debtor nations continue to lurch from one crisis to another with no long-term solution in sight.

The $29 billion debt proposal unveiled in October 1985 by the US Treasury Secretary, Mr James Baker who was in Paris at the weekend for the Group of Seven finance ministers' meeting, has not worked. An alternative solution proposed by Senator Bill Bradley of New Jersey to cancel part of the debt has been rejected by banks and governments.

Mr Baker's proposal was aimed at the 15 most heavily indebted nations which would receive new funds if they agreed to follow growth-oriented economic policies. Critics said the programme stalled out because it would add to the region's already enormous debt, not reduce it.

The latest signs of trouble will put renewed pressure on finance ministers and central bankers when they meet in April for the interim session of the World Bank and the International Monetary Fund.

Mr Jorge Castaneda, a senior associate of the Carnegie Endowment, said any lasting solution must break the current cycle.

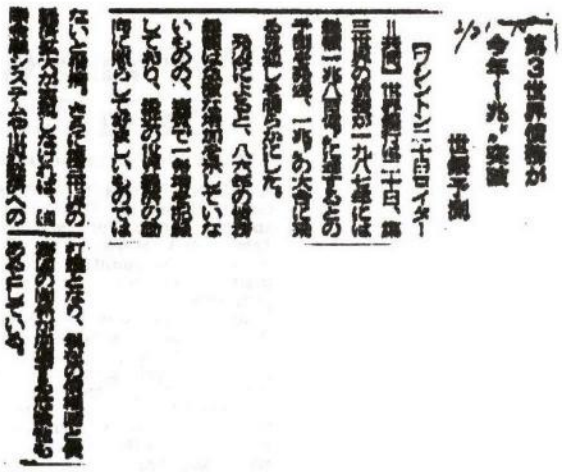
"Whenever countries achieve any significant growth, they immediately fall back into debt crises. The new Brazilian crisis is confirmation of this," he said. Last year, Brazil experienced a surge in growth which resulted in increased imports, lower exports, and sharply depleted foreign exchange reserves to pay its debt.

The World Bank sounded a warning in a report last week that the challenge facing the industrialized world is to create conditions for growth-oriented adjustment in developing countries which will erase the huge imbalances caused by the record US trade deficit and the surpluses of other nations. The combined current debt of the developing world has risen to a record $1,080 billion.

Bailey Morris

SANKEI SHIMBUN (Feb. 21, 1987)

NIHON KEIZAI SHIMBUN (Feb. 21, 1987)



TOKYO: World Debt Tables. All major dailies reported at the weekend on the World Debt Tables recently published by the World Bank, noting that developing country debt has exceeded $1 trillion. According to Nihon Keizai Shimbun, Sankei Shimbun, and Tokyo Shimbun, the Bank report commented that unless growth and expansion is achieved in the Third World, the international financial system and global economy would suffer, exacerbating problems between recipient and donor countries.

This news item appeared on page 4 of the February 18, 1987 issue of:

The Financial Times (United Kingdom)

IMF and World Bank for talks in Zambia next week

BY VICTOR MALLET IN LUSAKA

A MISSION from the International Monetary Fund (IMF) and the World Bank will visit Zambia next week, in an effort to revive the country's increasingly shaky economic reform programme.

Mr Barber Conable, World Bank President announcing the mission in Lusaka, said the IMF and World Bank representatives were expected to discuss adjustments or even alternatives to the recently-suspended system of weekly foreign currency auctions.

The auction system started in 1985 and was a cornerstone of the IMF's attempts to restructure the Zambian economy, but the auctioning was suddenly suspended three weeks ago by President Kenneth Kaunda, who also reshuffled his Cabinet.

Dr Kaunda's announcement, apparently in response to anger in the ruling party over the weakness of the Zambian kwacha on the free market, could be a serious setback for Western attempts to reorganise African economies on the basis of realistic exchange rates, although the response from the World Bank and the IMF has so far been muted.

Dr Kaunda has said that the kwacha, valued at around 15 to the dollar in the most recent auctions, would be pegged to a basket of currencies and set between nine and 12.5 to the dollar.

At the same time, he has reaffirmed his support for the auction, an apparently contradictory stance which has confused and exasperated Western observers.

Calling on Zambia to move away from its dependence on copper mining, Mr Conable praised the president but criticised other Zambian leaders for failing to understand the need to make sacrifices now for the country's future prosperity.

● Barclays Bank is expected to hold talks in Britain soon with the Anti-Apartheid Movement (AAM), following discussions in Lusaka this week between Barclays International's chairman-designate, Mr John Quinton, and the African National Congress (ANC) guerrilla movement.

SC

This news item appeared on page of the Feb. 23, 1987 issue of:

THE GUARDIAN (U.K.)

At last the richest nations have agreed to bury their hatchets and fight off recession

Alex Brummer

AFTER the months of feuding across the Atlantic, finance ministers from six of the largest industrial countries reached the conclusion in Paris yesterday that postponement of recession was more important for now than their various national interests.

The final communique with its specific promises of expansionary steps by the Europeans and Japan and fiscal restraint by the United States marks an significant stride forward for the process of institutional reform of the international financial system after a period of high tension. Although the Paris gatherings were somewhat marrred by the diplomatic tantrums of Italy — notably absent from the final statement — this should not be allowed to detract from the long-term reshaping of international economic institutions.

Critical changes are currently taking place on three fronts. First, as the Paris meeting demonstrated, there is a slow retreat from the floating rate exchange system which has fostered so much instability and overshooting since the Nixon Administration dismantled the fixed exchange rate mechanisms of Bretton Woods in 1971.

Second, the re-emergence of Brazil's debt problems mean that to all intents and purposes the Baker debt strategy, unveiled at the Seoul meetings of the IMF/World Bank in 1985 will have to be overhauled or the large scale defaults — which the banks have held off since the Mexico crisis of August 1982 — will come back to haunt the banking system.

Third, the re-organisation of the World Bank, which has been chugging along since the new president Mr Barber Conable took over last month, is moving into its final and decisive phase and promises the biggest shake-up in the institution's history. It has placed in jeopardy the job of the Bank's senior staff official Mr Ernest Stern and promises a new approach to lending and development in the developing countries.

Of most immediate importance to the financial markets is the outcome of the proliferating G5/G6/G7 sessions which appeared deliberately designed to keep the international monetary process as esoteric as possible. By continuously spawning new groups, like an amoeba in mutation, the largest industrial economies have created a monster which becomes increasingly difficult to interpret.

However, several points can be made. When all the verbiage and good intentions in the communique are boiled down what it actually means is a " standstill " currency agreement between the big three the US, Japan and West Germany. The economies and currencies of the other larger industrial nations simply float around this constellation in much the same way as the other Europeans bobble around Germany in the European Monetary System.

Nevertheless, there is satisfaction in all this for others too. Mrs Thatcher and the Chancellor Mr Lawson will now be able to claim international backing for any expansionary fiscal moves they make in this spring's pre-election budget. They will be able to say that U-turns the government has taken have no bearing on unemployment and other domestic tensions but are being carried out for the altruistic purpose of heading off a recession.

The most telling and long range point to be made is that the industrial countries are beginning to take tentative steps towards target zones for exchange rates. Although there is no specific mention in the communique reference points or targets it is known from the US-Japanese accord of October 31, 1986 that such reference zones were implicit. Similarly, the Paris sessions have

widened this process to directly include West Germany — with the other countries pledging themselves to the goal of currency stabilisation.

This, as the Federal Reserve chairman Mr Paul Volcker explained on Capitol Hill last week, is only part of the story. The exchange reference zones must be backed by fundamental economic reforms aimed at ending the disequilibrium affecting the international markets. Japan's promise to introduce a stimulatory package after the 1987 budget and West Germany's undertaking to raise its 1988 tax cut are short-term efforts at co-operation. However, for a new co-operative strategy on exchange rates to work it will have to be specifically tied to a range of medium term economic indicators.

This is where the IMF could be important. If the larger industrial countries are to move from vague currency stability agreements, such as that in Paris, to more specific reference and even target zones, then the work already done on creating a rational system of ten economic indicators and welding them together with currency values will have to go full speed ahead.

The next benchmark for this process will be the release of the spring version of the World Economic Outlook ahead of the April 6-10 meetings of the IMF/World Bank in Washington.

The IMF offers the possibility of rational medium to long term process for managing exchange rates and the international economy adding and automatic mechanism to the largely diplomatic and political bargaining process which has characterised the recent gatherings of the G5 et al.

This, however, is not the only tough problem currently facing finance ministers. The much trumpeted Mexican rescue, pieced together in Washington in October, appears to have been one of a kind. Positions among the developing countries and the commercial banks have hardened since then. Indeed, Washington is alive with talk at present of the need to develop new strategies including aggressive conversion of debt into equity and efforts, Senator Bill Bradley style, to lop the top off the debt mountain.

The Japanese banks may soon rationalise their developing country debt problem with the establishment of a jointly owned factoring company — in which they will hold the equity — in effect a super debt collection agency which would help remove the immediate balance sheet problem. What is clear, however, is that current standoff between the commercial banks and debtors will have to be resolved if the threat of serious default is not to become reality.

This is certain to provide an early test of leadership of Mr Michel Candessus at the IMF, who is said to be more sympathetic to the social plight of the LDCs, than his more fiscally conservative predecessor.

With its reorganisation in place the World Bank may be better equipped to tackle its wider debt role too. It now appears clear that the re-organisation will split the job of senior vice-president for operations Mr Ernest Stern in two — operations and policy. Thus decisions, for instance, on loan guarantees will be taken by the board on policy grounds rather than pre-cooked lower down in the bureaucracy. It is also plain that there will have to be "blood on the floor" if the Bank is to receive the capital increase and other resources it will need to support a great proportion of structural and faster disbursing loans.

Papers prepared for the spring meetings express serious concerns about the impact of the Bank's structural lending on poverty in developing countries and point to a large shortfall of up to $500 million in funding for sub-Saharan Africa this year. A reorganised Bank, together with fresh leadership at the IMF and a strengthened G5 process are all in some sense encouraging.

Institutionally, the international financial system is undertaking its most thorough going reforms since Bretton Woods more than 40 years ago. This should not, however, lead to complacency. The capacity for a serious shock to the system is very real: Brazil, frothy over-confident equity markets, protectionism and most seriously of all the threat of an international slowdown, all loom over the reform process like the Sword of Damocles.

This news item appeared on page of the January 1987 issue of:

AREA DEVELOPMENT (US)

EDITORIAL

World Bank's IFC Guarantees Equity In Developing Country Ventures

A NEW financial service that guarantees a foreign investor's equity in a venture located in a developing country is available to companies from a World Bank affiliate. The new service is being handled by the World Bank's International Finance Corp. (IFC). IFC, which assists developing countries' private sectors, will encourage much needed equity flows to developing countries by addressing a primary concern among U.S., European, and Japanese investors about risk to equity, according to Sir William Ryrie, IFC's executive vice president.

In announcing the program, Sir William said that it will remove the main risk that worries investors when they make equity investments in developing countries—the risk of capital loss.

Under the new service, called GRIP (Guaranteed Recovery of Investment Principal), an investor deposits the funds with IFC for a specified term, instead of investing directly in a project in a developing country. IFC then makes the equity investment in the project while the asset held by the investor is an IFC debt obligation. Capital gains and dividends are shared. When the investment matures, the investor has the choice of taking over the investment as the sole and direct shareholder, withdrawing his capital, or extending the agreement.

According to Sir William, there are benefits for all concerned in a GRIP investment. The investor's equity is secure. There are potential accounting benefits resulting from the fact that the investment takes the form of a U.S. dollar debt security (with equity options). IFC acquires part of the potential benefit of an equity stake without the use of IFC funds.

The GRIP concept has been discussed with corporations, government agencies, and financial institutions. Response has been positive, indicating that GRIP will help increase equity investment in the developing world because it meets a definite need among potential investors.

Greater emphasis must be given to equity investment as a source of financing for capital projects in developing countries. The negative real interest rates that prevailed in the 1970s caused a heavy preference for debt as opposed to equity financing for projects. As a result, many countries were undercapitalized, and in certain cases large successive currency devaluations brought about financial distress in otherwise operationally sound companies. In general, lack of equity capital weakens the capacity of companies and countries to withstand economic and external shocks.

As a result of increased concern among investors regarding the risks involved in equities in developing countries, the investment decision-making process has been focused increasingly on the possibility of losses. In normal markets, investors weigh potential returns against risks they feel they can understand and quantify. Today, with respect to developing countries, the potential for profit is acknowledged, but the risks are often felt to be impossible to assess. Many investors have become preoccupied with the security of their investment principal and, without confidence in their ability to evaluate all possible risks to that principal, they might forgo worthwhile projects.

Tom Bergeron

Editor

This news item appeared on page 16 of the February 19, 1987 issue of:

FINANCIAL TIMES (U.K.)

Egypt, IMF agree on economic reform

BY TONY WALKER IN CAIRO

EGYPT and the International Monetary Fund have agreed in principle a package of economic reforms that would lead to price increases of some subsidised goods and services in exchange for a standby credit of $300m.

A senior Egyptian official said the terms of the draft agreement were flexible and should cause no serious political problems for the Government. "Words are never complete victories nor complete defeats," the official said.

Dr Shakhur Shaalan, the IMF's regional director, was due back in Cairo this week to receive a copy of the letter of intent, which is expected to be approved by President Hosni Mubarak. The document will be forwarded to the IMF board in Washington for approval.

The main points of the agreement, concluded in the past few days, are: A streamlining of Egypt's multi-tiered exchange rates system within 18 months, increases in energy prices such as a fuel oil, a gradual liberalisation of interest rates, bigger incentives for farmers producing staple commodities, stronger action to reduce the budget deficit, further efforts to restrain imports and to encourage exports and more encouragement for the private sector.

Egypt appears to have secured IMF concessions on the timing of the proposed reforms. The Fund had initially demanded that Egypt abandon immediately its various official rates of exchange, which bear little relation to the real value of the Egyptian pound against foreign currencies. The IMF also appears to have shown flexibility on the liberalisation of interest rates, agreeing to a more gradual approach than first demanded.

An IMF agreement to provide about $300m in balance of payments support will open the way for Egypt to reschedule its government-guaranteed debt through the offices of the Paris Club, a group of western creditor nations which operates under the auspices of the French Treasury.

Egypt is heavily in arrears to its major creditors and is falling further behind in repayments on its $38.6bn foreign debt. Arrears increased from $800m in 1982 to $4.4bn by mid-1986, according to the latest IMF report.

The country faces increasing difficulties meeting repayments, particularly on its military debt to the US of about $4.3bn, with $500m falling due each year.

Major western creditors, notably the US, France, Spain and Italy through the Paris Club, have indicated they are willing to reschedule on highly favourable terms most of Egypt's government-guaranteed debt of about $12bn.

A residual gap of about $1bn not covered by rescheduling will be taken care of by World Bank loans and assistance from donor countries. The US is likely to convert to cash more of its civil aid appropriation to Egypt of about $1bn per year.

Details of Egypt's agreement with the IMF are not expected to be made officially public until after the elections due on April 6 because the Government does not want opposition groups to make an issue of proposed price increases.

Egypt last concluded a loan agreement with the IMF in the late 1970/s. However, that agreement quickly collapsed because Egypt failed to carry out economic reform agreed with the IMF.

Western officials are doubtful that circumstances will be different this time. "Deep in my heart of hearts, I don't believe they are going to reach an agreement," one official said early this week, and even if they do, are they going to be able to stick to it?"

This news item appeared on page of the Feb. 25, 1987 issue of:

JOURNAL OF COMMERCE

Mexicans, Creditors Nudge Banks

By WILLIAM A. ORME Jr.
Journal of Commerce Special

MEXICO CITY — Mexico and its major creditors sent telexes to international banks detailing Mexico's need for prompt delivery of its stalled multibillion-dollar commercial loan package, the Finance Ministry disclosed.

Seen as a sign of the growing concern in Mexico and Washington about the loan's delay, the messages were intended to put additional pressure on smaller banks that have refused to join in the $7.7 billion credit.

The Finance Ministry said it now has commitments for more than 96% of the loan funds and is pressing for a March 20 signing of the jumbo credit pact.

The telexed messages — sent Tuesday and Wednesday by the International Monetary Fund, the World Bank, the Mexican Finance Ministry and the steering committee of Mexico's private creditors — were also apparently designed to reassure international bankers that Mexico, unlike Brazil, is not about to stop interest payments.

"We are definitely not going to declare a moratorium," a Finance Ministry spokesman said in a telephone interview Wednesday. Mexico's promise to continue payments is based on its expectation that it will soon begin receiving the promised commercial loans, however, officials said.

President Miguel de la Madrid, in a telephone conversation Tuesday with Brazilian President Jose Sarney, expressed Mexico's "willingness to help Brazil in these difficult moments in whatever way the Brazilian government considers useful."

Without an influx of fresh credits in the next month or two, Mexico is unlikely to be able to achieve its goal of 3% to 4% economic growth this year, independent economists said. Mexico also needs the money to maintain interest payments on its $100 billion debt.

This news item appeared on page of the Feb. 24, 1987 issue of:

WASHINGTON POST

L. Ronald Scheman

Helping Latin Debtors

The announcement by Brazil's President Sarney that his country is suspending payments on foreign debt comes as no surprise. It is one more step on the long, arduous journey toward achieving a more balanced approach to dealing with the plight of nations that are in debt beyond their economies' reasonable prospects to repay. Coming after Peru's decision to allocate only 10 percent of its export earnings to debt repayment and Ecuador's recent suspension of payments—not to mention the impossible case of Bolivia—the Brazilian announcement helps make clear the pattern of the next round.

It is important to note what President Sarney said: "We will negotiate a formula to honor our commitments within parameters that do not limit national development." That statement received the support of all of Brazil's major political parties. Everyone in Latin America is now ready to confront the underlying realities of the region's $380 billion debt.

Latin America's political leaders have until now demonstrated remarkable will and capacity to absorb the harsh austerity measures required to meet their debt obligations. The need to export more than $30 billion in capital per year to pay interest, however, has ravaged their economies and left the prospects for economic growth in the hemisphere virtually nil. Given the major policy interest of the United States in strengthening Latin America's fragile new democracies, such growth is in our interest as well.

What Latin America is asking for is simple: more time. This translates into lower annual payments, which would leave more capital in the local markets for investment and job creation.

The irony is that there is a way to give Latin America more time and simultaneously to benefit the U.S. economy. This requires acknowledging the vital linkage between debt and trade.

U.S. and Latin American interests are complementary. The United States does not require immediate cash payment. It does require responsible political partners who are committed to strengthening democracy and who will contribute to the vigor and growth of the Western world.

U.S. banks need a viable plan to realize repayment over the long term. Latin America, on the other hand, must revive its deteriorating industrial plant by importing new machinery and technology. When one considers the efforts now under way to bolster U.S. exports, it becomes clear what the goal should be: to link debt repayments to a mechanism that will transform the capital Latin America has shown itself willing to pay into machinery that it can use.

One answer—a good one, I believe—would be to let the debtor countries repay a major portion of the interest and part of the amortization into local development funds. The purpose of these funds would be to invest in productive industry and agriculture by providing capital to import new machinery and technology. The countries would give the banks permission to establish the development funds and would deposit in them, in local currency, a major portion (say 50 percent) of the annual interest payments and part of the amortization, although the ratios might vary according to the circumstances in each country.

The banks would be the owners of each fund and would be able to ensure its integrity, deciding on the industries in which the investments were to be made. All companies doing business in the country would qualify for loans, which would be an important spur to investment in new enterprise.

The governments would participate in the fund to the extent that they maintained their sovereign guarantees of the investment. This should not pose a problem for the countries, since they would, at worst, gain a new industrial plant and considerable additional time for repayment. To ensure impartiality, the Inter-American Development Bank or the World Bank could be subcontracted to manage the fund.

The concept would give an immediate boost to both productive investment in Latin America and to world trade. While capital would continue to flow abroad from the countries, as at present, it would go for imports to improve productive capacity. Thus the "net worth" of the country would not be diminished. For the United States, the obvious benefit would be the spur to trade and the regeneration of economic activity to facilitate repayment of the debt. The banks would maintain the value of their capital, but it would be converted to equity in productive industry. This would be considered a debt-equity "swap" transaction—acceptable under U.S. banking regulations as maintaining the value of the loans.

In a sense, this would be a Marshall Plan in reverse. In our current predicament, Latin America does not need new money to revive its economies; the money is already there. What is needed is a means of slowing down the pace of repayment. By making a direct link between the political and economic dimensions of the problem, we can strengthen democracy while contributing to the revival of the global economy. Considering where we stand today, it could be the cheapest "foreign aid" program the United States has ever launched.

The writer is director of the Center for Advanced Studies of the Americas.

This news item appeared on page A27 of the February 26, 1987 issue of:

WASHINGTON POST

Hobart Rowen

Forgive The Debts

PARIS—A funny thing happened to the six rich nations' top financial men on the way to one of their exclusive club meetings here: one of the fuses on the international-debt time bomb ignited when they were least expecting it.

Treasury Secretary James A. Baker III and the other finance ministers and their central bankers were seeking a way of ending volatile swings in the value of the dollar.

But in the midst of trying to solve this problem, they got some unwelcome news: Brazil, the Third World's largest debtor nation, abruptly said it would suspend interest payments indefinitely on $67 billion owed commercial banks. That amounts to two-thirds of its $108 billion total debt.

This was a shock, because Brazil is supposed to be the prize "success story" to emerge from the many Band-Aid solutions concocted since 1982 to solve Third World debt problems.

The Brazilian moratorium was followed by an Argentinian announcement: if it didn't get special loan terms such as those advanced to Mexico, Argentina would quit making scheduled payments on its debt. No one quite knows how far this movement might spread, but the impact on the American banking system could be dramatic, as was evidenced by the Feb. 23 plunge in bank stock prices.

The world's financial leaders assembled here were totally unprepared to deal with this phase of the international monetary crisis. Yet, as Jerry W. Sanders and Sherle R. Schwenninger note in the new World Policy Journal, the "signs of political and social strain" were there for all to see. Sen. Bill Bradley (D-N.J.) has been saying for many months that the long Latin American economic decline threatens to wipe out some of the encouraging signs of democratic reforms.

But the "G-6" communiqué, largely "pre-cooked," stayed with the vaguest kind of language on the debt problem. It noted that "progress" so far has "not solved all the problems" and called for some undefined "strengthened debt strategy." Who are the leaders calling upon—God, or some good fairy?

The world's financial leaders should be doing what they're being paid for: exercising leadership on the debt issue. Something more imaginative needs to be done to grapple with the debt crisis; it won't go away by itself.

At the end of 1981, just before the scope of the debt problem broke onto the public's consciousness, the total amount owed was a massive $729 billion. Now, after five years of floundering, it's mushroomed to $1.035 trillion, according to a new World Bank tally.

At first, the International Monetary Fund enforced austerity on major debtor nations in Latin America, squeezing what it could out of them for repayments to commercial banks. That drained their ability to buy American exports—one major reason for our burgeoning trade deficit.

What Baker came quickly to understand when he took over the Treasury from Donald Regan in early 1985 was that the political limits of austerity had been reached. Baker recognized the intellectual validity of the argument for restoring economic growth, especially in Latin America, but wasn't able to take more than a first step (albeit an important one) to meet the need. His "initiative" in Seoul in October 1985 called for more loans by banks and international institutions, while debtor countries were to modernize and "privatize" their economies.

"In 1986 Third World nations transferred $29 billion in resources to richer nations. . . . This can't go on."

But except for the special deal for Mexico put together late last year, the Baker plan has stalled: the banks aren't anxious to throw good money after bad in Latin America. The debt crisis, as evidenced by the Brazilian and Argentinian actions, is reaching a new stage.

To improve the Baker plan, officials and bankers lately have been touting "debt-equity swaps," a method of exchanging, at a discount, some bad debts for equity in Third World countries' real assets. But some debtor nations regard these swaps as a gimmick—a sweet deal for foreigners who come into ownership of yet another slice of their national heritage.

At least the debt-equity swap recognizes one deficiency of the Baker plan: that heavily indebted countries need not additional loans, but fewer of them.

The necessary and better route in many cases is debt relief or forgiveness. World Bank figures show that in 1986 Third World nations transferred $29 billion in resources to richer nations, up from $26 billion the year before. This can't go on. Bradley and others sensibly call for a reversal of this pattern by moving from the Baker-plan strategy of more loans to one of debt forgiveness or relief.

They have been brushed off by Baker, Federal Reserve Board Chairman Paul A. Volcker and World Bank President Barber Conable.

But Brazil's bold move, putting at risk the earnings of the big multinational banks, should make the establishment think once more about its rigid opposition to debt relief. Brazil's action says that it's going to happen, either with the establishment's acquiescence and planning—or unilaterally, as these countries act in their own national interest.

This news item appeared on page 4A of the February 26, 1987 issue of:

THE JOURNAL OF COMMERCE

Baker: Japan, US Near Aid Accord

WASHINGTON — Treasury Secretary James A. Baker III said the United States reached a tentative understanding with Japan on measures to increase Japanese aid to the Third World in return for some of the United States' shares in the World Bank.

He told senators the deal was similar to one made on the International Monetary Fund, the bank's sister organization, in 1976.

Mr. Baker said that in addition to increasing the Japanese contribution to the International Development Association, which makes low-interest loans to the poorest countries, Japan had undertaken to:

• Follow through on aid agreements reached at the Tokyo summit in May 1986.

• Take steps to stimulate the Japanese domestic economy, measures expected to require more Japanese imports from Third World countries.

• Open the Japanese economy to imports from developing countries, particularly the newly industrialized countries.

• Reach an agreement on mixed credits, which combine aid funds with commercial loans by methods criticized by U.S. officials.

Mr. Baker said the United States will contribute $3.875 billion over the next three years of a total of $12.4 billion.

"While this request is large, the U.S. share has declined from 42% of the initial subscription in 1961 . . . to around 23%," he added.

The agreement on the IDA was reached in Rome last Dec. 15, but details of Japanese undertakings had not been described publicly in Washington.

Mr. Baker was testifying before the subcommittee on foreign operations of the Senate Appropriations Committee to urge U.S. support for the World Bank and other intergovernmental bodies that help Third World countries. (AP)

This news item appeared on page 8C of the February 25, 1987 issue of:

WASHINGTON TIMES

Legislators seek African aid overhaul

Baker: U.S. must pay if it is to lead

By Karen Riley
THE WASHINGTON TIMES

The United States must make good on its share of the world budget for the international development banks or risk losing its leadership position in international financial affairs, Treasury Secretary James A. Baker III told Congress yesterday.

Mr. Baker, testifying before a Senate Appropriations subcommittee, criticized Congress for cutting the administration's annual request for the banks in the 1986 and 1987 fiscal years.

"These funding shortfalls represent international commitments which we cannot, and others will not, ignore," he said.

"We cannot continue to renege on our international financial responsibilities and retain our position of global leadership," Mr. Baker said.

The multilateral banks, which support a variety of projects in developing nations, include the World Bank, the Inter-American Development Bank and other institutions. The banks lend money based on future funding commitments from the United States and other nations, commitments which eventually must be made good.

To meet the government's funding commitments with the banks for fiscal 1988, Mr. Baker asked Congress yesterday for $1.8 billion.

In addition, the Treasury secretary appealed for $293 million in supplemental money for fiscal 1987 to make up the existing shortfall. Congress had cut that amount from the administration's budget requests in fiscal years 1986 and 1987.

Lawmakers are unlikely to go along with Mr. Baker's full request, congressional sources said. With the need to slash over $62 billion from the current services budget to comply with the $108 billion Gramm-Rudman deficit-reduction target for fiscal 1988, Congress is less likely to be sympathetic about international development needs, the sources said.

Europe and Japan have assumed a larger share of the financial burden of the international banks over the past decades, largely at the urging of the United States.

When the World Bank affiliate, the International Development Association, was established in 1961, the United States was responsible for 42 percent of the funding. For the IDA's seventh replenishment — each replenishment is funded over a three-year period — the United States accounted for only 25 percent.

Mr. Baker said if the United States pulls back its own funding, it could set a bad example for other nations.

But behind that plea is the concern that Japan might surpass the United States in contributions to the international banks, sources said.

The United States has promised to contribute $2.8 billion over the next three years for the IDA's eighth replenishment, which begins July 1, while Japan has pledged $2.6 billion.

This news item appeared on page E3 of the February 26, 1987 issue of:

WASHINGTON POST

Baker Hit for Urging U.S. To Back Development Banks

United Press International

Treasury Secretary James A. Baker III's call for the United States to pay its share of the budget for international development banks was sharply criticized on Capitol Hill yesterday.

Baker told the Senate Foreign Relations Committee that continued funding of the International Development Association and similar international financial organizations that aid the world's poorest countries is essential to America's long-run economic interests.

"Restoring growth and resolving the debt problems of developing countries would bolster their capacity to import from the United States and others," he said. "However, if the United States is to continue to lead, if we are going to continue to address these problems, we must be willing to commit our fair share of the necessary resources."

Several panel members expressed reservations about subsidizing Third World countries' exports, such as agricultural commodities, at a time when American farmers are hard pressed. Sen. Jesse Helms (R-N.C.) questioned the wisdom of lending money to countries with starkly different political philosophies.

"The United States taxpayer can no longer afford to subsidize frivolous loans to blatantly unfriendly nations," Helms said.

On Tuesday, Baker made a similar pitch to another Senate panel. The Treasury chief warned that the United States risks damaging its own economic security and losing credibility worldwide if Congress refuses to pay its share of the budget for the international development banks.

"We continue to renege on our international financial responsibilities and retain our position of global leadership," Baker told a Senate Appropriations subcommittee Tuesday.

"If we . . . fail to support our own programs, and ignore or delay meeting our international commitments, the damage to U.S. national and economic security may be vast," he said. "That harm will not easily be undone."

Baker complained that Congress has for the last two years cut the administration's annual request for $1.5 billion for the international banks, which support a variety of projects in developing nations.

The multilateral development banks include the World Bank and the International Monetary Fund.

40

THE REPUBLIC OF THE GAMBIA

Mita: Please send Dr. Gowers a set

Medical & Health Department,
Medical Headquarters,
Banjul.

Ref/ HEA/GEN/69

3 March 1987.

Dr. A. Measham,
Health Adviser,
P H N D R
World Bank,
1818 H Street NW
WASHINGTON DC. 20430.

Dear Tony ,

Thank you for your memo and the draft copy of your impressive paper. Unfortunately it arrived in the Gambia whilst I was on leave in the U.K. and your deadline was well past by the time I got back here in February.

I trust it went down well with the Nairobi Conference. If Possible I would be interested to see their comments on it.

As regards the models I really have little to add. I noticed that the first model mentional an 'alarm' system but did'nt describe it or cost it. I also wondered if the models adequately addressed the maintenance needs of the systems.

With best wishes,

Yours Sincerely,

DR. P. R. S. GOWERS.

P.S. As of the end of June I shall be returning to U.K. to work in the N.H.S. my Address will be 9, Charley Road,
Sheffield 10,
ENGLAND.

PRSG/nc.

FORM NO. 75
(6–83)

THE WORLD BANK/IFC

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FROM:	ROOM NO.:	EXTENSION:
Pushpa Schwartz	D832	73573

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BANK NEWS RELEASE

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WORLD BANK, WHO, UNFPA TO CO-SPONSOR CONFERENCE ON SAFE MOTHERHOOD

WASHINGTON, January --. Each year about 500,000 women die from causes related to childbearing. Sixty percent of these deaths occur in South Asia and 30 percent in sub-Saharan Africa.

Concern over these statistics has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood which will be hosted by the Government of Kenya, in Nairobi on Februry 10-13. World Bank President Barber B. Conable, WHO Director-General Dr. Halfdan Mahler, UNFPA Executive Director Rafael N. Salas, and United Nations Development Programme Administrator William Draper III will deliver major addresses.

Maternal mortality is the leading cause of death among young women in many developing countries, and illness and death from childbearing afflict poor women disproportionately. The Safe Motherhood conference is aimed at drawing the attention of governments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world, devising strategies to improve women's health, and to launching effective and affordable programs.

Women in development and health issues are receiving greater emphasis in the World Bank's development programs. Mr. Conable, in his first Annual Meeting address to the Joint Annual Meeting of the Board of Governors of the World Bank and the International Monetary Fund in Washington last October, said that "women do two-thirds of the world's work, produce 60 to 80 percent of Africa's and Asia's food, and 40 percent of Latin America's." Yet, Mr. Conable said, women "earn only one-tenth of the world's income and own less than 1 percent of the world's property."

Lending for health, a critical factor in improving women's lives and productivity, is one of the fastest growing areas of Bank activities. Over the next five years, the Bank plans to build major "safe motherhood" components into some 20 projects. Over the last five years, the Bank has provided about $1 billion dollars in financing for 34 population, health, and nutrition projects. The table below shows the regional distribution of Bank lending for these purposes during fiscal years 1982-86.

POPULATION, HEALTH, AND NUTRITION PROJECTS
APPROVED BY REGION, FISCAL YEARS 1982-86 1/
(In millions of U.S. dollars)

Region	FY82	FY83	FY84	FY85	FY86
South Asia	0	18	70	0	129
East Africa	23	7	14	4	11
West Africa	0	15	17	61	70
East Asia and Pacific	0	27	85	85	98
Middle East and North Africa	0	19	0	43	0
Latin America and Caribbean	13	34	58	0	96
TOTAL	36	120	244	193	404
Number of Projects	2	7	7	7	11

Source: World Bank, Population, Health, and Nutrition Department.

1/ Bank fiscal year ends June 30.

The press is invited to attend the opening session of the conference on February 10 at 1000 hours, in the Kenyatta International Conference Center Amphitheater. A press conference with the heads of the three co-sponsoring international organizations will follow immediately after the opening session. A final press conference will be held on February 13 at the Inter-Continental Hotel, in the Turkana Room.

Press registration will be on February 9, in the Inter-Continental Hotel lobby between 800 and 1800 hours. The press will be assisted by the conference staff in the Turkana Room, Inter-Continental Hotel. The conference venue following the opening session will be the ballroom of the Inter-Continental Hotel.

THE BANGLADESH OBSERVER
(February 26, 1987)

Safe Motherhood

The decade of Health for all has, paradoxically, turned out to be one more for men than women. The latter's case for health care, education and other socio-economic benefits and rights goes by the wayside. Needless to say, this is almost wholly a third world phenomenon. A greater sense of democracy and of women's rights, among numerous other advantages such as those of education, information, communication and state-provided health service facilities, has reduced to the minimum the rate of maternal mortality during pregnancy or from childbirth in most developed countries. In the United States, for instance, a maternal mortality rate of 56.8 deaths in 1936 has been reduced to 3.6 per 10,000 live births. In some of its states it has come down to 1.3.

Against this western background of 50 to over 800 deaths for 100,000 live births the collosal death rate in developing societies is a chilling contrast. An estimated 5,00,000 women die each year from causes related to pregnancy and childbirth, and only about 6,000 (six thousand) of these are in the developed world. This leaves the third world, with an appalling toll of 4,94,000 deaths in childbirth.

For Afro-Asian third world societies the problem is basically one of poverty and of malnutrition generally, and for childbearing mothers in particular. Among other problems accounting for a higher rate of maternal mortality is illiteracy, specially among rural women, and ignorance of even elementary health rules. Against such a lethal combination of circumstances the wonder is that there are safe deliveries at all. The safety is therefore more an exception. Compared with this an English or American mother with child receives the best possible prenatal care provided by Public Health Service in her country. Nothing is left to chance as happens in our part of the world. According to the U.S. Children's Bureau reports (1960) 96% per cent of births were attended by physicians in hospitals, 1.5 per cent by physicians in the home, 2.5 per cent by midwives and other unprofessional attendants. By now maternal morbidity and mortality is as good as wholly controlled. Which shows that pregnancy problems and child-birth deaths are among the most avoidable calamities. Our public or private health care seems criminally innocent of its obligations to so many so direly in need of health services. Family planning, while it is matter of control of births, must take as seriously the health and safety of mothers.

It is worth noting that pregnancy brings on tremendous change in the metabolism of the mother. Her need for energy derivable from nutrients like carbohydrates, fats, proteins, vitamins and minerals almost trebles. But living below the poverty line few, if any, in the poor countries can afford even a fraction of the needed calories. There is a positive correlation between the mother's diet during pregnancy and her health and the health of her new baby. No wonder, with a nutrition deficiency of the above rate, infant mortality and maternal mortality go hand in hand—apart from stillbirths, and premature births as well as the incidence of toximias and other serious pregnancy complications.

The greater pity is that even organisations like WHO or U.N. Fund for Population Activities (UNFPA) and World Bank have only lately risen to this menace ravaging Africa and South Asia. And the piece of good news is that the World Bank has launched a major international strategy to reduce by half the number of women's deaths within ten years. Under this programme the World Bank, by 1990, will be directly assisting projects in 50 countries with an annual expenditure of up to $,50 million. This was revealed at a global conference on 'Save Motherhood' held in Nairobi early this month. If, as stated, it includes stronger community-based health care, more hospitals and health centres dealing with obstetric emergencies and an 'alarm' and transport system for pregnant women, quite something will have been done to provide relief where it has been long overdue. But, most important, the same institutions will have to see to it that the funds so deployed are used so as to achieve the results aimed at. This caution is necessary in view of the record (not always known) of waste of such funds in most of the developing world.

THE DAILY NEWS
(February 26, 1987)

Population stabilisation 'survival issue' for Bangladesh

Jeremy Hamand

DHAKA : Bangladesh's rapid population growth rate is the country's "worst enemy," President Hussain Muhammad Ershad said at a Press conference in December. Speaking to an international group of journalists who were on a study tour sponsored by the Washington-based Population Institute. President Ershad said he tells his ministers to try to convince people of this at every opportunity.

"If we cannot keep our population growth under control, we will not survive as a nation. It must come from every minister, every government official, so that people hear it every day, and get motivated," he added.

Bangladesh's present population of around 100 million is growing at over 2.5 per cent per year. The Government has an ambitious target of reducing fertility to replacement level by the end of the century. In this case, Bangladesh would enter the next century with a population of 130 million. If the present high fertility continued the country could have an additional 30 million people in 2000. To achieve population stabilisation "is a question of survival for Bangladesh", said the President.

Bangladesh failed to meet an earlier target of reducing the birth rate to 31.6 by 1985, and postponed its target of replacement fertility by 1990 to 10 years later. But as an example of the progress being made, President Ershad said that if a man in a Bangladesh village was asked how many children he had, he would feel embarrassed if he had to admit to having more than two. "Having more than two children has come to be seen as a crime. That awareness is a great achievement for us, in a society so backward and a society which suffers from religious troubles."

Asked whether Islamic fundamentalism was likely to have an effect on the family planning programme in a country where 90 per cent of the population are Muslims, the President replied that Bangladeshis were "basically very liberal Muslims". He admitted that there might be some opposition from the mullahs in some quarters; but the Government has introduced courses for religious teachers on population issues and family planning.

"We tell them: 'Let us survive first, then religion will come". At a recent seminar on 'Family Welfare in Islam' organised by the Bangladesh Family Planning Association, the country's Vice-President and Minister for Law and Justice Judge Nurul Islam, called on Muslim religious leaders to promote family planning, and an Islamic research centre has recently been opened to conduct research into the role of Islam in promoting family planning.

Obstacles

The President admitted that the low literacy rate, especially of women, and the low standard of living were obstacles impeding the wider acceptance of family planning. But he was encouraged by the greater numbers of women now working in paid employment outside the home in factories and offices. He said his Government was committed to combatting the social oppression under which so many Bangladeshi women still suffered. Laws had been enacted to abolish the dowry system and to punish jilted men who assaulted their former fiancees. The quota of women employed in government service had been raised from 10 to 15 per cent, although in some sectors, such as family planning and primary schoolteaching, it was already much higher.

President Ershad took the journalists to his operations room, where family planning targets and statistics were displayed alongside trade and budget figures. "If targets are not met, I always ask for an explanation", said the President who in November had shown his political confidence by lifting the martial law restrictions which had been in force since he came to power in 1982.

High infant mortality was another impediment to family planning acceptance. The Minister for Health and Family Planning, Mr. Salahuddin Quader Chowdhury, told the visiting journalists that 850,000 children died in Bangladesh every year—250,000 from identifiable diseases, and the rest from diarrhoea, chest complaints, and similar treatable illnesses. Infant mortality in 1985 was 125 per 1,000, and the Government aims to reduce it to 100 by the end of the decade.

"It is a delicate tightrope walk to conduct family planning in a country such as ours", said Minister Chowdhury, answering a question on accusations of coercion in the sterilisation programme made a year ago. "The history of Bangladesh shows that Bengalis are resistant to all coercion. No government would last 24 hours if it sanctioned coercive sterilisation—it is just not on", he said. The concept of voluntarism was a vital part of the family planning programme.

Under government regulations, female sterilisation acceptors are paid Taka 175 (about $ 5) to help defray the costs of loss of earnings and transport. Most women bring their youngest child and a relative with them when they come for the minilaparotomy operation.

The contraceptive prevalence rate in Bangladesh is now around 30 per cent. Of these accceptors about 10 per cent are sterilised, as against over 30 per cent in some states of India, 28 per cent in South Korea, 25 per cent in China and 40 per cent in the United States.

—People News/Features

BY POUCH

THE WORLD BANK
RESIDENT MISSION IN BANGLADESH

ROUTING SLIP	**Date** February 12, 1987

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The World Bank	
Washington, D.C.	
USA	

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REMARKS

A paper clipping on "World Conference on Safe Motherhood" is attached.

Best regards.

From Nurul Islam, RMB

DAILY NEWS
FEBRUARY 1, 1987

World conference on Safe Motherhood

WASHINGTON: Each year about 500,000 women die from causes related to childbearing. Sixty percent of these deaths occur in South Asia and 30 percent in sub-Saharan Africa. Maternal mortality is the leading cause of death among young women in many developing countries, and illness and death from childbearing afflict poor women and their families disproportionately.

Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood which will be hosted by the Government of Kenya, in Nairobi on February 10-13. World Bank President Barber B. Conable, WHO Director-General Dr. Halfdan Mahler, UNFPA Executive Director Rafel M. Sales, and United Nations Development Programme Administrator Willim Draper III will deliver major addresses. The President of Kenya, Daniel arap Moi, will welcome the conference participants at the opening session.

The Safe Motherhood conference is aimed at drawing the attention of governments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world: devising strategies to improve women's health : and launching effective and affordable programs. Minister and officials from 50 developing countries and leaders in the development field will participate in the conference.

Women in development and health issues are receiving greater emphasis in the World Banks Development Programs. Mr. Conable, in his first address to the Joint Annual Meetings of the Boards of Governors of the World Bank and the International Monetary Fund in Washington last October, said that "women do two-thirds of the world's work. Their work produces 60 to 80 percent of Africa's and Asia's food, 40 percent of Latin America's. Yet they earn only one-tenth of the world's income and own less than one percent of the world's property. They are among the poorest of the world's poor." He urged that greater efforts be made to open up development opportunities to women, to equip them to respond, and to enable them to share in the progress achieved. As part of this effort, he emphasized "we must provide training to give women the skills to determine their productive and reproductive lives."

—World Bank News

*** February 20, 1987 ***
Development News
• Weekly Supplement •

This news item appeared on page of the Feb. 12, 1987 issue of:
KENYA TIMES

Motherhood: Let us give up wrong notions

A SERIES of important recommendations on how mankind can ensure safe motherhood and, in the process, significantly reduce the alarming number of women who lose their lives during or before giving birth, will be made by the delegates who are attending the present conference on the subject in Nairobi, which is an important and historic forum jointly sponsored by the World Bank and the UN.

Opening the conference on Tuesday, President Daniel arap Moi noted with regret in his keynote address that an estimated 500,000 women worldwide at present lose their lives every year due to pregnancy and childbirth. His Excellency observed that these fatalities were taking place early during the lives of the affected women.

The delegates, among whom are many eminent specialists and scholars, listened attentively as the Kenyan leader counselled them that as they embarked on their deliberations, they should bear in mind that humanity will judge the conference's success on the impact it will make in improving the health of childbearing women during the remaining years of this century and beyond.

According to conference sources, the assembled delegates are doing just that. They are exchanging notes and ideas on an important and many-sided subject which calls for as many solutions, since its delicate handling and purview can no longer be confined to gynaecological approaches alone.

Having become markedly affluent, Kenya's post-Independence society has been benefiting by the enormous resources the Government has invested in the health of the people. These resources and the ruling Party's and Government's concerted efforts and commitment to the common weal of every Kenyan, were alluded to by President Moi in his address to the present conference.

It is seldom realised, but the point featured in the same presidential address, that nearly two-thirds of the Kenyan population is within walking distance of a health facility, and that all districts will have adopted the district-based primary health approach by June, this year.

With all these and other facilities and, of course, coupled with the country's imaginative planned parenthood crusade which has been going on for many years now, surely, Kenyans are not faring too badly — but more remains to be done and achieved.

The mistaken notion that every adolescent woman must produce a child should henceforth be widely discouraged. Slanted and misunderstood by some of the country's youth as a "traditional" taboo of sorts, this retrogressive attitude has thus far been responsible for many of the births out of wedlock one sees.

If we are to ensure the safety of Kenyan motherhood we, too, must accept the world's relevant precautions and devices — and keep a sharper eye on the population barometer.

This news item appeared on page 1 of the February 17, 1987 issue of:

KENYA TIMES

World Bank, Kenya speak their minds

FRANK and fruitful exchange took place between Kenyan authorities and World Bank president, Mr. Barber B. Conable during his 6-day official visit to Kenya last week.

It is apparent that Kenyan authorities talked their mind and told Conable and his senior officials howbest the bank could continue to assist Kenya in its efforts to further develop the country's economy.

They must have also taken the opportunity to suggest how best the existing cordial relationship between Kenya and the bank could be maintained.

Conable also took the opportunity to give some sugestions on how Kenya could rectify the few areas where the country had not done well in the past.

All the same, it was great honour to Kenya being selected as the country for the first official visit to Africa by the World Bank president.

The relationship between Kenya and the World Bank rests on a very sensitive issue called the economy because the country's economic well being has a direct bearing on the country's political standing. And this is basically why the two parties involved must be as frank with each other as possible

The absence of frankness could lead one part to assume that all its policies designed for the other are all acceptable and the best.

Prudent policies and principles of the bank demand that it should say "No if it has sufficient reasons to believe that Kenya's economic path is not a viable one. But the question remains, "viable" for who?

Therefore, whichever way one tries to answer the above question, one argument will stand out. Let the bank let recipient countries to design their own priorities, and then the bank should willingly come forward to provide the necessary financial and professional support.

If the bank believes strongly that the recipient country's priorities are wrong, let it point out why they are wrong.

The authorities should on the other hand, have the real interests of their country at heart so as to design appropriate projects for financing. Then there will be no bitter experiences of costly white elepahants.

It is also time that the World Bank should review its policies which continue to be resisted by recipient countries, particularly in Africa.

Conable and his team, should for instance, ask themselves why African governments insist on price controls and subsidies on vital consumer items.

The World Bank may be is aware or may be it is not, but price hikes on bread, flour, milk, sugar, beef, and vegetables, may be accommodated without much suffering in London, New York, Tokyo, Bonn, Paris, and Rome, than the same measures would be received in Lusaka, Maputo, Lagos, Gaberone, Mogadishu, Khartoum, Addis Ababa, Kinshasa, Dar es Salaam, Kampala or Nairobi.

The difference between the European, American and Japanese cities mentioned above and those in Africa is that their inhabitants have widely varying incomes and purchasing powers, as well as sources of income.

A price hike in London and New York forces the consumer either to accommodate it or drop a few luxuries from his budget, while price increases in the African cities mean the consumer either buys the item or starves to death.

Most of such price increases have resulted in the masses pouring out into the streets in bitter demonstrations against their governments.

When the World Bank and the International Monetary Fund (IMF) say that governments should not subsidies the elite urban consumers, it forgets that in African cities, upto 90 per cent of the urbanites are neither elite nor well-to do. And that is the problem.

All the same the World Bank and its affiliate institutions have done a commendable job in improving the economic status of African countries. It would be difficult to imagine where these countries would be today without the support of the bank.

Here at home, records speak for themselves. Kenya's association with the bank dates back to the time of independence, and it has to date financed 97 development projects with almost 12 billion of loan funds from the bank. Of this, slightly less than 40 per cent have been attractive International Development Association (IDA) fund, while just over 20 per cent have gone to public corporations with guarantees by the government.

Projects financed by the bank have included those on energy, health, agriculture, industry, transport, education, telecommunications, and family planning.

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This news item appeared on page 8 of the February 16, 1987 issue of:

KENYA TIMES

Motherhood: Why Kenya must act!

SOVEREIGN Kenya was the first country in sub-Sahara Africa, way back in 1967, to adopt an official national family planning programme and a great deal more could by now have been achieved had so many human follies and biases not been impeding the noble crusade.

Regrettably, by the early 1970s, the country's population was menacingly growing at the rate of 3.3 per cent and has since substantially increased, making it one of the highest in the world. And there is, therefore, a call now for the launching of a factual propaganda campaign nationwide with a view to enlightening wananchi on the dangers inherent in a population explosion.

Winding up their important deliberations and consultations in Nairobi last week, at the international Safe Motherhood Conference they were attending, all the delegates unanimously counselled the international community to help save millions of women from dying in pregnancy and childbirth.

One of the key participants, Dr Fred T. Sai, a World Bank population adviser, noted that illegal abortion caused about 25 to 50 per cent of the number of women who die during pregnancy.

Calling for commitment to stop these deaths, Dr Sai told the conference: "We need to mobilise the political will, to mobilise community involvement among men and women, and to implement specific programmes to stop these tragedies from taking place."

Luckily, in respect of Kenyan women, they do not suffer from any of the misdeals and injustices alluded to by Dr Sai in another part of his address. He said women were discriminated against in terms of legal status, access to education, access to food and nutritional status and to financial resources, among other things.

In an interview with "Sunday Times", a leading Kenya gynaecologist, Dr Yusuf Eraj, rightly said at the weekend that the main causes of deaths during pregnancy and childbirth could be classified as direct, indirect and coincidental. As Kenya does not lack the necessary local expertise, resources and will to tackle the triple menace, positive action should be taken NOW — and not during the year 1999 when mankind expects to realise a crop of Utopian dreams.

Having proved, in 1967, and even much earlier in 1957, when the Family Planning Association of Kenya was first formed, that we Kenyans had the political will and maturity with which to wrestle with these delicate problems, all that remains to be achieved now is mobilisation of community involvement among men and women. Let's regard it as a national crusade and give up that arrogant mentality of each man for himself and the devil take the hindmost.

This news item appeared on page 7 of the February 11, 1987 issue of:

THE STANDARD (Kenya)

Motherhood needs help

THE World Bank-sponsored International Safe Motherhood Initiative Conference opened in Nairobi yesterday. This is one of the major international conferences whose deliberations will have a bearing on the welfare of the underprivileged people of the world.

Health has been one of the main concerns of the developing nations. All developing countries recognise that people are a rich asset for development. The asset cannot be utilised as a resource unless it is healthy.

President Daniel arap Moi, officially opening the conference, brought this point to the attention of the listening world, whose delegates were among the representatives at the conference. He spoke of the expansion of health facilities in Kenya and noted that today, two-thirds of the Kenyan population is within walking distance of a health facility.

This is indeed a remarkable advance towards the goal of providing health services for all by the year 2000. The task is not easy and the President clearly spelt out the framework for better health.

Women, as child-bearers, are the first ones in the developing world to be affected in the absence of proper health services. As President Moi noted in his speech, half a million women die every year of pregnancy-related ailments in the world.

It is gratifying that the World Health Organisation is aware of this global problem and its Director-General, Dr. Halfdan Mahler, joined the World Bank President, Mr Barber Conable, to listen to a leading representative of the Third World spell out the need for concerted efforts to save women in motherhood.

President Moi told the delegates: "Many governments recognise the vital role mothers play in national development. All of us appreciate the fact that the full potential of women can only be realised if safety in motherhood is improved and ensured".

Improved maternal health services require substantial investments. And yet, as the President noted, the developing countries which require these services more are the ones experiencing difficult economic times.

Thus it befalls on the rest of the world to take the initiative, or to advance the cause of good maternal health in developing nations.

Some of the factors endangering safe motherhood, as clearly pointed out by President Moi, are early marriages, adolescence pregnancies and single mothers with inadequate incomes. These are socio-economic problems.

They have a direct bearing on the other major problem in the developing world, and that is uncontrolled population growth. It is more like the case of which came first, the hen or the egg. Time is past for a debate on which came first. Now is the time to deliberate on solutions.

Women in motherhood are suffering. They need immediate help. That can only be provided by the availability of resources from the world community and their applicability by the receiving nations.

Basic primary health should be made available. Kenya, as the world delegates will note while here, has started well on the provision of this asset by promoting primary health from the district level. The basic primary health approach will provide the needed service to women. This will in turn ensure safe motherhood, and at the same time bear in mind the need for population growth control.

We support President Moi in his statement that "humanity will judge the success of this conference by the impact it will make in improving the health of child-bearing women".

The world is awaiting the good tide.

This news item appeared on page of the February 11, 1987 issue of:

NATION (Kenya)

The real meaning of safe motherhood

When he opened the safe motherhood conference in Nairobi yesterday, President Moi listed some of the enduring problems afflicting our women. They included early marriages, adolescent pregnancies, single mothers without adequate incomes, shortages of childcare services and unfavourable working conditions.

Any objective look at these and other social problems that beset women reveals at their root centuries — even millenniums — of gross underprivilege, discrimination and oppression.

If women so often rushed into marriage they had little choice in it. Even today newspapers carry numerous reports of young schoolgirls forced to marry rich men old enough to be their grandfathers.

If adolescent women become pregnant and there are hundreds of single mothers without an income, the tendency in society — especially among the menfolk — is to blame the women. The boys — nay, the "sugar daddies" — responsible get away with impunity.

If there is a shortage of childcare services and if women work in environmental conditions far worse than those of men, what is to blame for it? Nothing else but the fact that few of our mothers and sisters are as well prepared — mentally as well as physically — to compete with their male counterparts in industry, commerce, agriculture, politics, the civil bureaucracy, anywhere.

The reason is obvious. Even in this day and age, many parents are not fully committed to the education of their daughters. There are far more male graduates than female. So, although our official policy discourages discrimination on the basis of sex, discrimination must take place since not enough women are educated enough to man — nay, to "woman" — certain positions adequately.

On top of that, there are many men in key situations today who would rather give that job to a man, bypassing a woman with equal or better training. The result is our females continue to languish on the peripheries of policy making and policy implementation.

Their demonstrably immense mental propensities continue to lie fallow. So do their physical abilities. Physically as much as mentally, our women waste untold energy in the anguish of annual pregnancy and delivery. It was to this dehumanising condition that President Moi referred when he said women's difficulties have much to do with our runaway population rate of growth.

A social group whose total energy is consumed in overly frequent childbirth, but has no say as to how to take care of the children and no access to the instruments of doing so — education or social decision-making — cannot contribute much to the development of its society.

As mothers, they remain private means of reproduction, and have little opportunity to give adequate thought even to the subject of discussion at the present conference, safe motherhood. They are so steeped in the ignorance of their own self-interest that they support certain male-fancied causes that can only continue to tie them to the distaff side.

For instance, how many Kenyan mothers are familiar with the simple techniques of child survival which Unicef has been promoting for a decade now? How many have availed themselves of Gobi — Growth charts, Oral rehydration therapy, Breastfeeding and Immunisation?

We suspect that few have heard of the primary health care campaign which Unicef, the World Health Organisation and other UN agencies are conducting. In a word, if we do not deliver our women from this kind of ignorance — if we do not liberate them from their present mental and physical disuse — really safe motherhood may elude us for a long time to come.

This news item appeared on page 2 of the February 14, 1987 issue of:

DAILY NATION (Kenya)

BUSINESS

Kenya to get more World Bank help

By DOUG CHARAGGU

Kenya's strong relationship with the World Bank will be enhanced to boost its economic development and make it maintain its leading position in Africa, the bank's president, Mr Barber Conable said in Nairobi yesterday.

Mr Conable said that Kenya had adequate manpower and political stability which the bank could use to make its economy a model of development.

He told a press conference that he held constructive discussions and negotiations with the Government during his week-long visit.

He said he held meetings with President Moi, the Minister for Finance, Professor George Saitoti and other senior Government officials.

The World Bank, Mr Conable said, would assist the agricultural, industrial and health sectors. The emphasis would be on the agricultural sector, as the major source of growth.

In the industrial sector, the World Bank and the Government would draw up a programme under which the private sector would play a major role in development. Kenya's well trained manpower was a great asset in tapping the potential in the private sector, Mr Conable said.

The World Bank boss said Kenya would be given funds for population and nutrition programmes. "We expect the rate of population growth to start declining in Kenya. At the moment, it is probably the highest in the world."

Mr Conable said that under the International Development Association, (IDA), the concessionary lending arm of the bank, about $6.2 billion (equivalent to Sh100 billion) was being diverted to Africa.

He said Africa needed more concessionary funds because of the increasing debt burden. He said the bank was also providing adjustment loans to many African countries, including Kenya.

The International Finance Corporation (IFC), the affiliate of the bank that provides private sector lending was working closely with the Kenya Government.

The bank boss said Africa required more resources from the rest of the world because of the continent's divers problems compounded by a capital shortage.

However, he said, each country's problems were different and there was no universal solution for the continent.

Mr Conable said he had toured several projects funded by the bank. The projects visited included Kwale rural water programme, where boreholes are being drilled and Kiambere Hydro-electric Power Project, which is about to be completed.

The team also went to Meru District to assess the progress made by small-scale farmers operating under the World Bank S Train and Visit (TV) extension programme.

Mr Conable said that the Frontline states fighting the racial regime in South Africa would get assistance from the bank if sanctions hurt their economies. However, he said, it was up to these countries to approach the bank with the details.

He said the bank was carrying out studies on the impact of sanctions against South Africa, on the Frontline States "but it's too early to speculate."

Mr Conable said he had decided to visit many developing countries to get first-hand information on their problems.

From Kenya, he said, he would go to Zambia which he said was going through rough times.

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This news item appeared on page of the January 18, 1987 issue of:

DECCAN HERALD, India

30 pc of IDA funds for East Asia

WASHINGTON, Jan. 17. (PTI) — World Bank and International Development Agency (IDA) President Barber Conable has said that "at least 50 per cent" of IDA funds will go to Africa and roughly 30 per cent to the more traditional IDA beneficiaries, namely East Asia, India and China.

In remarks on a wide range of subjects, he said the new three-year IDA package totalled $ 12.4 billion and the US has putting up $ 900 million a year, that is, 25 per cent. Japan's contribution was $ 450 million and other generous donors, including Italy, Canada and the Netherlands, would provide another $ 450 million.

Mr. Conable said the sustainable level of lending for the bank this year was somewhere between $ 14.5 and $ 15 billion. "We (World Bank) are going to be ahead of last year where it was over $ 13 billion."

On the foreign debt faced by several developing countries, he said the conversion of the debt of heavily indebted countries into equity had major advantages because it would bring capital in without increasing debt.

The bank was considering something along those lines for Mexico, he said, adding Chile already had a plan for this. (Chile buys back debt at a discount, and the money can be invested in equity in Chile).

Referring to the bank's profits, he said "we have made $ 1.3 billion last year in profit. We don't expect to make quite that much this year. Last year was a great year for capital gains because of declining interest rates. Our profits will continue strong."

Mr. Conable said the World Bank had "arrived at about 20 per cent for project lending. Adjustment-type lending may go as high as 30 per cent."

Commenting on the possible economic changes in China following the students riots, the World Bank President said "I don't see anything in the student riots to indicate China is likely to change its view that it must have a more open economy. The Chinese wish to expand bank lending but have been quite cautious themselves. They want to make sure that they are not making planning mistakes."

On Soviet membership of the bank, he said "I don't really expect that in the near future. We have not had any high-level contacts indicating an interest."

Mr. Conable's observations, made in various recent statements, were put together by the Office of Public Information of the bank and distributed to correspondents here on Thursday.

This news item appeared on page of the Feb. 15, 1987 issue of:

JAPAN TIMES

World Bank Pledges $6 Bil. in New Loans to Africa

NAIROBI (Reuter-Kyodo) — The World Bank will channel $6 billion of soft loans into Africa over the next three years, Barber Conable, the bank's president said Friday.

The commitment would nearly double current lending to Africa by the bank's soft-loan affiliate, the International Development Association (IDA).

Meanwhile in West Africa, finance ministers of seven African nations met to consider the burden of foreign debt, pleading for new money on easier terms to rescue African economies.

Conable spoke at a news conference after five days in Kenya. He said half the new World Bank money would support economic adjustment programs. The rest would fund development projects.

Adjustment programs are the usual medicine prescribed by Western creditors for ailing African economies. They generally make loans conditional on sharp devaluations, greater freedom for private business and higher food prices.

"The adjustment programs should be designed carefully to avoid adverse effects on the poor," Conable said.

Last December, 15 people were killed in food riots in Zambia when the government tried to stop subsidizing maize prices in line with an International Monetary Fund (IMF), adjustment program. The subsidies were subsequently restored.

Conable said the $6 billion of new loans for Africa would be provided from the eighth capital replenishment of the IDA, worth some $12.4 billion.

In Yamoussoukro, the seven member nations of the West African Franc Zone (UMOA) at a meeting called for better loan terms from international creditors rather than debt rescheduling.

This news item appeared on page 5 of the Feb. 14, 1987 issue of:

NEW YORK TIMES

Third-World Concern: Deaths During Childbirth

By JAMES BROOKE
Special to The New York Times

NAIROBI, Kenya, Feb. 13 — International health experts here began a campaign today to conquer a third-world health problem that has been largely overcome in the West: the death of women in childbirth.

"The third world is where we were in Europe and the United States at the turn of the century," said Dr. Halfdan Mahler, Director General of the World Health Organization, one of several sponsors of a "Safe Motherhood" conference held here this week to focus attention on what participants called "a hidden tragedy."

At the opening session, on Tuesday, Barber B. Conable Jr., president of the World Bank, challenged participants to "reduce by half the number of women who die in pregnancy or childbirth by the year 2000."

To further this goal, Mr. Conable pledged $1 million in World Bank funds for a "Safe Motherhood Fund" to be managed by the World Health Organization. Mr. Conable also promised to double World Bank lending for population, health and nutrition programs to $500 million by 1990.

"Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children," said Mr. Conable, a former Republican Representative from upstate New York.

The Nairobi meeting was partly an outgrowth of a conference held here two years ago to mark the end of the United Nations Decade for Women. This week's conference drew on new research and personal experiences to bring the problem of maternal mortality into focus.

According to the World Health Organization, one quarter of all deaths of women of childbearing age in developing countries occur during pregnancy or childbirth.

Last year, of 500,000 women who died worldwide in pregnancy or childbirth, 99 percent lived in underdeveloped nations. An American has one chance in 6,366 of dying while pregnant; an East African one chance in 15.

Child Dies if Mother Dies

The death of a mother often means death or hardship for surviving children. In Bangladesh, a study found that when a mother dies in childbirth her infant has a 95 percent chance of dying within a year.

"I remember a group of 20 women in rural Kenya telling me that three women from their community had died in childbirth," said Barbara Herz, an adviser to the World Bank. "I asked them what happened to the children. They said, 'The older ones went to the city to beg, and the younger ones died.'"

In Latin America and in urban Africa, about half of maternal deaths are a result of complications arising from illicit abortions, experts said. Mortality could be cut by a third if women who did not want more children had access to contraceptives, one study said.

One participant in the conference, Barbara E. Kwast, recalled interviewing an Ethiopian tailor whose 35-year-old wife had died because of an attempt to abort her 10th pregnancy. "He did not know anything about family planning services," said Ms. Kwast, a professor of public health who worked in Addis Ababa from 1981 to 1985.

In developing countries, about half of all women go through labor and childbirth without anesthesia or trained attendants. In addition, two-thirds of pregnant women in developing countries are believed to be anemic.

Several conference participants, citing recent medical history, were optimistic that maternal mortality rates could be reduced in underdeveloped countries.

In 1935, it was pointed out, England and Wales had a maternal mortality rate of 400 for each 100,000 live births — not much below India's current rate of about 500. Today, Britain's rate is about 10 deaths for each 100,000 births.

The difference, experts here said, is not economic development but the widespread extension of modern health services: family planning, antibiotics, Caesarian sections, blood transfusions, and hygenic medical practices.

Family Planning Favored

A key step, participants said, is access to family planning. Through the 1970's, many Africans criticized family planning programs as racially inspired limits on their growth. But at this week's conference, which was attended by health professionals from 13 African countries, the mood was heavily in favor of family planning.

"I believe an effective population-management program will considerably improve the quality of life for women and thereby insure safe motherhood," President Daniel arap Moi of Kenya said in the keynote speech.

Participants also discussed other low-cost methods for reducing maternal deaths.

One method that has worked successfully in several countries is building maternity waiting homes adjacent to health centers. One week before her due date a woman moves with her children to one of the homes. This eliminates the need to transport her from a remote site to a health center when an emergency develops unexpectedly.

Caesarians by Midwives

Another proposal that drew much comment was a move by Dr. Sambe Duale of Zaire to teach nurse-midwives how to perform Caesarians if a doctor is not available. In his rural area, he said, midwives perform 80 percent of the 200 to 300 Caesarians a year.

Other solutions included improving rural health centers, extending ambulance service to remote areas and training community health workers to identify pregnant women at high risk.

Down a dirt road in the Nairobi slum of Kawangware, a community of 59,000, the effect of a modestly financed maternal health program could be seen. Built about 10 years ago, the Kabiro Health Care Outpost sends 37 health-care workers into local shacks to explain maternal and child care.

"I haven't seen a mother die of childbirth in five years," Sister Eroni Nakagwa, a nurse-midwife, said today.

This news item appeared on page 17 of the Feb. 13, 1987 issue of:

FINANCIAL TIMES (U.K.)

Crusader at the World Bank

By Michael Prowse

IT IS probably fair to say that Mr Barber Conable's appointment as World Bank president last year was widely regarded as uninspired. Mr Conable had a record as a decent and competent US Congressman but no experience of running a large and complex organisation and little knowledge of either banking or development economics. In the Third World, the question on everybody's lips was "Barber who?"

Nearly a year later, it is still far too early to judge whether Mr Conable will be a good, bad or indifferent World Bank president. He has not produced a brilliant new plan to deal with the debt crisis — but then nobody suggested he was another Lord Keynes. On the other hand, he does seem to be bringing to development issues a passion that perhaps was lacking in his predecessor, Mr A. W. "Tom" Clausen. His inaugural address of last September and a speech delivered in Nairobi this week carry an emotional charge that would embarrass a run-of-the-mill speechwriter.

The Nairobi speech develops a theme referred to only fleetingly in the inauguration address: the role of women in development. It is rather striking that, when most economists are debating the relative merits of different types of financing facility and different recipes for macro-economic adjustment, Mr Conable should zero-in on a structural problem of vast proportions—so vast that it has never been properly tackled. Relief agencies have highlighted again and again the plight of children in the Third World. How often have they worried specifically about the mothers?

Mr Conable has not yet chained himself to railings on behalf of Third World women, but there is no doubting his outrage at their physical and economic subjugation. He points out that they face a risk of death in pregnancy that is 100 times as high as in the developed world and that about 1,400 women die every day in the course of carrying children or giving birth. The deaths are mostly unnecessary and could be averted by quite small investments in basic health care and nutrition.

Women's economic deprivation is almost as worrying. They do two-thirds of the world's work, produce 60-80 per cent of Africa's and Asia's food, yet earn only one-tenth of the world's income and own less than 1 per cent of the world's property. In Africa in particular women do the hardest work for the least pay, often for no pay.

The discrimination is not just bad in itself; it is holding back Third World development. Much aid money goes directly to men and never reaches the women who do the productive work. Mr Conable points out that when (as in Bangladesh) credit for small business or agriculture is available to women, they prove to be excellent risks with better repayment rates than men. When backed in agriculture, women have often adopted more efficient farming techniques.

How can Third World women be helped ? To combat maternal deaths, the World Bank is helping to establish a Safe Motherhood Fund. The aim is to cut in half deaths in pregnancy and childbirth by the year 2000. Economic and social discrimination poses a deeper challenge. Women's conception of their own role is likely to change only gradually as a result of better education. Few people get a good education in the poorest countries, but women on average do much worse than men: 80 per cent of women over the age of 25 have had no schooling at all and six out of 10 school-age girls are still in the home instead of in class; only half of women in developing countries are literate compared with two thirds of men.

Mr Conable's rhetoric about development is encouraging. In the long run, however, he will be judged by his actions. He claimed in his inaugural address that in the World Bank he had found the thing Archimedes had dreamed of: a place from which to move the world. It is now just a matter of getting the lever into position.

This news item appeared on page 20 of the February 14, 1987 issue of:

FRANKFURTER ALLGEMEINE (Germany)

Conable will eine „schlanke" Weltbank

Der neue Präsident zeigt eine zupackende Art / Von Wilhelm Seuss

WASHINGTON, im Februar. Barber Conable ist seit gut einem halben Jahr Präsident der Weltbank. Und man hat den Eindruck, daß dieser Mann, der zwanzig Jahre lang im amerikanischen Repräsentantenhaus war und dessen Nominierung wenigstens außerhalb Amerikas skeptisch betrachtet wurde, die große und auch machtvolle internationale Entwicklungsinstitution im Griff hat. Er hat eine Konzeption, ist ganz auf die Idee eingeschworen, daß die Fortschritte in den Entwicklungsländern durch deren Schulden nicht gehemmt werden sollten, das heißt ein Zufluß neuer Kredite Wachstum ermöglichen muß.

Conable ist aber auch darauf aus, mit den Tendenzen aufzuräumen, die bürokratischen Organisationen und Stäben innewohnen: neue Aufgaben, neue Ziele mit der Forderung zu verbinden, daß die Zahl der Mitarbeiter erhöht wird. Man erinnert sich daran, daß vor noch nicht allzu langer Zeit aus dem Stab die Ansicht verbreitet wurde, man werde nun Politologen und Soziologen brauchen, wenn man die starkere Vergabe von Krediten an eine Anpassung der Wirtschaftspolitik knüpft. In einem Gespräch kam Conable daher zuallererst auf die Gerüchte und Vermutungen zu sprechen, daß der Stab (etwa 6000 Personen) abgebaut werden soll, und er ließ dabei keinen Zweifel aufkommen, daß dies geschehe, wenn es als richtig erkannt werde. Seine persönliche Ansicht sei, daß man mit Entlassungen rechnen müsse, er wollte dies aber nicht spezifizieren. Er wolle eine schlanke" Bank, die auf die Wünsche ihrer Mitglieder eingeht und effektiv arbeitet. Drei Spezial-Ausschüsse (Task Forces) sind angesetzt, die bis Ende März zu berichten haben. Ein Koordinierungs-Ausschuß wird dann die Entscheidungen vorbereiten. Vor dem Ende des Geschaftsjahres (30. Juni) will man dann eine klare Zielvorstellung haben.

Der Weltbank-Prasident sieht so aus, als ob er zuzupacken versteht. Man könnte sich vorstellen, daß er mit seinen großen Händen und kräftigen Unterarmen auf einem Bauernhof die Mistgabel schwingt, wie ein Gutsherr, der zeigt, wie man es macht. Er wirkt zwar ein bißchen vierschrötig, fast ungeschlacht, aber deshalb nicht massiv, eher elastisch, und er strahlt Güte aus. Er sieht nicht wie ein „Bankherr" aus, aber wie jemand, der sich nicht bange machen läßt durch eine schwierige Aufgabe. Er trägt seine Gedanken in schlichten Sätzen vor, und er macht keine Ausflüchte. Als er in die Weltbank eingezogen war, hat er für sich erst einmal ein kleineres Zimmer ausgesucht, in dem er nachdenken konnte. Das bisherige Präsidentenzimmer wurde für Repräsentationszwekke hergerichtet. Er lief in der Bank herum, hat sich in der Cafeteria unter die Mitarbeiter gemischt, etwas, was bisher wohl kein Präsident getan hatte.

Conable wird in dem Sinne ein politischer Präsident der Weltbank sein, daß er in den Fingerspitzen fühlt, wie sehr die Entwicklung in der Dritten Welt und die Verschuldung nicht eine kredittechnische, sondern eine politische Angelegenheit sind. Er sieht die Chance für die Bank, wieder stärker in den Vordergrund zu rücken, nachdem der Internationale Währungsfonds mit kurzfristigen Krediten in der ersten Phase der Schuldenkrise den ersten Part spielte. „Ich denke, diese Institution wird wachsen", sagt er. Das habe nichts mit irgendwelchen Zielen über Kreditvolumina zu tun. Im Einklang mit dem Baker-Plan steht Conable auf dem Standpunkt, daß Schuldenmanagement nicht die Aufgabe seiner Bank sei, sondern die Förderung der Entwicklung der Schuldnerländer. Stetiges Wachstum sei die richtige Formel, der beste Weg zum Erfolg. Die Losung der Schuldenkrise komme gut voran, am Konzept der Baker-Initiative müsse nichts geändert werden. Von einer Erleichterung der Schuldenlast halt er nichts, weil dies nur die Kreditwurdigkeit der Schuldnerländer vermindere.

Mit der Internationalen Entwicklungsorganisation (International Development Association) Ida hat er mehr vor, als billige Kredite zu verteilen. Afrika soll die Hälfte von den 12,4 Milliarden Dollar erhalten, die für die nächsten drei Jahre zur Verfügung stehen. Davon sollen 3 bis 3,5 Milliarden Dollar an jene afrikanischen Länder gehen, die ihre Politik auf marktwirtschaftliche Prinzipien umstellen wollen, aber für „normale" Kredite nicht kreditwürdig sind.

Summary translation of news item appearing in FRANKFURTER ALLGEMEINE (Germany) on February 14, 1987

Conable wants a "lean" World Bank

Barber Conable has been President of the World Bank for over half a year now, and seems to have acquired a good grasp of the world development situation. He is convinced that Third World progress must not be held back by debt, and favors injections of new money to promote growth. In a recent talk, he addressed rumors of a possible staff cutback within the Bank, and, while not giving specifics, left no doubt that this will come about if it turns out to be the right move. He wants a "lean" Bank, one that complies with its members' wishes and works effectively. Three task forces have been set up to report on this issue by the end of March, and a steering committee will have its recommendations ready by June 30.

Mr. Conable looks capable of tackling any situation. He gives the impression of a husky gentleman farmer and radiates kindliness. He does not look like a banker, or a person likely to be upset by the magnitude of his task. He speaks plainly, without prevarication. Upon his appointment, he requested a small office, and he has mixed with the staff in the cafeteria.

Conable sees development as a political question, and is pushing for a key role for the Bank in the process. In agreement with the Baker Plan, he sees the Bank's role as one not of debt management but of development promotion in the debtor countries. In his view, steady growth is the answer. Easing the debt burden would simply reduce the creditworthiness of the debtor countries.

His plans for IDA go beyond simply granting concessional credit. Africa is to get half the $12.4 billion available under IDA VIII, with $3-3.5 billion of that amount going to countries wanting to adopt market principles but ineligible for normal loans. (GSCLS)

The following report was carried on the news at WTOP Radio, February 10, 1987 in Washington, D.C.

SUBJECT Campaign to Reduce Deaths of Women During Pregnancy

JOHN LINKLER: Health agencies from around the world launched a campaign today aimed at reducing the number of deaths of women during pregnancy and child birth.

The World Bank pledged a million dollars for the effort.

The Safe Motherhood Campaign, which seeks to cut in half the more than 500,000 deaths of young women each year, was launched at a conference of delegates from world health agencies meeting in Nairobi, Kenya.

THE STANDARD (U.K.)

Bank's £660,000 to save babies

£350

WASHINGTON, Tuesday. WORLD Bank president Barber Conable said the organisation will dedicate £660,000 for a global fight against the pregnancy and child delivery complications that kill 1400 women every day.

Conable said the World Bank will double its lending for population, health and nutrition activities over the next three years.

The bank's commitment will serve as the basis for a safe motherhood fund to be managed by the World Health Organisation.

Its goal is to halve by 2000 the number of women who die in pregnancy or childbirth.

"Common decency tells us that it is intolerable that 1400 women die every day in the process of carrying or delivering their children," said Conable.

"And common sense tells us that those needless deaths waste not only precious lives, but precious human resources."

THE TIMES (U.K.)
Feb. 14, 1987

African loans hope

The president of the World Bank, Mr Barber Conable, said yesterday that he hoped the Bank would soon be able to assist African countries with more easy-term concessional loans from the International Development Association (IDA). This would be possible as a result of a $12.5 billion (£8.22 billion) replenishment to IDA's resources negotiated recently with some donor nations, he said as he left Nairobi for Zambia. About $3 billion (£1.97 billion) would be in concessional lending.

He said the World Bank would try also to encourage the kind of economic adjustment that would attract direct private investment and the transfer of skills that could lead to an improved quality of life for people on the continent.

This news item appeared on page 221 of the February 2, 1987 issue of:

WEST AFRICA (U.K.)

Policies for people

Population Growth and Policies in Sub-Saharan Africa, *(World Bank, Washington, DC; 1986; no price indicated)*

THE issue of population growth in less developed countries (LDCs) has featured for some time now in the work programme of the World Bank. For example, *the World Development Report, 1984* focused on the links between population change and development in these countries. Also, a number of its working papers and monographs have attempted to elucidate facets of this complex subject. The present report on sub-Saharan Africa is a continuation of this work programme.

It is not by chance that the region should be the subject of a special study since population growth rates in parts of that region are among the highest in the world: information on the average, annual population growth rates between 1950 and 1985 in countries with population sizes of 10 million and above in this area indicate that all were growing at the rate of 2.5 per cent and more, implying that their populations will double, if these rates are maintained, within the next 20 to 35 years. Indeed, one of the highest annual rates of population growth in the world has been that of Kenya, whose rates within the past decade have averaged four per cent.

In this context, it is pertinent to note that sub-Saharan Africa's population growth is fertility — rather than mortality — driven. Consequently, it is this component of population growth that is fully addressed by the report. The following factors, among others, have been suggested in explaining the phenomenon: the early and almost universal marriage patterns, the influence of culture, the large cohorts in the child-bearing ages in view of the young populations and the slow spread of family-planning activities. These factors along with the certain further decline in mortality levels in the coming years have endowed the populations with a growth momentum.

The present report reviews the evidence about the magnitude and underlying causes of this population growth. Explicitly, it tries to highlight three themes, namely: (a) a concern that rapid population growth is jeopardising development efforts in the region and in the process reducing the possibilities for raising living standards; (b) the acceleration of population growth rates in Africa at a time when they are falling in other LDCs; and (c) that without specific efforts to lower current birth rates, population growth will further increase.

The report discusses, rather perfunctorily, the causes and consequences of population growth in African countries. These sections of the monograph set this present study apart from other previous World Bank analyses on this subject, which are distinguished by their balanced and well-informed documentation. In the desire, perhaps, to make the arguments digestible to a wider audience, the report gives as a whole, one-sided and simplified views of the consequences of population growth in Africa, all with the objective of buttressing its central thesis of general adverse effects. Note, for example, the following: ". . . in Africa today population is growing so fast that even a high growth rate of human and other complementary resources . . . would not be enough to sustain a significant rise in per capita incomes". Even granted that the phenomenon the report is grappling to comprehend is rapid rather than moderate population growth, such orthodoxy is uncalled for in the face of evidence on the coexistence of rapid population growth and rapid economic growth. More important, this reviewer doubts the wisdom of the approach adopted by analysing the consequences at a generalised and somewhat abstract level. This is because one cannot make categorical statements (as the report does) about the consequences of population growth without considering the socio-economic and enviromental setting of such growth. A case study of a small number of African countries would have been more illuminating.

The most controversial but at the same time more important aspects of the report are the sections on policy measures to depress current levels of fertility in the region. They are controversial because of the present poor understanding of the complex determinants of fertility in LDCs especially in Africa; and important, because, given the existing momentum for rapid population growth, any reasonable policy prescription to alleviate the situation ought to be considered seriously.

The broad argument of the sections is that African governments should play a more visible role in population policy by legitimising family planning activities and modestly financing basic health and family planning programmes in order to tap unmet demands for these services. This strategy, by strengthening demands for smaller family sizes, it is argued, would help to reduce birth rates. That such a strategy has resulted in decreasing fertility in some LDCs for example, in East Asia, within a relatively short time has much to recommend it in this case. Nonetheless, one question appears to have been glossed over by the report, namely whether family planning activities, given the socio-economic and cultural environment of sub-Saharan Africa, could succeed in making a significant impact on current fertility levels? This question assumes importance in the context of recent evidence — admittedly not entirely representative — from the eight sub-Saharan African countries that participated in the World Fertility Survey. This indicated that desired family sizes of six to eight children are still the norm rather than the exception in the region.

There has been, however, one optimistic development in recent years, one to which the present report should give a boost, namely, that an increasing number of sub-Saharan African governments are facing up to the population growth issue as shown by declarations in such intergovernmental documents as the Kilimanjaro Programme of Action on Population and the recently enunciated African Priority Programme for Economic Recovery as well as surveys by the UN Population Division in New York. If the present report should make contributions to the debate, and also hopefully, sustained action on this important subject, it would have served its purpose.

Toma J. Makannah

This news item appeared on page 7 of the February 11, 1987 issue of:

THE TIMES (U.K.)

More care pledged for women

From Alastair Matheson
Nairobi

The World Bank launched a major international strategy here yesterday to reduce by half the number of women's deaths in childbirth within ten years. This is the Bank's latest contribution to family planning programmes in developing countries.

Giving details of the World Bank plan, its new president, Mr Barber Conadle, told the opening session in Nairobi of a global conference on "Save Motherhood" that the Bank plans to double the amount of money it will lend for population, health and nutrition activities in developing countries over the next three years.

By 1990 he expects the Bank will be directly assisting projects in 50 countries, with an annual expenditure of up to $500 million (£330 million).

Noting that the number of deaths from childbirth is now about 500,000 a year, mostly in Africa and South Asia, Mr Conable outlined the key features of what he termed "a major new strategy for women in developing countries".

This will include stronger community-based health care, more hospitals and health centres to deal with obstetric emergencies, and an "alarm" and transport system for pregnant women.

This news item appeared on page 2 of the February 1, 1987 issue of:

LE SAHEL (Niger)

Maternité sans risque

La Banque Mondiale, l'OMS et le FNUAP organisent une conférence

«La Banque Mondiale, l'OMS et le FNUAP organisent une conférence sur la maternité sans risque.

Un demi million de femmes environ meurent chaque année de causes liées à une grossesse. Soixante pour cent de ces décès se produisent en Asie du Sud et 30 pour cent en Afrique Subsaharienne. La mortalité maternelle est la principale cause de mortalité chez les jeunes femmes d'un grand nombre de pays en développement et la grossesse cause un nombre anormalement élevé des maladies et de décès chez les femmes aux faibles revenus ainsi que dans leurs familles.

Les préoccupations que leur inspire la santé maternelle ont amené la Banque Mondiale, l'Organisation Mondiale de la Santé (OMS) et le Fonds des Nations Unies pour les activités en matière de population (FNUAP) à organiser conjointement une conférence sur la maternité sans risque qui aura lieu sous l'égide du gouvernement du Kenya, à Nairobi, du 10 au 13 février 1987. M. Barber Conable, président de la Banque Mondiale, le docteur Halfdan Mahler, directeur général de l'OMS, M. Rafael Salas, directeur exécutif du FNUAP et M. William Draper, administrateur du Programme des Nations Unies pour le Développement prononceront des discours de grande portée. M. Daniel Arap Moi, président du Kenya, souhaitera la bienvenue aux participants lors de la séance inaugurale.

La conférence sur la maternité sans risque a pour objet d'appeler l'attention des gouvernements, des institutions internationales et des organisations non-gouvernementales, sur les besoins des femmes en matière de santé, particulièrement dans les pays en développement; de mettre au point des stratégies visant à améliorer la santé des femmes, et d'entreprendre des programmes efficaces et d'un coût abordable, des ministres et des personnalités de 50 pays en développement et de hauts responsables du développement participeront à la conférence.

Les programmes de la Banque Mondiale accordent une importance accrue aux femmes en ce qui concerne les questions de développement et de santé. Comme l'a dit M. Conable dans son premier discours à l'occasion de l'Assemblée annuelle des conseils des gouverneurs de la Banque Mondiale et du Fonds Monétaire International, «les femmes font les deux tiers du travail dans le monde. Leur travail produit de 60 à 80 pour cent des aliments en Afrique et en Asie, 40 pour cent en Amérique Latine. Et pourtant, elles ne gagnent qu'un dixième des revenus du monde. Elles sont parmi les plus pauvres d'entre les pauvres.» Il a demandé instamment que l'on redouble d'efforts pour créer des possibilités de développement en faveur des femmes et leur donner les moyens d'en profiter et de tirer parti des progrès réalisés. Dans le cadre de cet effort, il a indiqué combien il était important, «par la formation, de mettre les femmes en mesure de déterminer leur vie productive et reproductive».

Summary Translation: Women in development and health issues are receiving greater emphasis in the World Bank's development programs. Concern over maternal health has led the World Bank, the World Health Organization, and the United Nations Fund for Population Activities to co-sponsor a conference on Safe Motherhood hosted by the Government of Kenya in Nairobi on February 10-13.

This news item appeared on page of the January 29, 1987 issue of:

INDIAN EXPRESS, India

Washington newsletter

World Bank in the eye of ecological storm

By Shahnaz Anklesaria Aiyar

THEY are called the gigantic "development debacles", of the Third World. Multi-million dollar projects, like the Narmada Valley Development Project in India, the Transmigration Project in Indonesia and the Polonoroeste Project in Brazil have long been the focus of international criticism because of the damage caused to the ecology and the lives of people who have been uprooted from these regions.

In the eye of the storm is the World Bank. It is by far the largest of the four multilateral development banks which together lend about $ 22 billion annually, in loans and credits, to Third World governments for development assistance. The bank and its soft-loan "window" the International Development Agency have together lent billions of dollars for such projects. Since most of this money has come out of the coffers of the bank's major international donors like the United States, its citizen taxpayers are demanding answers to some uncomfortable questions.

In the US alone some 17 congressional hearings have been held on the environment management policies of the World Bank and its affiliates in the developing countries. The US Treasury Department has been lobbied and its present secretary James Baker III has sharply criticised the bank's performance in this field. The parallel issue of the resettlement of people living in the project zones or the resettlement of those who have been brought to these projects has caused equal concern.

It is important to note the criticism and the bank's responses to it because it throw ups some of the most difficult and seemingly intractable issues facing development and natural resource management.

It is not that all this criticism has resulted in a flurry of intense project reassessment and reappraisal going on within the ponderous bureaucracy that is the World Bank. Like a water buffalo irritated by pecking crows, the bank is slowly responding by shuffling internal staff memos around its different departments. Fortunately, some honest rethinking is beginning to express itself.

First, the problem projects. The Narmada Valley Development Project described as the largest irrigation and hydro-electric power scheme imaginable, will over a period of 50 years see the construction of 30 major dams, 135 medium-sized dams and more than 3,000 small dams along the river basin which includes the States of Gujarat, Maharashtra and Madhya Pradesh. The project will generate 1,450 MW of electricity to Gujarat alone. It will irrigate over 1,400,000 hectares of land and supply water to the cities and rural communities in these States. Over half a million full-time jobs will be generated through improved irrigation facilities. Existing crop yields should rise and the region should also see the growth of agro-based industries.

But the project will mean the relocation of some 2 million people, of which at least 67,000 tribals will have to be relocated during the first phase of the Sardar Sarovar project. Already, the affected tribals have been forced to petition the Supreme Court to protect their fundamental rights which have been abrogated both by corrupt or indifferent local officials and in the manner in which the Government is carrying out the policies of resettlement and rehabilitation. Relocation can be economically disastrous for illiterate forest dwellers and peasants, it impacts local market arrangements, common land rights, throws up problems which often leave the marginalised oustee vulnerable to new forms of exploitation.

Narmada oustees

It is this resettlement policy the outlines of which are agreed upon by the bank and the borrower country which are causing international concern. The emphasis of the bank policy is on rehabilitating the oustees not through a land-for-land policy but through the restoration of their productive capacity. The objective is improving or at least regaining the standard of living enjoyed by the oustees prior to their displacement. They are to be relocated as village units or families according to their preferences and provided with "adequate" compensation and adequate social and physical rehabilitation infrastructure. Landed oustees are entitled to compensatory irrigable land, the kind and value of which have been broadly outlined in the loan agreement. Obviously much of this is not happening for the Narmada oustees.

The bank describes itself as the only international aid agency with a resettlement policy and "that policy has proven to be sound". But, states one internal document on the issue of involuntary resettlement, "The bank has sometimes not applied the policy and its related operational procedures with adequate rigour." The assessment document finds the bank's own supervision of the implementation of resettlement operations wanting.

It emphasises the need for strict supervision of resettlement plans from the very start. Inaccuracies in planning lead to incorrect cost appraisals, faulty organisation arrangements and implementation. The result is the destitution of the oustee which then defeats an important purpose of the project.

Bank attention to the different "economic and socially viable options" for restoring the productive capacity of the oustees has also been found wanting. Cash compensation alone is not conducive to making the displaced economically productive again, the document states. There must be an alternative income base. These options require detailed planning and feasibility assessments and once started, must be adequately financed and staffed. The cultural and social implications of human displacement too, must be put into

their regional and national context.

Next, the ecology. The document touches on the need to thoroughly examine the relocation sites of new settlements. The relocated populations of the Narmada project are moving into the hills surrounding the 210 square kilometre lake. Here deforestation and erosion are already serious problems. The resulting erosion and siltation of the reservoirs will seriously diminish the economic value of the project. Less than hundred miles away, heavy grazing has reduced absorption of water into the soils by 85 per cent and reduced one reservoir's life to one-eighth of what was originally estimated.

In the verbose and stilted language with which economists chose to address each other, bank papers have begun admitting that insufficient attention has been given to the different linkages between natural and human systems in such large projects. And that conventional economic cost/benefit analysis or even social cost/benefit analysis do not adequately address the various dimensions of these issues.

Over 11 per cent of the Narmada basin's forests, some 875,000 acres of them will be submerged. Although the bank has officially stated that much of this is degraded forest cover and that its reforestation plans will result in net gains to the area, there is nothing, no mechanism for ensuring that comparable land will be reforested. The economic calculations of the bank have not fully assessed the Narmada basin's natural resources. The value of soil conservation, climatic regulation and water conservation have not been adequately assessed.

Narrow focus

An internal document titled "The Environment and the World Bank" states that "natural resource management in bank work tends to be relatively narrow in focus." The traditional project-by-project approach is found "inadequate" in dealing with natural resource degradation. "Linkages between sectors are typically not well handled, due in part to internal difficulties and in part to inadequate knowledge of the immensely complex technical and, in parallel, economic and financial linkages between various resource-using activites."

The paper admits that country economic work has too short a time horizon for resource management to be of major concern. This is happening even in the poorest countries which are heavily dependent upon the exploitation of renewable natural resources.

So far, not bad. If one accepts that some of these analyses need quick implementation, is the bank equipped to do so? The answer is quite clearly no. At present the bank has neither the personnel nor the skills to begin such work. Time and again, environment lawyers at congressional hearings have criticised the bank's lack of institution commitment to such issues.

The bank must view ecology and anthropology to be as important as speech writing and PR, says Bruce Rich of the Environment Defense Fund, who has testified against the World Bank at numerous congressional hearings.

The bank has about 3,000 professional staff including 50 public relations officials and 5 speech writers. Its professional environment staff consists of just 6 members. This staff is expected to review about half of the 250 new bank/IDA projects each year and about 80 new IFC projects.

The bank contends that it hires consultants and specialists to do sector reports and project supervision. How the existing staff is expected to implement project appraisal and reappraisal as the different bank documents suggest is an unanswered question. Yet it is the bank which intones that "inadequate concern with the severe consequences of involuntary settlement" defeats an important purpose of bank assistance.

All the proper noises have been made of the severe "cultural and social implications" of human displacement. From the office of the vice-president of operations policy comes the statement that "sociological and anthropological skills are required in pre-appraisal and appraisal teams for projects where such dislocation will occur on a large scale". To date, nothing has happened to incorporate such skills into the sectors which need them.

One common plea of the bank against initiating any form of change is its reluctance to impose sharper terms and conditionalities on loan agreements with borrower countries. Undoubtedly complicated and testy as it is, the issue of reviewing the conditionalities in loan agreements for such multi-million dollar projects, should not be closed to discussion. Or even some debate.

But that is something this particular bureaucracy finds almost impossibly difficult. The US Congress has heard testimonies in which time and again the plea has been made for greater access to information on such projects. "Public discussion of projects prompts multilateral development banks to take a posture which is often perceived as defensive, uncommunicative and arrogant," state environmentalists.

The oft-repeated explanation is that borrower countries demand information provided by them to these development banks must be treated with strictest confidence. But environment groups are now examining the US Freedom of Information Act to see if it can apply to the multilateral banks in some limited way — at present they are exempt from its provisions.

There have been suggestions to institute monitoring arrangements in projects involving massive resettlement so that project managers can be warned of possible "roadblocks" and the resettlers can use the channel to make their needs and reactions to their resettlement known. Which sounds like an idea whose time may well have come.

This news item appeared on page 1 of the Feb. 4, 1987 issue of:

DAWN ECONOMIC & BUSINESS REVIEW (PAKISTAN)

IFC thinking to sell some of its holdings

By Babar Ayaz

KARACHI, Feb 3: International Finance Corporation is thinking about selling its "couple of holdings" in Pakistan as a part of its routine policy to disinvest some of its equities.

This was disclosed by the IFC's Chief Executive Sir William Ryrie while talking to Dawn Economic & Business Review.

He said that IFC may offer these shares at the stock exchange to involve wider public participation. However, he declined to divulge the names of the companies at this stage.

Sir William said that the IFC has a plan on the table for the restructuring of financial liabilities of the two problem investments in Pakistan — Pakistan Paper Corporation and Habib Arkady.

When pointed out that there was an impression in Pakistan that the IFC was not being cooperative in the restructuring of loans for these projects which is hampering their revival, he strongly refuted that. "The need for restructuring is being recognised by us, when we have a company in trouble we play a constructive role in protecting the investments and keeping the project going," he explained.

About rising trend of "securitisation" in the international financial market, he observed that there was a trend of going straight to the capital market for raising funds through floatations rather than relying on bank borrowing.

However, he said that IFC goes in more for traditional financing like syndication.

On Shell and Burmah Oils deal, he said IFC lendings does not need Government guarantees and hence the question of Government's no-objection does not arise. But, he said the syndicated portion of the PPL loan had the Government guarantee for which the Government clearance was required.

On the trend to finance projects which have some foreign investments also, Sir William Ryrie said that "we do not have policy to insist on foreign investment involvment.

But he felt that the ideal investment is that which brings in new foreign technology and capital together with the domestic private sector.

This IFC policy has been in vogue since long because the foreign investments with local collaborations can operate in less hostile atmosphere in the developing countries where the TNCs image is not very good.

While the local entrepreneurs in the developing countries say that they find it extremely difficult to compete with the TNCs, Sir William feels that "it was no good protecting inefficient companies" who cannot compete because in cases of such protection the ultimate loser is the consumer.

On helping Pakistan in the floatation of international fund like South Korea and Thailand, he said we would be interested to do so at the right time. For this, he explained, fairly large market base is required besides interest among the foreign investors to sell and buy the fund. "Pakistan," IFC Chief said "may get there but I am affraid it is not there as yet."

This news item appeared on page of the January 29, 1987 issue of:

INDIAN EXPRESS, India

Capital flow from poor to rich

World Bank president says this must stop

WASHINGTON, Jan 24 (OPECNA)

World Bank president Barber Conable has said that the flight of capital from poor countries to rich ones must come to an end.

"There was only about 21 billion dollars of new capital going into Latin America in 1986, compared with 47 billion dollars in principal and interest going out — an outflow of 26 billion dollars' Conable said.

"It's obvious we've got to bring about a revival of voluntary lending (by commercial banks)", he said in an address to the Bretton Woods Committee, a private group seeking to mobilise support for international lending institutions.

The World Bank, the major source of aid loans for poor countries, is owned by 151 governments with the US as the largest contributor.

The World lends about 16 billion dollars a year. Private lending, however, has dropped sharply from the 38 billion level of 1980 to a point where debtor countries are making net repayments to creditors.

US Deputy Secretary of State John Whitehead told the Breton Woods Committee that Third World debt, estimated at about one trillion dollars, is more than an economic problem.

"If we can't find a solution, the political and social disruption that will follow is very worrisome to contemplate. It is one of the world's most serious problems", he said.

PTI adds from Washington: The banks are now getting more money from developing countries than they are lending, because of the debt situation.

The latest IMF review on international capital markets says that banks' total claims on developing countries at the end of 1984 was 555 billion dollars (one billion dollars 1302 crores of rupees). Bank lending to developing countries during 1985 was only 9 billion dollars as against the average level of bank lending at 70 billion dollars a year during 1979-82.

During the first half of 1986, there were net repayments of 7 billion dollars. The 15 heavily indebted countries repaid banks three billion dollars net during the first half of 1986 after net repayments of two billion dollars in 1985.

During 1984-85, foreign direct investment flows to developing countries averaged approximately 11 billion dollars.

Total lending to developing countries through bank and bond markets (net of loan repayments, redemptions, and bank purchases of bonds) amounted to only about 15 billion dollars in 1985. The reversal in private lending to developing countries occurred even though the current account deficits of developing countries are estimated to have increased by 14 billion dollars in 1986 to 54 billion dollars.

This news item appeared on page 2 of the February 9, 1987 issue of:

THE INDONESIA TIMES, Indonesia

Indonesia gets US$ 550.5 million loan from World Bank

WASHINGTON — Indonesia and the World Bank signed three loan agreements involving US$ 550.4 million for three projects Friday (February 6), the Indonesian embassy here reported.

The three projects are fishery support services, receiving US$ 24.5 million, a power transmission and distribution project, US$ 226 million and a trade policy adjustment loan amounting to US$ 300 million.

The agreement were signed by Indonesian Ambassador to the US, Soesilo Sudarman and World Bank's Vice President for East Asia and Pacific, Attila Karaosmanoglu.

The fishery support services project covers the rehabilitation and development of shrimp ponds covering 5,000 ha in Aceh, 11,000 ha in south Sulawesi and 2,000 ha in Central Sulawesi.

It also provides credits for shrimp culture development and guidance for fish farmers, as well as the development of shrimp nursey facilities and its distribution in the three provinces.

Also included in the project is the extention of credits for fishermen in Flores, Eastern Indonesia, for the procurement of fishing boats of 10 to 15 tons.

The project also offers technical assistance to help improve the skills of the directorate general of fishery personnel in shrimp nursey through trainings and the procurement of laboratory equipment.

Part of the loan will also be used build and complete the facilities of a cold storage plant in Flores.

POWER TRANSMISSION

The power transmission and distribution loan will go to the purchase of equipment and materials (US$ 178 million), concrete poles (US$ 8 million), consulting services (US$ 14 million) and unallocated spendings (US$ 26 million).

The project covers the extention of transmission network and central power houses in Java, the expansion of distribution network in the Jakarta, Bogor, Tangerang and Bekasi region, the procurement of laboratory equipment for an electricity research centre.

It also provided consulting services for design, procurement assistance and post contract coordination for the Paiton steam powered plant, the development of an engineering services centre and the stepping up of the efficiency of state-owned electricity company.

TRADE REFORMS

The trade policy adjustment loan is aimed at supporting the Indonesian government's efforts to respond the sharp fall in oil prices in the past few years as well as to regain stability in its balance of payments and in its budget.

It will support the government steps taken last year to restrain its spending through a 24 per cent cut in the 1986/87 development budget, maintain an appropriate exchange rate, including the 31 per cent devaluation of the rupiah (on September 12, 1986) and reform trade policy through measures designed to provide internationally-priced inputs to exporters and to reduce import restrictions.

It will finance general imports of goods to meet part of Indonesia's near term foreign exchange requirements, while supporting the government's determination to take appropriate measures to promote efficiency and longer-term development of the economy. [Ant/05]

This news item appeared on page 7 of the February 9, 1987 issue of:

THE JAKARTA POST, Indonesia

World Bank approves $300m loan for RI

JAKARTA (JP): The Washington-based World Bank announced Thursday a US$300 million loan to help Indonesia cope with the sharp fall in oil prices and to boost exports outside the oil sector.

A statement by the bank, as quoted by *Reuter*, said the loan was for 20 years, with a five year grace period and a variable interest rate, currently 7.92 percent, linked to the cost of the bank's borrowings. It is available immediately.

The bank linked the loan to ongoing economic revisions including cuts in import restrictions by Indonesia, the largest country in South-East Asia and only Asian member of the Organization of Petroleum Exporting Countries (OPEC).

"The World Bank will monitor progress on implementation of the government's trade reform measures and macroeconomic management," the bank's press statement said.

Indonesia, which holds national elections in April, was badly hit by the drop in world oil prices last year. It announced a 31 percent devaluation of the rupiah last September and an austerity budget for the year beginning April.

It has tried to boost non-oil exports through three packages of measures announced over the past nine months, which liberalize import restrictions and go some way towards abolishing Indonesia's high-cost protected economy.

The bank backed these measures, saying the loan would support reforms in trade policy and the maintenance of an appropriate exchange rate.

It is the second big loan arranged by Indonesia in the past two months to support the balance of payments, and the growing debt servicing burden is starting to worry both Indonesian and foreign bankers.

Indonesia signed a $350 million syndicated commercial loan in Tokyo in December.

This news item appeared on page 9 of the February 9, 1987 issue of:

THE INDONESIAN OBSERVER, Indonesia

W.B. Considers Scholarships for Indon Students

Jakarta, (Ant): -- The World Bank is now considering to grant scholarships to Indonesian students to study abroad.

The possibility was discussed here Tuesday by Minister for Research and Technology B.J. Habibie and the World Bank's Operational Chief for Educational Affairs Dr. Sven Burmester.

The World Bank has in the past few years granted soft loans amounting to US$ 93 million for the scholarship program.

Habibie said the Bank had put forward several conditions during the meeting,including a requirement for the students to return to Indonesia after completing their study.

Through the World Bank aid, some 500 students have been sent to the U.S., Japan, France and West Germany as part of the nation's cadrerization.

Habibie said hundreds more would follow in the near future

According to Dr. Burmester, the World Bank is satisfied with the program and is therefore considering to extend more.

Most the recipients took up chemistry, physics, and mathematics. (433H)

This news item appeared on page 3 of the February 3, 1987 issue of:

THE INDONESIA TIMES, Indonesia

Two project documents signed

By Our Reporter

The Government of Indonesia, the United Nations Development Programme (UNDP) and the International Labor Organisation (ILO) Monday signed two project documents for technical cooperation concerning the development and training of manpower in East Java province and the extension of social security protection for Indonesian workers.

The two documents were signed by Sutopo Yuwono, the Secretary General of the Manpower Ministry, on behalf of the Indonesian Government, Galal M. Magdi, the UNDP Resident Representative, on behalf of UNDP and Warwick L. Jones, the ILO Director in Jakarta, on behalf of ILO, the executing agency for the two projects.

The first project, the East Java Manpower Development and Training has been designed within the framework of the government's national vocational training programme supported by the World Bank and UNDP. The Government and UNDP have committed a total of US$ 8.2 million for the three year duration of the project on a cost sharing basis.

The immediate objective of the project, which will be located in Surabaya, is to establish a regional vocational and industrial training system suitable for emulation in other provinces of the country. To this end, the project will establish advisory bodies to set appropriate standards for skill development, formulate and conduct training programmes, promote employment generating activities to stimulate entrepreneurship and self-employment and identify and stimulate rural employment potential.

The second project, the extention of social security protection, will provide technical assistance to the ministry of manpower for a comprehensive system of social security protection for workers and their dependants in private and state enterprises. UNDP has committed a total of US$ 350,000 for international and national expertise, training programmes, equipment, and other related expenses, while the government's contribution is estimated rp 98 million.

Key elements

Sutopo Yuwono in his speech said that expansion of employment opportunities and improvement in the quality of manpower were key elements in the manpower policies of the Government of Indonesia in its Fourth Five Year Development Plan (Pelita IV).

It has been projected that the workforce would increase about 9,3 million workers during the period of 1984-1989. The agriculture sector was expected to provide about 30 per cents new employment only, while faster growth in manufactory output was expected to create 1,9 million new employment opportunities in that sector. Within manufacturing, the fastest growing sub-sectors were expected to be metals and machinery as well as chemical processing, and which will have relatively high requirements for skilled manpower.

Sutopo Yuwono said that the number of existing workers neeidng skill improvement probably exceeds that of new workers, particularly if companies are to achieve the greater international competitiveness and better quality of products. In this context, he said, the country badly needs training programmes to improve the skill and quality of the workforce at all sectors of the economic activities.

Touching on social security scheme, Sutopo Yuwono disclosed that it has become one of the three roles of the manpower ministry in developing the workers' welfare and their families. "We are aware that the workers' welfare is closely related to the question of productivity," he said. During the present economic situation, he said, the workers' productivity was needed to overcome the problem marketing which demanded for better quality both at the national and international market. "This is the only choice to maintain national economic stability," Sutopo Yuwono said. [Ras/02]

This news item appeared on page 7 of the Jan. 22, 1987 issue of:

DAWN (PAKISTAN)

The remedy lies in structural changes

Sultan Ahmed

LIVING in a city of seven million whose population increased 25 times within 40 years can be tough. And it can be ever more challenging if it is a multi-racial, multilingual city with extremes of riches and poverty and the proverbial tensions as in Karachi.

If the present is too challenging and has become particularly horrifying after the ethnic riots or mass killings with their embers burning ominously, the future when its population is projected to rise to 15 million by the year 2000 is truly scary. If its present annual increase in population by 6 per cent — compared to the national average of 3 per cent — because of the steady inflow of people from the north — does not ease the figure may reach 20 million with nightmarish results.

Such a city is bound to have indiscipline, maladministration and chaos, and much less the kind of cyclical violence which is racking it; but it has too much of all that already. That can be seen in the city streets, in the manner housing societies of the rich and colonies of the poor come up, in the breakdown of civic services, in police stations and city courts, and the maniac manner public vehicles are driven. Fuelling many of these evils is the pervasive corruption and crime.

Conflicts

Such a chaotic progression had to lead to the kind of murderous conflicts the city has been suffering, but several other causes, too, have hastened and aggravated that tragic process. If it has to be rid of explosive tensions and its orderly growth is to be ensured, the scope for such indiscipline and chaos has to be eliminated. And that cannot be achieved through marginal adjustments but only through major structural changes.

Creating a fourth district, as Prime Minister Junejo, has proposed, will not solve the problem as the city is not any better for having three districts now in place of one. Nor would creating more subdivisions and more police stations make a major difference. In a city where the people fear that more officers would mean more corruption what matters is not so much the number of offices and their officers but how honest, efficient and responsive to the public they are. How much do they regard themselves as public servants and not as overlords tied down by red-tap but spurred by self-interest.

The misadministration in the city is reflected in that even those who come from the tribal areas feel free to impose their own will and way of life instead of following the rules of the city. The Tribal Area code is very rigid: it is an eye for an eye or equal measure of revenge if a negotiated settlement is not reached. But over here this, too, does not apply. So those who kill and rob are free to vanish, with the assurance the police will hardly ever catch up with them. That is what is making Karachiites have the worst of all worlds.

The excessive inflow of people from upcountry has to be checked, but that cannot be done by levying a tax, as Chief Minister Ghous Ali Shah has suggested. Apart from violation of the constitution or fundamental rights it may mean, as Justice Minister Wasim Sajjad has said, it will be hard to decide who is new in the city and who is not. Corruption and forged documents may result in small tax revenues, and too many new-comers.

Registration of new-comers is desirable; but the physical task of registering those coming by trains, buses, private cars and other vehicles, by air and by boats from the sea coast can be too tough.

Land price

The soaring price of land and the freedom with which anyone coming from outside can occupy unoccupied areas has been a major reason for many of them to move into the city. The belief that what they occupy today will be theirs tomorrow has been strengthened by the official policy of making Kachchi Abadis pucci abadis indiscriminately. Whether they are livable or not, all Kachchi Abadis set up until June 30, 1985, are to become pucci abadis under the Prime Minister's policy. The fire brigade protests that in case of fire it cannot move into such areas because of the very narrow and cluttered lanes.

Freedom to occupy land in this manner has to be checked. And the belief that all Kachchi Abadis will be made pucci abadis, if not today, tomorrow should be dispelled. And all such areas should be made to follow rules and pay for the municipal or KDA services they use. This is all the more imperative as the Special Development Programme, including regularisation of Kachchi Abadis, is being done through heavy borrowing internally as well as from the World Bank and the Asian Development Bank.

Along with that Karachi needs to have nearly self-sufficient suburbs, with some of them promoted around the major industrial areas. Official policy should result in building of houses for workers close to their work-sites in such suburbs which should have its shopping centres, schools, hospitals, cinema houses, playgrounds etc. The need for them to communite between long distances should be minimised.

Of course, all this would take a great deal of money. That would mean Karachi getting its legitimate financial dues from the Federal Government. The input-output ratio of the Government in this regard is wrong. The Federal Government cannot be collecting about two-thirds of its tax revenues from Karachi and then spending a niggardly amount on that.

Karachi, and the Sind Government, have to meet the cost of providing adequate infrastructure to the industry which generates such revenues. Karachi has to provide the civic amenities for the people who live in it and generate those Federal revenues. And that includes roads, sewerage services, traffic control system, water,

(continued)

schools, hospitals, parks, playgrounds etc. all that costs a great deal of money.

But the formula devised by the Centre for sharing its tax revenues is based on counting the heads. Even that is not done properly in Karachi as the rumpus that followed the 1981 census showed. Nearly two million people were then alleged to have been left out as even Governor Abbasi was until then talking of Karachi's seven million instead of the 5.1 million the census showed. Evidently a large number of people living in temporary shelters were left out. So Karachi has been losing both ways

Today all the four major sources of revenue — customs, income tax, excise duties and sales tax — are with the Federal Government. Let the Centre keep three of them and leave it to the provinces to collect the excise duty from industries, which now amount to Rs. 1,614.5 crore. That would mean loss of revenues to the Centre; but along with that some of the financial obligations of the Centre could be shifted to the provinces and Centre's habit of taking away what is legitimately the provinces' and then giving them grants or charities can be dispensed with. Anyway provincial autonomy is meaningless without financial autonomy

How can the city live with acute shortage of water in many areas even in winter? Mayor Afghani said in June that Karachi was receiving 47.9 million gallons per day less than it needed, but that gap would be filled this summer when with completion of the fourth phase of water supply 50 million gallons per day more will become available, raising the total supply to 374 MGD. If he is to believed the shortage is only 15 per cent. That is a gross under-estimate. Otherwise there would be no shortage in winter when water consumption is low.

Special programme

All these factors made the experts assigned to draw up a Special Development Programme for Karachi to suggest that it needs Rs. 19 billion. When Dr. Mahbubul Haq and his Planning Commission experts came on the scene they slashed that to Rs. 4.6 billion, and finally it was reduced to Rs 3.2 billion. How well the SPD is actually faring is not obvious now; but the foreign funds needed is readily available as the World Bank has committed Rs. 1,120 million and the Asian Development Bank Rs. 890 million.

Mr. Javed Sultan Japanwala as Sind's Finance Minister had said that after the completion of first SPD, the Prime Minister would get the second SPD formulated. We do not know what the Mazuduzzaman Commission on the problems of Karachi, mentioned by Mr. Junejo last week, has said about its varied problems and possible solutions and their financial cost. But the city desperately needa plan which will cover its needs upto the year 2000, its financial cost and manner of funding that. The execution of the plan can be done in three phases, but where we are going or how ought to be clear.

This news item appeared on page 2 of the Jan. 15, 1987 issue of:

BUSINESS DAY (PHILIPPINES)

Delays in national projects put strain on gov't finances

Delays in implementation of government projects are causing a big strain on government finances, especially those coming from foreign loans, Economic Planning Minister Solita Monsod said yesterday.

As of last year, the country owed about $12.546 million in commitment fees to the International Bank for Reconstruction and Development and the Asian Development Bank alone, she noted. By the end of this year, some $6.898 million would have fallen due.

"These are considerable economic costs to pay for inefficiences in project management, not to mention the loss of credibility if we are to renege on our international commitments," Monsod asserted

She identified the most common constraints and problems impeding project implementation as lack of or delayed release of money, the bureaucratic red tape, technical and management problems, internal strife or political instability or both, and bad weather and force majeure.

Delays due to poor project implementation inflict immeasurable damage to the economy such as the economic losses from uncompleted or substandard projects and loss of confidence in the government, she said.

In spite of the heavy burden of having to pay commitment fees on foreign loans for government projects, refraining from borrowing is "not the answer," Monsod stressed.

"Now more than ever, the country needs external assistance if we are to arrest real income declines and lay the foundation for an economic turnaround. Naturally, in addition to servicing our debts plus interests, we still have to bear commitment fees on old loans as well as new ones. But rather than view these in a negative light, we should consider this as a constant reminder that the clock is ticking and that more delays would mean more money down the drain," she said.

For better project management, the nationwide government reorganization will eventually streamline operations of all agencies and pave the way for decentralization, she said, as she opened the Senior Executive Seminar on Development Management yesterday at the Development Academy of the Philippines.

This news item appeared on page of the Feb. 4, 1987 issue of:

NEWSDAY (N.Y., U.S.)

Conable Sets Record Straight On World Bank

By Kevin Lahart
Newsday Staff Correspondent

Washington — A rumor has been circulating that more than 1,000 of 6,000 jobs at the World Bank will be cut.

A perception is abroad that after 40 years of concentrating on economic development, the bank will turn instead to debt management.

The rumor is false, and the perception is off the mark. So says World Bank president Barber Conable, who took over the multilateral lending agency last June.

Conable, a lawyer by training, is a skilled and affable politician from upstate New York who served 20 years in Congress and was the ranking minority member of the tax-writing House Ways and Means Committee. He met recently with reporters to talk about the World Bank's role.

The bank is, in fact, studying a broad reorganization, he said. "We have a particular interest in reassuring our member countries that we are both responsive and efficient"

Last May, when staff members of the World Bank walked off their jobs in a wage dispute, there was hooting about highly paid economists staging a job action. It fueled the view that the bank is overstaffed and its employees overpaid.

"Many people believe," said Conable, "that the bank is running itself — and it is almost inevitable that an institution of this size, and with so diverse a staff, would have a very high degree of bureaucratic rigidity and protection of process. That all needs to be reviewed."

He said the bank's lending role will be enlarged. "But I don't think that it will be permitted to grow unless we can make the tough decisions that are necessary to keep ourselves lean. And so a large part of this [reorganization] is to tell members . . . that we do not have to have imposed on us from outside, via our board, the desire to keep the bureaucracy under control."

The notion that the bank is changing its focus also has some basis in reality. Since the bank was founded at the end of World War II, most of its financing has been for infrastructure projects — roads, dams, power plants. In the last five years, global recession and the huge debts of many developing nations have dried up such demand.

Currently, the idea that the World Bank has a major role to play in the resolution of the debt crisis has come to the fore. Treasury Secretary James Baker's proposal for defusing the dangers of such debts involves heavy participation by the World Bank in restructuring loans and in providing loans to help countries reshape their economies.

Conable concedes that "if we want to sustain development, we've got to find some way of dealing with the debt problem that will encourage additional flows of capital to areas that need it."

"Debt management is part of our problem, but it is not part of our goal," he said. "If we managed debt properly and still had no development, we'd be a flop as an institution. Our major goal has to be development, ultimately. Otherwise we are not meeting the purpose for which we were formed."

This news item appeared on page of the November 1986 issue of:

GRASSROOTS DEVELOPMENT (U.S.)

Reviews

PUTTING PEOPLE FIRST. SOCIOLOGICAL VARIABLES IN RURAL DEVELOPMENT. edited by Michael Cernea. New York: Oxford University Press (published for the World Bank), 1985.

This is a book of advocacy and exhortation. Its message is simple but compelling: Development projects would tend to be far more successful—both in social and economic terms—if they were more fully and genuinely informed by sociological variables. The mental habits, cultural practices, and human values of poor people or "beneficiaries" ought to be at the very center of development work.

The volume's editor, Michael Cernea—sociology advisor to the World Bank—acknowledges that the book may be properly viewed as an "appeal to planners' humanitarian feelings." In arguing that "repeated failures have plagued development programs which were sociologically ill-informed and ill-conceived," Cernea laments the fact that—despite increased institutional hospitality in recent years—sociological insights still tend to be neglected, or at least belittled, in nearly all phases of the "project cycle." While sociological expertise is sometimes called upon to appraise a project's viability or assess its impact, it is rarely tapped, the authors maintain, during perhaps the project's most critical phase—design.

This collection of articles sets out to make a case for redressing this imbalance. In drawing on concrete projects in a variety of agricultural subsectors—including irrigation, livestock, fisheries, forestry, rural roads, and agricultural settlements—the authors, many of whom are sociologists or social anthropologists, address precisely how increased attention to sociological variables would yield better project results. The articles are of varying persuasive power, but the underlying point—sustained by the recurrent focus on the fit between human values and project activities—is a generally cogent one.

Cernea points out that sociologists working in development have only been taken seriously to the extent that they have been able to go beyond conceptual flourishes and generate "operational contributions." The challenge is to propose what Cernea calls "social inventions" and William Foot Whyte refers to as "social technologies"—organizational mechanisms, policy levers, and practical approaches for both project beneficiaries and administrators that will demonstrate, concretely and realistically, how to "put people first" in formulating and carrying out development projects.

On this score the volume is rather mixed. Several articles can be justly accused of belaboring the obvious and advancing merely commonsensical propositions. In fishery projects, for example—or any other kind of project, for that matter—few would dispute the assertion that "if the participants refuse to cooperate, the project will not succeed." Repeated appeals that underline the importance of clarifying project objectives or coordinating institutional roles have an empty ring after awhile and hardly contribute to the sociologists' efforts to establish greater credibility and legitimacy in the field. Economists, for example—particularly perceptive and sensitive economists—are apt to ask, "So what? What else is new?"

Several articles, however, are more promising and break new ground in "social engineering." The piece on agricultural settlements, for example, is unusually insightful and offers a dynamic conceptual framework—and practical guidelines—about how to match up patterns of social organization with project phases. Another article is particularly fruitful in going beyond the universal and somewhat trendy praise for "participation," by distinguishing among different project tasks and analyzing the relevance of beneficiary participation for each. Recognizing real opportunity costs, "putting people first" in this instance may mean foregoing participation in some project tasks, and focusing on the most important ones.

The trade-off between participating in different project tasks suggests another trade-off that is not adequately treated in this volume. The authors generally assume that sociological factors and economic performance are mutually reinforcing. The relationship between sociological variables and economic performance ought to be viewed not as an easy presupposition, but as a rich and extremely important subject for careful, empirical study.

Aimed at "development practitioners and professional social scientists from developed and developing countries," *Putting People First* is a valuable volume with a sound, compelling message. For sociologists and social anthropologists the book will be reaffirming. Economists, planners, and other development professionals are likely to be initially skeptical, though they too, one hopes, will eventually become sensitized to the key concerns addressed here. The exhortation to "put people first" and draw more extensively on sociological expertise is an important one that ought to be heeded.

MICHAEL SHIFTER, an IAF representative for Brazil, was a teaching fellow in the sociology department at Harvard University.

This news item appeared on page 24 of the Feb. 1, 1987 issue of:

THE BOSTON SUNDAY GLOBE (U.S.A.)

Chinese health care takes great leap backward

By Judy Foreman
Globe Staff

BEIJING – China's famous "barefoot doctors," once copied by developing countries around the world as providers of basic health care for the rural poor, are no more.

HEALTH IN CHINA

Driven by the chance to get rich as peasant farmers when China abandoned the old commune system and introduced new economic policies, barefoot doctors have left country doctoring in droves in the last few years, trading in their herbal medicine kits for plows and pitchforks.

Already, there has been a resurgence of several diseases once held in check by the barefoot doctor system, among them measles, whooping cough and diphtheria, according to the Chinese government's statistics for the year 1985, though unpublished World Bank data paint a somewhat rosier picture.

And where 80 to 90 percent of China's peasants had at least minimal health insurance under the old commune system, only 40 to 45 percent do now, some analysts say. Other China-watchers, the World Bank included, put the figure of uninsured even lower.

China's barefoot doctors – peasants with a few months' health care training – brought immunization, sanitation and elementary medical treatment to peasants. They were probably the most visible and certainly one of the most important symbols of Mao Tse-tung's "new China."

In the less than four decades since the Chinese revolution in 1949, they helped boost average life expectancy from 35 to 68 years. They helped reduce infant mortality to the point that, on average, a newborn has a better chance of surviving in Beijing than in Washington, D.C., or New York City.

As preventive medicine practitioners, they helped eradicate so many infectious diseases that the Chinese now die from the same causes as Westerners: stroke, heart attack and cancer.

Indeed, according to World Bank analysts, they helped put China among the developing world's three most "outstanding examples" of primary health care, along with Sri Lanka and Kerala state in India.

But between 1978 and 1982, the number of barefoot doctors dropped by a third – from 1.8 million to 1.2 million. Since then, the government has abolished the barefoot doctor system, upgrading some into "village doctors" with one to three years' training and demoting others to "rural health workers."

Reforms boosted income

In 1980, under the leadership of Deng Xiaoping, China instituted a series of economic reforms loosely called the "responsibility system," which, among other things, allowed peasants to make profits from the sale of excess crops.

The effects have been stunning: In the first five years alone, noted a World Bank economist here recently, the income of China's 800 million peasants doubled. The countryside blossomed. Markets sprouted on otherwise drab city sidewalks like Chinese cabbage.

No longer were peasants completely indentured to and taken care of by communes, now called "townships." Under the new system, every household bears at least some responsibility for its own financial health.

These were precisely the cracks Deng intended to make in the "iron rice bowl" – the rigid socialist system designed to provide the basic necessities for China's 1.03 billion people.

But in the last few years, those intentional cracks have produced gaping – and unintentional – holes in the rural health care system.

China's top health official, Health Minister Cue Yueli, denied in an interview here recently that the rural health care system is in a state of crisis. Indeed, he said, "the situation in rural health is better now than before the economic reforms" because the more qualified of the old barefoot doctors have been retrained as "village doctors."

But one top Chinese health official acknowledged privately that the impact of the economic reforms on the health system has been massive confusion. And some foreign experts say the system is in outright disarray.

A Beijing-based World Bank economist predicts that at least in poorer areas, more and more diseases will recur with the disappearance of the barefoot doctor system because "there is no model to replace it."

Officials becoming concerned

William Hsiao, a health economist and China scholar from the Harvard School of Public Health, said, "The cooperative medical system with barefoot doctors as its mainstay is being washed away on the tides of economic change."

Chinese health officials are beginning to share that concern, and have invited Hsiao to help them design a health and welfare system.

And the decline of the barefoot doctors is but one worry.

There is widespread consensus, World Bank analysts say, that perhaps the most serious negative effect of the reforms is the collapse – some say "decimation" – of the old commune-based health insurance system.

Today, only 14 percent of the Chinese population – government civil servants and factory workers – have full health care coverage, leaving vast segments of the rural population uninsured, World Bank figures show.

True, this is not the disaster it would be in the United States, noted Shan Cretin, a Rand Corp. analyst who has studied health care in the Chinese province of Sichuan, because China subsidizes the salaries of most doctors and nurses. Chinese patients pay only for drugs, hospitalization and lab fees.

But drugs alone – especially if prices are illegally marked up by village doctors, who are now allowed to make profits – can make up 70 percent of the average medical bill, she said.

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Hospitals upgraded

On the other hand, though health insurance is weak, Cretin feels that the economic reforms have not been disastrous for rural health.

"Even though the commune medical funds don't exist now, people feel they can afford more and better medical care," she said. "The bottom line is that for a lot of peasants, at least in Sichuan, the general increase in income level has made them feel better off, and that makes them able to absorb the loss of what was always rather frail assistance at buying medical care anyway."

World Bank analysts add that the economic reforms have had some positive effects on the health care system. With more money in the coffers of provincial and county governments, some regions have upgraded hospitals and labs.

But rising peasant incomes ($310 per capita as of 1984) has brought new problems. For one thing, there are now inequalities in health care that simply did not exist under the old commune system.

Richer provinces, where farmers have more fertile soil or longer growing seasons, or where province-run factories make a profit, can provide basic medical services and health insurance. Often, neighboring poor provinces cannot.

Rising peasant incomes have also produced rising expectations for better medical care. This often translates to a demand for for high technology and sophisticated care, a considerable problem in a nation where 80 percent of the population is rural and is prohibited from moving.

It has taken several years for these problems to emerge. But there is no question now that Chinese health officials are concerned.

All provincial health officers have been called to Beijing this month to discuss "the new health problems that emerged along with economic reconstruction," said Dr. Wang Yousen, director of the division of science and technology at the Chinese Academy of Preventive Medicine.

How these problems will be resolved is uncertain.

The government has seen what happens when it offers full health coverage, as it does to civil servants and employees of state-run enterprises. "It's frightening," said Cretin. "They overutilize the system."

But underinsuring 800 million rural Chinese is not likely to be the answer either. And if the government removes more subsidies of health care, she said, "then the peasants really will have a problem."

This news item appeared on page of the January 17, 1987 issue of:

MICHIGAN FARMER (USA)

IN DEFENSE OF THIRD-WORLD LENDING - By David Weinstock

The World Bank has been smarting from verbal blows lately. Loans it made to developing foreign countries have many U.S. farmers angry at the competition they have created.

Some of this money was used to plant pampas land in Argentina to feed grains. Other loans have financed jungle clearing in Brazil for soybean and grain expansion. Still others funded rice industries in Asia.

To many American farmers, the World Bank's lending practices are doing nothing more than reducing American opportunities for farm exports abroad. But Peter Riddleberger, a public affairs advisor for the World Bank, had a different message for those who attended Michigan Farm Bureau's Commodity Session held during its annual meeting in Grand Rapids last month.

Self-inflicted wounds

American agriculture's problems are rooted in "contradictory policies," he said. "The U.S. economy has grown so open to trade that its own markets are beyond the reach of its domestic programs. U.S. monetary and fiscal policies and the international capital markets have greater effects on the welfare of American agriculture than its domestic commodity programs."

For this reason, American farmers are in a poor position to enter foreign markets. Attempts to change this problem have resulted in "self-inflicted" wounds.

"The 1981 Farm Bill's loan program priced U.S. grain out of the market," he said. "Features in the 1985 Farm Bill are almost on a par with EC export subsidies."

While the 1985 Farm Bill supplies some incentives to reduce production, Riddleberger branded deficiency payments as "an implicit export subsidy program." The U.S. is not alone in that practice, he said. The Japanese and Europeans are doing the same thing more directly.

All this is counterproductive, he contended. "Dumping commodities lowers the world price. Lower world prices keep developing countries from achieving economic growth by reducing their income—and their ability to purchase imports."

Those countries, Riddleberger said, are where U.S. farmers' future lies. "American agriculture's future does not lie in exports to industrialized countries or (the USSR)."

Riddleberger expressed doubt the EC would "liberalize" its agricultural policies. "But even if it did, total exports (to current U.S. markets) are not likely to increase. Whether the Soviet Union will be able to import additional grain, or even sustain present levels, is an open question."

A bigger pie

Efforts to expand agricultural export markets should be directed toward creating a larger market, not grabbing a larger market share. "It is better to make the pie bigger than to try to cut a larger slice of a smaller one."

The argument he used sounded familiar. It was remarkably similar to the one used by Elton Smith—at MFB's annual meeting two years ago—when he spoke in favor of aid to foreign agriculture.

In the 1970s, said Riddleberger, developing countries' wheat and coarse grain imports increased from 20.4 to 58.6 million metric tons. "More than 70% of these imports were by upper-middle income countries that were experiencing rapid increases in per-capita income. Poor countries simply do not have the means to pay for imports."

The way to bring those poorer countries' incomes up to a standard at which they can afford imports is to develop their agriculture. "Agriculture is the key to their economic growth."

The reason, he said, is that is where their resources are. "However, this sector usually has a low productivity level."

Increasing productivity and income in agriculture raises per-capita income in their economies as a whole. "In the short-run, it is often the only means they have to earn the foreign exchange to further their economic development."

Once economic development begins, and per-capita income increases, spending for food increases. As food spending increases, diet upgrades occur. "Look at Japan after World War II. Its diet improved from seaweed to beef."

As diet improves, population increases and markets expand. "Diet upgrades imply poultry, meat and feed grain demands. The United States is in the best position to service this demand."

Looming disaster

The World Bank has made its reputation as a proponent of the free-market system. "All our loans have conditions upon them," Riddleberger said. "If a country takes our money, we require it remove things like export subsidy programs and fertilizer-use credits. Embargoes or taxes on agricultural exports are not allowed."

But the World Bank is not the only game in town. Like farmers, foreign countries that do not like the conditions imposed by one lender can find another. "The Japanese, for example, who used to be quite conservative, have become international lenders."

So why the pitch? Recently, the Republicans lost their majority in the U.S. Senate. Democrats have long been promising some kind of action on trade legislation. With their new-found majority in Congress, they are now in position to fulfill that promise.

Riddleberger, like other free-traders, sees the Democrats and their strong ties to labor as a threat to the free-market philosophy President Reagan has held the United States to thus far. "There is a growing protectionist sentiment in Congress," he said. "Foreign trade proposals will be hot and heavy next year."

Unfortunately, Riddleberger had as much success in convincing MFB's membership to hold the line on free trade as Smith did on aid to foreign agriculture two years ago. On the last day of its convention, MFB passed one of the most restrictive resolutions it ever has on agricultural imports.

This news item appeared on page of the January 28, 1987 issue of:

CHRONICLE OF HIGHER EDUCATION

African Universities Hear Urgent Calls for Research to Fight Famine, Poverty

Leaders reject proposal that higher-education funds be shifted to elementary and secondary schools

By STEVE ASKIN

HARARE, ZIMBABWE

To help save Africa from famine and poverty, its universities must single-mindedly stress research and training for economic development, many of the continent's top academic leaders said at a conference here last week.

They said so repeatedly and, at times, sternly.

"The old idea that knowledge should be pursued for its own sake ought to be put on the back burner," said J. S. Cookey, vice-chancellor of the University of Port Harcourt in Nigeria. The main issue, he asserted, is human and national survival.

But while conference participants generally welcomed calls for their institutions to focus on "practical" fields to improve living conditions in Africa, they reacted angrily to suggestions—contained in a confidential World Bank report, *Education Policies for Sub-Saharan Africa*—that their governments should redirect some university funds to elementary and secondary schools.

The theme was similar to one that the World Bank had sounded last year in another report, *Financing Education in Developing Countries* (*The Chronicle*, September 10, 1986).

Adebayo Adedeji, executive secretary of the Economic Commission for Africa, sent a wave of anxiety through the conference by reading excerpts from the latest report, which is tentatively scheduled to be made public on March 1.

21 Countries Represented

According to Mr. Adedeji, a Nigerian, the report says African universities generally cost too much, offer weak programs, pour resources into fields that do not promote development, and use funds that would benefit larger segments of society if they were spent on elementary and secondary education.

Last week's conference, at the University of Zimbabwe, brought together officials from several dozen universities in 21 nations throughout Africa, including countries whose principal languages are Arabic, English, French, and Portuguese.

The conference, on the role of higher education in African development, was sponsored by the Association of African Universities, the Conference of Rectors, Vice-Chancellors, and Presidents of Institutions of Higher Learning in Africa, and the Economic Commission for Africa, an agency of the United Nations.

'Intellectual Dependence'

The tone was set in a tough opening statement by Prime Minister Robert Mugabe of Zimbabwe. He charged that African scholars "have failed to come up with original ideas, have perpetuated their intellectual dependence on Western scholars, and continue to display a lack of confidence in their own capacity to generate ideas and insights that lead to genuine solutions to our own problems."

Mr. Mugabe's remarks were presented by his Education Minister, Dzingai Mutumbuka, because the Prime Minister was on a state visit in China. Many African universities are wedded to patterns set at their founding in the colonial era, Mr. Mugabe's speech said, and follow European curricula instead of devising their own.

Mr. Mugabe also said African universities tended to overemphasize the humanities "at the expense of science and technology in general, and practical subjects in particular." He added: "The tendency to feed our young intellectuals a diet of ideas and materials designed for other lands inevitably leads to intellectual atrophy and ideological bankruptcy."

The speech struck a responsive chord and provoked few defensive remarks from the conferees.

Akilagpa Sawyerr, vice-chancellor of the University of Ghana said that for Africa to grasp its own academic identity, it must develop credible graduate programs of its own and escape the assumption that "the best students go abroad and the not-so-good stay behind."

Officials Are Upset

Africa should produce more of its own textbooks, he said, and base research on economic needs rather than the personal goals of individual scholars.

Many officials here were upset, however, by suggestions in the preview of the World Bank's report that their institutions should spend less so that more could be spent on elementary and secondary education. Vice-Chancellor Walter Kamba of the University of Zimbabwe warned that the report might be used to justify major reductions, especially by foreign donors.

Such a development, he warned, would force Africa to rely on foreign research and foreign personnel instead of its own, and would put the continent in "a state of dependency for all time."

"We would be colonies forever," Mr. Kamba declared, "going back to the developed countries and saying, 'We can't cope.' "

The World Bank's director of education and training, Aklilu Habte, a past president of the University of Addis Ababa in Ethiopia, listened to the criticism in silence. Later, in an interview, he expressed annoyance that Mr. Adedeji had read from the report.

The World Bank official said the report would argue that universities absorb too large a part of the typical African nation's education budget—an average of about 20 per cent. But he insisted that university costs could be reduced without curtailing programs. Additional funds could come from student fees, he said, noting that most African universities do not charge tuition and many of them also provide free room and board.

Before making the study public, World Bank officials were scheduled to meet with African education ministers in Addis Ababa this week and in Abidjan, Ivory Coast, next week.

'Situation Is Deplorable'

At the conference here, some officials turned the financial issue into a challenge to their governments. Adamu Mohammad, vice-chancellor of Nigeria's Ahmadu Bellu University, expressed a common view:

"The situation of our universities is deplorable. The libraries do not have books. Laboratories are not equipped because of lack of money. And yet they expect us to produce quality manpower for the nation."

This news item appeared on page 16 of the February 13, 1987 issue of:
FINANCIAL TIMES (U.K.)

DEVELOPING NATIONS AND FOREIGN INVESTMENT

Learning to live with capitalism

By Christian Tyler

BURIED in the agenda for the world trade negotiations that begin this year is a single bland sentence of great potential importance. It instructs the 92 member nations of the General Agreement on Tariffs and Trade to work out a universal set of rules for the treatment of foreign direct investment.

This politically sensitive topic has been smuggled into the Gatt talks on the grounds that the severity of many countries' inward investment policies has the effect of distorting trade. To that extent, it is legitimate Gatt territory.

The Gatt has an interest in direct investment where government restrictions, or incentives, can be said to distort trade. For example, inward investment subsidies like tax holidays may give an immigrant manufacturer an unfair advantage over competitors. On the other hand, discrimination against foreign investors who need to set up shop near their customers — banks and insurance companies, for example—makes freedom of trade in services (another Gatt aim) difficult to realise.

Investment approval in many developing countries, but not only in developing countries, is usually subject to a welter of rules: a fixed amount of production must be exported, a fixed proportion of components must be bought locally and a fixed ratio of native managers hired.

But in trying to remove the bad consequences of investment regimes, trade experts are bound to confront the central question: can governments be persuaded to see collective liberalisation of investment not as a loss of sovereignty, but as the release of dynamic forces for development and adjustment that trade theorists claim for it?

The idea of a global investment treaty or code that would unlock the markets and export opportunities of the developing world is not new: the World Bank has floated it before and the UN and the OECD have been hammering away for many years at one aspect of it in debates on the role of multinationals.

What is new is a perceptible change in the climate. A "Gatt for investment" may not be politically realisable this century, but the momentum is already there. Since the debt problem reached crisis proportions in the early 1980s developing countries have increasingly opened their doors to foreign capital to offset a drop in bank lending and stagnating development aid. Even the most orthodox of socialist states such as Bulgaria are advertising for western equity partners in the hope of becoming industrially competitive.

In colonial days, most poor countries' minerals, fuels and crops were mined, drilled, grown, transported and processed by foreign companies. Many of the colonial territories came to independence on a wave of hatred for the "economic imperialists." Assets were seized and foreigners evicted. Today the foreign multinational may still be disliked, but is no longer so feared and its capital and expertise is desperately needed.

"There is a great stirring out there," says Mr Richard Richardson, director of development for the International Finance Corporation, the private investment affiliate of the World Bank. "As the memory of colonialism recedes, countries are increasingly confident that they are able to deal on terms of parity with the multinationals that were once so feared."

The volume of direct investment in the less-developed countries (LDCs) is hardly spectacular compared with other flows. It probably amounts to little more than $10bn a year in the last three years, compared with a peak of $15bn in 1981—only a quarter of the total investment flows between industrial countries.

By 1980, the Third World was host to about 25,000 of the 98,000 subsidiaries of multinational companies, according to UN estimates, with a few of the newly industrialised countries (NICs) like Brazil, Mexico, Hong Kong and Taiwan holding the lion's share. In the past 20 years, about 250 bilateral investment promotion and protection treaties have been signed. Some socialist countries like China and Romania have made the negotiation of such agreements "a major policy objective," according to Mr John Blair, an expert at the Confederation of British Industry.

Stimulated mainly by the debt crisis, officials are working at both ends to increase the flow of capital and technology into areas hitherto shunned because of their political instability, discriminatory treatment of foreigners or corrupt administration.

For example, the World Bank is launching the multilateral investment guarantee agency (Miga), to insure companies against the expropriation of their assets and other political risks. The agency has now collected the necessary number of signatories and is only waiting for the US contribution to come through before going into business with a share capital of SDR 1bn ($1.26bn).

The International Finance Corporation, meanwhile, has devised a clever mechanism for diluting risk. Called "guaranteed recovery of investment principal" (Grip), it allows investors to put funds with the IFC, which in turn provides equity as a (minority) partner in private sector projects in developing countries. When the investor's loan matures, he can either reclaim his principal if the project has misfired, or take on the investment itself. The IFC shares any dividends in return for taking most of the risk. Sir William Ryrie, the former UK Treasury official who heads the IFC, recently described Grip as "a fascinating technique which holds great promise."

Other equity-creating techniques have been born as a direct consequence of the debt crisis. Large western contractors, desperate for work, are offering to build bridges, tunnels and even power stations on a franchise basis. The idea, pioneered in its modern form by Mr Turgut Ozal, the prime minister of Turkey, is that contractors become part of equity joint ventures not only to build but also to own and operate the facility for a number of years. When their costs have been covered and profits earned, the facility is transferred to the state.

Merchant bankers in London are enthusiastic about the potential of what they call "franchise financing" but are less sure how far it overcomes the problem of a developing country's poor creditworthiness. At the least, some say, it ensures that countries end up with better-quality projects because the onus is on the builder to manage the facility efficiently.

Even the United Nations Industrial Development Organisation (Unido), under its new director general Mr Domingo Siazon, is beginning to act as broker between private companies and developing countries.

Although some East bloc officials criticise Unido's policy departure as flirting with capitalism in breach of its mandate, Unido is accepting company funds for approved projects and giving firms access to its training and advisory services.

Another fashionable technique is the debt-equity swap, encouraged by a number of debtor countries to increase foreign participation in their troubled economies. About $3bn of the combined $220bn foreign commercial debt of five countries—Brazil, Chile, Mexico, Argentina and the Philippines—has been converted so far, according to Morgan Guaranty Trust. At least another $5bn a year could be recycled in these five countries alone, it says, provided the debtors were willing to improve the local investment climate and "open up opportunities for private capital."

In a typical swap, a foreign multinational buys its host country's debt at a large discount. The debt is redeemed in local currency at favourable rates of exchange for the purpose of setting up or expanding a local enterprise—how favourable will depend on whether the investment has a high industrial priority, will generate foreign exchange, reduce the country's imports and create more jobs.

For example, the Japanese steel company Kawasaki recently announced it was looking for $1.2m of Philippine debt, available at a discount of up to 30 per cent, for investment in a subsidiary that turns pineapple waste into animal feed. Nissan, the motor company, has converted $54m of Mexican debt. Early in December, Volkswagen completed the biggest conversion so far—again for Mexico—of $283m.

Although the terms debtors set for such swaps are not always attractive, some bankers believe experiments so far prove there is a large market still to be tapped.

Portfolio investment in developing countries could also begin to take off, according to a recent report sponsored by the OECD, the IFC and the UN Industrial Development Organisation (Unido). Western financial institutions like the pension funds are said to be showing a lively interest in taking equity where local market conditions allow.

An example is South Korea, where the IFC has been working with the Government to stimulate interest in company stocks. One result is the Korea Fund, a portfolio of $60m launched at a premium and traded daily on the New York Stock Exchange.

The IFC and its British equivalent, the Commonwealth Development Corporation, believe they are helping to reinforce a general trend towards privatisation of inefficient state enterprises that opens the way for a surge of new foreign investment. Their own equity stakes are small but have a large psychological value. The IFC, which is in the middle of a $7.5bn five-year programme of seedcorn investment, claims its very presence in a country spreads confidence—and may serve to protect its equity partners from arbitrary interference.

For their part, would-be hosts from China to Venezuela are busily revising their inward investment regimes to remove some of the more blatant discrimination against foreign companies. But, as the example of China shows, reforms announced by central government tend to be designed to disentangle the red tape in stubborn and arbitrary local bureaucracies rather than to address the real problems of foreign investors: a heavily overvalued local currency, too much emphasis on export and local content, too little freedom to repatriate profits.

Indeed, investment codes have scant relevance to real conditions. A statutory requirement for local majority control in a joint venture can often be negotiated away. Export performance targets may be raised one year and lowered the next. Import licensing rules can change overnight in response to a foreign exchange crisis.

"I know investors who never read any regulations at all," says Mr Richardson. "They just go and find out."

Yet behind all the confusion and experimentation, investment-starved countries appear to be overcoming their fear of foreign capitalism. The Gatt talks on trade-related investment are both a symptom of change and an opportunity for the developing world to negotiate mutual concessions that could transform the investment climate worldwide.

This news item appeared on page 1 of the February 13, 1987 issue of:

THE NEW YORK TIMES

Brazil Health Crisis: The Bubonic Plague Is Just a Single Part

By MARLISE SIMONS
Special to The New York Times

JOAO PESSOA, Brazil — In the dry scrublands behind the coast of northeast Brazil, where peasants have been hardened by famines, drought and the premature death of loved ones, the churches have filled again with supplicants.

This time, it is bubonic plague that has driven them to beg for mercy.

The disease, the Black Death of the Middle Ages, has been identified in 41 backcountry villages of northeastern Brazil. Since last October, five people have died and, according to doctors, hundreds of people have reported real or imagined symptoms of the disease.

Elsewhere across this huge tropical nation, health authorities report high levels of malaria, tuberculosis, polio, leprosy, yellow fever, venereal diseases and other endemic illnesses.

'Predatory' Development

Brazil, which has long prided itself on being Latin America's most modern and enterprising nation, is experiencing a health crisis even by the standards of a region troubled by malnutrition and endemic disease, international experts say. The deteriorating health, above all in the countryside, has once again raised criticism of this nation's "predatory" route to development.

In the last two decades, military regimes, bent on pushing the country rapidly toward industrial power, have turned Brazil into the West's eighth largest economy. But although many

"We are seeing a general deterioration of health and health services," said Dr. Delosmar Mendonça, a public health official in João Pessoa, a city 65 miles north of Recife. "Here in the northeast, people are eating less and are more anemic, more disease prone."

Surveys show that more than one-third of the country's rural population suffers from undernourishment and diseases traceable to neglect, ignorance or poverty. In the cities, though public health centers have grown, doctors complain that services are severely inadequate.

Dr. Mendonça said studies at the University of Recife showed that because of chronic malnutrition many of the region's children were being born with smaller frames and smaller heads than before. "We are moving toward a generation of dwarfs," he said.

International Loans Sought

To confront this "expanding time bomb," as one official put it, the two-year-old civilian Government is negotiating multimillion dollar loans with the World Bank for health and eradication campaigns.

Priorities include the rapidly spreading malaria and yellow fever in the Amazon. Brazil had reduced malaria to 100,000 cases in 1975, officials said, but by 1986 the disease had jumped to 430,000 cases.

Another worry is Chagas disease, which is transmitted by insects and which affects the heart and nervous system. Officials say they believe the disease affects as many as 10 million of Brazil's 140 million people.

Two recent disclosures have caused particular shock becase of the social stigma attached to the illnesses. One is that Brazil, with 1,031 known cases, is now one of the countries where AIDS appears to be spreading fastest.

The other, more dramatic, disclosure is about leprosy. According to a recent report, leprosy, although curable, has expanded even in the big cities like Rio de Janeiro and São Paulo and the more developed south of Brazil. The report said at least 223,000 people were leprosy victims.

Behind the Crisis

Reasons cited for the deterioration of health by Brazilian and international experts include political and bureaucratic inertia and siphoning off of funds. They note that not only underdevelopment, but development itself, is contributing to the spread of diseases associated with another era.

As Brazil opens up its jungles, hundreds of thousands of homesteaders, many of them poor and unprepared, have settled in the Amazon basin. Tens of thousands of people constantly migrate around the wilderness, hunting for rubber, gold or precious stones under primitive conditions.

Moreover, although Governments of the past two decades have not made health care a national priority, the most recent military regime that took over in 1979 cut back the budget to fight endemic illnesses by almost 25 percent.

In João Pessoa, authorities coping with the outbreak of the bubonic plague worry because it has drawn away their little staff from other urgent projects.

"The pest can be cured in a week," said Dr. Mendonça, who is in charge of the campaign. "But it has a tremendous psychological impact. People are very religious here, and many believed the world would now come to an end."

Beside dispatching teams to kill rats, which can carry the fleas that transmit the plague to humans, Dr. Mendonça had to send his workers around to schools, movie theaters and plantations to give talks "to calm people down." So far, 305 cases have been reported in the state of Paraíba and smaller numbers in several isolated communities of two neighboring states.

Brazilians have become richer, the new wealth has sharpened inequality, and much of the nation retains levels of health, education and housing that make it comparable to the poorest countries of Latin America.

This news item appeared on page 19A of the February 17, 1987 issue of:

JOURNAL OF COMMERCE

An Insider's View of World Debt

By GORDON PLATT

"We have to forge our future, instead of waiting for it to happen," the soft-spoken, lightly bearded man said in an ominous tone.

Morris Miller, executive director of the World Bank during the Third World debt crisis of 1982, fears the world financial system will come crashing down if we don't act quickly.

"If I sound like an alarmist, that's good," he told me and winked. "Somebody's got to sound the alarm."

Mr. Miller has issued a clarion call for the wise men of the world financial scene to gather together and devise a new Bretton Woods agreement to end the turmoil in the foreign exchange markets and "encourage policy coordination that would provide the basis for trade and capital flows and promote global growth and equity."

Changes in the speed and direction of exchange rates and capital transfers are much too rapid and massive to be adequately handled in the conventional manner, he argues. The United States has joined the ranks of the debtor nations (in fact, it's leading the debt parade) and the debt crisis has taken on a dangerous global dimension, he warns.

"Coping Is Not Enough" (Dow Jones-Irwin) is the title of Mr. Miller's new book. It summarizes his insider's view of how the world debt crisis is being handled. The response of the International Monetary Fund, he says, has been "fire fighting without much water pressure." He claims the IMF is submissive to the United States and is "constrained from playing a major role, either as a source of liquidity or as a regulatory force in the international financial system."

Meanwhile, he says, "The pressganging of the World Bank onto the figurative short-term debt-salvage ship poses dangers of diversion that could weaken it for the main task of helping assure a funding level for the developing countries that goes beyond debt servicing to a level adequate for the resumption of growth and hope."

He accuses the IMF and World Bank of "sleeping through" the first debt crisis and says a "second wave" is about to hit.

Developing country debt (government and private) passed the $1 trillion mark sometime last summer. The situation is analogous to that of the credit card holder who accumulates a bigger and bigger stack of plastic to pay the interest due on previous charges. And it contrasts with the behavior of the Japanese worker who saves up to half his/her paycheck.

Depressed commodity prices are preventing the developing countries from earning enough on their exports to pay back their bank loans. Thus, the crisis is chronic, Mr. Miller says, and has led to the hopelessness of the indebted nations "which see no light at the end of the tunnel of despair . . . unable to make any headway as rollovers of gigantic debts add to the ultimate bank bill."

He describes a vicious cycle whereby "the reduced ability of these countries to purchase U.S. goods and services aggravates the U.S. trade deficit, and as the United States takes steps to remedy its own plight through reducing its imports, this action in turn aggravates the plight of Third World debtors."

The debtor countries have to wonder, Mr. Miller says, whether it makes any sense to continue running up an escalator that is going down. "The pressure for action arises from both sides: the banking community is under extreme pressure to 'get in deeper' and the debtor countries are sinking deeper into debt and also suffering from increasing social and political tensions and erosion of sovereignty," he adds.

In calling for a new Bretton Woods agreement, Mr. Miller says, "This does not imply one big meeting along the lines of the 1944 affair." As well as stabilizing exchange rates, the new accord should aim at reducing interest rates to the historic level of 2% and increasing resource transfers to the developing world, he says.

"In the prevailing debt management process, a higher priority is being placed on protecting bank balance sheets than on preserving democratic societies," Mr. Miller complains. "The roots of the crisis are deep and systemic" and can't be addressed by period meetings of the Group of Five, he says.

The sensible thing to do, he adds, is to appoint an international committee of experts, free of political constraints and able to consider the wide array of technical and political options.

He describes Treasury Secretary James Baker's initiative as "really a plea to 'do as I ask, don't do as I do.'"

As a condition for receiving loans, he notes, developing countries would have "to accept as axiomatic that 'private is good and public is bad.' Should the international financial institutions become the blatant instruments for the imposition of this ideology, their analysis and advice would quite understandably be called into question."

Mr. Miller says the biggest danger of the Baker proposal is that "it may put off consideration of measures more commensurate with the magnitude and seriousness of the problem." The players are skating on "perilously thin" ice, he cautions.

This news item appeared on page 5 of the February 13, 1987 issue of:

THE WALL STREET JOURNAL

U.S. Policy Makers Fear Citicorp Stance On Debtor Nations Imperils Global Plan

By Art Pine
Staff Reporter of The Wall Street Journal

WASHINGTON — Top U.S. policy makers are becoming increasingly concerned that Citicorp's hard-line stance against easing terms for debtor countries may be threatening the global debt strategy.

U.S. officials said Treasury Secretary James Baker has telephoned Citicorp Chairman John Reed several times to complain about the bank's tactics in negotiations with specific debtor countries. Federal Reserve Board Chairman Paul Volcker also is said to be worried about the impact of Citicorp's stand on the debt situation.

U.S. debt strategists fear that if banks take uncompromising stands, political tensions could be rekindled in large debtor countries such as Mexico and the Philippines, threatening broader U.S. political interests in these countries. "If this thing keeps up, it could unravel the whole picture," one official said.

Pursuing Rigid Stance

Over the past few months, Mr. Reed has been pursuing a rigid stance in negotiations with debtor countries in an attempt to block efforts by the Reagan administration and the Federal Reserve as well as other commercial banks to secure lower interest rates for debt-ridden countries.

He told The Wall Street Journal in a recent interview that he is seeking to maintain existing profit-spreads to help strengthen Citicorp's balance sheets. At the same time, he has been pushing to build the bank's loan-loss reserves rapidly. "It's a crummy world out there," the Citicorp chairman said.

U.S. officials contend that Citicorp, singlehandedly, has virtually blocked efforts to ease lending terms for Chile and the Philippines.

They also said Citicorp is at least one factor in the reluctance of some regional banks to participate in a $6 billion loan-rescheduling effort negotiated for Mexico last fall. Citicorp almost thwarted the Mexican negotiations, but eventually gave in after pressure from other commercial banks and Federal Reserve Chairman Volcker.

Strategists' Argument

U.S. strategists argue that Mexico and some other debtor countries are entitled to easier terms today because their overall balance-of-payments problems aren't as severe as they were a few years ago and because they have begun to put their domestic economies in order.

Most analysts agree that Chile, especially, has made significant strides in overhauling its economic policies. As a result, they said, it ought to be more creditworthy as well. That ought to mean smaller spreads—and smaller profits—for banks.

But U.S. officials complain that the spreads banks are receiving on new loans to such countries actually are higher than they were in 1982 and 1983, at the height of the global debt "crisis."

One of the major objectives of the Baker Plan—the new global debt initiative that Secretary Baker proposed in September 1985—has been to increase bank lending to developing countries, with easier terms wherever possible. Citicorp and other banks agreed in principle to support the Baker Plan.

The way the debt-negotiating system is set up, Citicorp has substantial power to block such loans. As the nation's largest bank, Citicorp heads or plays a leading part in the banking industry advisory committees that negotiate with Third World countries on behalf of U.S. and foreign banks. The panels themselves operate by consensus, enabling a single member bank to block any new accord.

Citicorp has exercised that power repeatedly in recent months. In October, it blocked a move by the bank advisory committee to allow Chile to repay its loans in a single payment rather than two each year—a change that would have saved the Chileans $425 million—on grounds that it might set a precedent for other debtors.

U.S. officials said the deadlock between Citicorp and other banks was so bitter that at one point officials feared it might threaten to scuttle the bank advisory committee system itself.

Thwarting the Big Bank

Early this year, Citicorp flatly refused to consider the Philippines' request for a spread of one percentage point over the standard London interbank offered rate—instead of the 1.25 percentage points that Citicorp was demanding—prompting Philippine negotiators to walk out.

Mr. Reed's interview with The Wall Street Journal outraged U.S. debt strategists and those from debtor countries as well. Brazilian Finance Minister Dilson Funaro noted archly that the Citicorp chairman's remarks confirmed Brazil's view that the bank was simply after profit, and vowed that Brasilia would press even harder for easier lending terms.

A Citicorp spokesman declined to comment on the criticism of Mr. Reed's stance on the debt problem. However, he noted that Mr. Reed recently said: "My concern has little to do with Citicorp's earnings. In fact, none. . . . I just think if we go toward concessionary lending, the banking system isn't going to be able to raise money when there are legitimate needs for these countries as their growth-oriented programs take place." Mr. Reed, who is on vacation, couldn't be reached for comment.

Some U.S. officials fear that Mr. Reed's remarks may have sparked debtor-country negotiators to make thwarting Citicorp a minimum political goal in any new bargaining.

Growing Tensions

Policy makers here worry that Citicorp's tactics may delay or stymie other important negotiations as well. In addition to the Philippines and Chile, the banks have important talks coming with Brazil, Argentina, Ecuador and Venezuela. "The Philippines can't wait; you can't put yourself in a position where you bring down this democracy," one official said.

So far, top U.S. policy makers have remained publicly quiet about the dispute. Mr. Baker repeatedly has declined to discuss the Citicorp issue in interviews, and administration officials said both he and Mr. Volcker have been careful not to threaten to use any government leverage to pressure the bank to change its stand. Private analysts said that pressuring Citicorp might enable the bank to blame the government if any loans went awry.

But it's clear that tensions between Washington and Citicorp are growing rapidly. "There's a fine line between being tough and being a spoiler," one U.S. official said. "They're right on the fence, and they know it."

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This news item appeared on page D1 of the Feb. 17, 1987 issue of:

WASHINGTON POST

U.S. Vetoes World Bank Role in Chile Loan

Commercial Banks Told They Must Assume Responsibility for $400 Million Request

By James L. Rowe Jr.
Washington Post Staff Writer

The Reagan administration has vetoed World Bank participation in a commercial bank loan to Chile, telling private banks it is their responsibility alone to provide the $400 million the cash-strapped country will need this year and next, sources said.

The decision throws resolution of Chile's cash needs back to its squabbling commercial bank lenders, who have not been able to agree on how to meet Chile's relatively small requirements. Chile has managed its economy in a way that pleases bankers and officials of industrial governments and has achieved a reduction in inflation, an economic recovery and a modest increase in exports.

Chile needs the cash to enable it to meet its international obligations, such as paying interest on its $23 billion of foreign debt, much of which is owed to commercial banks, and buying vital imports.

Sources said that Chile should be a relatively "easy" loan for commercial banks to make. They said they worry banks will find it impossible to deal with difficult cases, such as Brazil. If banks deadlock on new loans to Brazil, it could plunge the world anew into a debt crisis of the dimension of 1982 and 1983. Brazil has $108 billion in foreign debts, an economy that is falling apart, festering political problems, declining export earnings and the need to borrow from its commercial bank lenders for the first time since 1984.

Diplomatic and financial experts say they believe Brazil may suspend payment on some or all of its debts because it will run out of cash before it can borrow new money. That could force losses at major banks.

In Chile's case, giant Citibank has pitted itself against the other 11 banks on the so-called bank advisory committee that negotiates with Chile. Citibank Chairman John Reed has said he believes debtor nations should pay higher interest rates than they have been—Mexico's latest rate was .81 percentage points over what banks must pay for money.

Latin American politicians believe they are hard-pressed to pay higher rates—both economically and politically. Reed has countered that banks will find it impossible to raise the money debtor nations need at low interest rates.

Instead of seeking fresh money to solve its short-term cash needs, Chile had proposed to pay interest once a year. The "retiming" proposal would have kept Chilean loans current on bank books and would have allowed Chile to meet its needs for foreign exchange without borrowing new money.

But Citibank vetoed the proposal, although the other 11 banks on the committee embraced it. They, in turn, rejected a Citibank proposal that Chile sell special bonds that would be purchased by bank lenders—an idea that Citibank apparently had advanced for Brazil six months ago, before Brazil's 1985 and 1986 "economic miracle" began to unravel.

The banks then turned to the World Bank. Banks prefer that the World Bank cofinance loans because it increases the likelihood that the loans will be repaid and reduces the amount of new cash banks must put up. Two years ago, when Chile was more hard-pressed economically, the World Bank did participate in a small portion of a $1 billion loan. It also cofinanced some of the commercial bank portion of the $12 billion Mexican bailout.

Treasury Secretary James A. Baker III vetoed World Bank participation in the Chile loan. Sources said Baker does not want to give the banks "an easy way out," because Chile's record is good enough to support a normal bank loan.

They said that Baker also was worried about political fallout from having the multinational body help a bank loan to Chile at a time when Armando Fernandez Larios, a former Chilean espionage agent, was testifying in court here that the government of President Augusto Pinochet was directly involved in the 1976 murder of Chilean ambassador Orlando Letelier.

A Treasury spokesman refused to confirm or deny Baker's role.

This news item appeared on page of the February 18, 1987 issue of:

WASHINGTON POST

Loan Fatigue

THE TREASURY DEPARTMENT is beginning to press the American banks increasingly openly to step up their lending to Latin America. Some of the smaller banks simply want to get out of foreign lending. The biggest of them, Citibank of New York, intends to stay in—but is insisting on higher interest yields than even the other banks, let alone the borrowers, consider proper. Among the lenders, a deadlock seems to have developed.

Chile is going to need new loans this year, and the commercial banks thought that the World Bank—an international agency, run by its member governments—ought to put up some of the money. But the Reagan administration, to its credit, sees no need to accommodate Chile as long as it's run by Gen. Augusto Pinochet. It is using the Chilean case to suggest to the banks that they are going to have to save themselves. The banks' dilemma is that much of the new money would be used to service its past loans to the same banks, and if they cut off lending now they raise the risk of defaults or moratoriums on the previous loans.

Ever since the Latin debt crisis erupted more than four years ago, the debtors have been trying to rescue themselves through a strategy of growth. The idea was that, over time, their economies would grow large enough to support the debts without strain. That was the essence of the Baker plan, put forward in late 1985 by Secretary of the Treasury James A. Baker. The Latin debtors were to undertake internal reforms, as in fact they have done to a remarkable degree. The World Bank was to play a larger role, as it has begun to do. The commercial banks were to put up more money—and there the plan has fallen down. Little new money has come from the banks.

Finally, the whole strategy depended on continued rapid growth in the industrial world to provide a market for Latin exports. The industrial economies grew very fast in 1984 but decelerated into the normal-to-slow range last year with no indication of change ahead. That's not going to be enough to support the kind of exports on which the Latin countries, and their American creditors, were counting. That's why the Baker plan isn't making progress, and the handling of the Latin debts generally has fallen into a state that's beginning to look like paralysis.

A kind of battle fatigue has overtaken both debtors and creditors. There have been too many meetings on the same subjects, covering the same ground. Dealing with the debts takes a lot of stamina and a lot of patience, two commodities always in short supply. But the Latins have had less help from their creditors, the banks, than they had been led to expect. It's not surprising that Mr. Baker should have begun to press them harder.

This news item appeared on page of the February 19, 1987 issue of:

WASHINGTON POST

Kasten Criticizes Multilateral Banks

■ Steps taken so far by the World Bank and other multilateral development banks to protect the environment when approving loan projects have been inadequate, Sen. Robert W. Kasten Jr. (R-Wis.) said yesterday. Kasten said a Treasury Department report sent to Congress yesterday, evaluating environmental reforms requested by Congress in 1985, "underscores the meager progress" made.

"There is little question that what is going on here is foot-dragging by the MDBs," Kasten said. He had been chairman of a Senate Appropriations subcomittee that requested the changes.

From news services and staff reports

*** February 13, 1987 ***
Development News
• Weekly Supplement •

This news item appeared on page of the Feb. 10, 1987 issue of:
BUSINESS NEWS (Kenya)

WORLD BANK BOSS ARRIVES IN KENYA

Excerpts:

WORLD Bank President, Mr Barber Conable, arrived in Nairobi yesterday on his first visit to Kenya and Africa.

During his five-day visit to Kenya, he will deliver a keynote address to the Safe Motherhood Conference opening tomorrow and then spend most his time discussing Kenyan relations with the World Bank during his meetings with the top Kenyan leaders, Government officials and representatives of the private sector.

Mr Conable, who took over the top job of the World Bank on July 1, 1986, will also tour some developing projects in Kenya being aided by the world Bank.

Kenya has received more than two billion dollars from World Bank aid since 1964 to finance some 80 projects. In addition, Kenya benefited from ten loans from the bank totalling about 245 million dollars to the former E.A. Community.

After the initial priority for World Bank lending to Kenya on agriculture and industry, the more recent emphasis has been on energy and population. Recent lending has also helped in the restructuring of the economy, including agricultural marketing.

After his visit to Kenya, Mr Conable will proceed to Zambia where he will be from February 13 to 17 and finish his African safari with a visit to Tanzania from February 17 to 19.

Both these countries are also important for the bank's lending programme in free Africa. The Zambian economy is undergoing major changes and its recent problems after the food price increase riots are crucial as a pointer for other African states trying to readjust their economies in favour of the peasant farmers.

Tanzania, which has liberalised its economy in the last two years, is also undergoing radical changes in its economic structure after agreement with the IMF and World Bank.

Mr Conable said yesterday he was optimistically looking forward to hold vital discussions with the officials of the Kenya Government adds Otieno Awiti.

Mr Conable accompanied by his wife was speaking at the Jomo Kenyatta Airport in Nairobi, on arrival.

Finance Minister Prof George Saitoti told the world bank boss, that it was gratefying to note that he was visiting Kenya following his recent appointment.

This news item appeared on page of the February 10, 1987 issue of:

DAILY NATION (Kenya)

Poor nations lose out, says Saitoti

By DOUG CHARAGGU

More resources have in the recent past been transferred from the poor to the rich nations, the Minister for Finance, Professor George Saitoti, said yesterday.

Prof Saitoti told the visiting World Bank president, Mr Barber Conable, in Nairobi that developing countries had weak currencies and their debts kept on rising at the appreciation of the strong currencies of the developed world.

He said the increased debt financing requirements had reduced development resources in the poor countries.

Prof Saitoti said small economies were vulnerable and required soft loans to adjust and grow. He said borrowing would not solve problems unless the loans were provided on soft terms.

The Minister was speaking after a two-hour discussion with a World Bank delegation led by Mr Conable.

The Kenyan side included eight Cabinet Ministers, Assistant Ministers, Permanent Secretaries, some heads of parastatals, the Central Bank Governor, Mr Philip Ndegwa, and other senior Government officials.

The discussions covered many areas of co-operation between the World Bank and the Kenya Government.

Later the Minister hosted a luncheon in honour of Mr Conable at the Hotel Inter-Continental. Prof Saitoti said at the luncheon that Kenya had accepted World Bank recommendations on resource allocation based on a competitive price mechanism, and a balance between public and private sectors.

He said the balance between the two sectors has been given high priority and it was envisaged that this would bring about higher levels of growth.

The Minister said the Government had adopted economic policy measures that had reduced inflation from 25 per cent in 1982 to five per cent, last year.

He said deficit as a proportion of the Gross Domestic Product had been reduced to less than 50 per cent of the 1982 levels.

Mr Conable said the bank was willing to work with the government to enhance development. He said he was pleased with the Government's handling of the effects of the 1984 drought.

He said the impressive recovery of all sectors in 1986 was not merely due to good rains, higher coffee prices, lower oil import prices, but due to sound economic management policies.

The World Bank was willing to work with Kenya in agriculture, industry and population growth as they posed the most serious problems to overall development.

On population, the World Bank president said that Kenya's fertility levels were gradually declining, "but not yet fast enough to reduce the overall population growth rates".

This news item appeared on page 3 of the Feb. 1, 1987 issue of:

THE ECONOMIC TIMES (INDIA)

Safe motherhood

By Barbara Herz

Governments throughout the world have adopted the goal of "Health for All by the Year 2000." Considerable progress has been made toward that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

Maternal Mortality: The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies. for women with certain pre-existing health conditions: for poor, malnourished, and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from haemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

Improving Maternal Health: A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, chidbirth, and the postpartum period. Her capacity to produce a strong, healthy baby, and to nurse and care for her baby are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education, and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances: the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complications, routine care, and backup for high-risk and emergency cases.

Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk, and good pre-natal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably haemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile, and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services, plus programme to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and earning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach is required.

Stronger community-based health care: Relying on non-physician health workers, to screen pregnant women, identify those at high risk, and refer them for help; provide good pre-natal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

Stronger referral facilities: Hospitals and health centers with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgical family planning methods.

— An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organisations' (NGOs) primary health care programms. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of service, which affect costs.

Cost and Impact of Maternal Health Care: The table below shows the approximate cost and the impact of two safe motherhood program models: a limited and a moderate effort.

The two models above illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than US$2 per capita per year compared to average annual health expenditures of US$9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than US$1 per capita a year, and it

(continued)

Each year about 500,000 women die from causes relating to childbearing. Sixty per cent of these deaths occur in South Asia and 30 per cent in sub-Saharan Africa. Maternal mortality is the leading cause of death among young women in many developing countries, and illness and death from childbearing afflict poor women and their families disproportionately. The issue will be highlighted at the forthcoming 3-day meeting in Nairobi beginning Feb. 10.

	No Program	Limited Effort	Moderate Effort
Annual Cost per capita Population	US$0	US$0.48	US$1.50
Approximate Annual Cost per Maternal Death Averted	US$0	US$4,800	US$6,200
Annual Cost per Death Averted (incl. children)	US$0	US$2,400	US$3,100
Annual Cost per Birth Averted	US$0	US$60	US$100
Percentage of Fertile-Age Couples Using Contraception	0-9	16	40
Maternal Mortality Rate per 100,000 live births	800-1,000	950	400
Percentage Reduction in Maternal Deaths	not applicable	20%	66%
Associated Birth Rate	45-5	42	30

could be used to begin the process of improving maternal health.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditures on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Other Measures: Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care and generally improving their well-being and self-esteem, and by encouraging local communities to give greater priority to maternal and health services.

Call for Action: The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required: * political commitment to and higher priority for safe motherhood; * allocation of the necessary resources to maternal health and family planning services; and * supportive activities in other sectors.

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial asistance to developing countries on request.

This news item appeared on page 8 of the January 30, 1987 issue of:

EHUZU (Benin)

La Banque Mondiale, l'O M S et le FNUAP partent en guerre contre la mortalité maternelle

New York (Nations Unies). — Trois Agences spécialisées des Nations Unies — la Banque Mondiale, l'Organisation Mondiale de la Santé (OMS) et le Fonds pour les Activités en Matière de Population (FNUAP) — sont parties en guerre contre la mortalité maternelle, qui tue chaque année 500.000 femmes dans le monde, le plus souvent en Asie du sud et en Afrique.

Pour mobiliser les gouvernements et Organisations Non Gouvernementales (ONG) sur ce problème, et mettre en place un programme d'action, elles organiseront le mois prochain une conférence internationale de quatre jours à Nairobi à laquelle devraient participer des représentants de plus de 50 pays en développement.

Si dans les pays développés les cas de décès à l'accouchement sont devenus un phénomène de plus en plus rare (entre 2 et 10 pour 100.000), ils restent en revanche fréquents (entre 800 et 1.000 pour 100.000) dans le Tiers monde et les trois quarts de ces décès sont essentiellement dus à cinq causes : hémorragie interne, infection sévère, toxémie, accouchement difficile et avortement (le plus souvent illégalement).

Selon les études de la Banque Mondiale, la mortalité maternelle pourrait être réduite d'environ de moitié en l'espace de dix ans, en consacrant 2 dollars par an et par habitant à des programmes d'éducation (y compris de planification familiale) et de soins maternels de base. Dans les pays les moins avancés les dépenses annuelles de santé s'élèvent environ à 9 dollars par habitant pour atteindre cet objectif.

Depuis le début de l'actuelle décennie, la Banque Mondiale est d'ailleurs devenue l'une des principales sources de financement des programmes de santé dans le Tiers monde, aux côtés des Etats-Unis et du Japon, et elle entend continuer à développer ses activités dans ce domaine.

Summary Translation: Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood in Nairobi on February 10-13. Since the beginning of this decade, the World Bank has become one of the leading donors in health programs in the Third World, along with the United States and Japan.

Il Sole 24 Ore (Italy)
(2/7)

Conable: in arrivo i prestiti al Messico

ROMA — L'accordo sul debito del Messico diverrà effettivo «ben presto». Lo ha dichiarato ieri a Roma il presidente della Banca mondiale, Barber Conable, in visita in Italia per due giorni. Sulla rinegoziazione del debito messicano è stata raggiunta un'intesa nell'ottobre scorso: il «pacchetto» copre 77 miliardi di dollari di debito estero e include 12 miliardi di dollari di nuovi prestiti, forniti dalla Banca mondiale, dal Fondo monetario internazionale e dalle banche commerciali. Ora, secondo Conable, il 95% dei finanziamenti che vengono forniti da queste ultimi è già stato garantito dagli istituti di credito, mentre sul restante 5% l'accordo sarà presto raggiunto.

In riferimento alla situazione debitoria generale, il presidente della Banca mondiale ha affermato che il debito complessivo, sia pubblico che privato, ha raggiunto ormai la quota di 1000 miliardi di dollari, di cui 400 costituiti da debiti istituzionali. Non è possibile cancellare completamente i debiti del Terzo mondo, ha sottolineato Conable, ma è necessario «rinegoziare le posizioni debitorie, riducendone l'onere e adeguandole alla situazione dei singoli Paesi». Queste situazioni variano da Stato a Stato: in Africa, ad esempio, è preponderante il debito pubblico, mentre in Sudamerica è maggiore quello privato. Il ruolo della Banca mondiale consiste appunto nel coordinare le soluzioni possibili all'interno delle singole realtà. In questi termini si è espresso anche il ministro del Tesoro Giovanni Goria: «La Banca mondiale deve assumere una gestione centralizzata per venire incontro alle esigenze particolari dei Paesi indebitati».

A proposito del calo del dollaro, Conable ha aggiunto che per i Paesi in via di sviluppo è fondamentale una maggiore stabilità dei mercati valutari; è prevedibile, inoltre, un proseguimento dell'attuale tendenza al ribasso dei tassi d'interesse internazionali.

Corriere della Sera (Italy)
(2/7)

Banca mondiale sul Terzo Mondo

«L'Italia è uno dei pilastri della cooperazione internazionale in favore del Terzo Mondo». Questo riconoscimento è venuto dal presidente della Banca mondiale, Barber Conable, a Roma per una serie di incontri con le nostre autorità monetarie, con esperti ed economisti. Conable ha già avuto colloqui con il ministro del Tesoro Goria e con il governatore della Banca d'Italia Ciampi sui problemi e sulle prospettive del debito internazionale dei Paesi in via di sviluppo (salito a più di un trilione, cioè oltre mille miliardi, di dollari, dei quali circa 400 verso governi e istituzioni pubbliche), sui modi per farvi fronte nell'attuale situazione economica e monetaria internazionale.

In proposito, Conable ha affermato, nel corso di una conferenza stampa svolta insieme con il ministro Goria, che il calo del dollaro Usa certamente allevia la posizione dei Paesi debitori. «Non so se il livello ora raggiunto sia quello giusto e definitivo — ha aggiunto —. Ma è chiaro che le quotazioni di un anno fa erano troppo alte». Anche i tassi di interesse sui prestiti sono in calo e la tendenza, secondo Conable, dovrebbe continuare, rendendo meno oneroso l'indebitamento per i Paesi del Terzo Mondo.

World Bank President Commends Italy's Role in Development. Corriere della Sera (2/7) reported that World Bank President Barber Conable has commended Italy for its contribution to Third World development. In the course of a joint press conference held with the Italian Treasury Minister, Mr. Conable noted that the fall of the dollar has alleviated the position of debtor countries and that falling interest rates make the debt burden a little less onerous for the Third World, the paper said. Il Sole-24 Ore (2/7) quoted President Conable as saying that the agreement on Mexican debt will become effective "very soon." In reference to the general debt situation, the paper cited Mr. Conable as emphasizing that it is not possible to cancel completely the debts of the Third World, but it is necessary "to renegotiate the debt positions, reducing the burden by adjusting them to the situation of the individual countries." The role of the Bank, said Mr. Conable, consists of coordinating the possible solutions in terms of the reality of each individual country. The paper noted that the Italian Treasury Minister, Giovanni Goria, who participated in the press conference in Rome, said, "the World Bank must assume the task of centralizing management of the debt in order to meet the particular exigencies of the debtor countries."

This news item appeared on page 16 of the February 9, 1987 issue of:

THE CHRISTIAN SCIENCE MONITOR

Improving prenatal care in third world: experts to explore ways

By Robert M. Press
Staff writer of The Christian Science Monitor

Washington

Preventing the pregnancy-related deaths of some 500,000 women is the focus of an international conference this week in Nairobi, Kenya.

Although little new money for additional health care and family planning is expected to be pledged at the conference, just bringing attention to the issue is valuable, several participants say.

Representatives from some 50 nations are expected to attend the conference, along with the heads of the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA).

More maternal deaths occur in India in a week than in Europe in a year, according to WHO. Out of 100,000 live births worldwide, about 450 women die in poor nations. This compares with about 30 who die in developed nations, WHO says.

"Safe motherhood is an issue whose time has come," says Dr. Anthony Measham, a health adviser to the World Bank. "Almost all [the deaths] are preventable. There really are solutions. We believe maternal mortality can be cut in about half in 10 years" with more health care.

But solutions cost. Every life saved would cost about $6,000 in added health care services, Dr. Measham says.

"A poor country is not going to spend" that amount of money, says Nafis Sadik, an assistant executive director of UNFPA. But there are alternatives that cost less. Greater use of midwives and more training for existing staff would help. Greater use of family planning is also necessary, she adds. WHO reports unwanted pregnancies add to "maternal deaths ... through illegal induced abortion." **[An interview with Fatou Banja, a relief worker who helps Gambian villagers help themselves. Page 33.]**

Measham and World Bank colleague Barbara Herz, an adviser on women's issues, recommend:

- Greater use of nonmedical community health-care personnel to provide better care for pregnant mothers.
- Better staffed and equipped hospitals to handle serious cases and more vehicles to get serious cases to the hospitals quickly.
- More health, nutrition, and family planning assistance to pregnant women.

World Bank president Barber Conable is expected to announce in Nairobi that additional funds will be made available for research on maternal health care. US Agency for International Development (AID) officials are discussing possible commitment of more funding for research and help to governments to develop better heath services for maternity care.

This news item appeared on page A29 of the February 11, 1987 issue of:

THE WASHINGTON POST

'Safe Motherhood' Drive Launched in Africa

By Blaine Harden
Washington Post Foreign Service

NAIROBI, Kenya, Feb. 10—World Bank President Barber Conable launched a worldwide "safe motherhood" campaign today that he said by the turn of the century will reduce by half the estimated 500,000 women who die each year in pregnancy or childbirth.

Conable's speech at a bank-funded international conference here marks a significant shift in the public profile of the World Bank, the largest and most influential lending institution in the developing world.

In the past, the bank's focus has been on lending for large projects, such as irrigation schemes or road construction, and recently on so-called "structural adjustment" loans aimed at encouraging free-market economic reform.

Conable, a former New York congressman who took the job at the bank last year, said that it and other development agencies have made a fundamental error by concentrating on big-budget projects while ignoring the economic role of rural women in the Third World.

"Planners have slighted the growth that comes from the bottom up," Conable said, especially in Africa, where "women produce as much as 80 percent of the food supply but earn little income and own even less property."

When a mother dies in childbirth, her surviving child has an 85 percent chance of dying within 12 months, according to the U.N. Fund for Population Activities, participating here.

Conable pledged $1 million for a Safe Motherhood Fund, to be managed by the U.N.-affiliated World Health Organization. He said that by 1990, World Bank lending for population, health and nutrition programs will reach $500 million a year—double the current level.

Some of the money will be used to strengthen rural health care for pregnant women, to refer women with problem pregnancies to city hospitals and to provide them with transport, said Conable.

While to support safe motherhood would seem about as controversial as to praise apple pie, the plan is a potential mine field for participating agencies, including the World Bank, that rely on U.S. funding.

A major guarantee of safe motherhood, according to several specialists at the conference, is access to family planning services and safe abortion. One-quarter of the 500,000 women who die annually of pregnancy-related causes have had illegal abortions, according to Dr. Nafis Sadik, deputy director of the U.N. Fund for Population Activities.

Both family planning and abortion are sensitive subjects within the Reagan administration and among influential conservatives in Congress. Last year, the U.S. Agency for International Development withdrew its funding from the U.N. population fund..

AID, which had been the largest single contributor to the fund, held up the money because of charges in Congress, denied by the fund, that it was involved in coercive abortions in China.

This news item appeared on page A20 of the February 7, 1987 issue of:

THE WASHINGTON POST

Foreign Duty, Domestic Disgrace

NEXT WEEK in Nairobi leaders of several international organizations will meet to plan an effort to improve maternal health worldwide. Every year more than half a million women die of causes related to pregnancy. Almost 99 percent of these deaths occur in the developing world, principally in sub-Saharan Africa and South Asia. The causes—malnutrition, lack of education, inadequate health care and faulty means of getting help—will be addressed by officials from the World Health Organization, the U.N. Fund for Population Activities, the World Bank, U.S. AID, Planned Parenthood and interested private foundations. Internationally sponsored health programs have been remarkably successful in recent years. Life expectancy in poor countries has been raised from 43 to 60 in two decades. But the statistics on young women who die in childbirth continue to be discouraging. The Nairobi conference is an important first step in meeting this challenge in the developing world.

Meanwhile, here at home, there is reason to be concerned by statistics on another aspect of childbirth, infant mortality. How can it be possible that, in this wealthy, resourceful and well-educated country, so many infants die in the first year of life? A report issued this week by the Childrens' Defense Fund details the situation. The United States is tied for last place on a table of infant mortality rates in 20 industrialized nations. And, to its shame, this city has a higher rate of infant death than any state and one of the highest among cities. Black children die in infancy at a rate that is almost twice as high as whites. As Neil Henry pointed out in a series of articles in this week's Health Section, newborn infants have a better chance of survival in Mississippi than in the nation's capital.

The only redeeming fact about the infant mortality figures just released is that they are relatively old. The data reflect births and deaths in 1984. There has been a great deal of interest in this problem quite recently. The Better Babies program in the District, for example, was inaugurated in 1984. A group of southern governors embarked on a major program to reduce the rate of infant mortality in their region in 1985. The results of these efforts will not be known until a few cycles of mothers and their children benefit. So maybe things have begun to improve. Still, you have to wonder how we in this country can provide leadership in helping mothers and children in the Third World and do such an unsatisfactory job at home.

This news item appeared on page 7C of the February 10, 1987 issue of:

WASHINGTON TIMES

World Bank seeking to cut female deaths

By Donald H. May
THE WASHINGTON TIMES

A half million women, 99 percent of them in developing countries, die each year from causes related to pregnancy and childbirth. The World Bank says this number could be cut in half by the year 2000.

World Bank President Barber Conable, in a speech he is giving today in Nairobi, Kenya, outlines a plan for accomplishing this goal at a cost of about $2 a year per person in areas where the program would operate.

Mr. Conable proposes creation of a $5 million Safe Motherhood Fund, toward which the bank would provide $1 million.

His speech, the text of which was released in Washington, was given at a Safe Motherhood Conference cosponsored by the World Bank, the World Health Organization, the United Nations Fund for Population Activities and several foundations.

More generally, Mr. Conable said the World Bank will put increased emphasis on the role of women in development. In many countries, according to the bank, economic progress is slow to filter down to women, yet their role both in the economy and in the family is critical to the development process.

Closely related to this, Mr. Conable said, the bank plans to double its lending for population, health and nutritional activities. By 1990 it expects to have such in about 50 countries, totaling possibly $500 million in lending, roughly double the 1984-85 level.

According to a recent World Bank study, pregnancy-related deaths account for a third to a half of all deaths to women in the reproductive age group (15-49) in developing countries, compared to 5 percent in industrialized countries.

In many developing countries, 800 to 1,000 of every 100,000 live births end in the mother's death. In the United States, this figure is nine per 100,000. In Canada it is two per 100,000, in China 44 per 100,000. In Somalia and Nigeria the figure is more than 1,000 per 100,000 live births.

The bank's study calls for attacking the problem on two levels: by efforts to improve the well-being of women in these countries generally through better nutrition, health care, education of female children and better economic opportunity for women, and by direct maternal care programs.

Direct care programs would include:

- Stronger community-based health care, in which non-physician workers would screen pregnant women, identify those at high risk and refer them for help. The system would provide prenatal care, delivery, family life education, family planning and encourage better family health and nutrition.
- Referral facilities, such as hospitals and health centers to which emergencies and complicated cases could be referred.
- An alarm and transport system to take women with high risk pregnancies and emergencies to the referral facilities in time.

All three of these pieces must be in place for the system to work, the authors of the study, Barbara Herz and Anthony R. Measham, told reporters at a Washington briefing.

They said preventing a mother's death brings a triple benefit — saving the mother's productivity and her overall contribution to society, saving the life of the infant she is carrying, and improving the prospects that other children in the family will survive.

"We will place far more emphasis on the role of women in development," Mr. Conable said in his prepared text.

He said plans will be developed so that the bank's agricultural, industrial, educational and health programs promote women's progress along with other development goals. Women's issues will be part of the bank's "dialogue" with countries it aids.

Programs in agricultural extension, in farm and non-farm credit and job training will be developed for women. The bank will help promote formal and informal education for women and girls.

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This news item appeared on page of the Jan. 3, 1987 issue of:

POLITYKA (Poland)

BANK ŚWIATOWY O POLSKIEJ GOSPODARCE

TO SAMO Z INNEJ STRONY

JERZY BACZYŃSKI

Excerpt:

Minęło zaledwie kilka miesięcy od przyjęcia Polski do Banku Światowego i oto mamy już pierwsze korzyści. Kto liczył na pieniądze — ten się rozczaruje. Na razie otrzymaliśmy z Waszyngtonu jedynie opasły dokument zatytułowany „POLSKA — PIERWSZY RAPORT". Raport — opracowany przez grupę ekspertów Banku Światowego, którzy parokrotnie odwiedzali nasz kraj — ocenia sytuację gospodarczą Polski i jej perspektywy na najbliższe lata.

W NASZYCH niekończących się wewnętrznych sporach na temat rzeczywistego stanu gospodarki, zyskaliśmy nowy punkt odniesienia. Przyznam, że czekałem na ten raport z ciekawością. Dokument Banku jest przecież swego rodzaju cenzurką. Nawet gdybyśmy uznali, że wystawiający stopnie jest czasem niesprawiedliwy i po prostu się nas czepia, nie zmieni to faktu, że spora część świata będzie nas teraz oceniać według tego, co napisano w raporcie. Jak mówi przysłowie: sam tego chciałeś Grzegorzu Dyndało...

DUŻA I CIĘŻKA

Popatrzmy więc na polską gospodarkę oczami ekspertów Banku Światowego. Najpierw — wrażenie ogólne. *„Gospodarka kraju jest duża i zróżnicowana"* — stwierdza raport. Dochód narodowy w przeliczeniu na jednego mieszkańca wynosi ok. 2 tys. dolarów, co lokuje Polskę w kategorii państw średnio rozwiniętych. Kraj dysponuje znacznymi zasobami siły roboczej, głównie dzięki dużej aktywności zawodowej kobiet. Niemniej, *obecnie szeroko rozpowszechnione jest przekonanie o braku rąk do pracy.* (Proszę zwrócić uwagę na język: nie pisze się, iż brakuje pracowników, ale że rozpowszechnione jest przekonanie o ich braku).

Struktura zatrudnienia jest podobna jak w innych krajach o zbliżonym poziomie rozwoju. Mniej więcej tyle samo osób pracuje w przemyśle co w rolnictwie, chociaż przemysł wytwarza połowę dochodu narodowego, a rolnictwo ledwie 16 proc. Cechą charakterystyczną polskiej gospodarki — zwłaszcza w porównaniu z innymi krajami Europy Wschodniej — jest stosunkowo duża ranga sektora prywatnego, szczególnie w rolnictwie.

Polski przemysł wykazuje wyraźną dominację gałęzi „ciężkich", odznacza się przy tym wysoką koncentracją oraz materiało- i energochłonnością. Rolnictwo, mimo niezłych wyników w ostatnich latach, wciąż jest jeszcze mało wydajne, a ponieważ rząd jest zobowiązany do „prowadzenia polityki parytetu dochodowego między robotnikami miejskimi a wieśniakami" wymaga to stosowania dużych subsydiów do produkcji żywności.

Wewnętrzna równowaga polskiej gospodarki znacznie się poprawiła w zestawieniu z latami 1981—82: zmniejszył się deficyt budżetu państwa, inflacja wynosi ok. 17 proc. Nadal jednak, przy istniejących cenach, popyt na rynku jest większy od podaży towarów i usług, co przejawia się w kolejkach, reglamentacji, rozwoju „czarnego rynku".

Tyle uwag ogólnych. Zatem pierwsze wrażenie jest następujące: polska gospodarka ma spory potencjał, ale jest mało wydajna i niezrównoważona. Wynika to z przyjętych koncepcji rozwoju kraju, błędów w polityce ekonomicznej i stosowanych mechanizmów zarządzania.

HYBRYDA W ROLI SYSTEMU

Po wojnie — przypominają autorzy raportu — w Polsce ukształtował się system gospodarczy będący pochodną ówczesnego, obowiązującego modelu. Dzięki dużej koncentracji środków i administracyjnej dyscyplinie — system ten ułatwił szybką odbudowę kraju i jego uprzemysłowienie, wkrótce jednak wady skrajnie scentralizowanego zarządzania zaczęły przeważać nad zaletami. Pojawiły się kolejne próby reformy.

Bardzo radykalny program reform powstał w okresie kryzysu ekonomicznego i politycznego lat 1980—81, zyskując sobie szerokie poparcie społeczne i oficjalne. *Paradoksalne, ale ten ambitny projekt został wprowadzony częściowo, lecz w stopniu istotnym, przez administrację wojskową w czasie stanu wojennego, chociaż reforma została bardziej zaawansowana pod względem legislacyjnym niż realizacyjnym. Trudno było oczekiwać, że w czasie kryzysu władze zrezygnują z centralnej alokacji podstawowych nakładów, na rzecz konkurujących między sobą i samodzielnych - przedsiębiorstw. Tak też nie zrobiły. W rezultacie ukształtował się system mieszany, gdzie centralne planowanie i zaopatrzenie koegzystują z nowymi „rynkowymi" mechanizmami.*

Summary translation of news item appearing in the January 3, 1987 issue of POLITYKA (Poland)

It looks the same from the other side: The World Bank on the Polish Economy

A few months have passed since Poland became a member of the World Bank and its visiting experts have produced a hefty document entitled: Poland - The First Report. As a result, Poland has received a new, unbiased point of view. Moreover, a large part of the world now sees Poland through the prism of views contained in the experts' Report - says journalist Jerzy Baczynski of the leading weekly, Polityka. A careful synopsis of the Bank Report is presented under nine headings.

The first part titled: "Large and difficult" covers the economy at large. It abstracts from the Report segments on per capita GNP, the large labor resources, the role of women in the economy, the composition of national income, agriculture, industry, and the role of subsidies.

Baczynski notes from the Report, that internal economic equilibrium has improved when compared to 1981-82, and the budget deficit has decreased. However, with the existing price structures, the demand for goods and services is greater than supply and hence there are long lines, rationing, and a black market. In sum: Poland's economic potential is not realized, owing to its unbalanced economic policy and mechanisms.

"The hybrid system" describes in brief the post-war reconstruction/ industrialization period in which massive centralization impeded rapid initial growth. The years 1980-81 saw bold reform programs outlined by the military government though with mixed results. However, certain marketing elements were successfully introduced. The Report recognizes the independence of enterprises where two thirds of transactions are carried out on a contractual basis, wages are liberalized, and world prices are used in one third of total transactions. But progress of the reforms is limited. The economy is still characterized by a centralized system of supply rather than a system based on competition. On the above Baczynski comments that the majority of Polish economists share the views of the World Bank experts. Thus, the remnants of the traditional model of management ought to be eliminated and/or modified if it is to succeed. Reform, therefore, is not yet on the "right track."

"The two stages." According to the Report, changes in management systems are an essential condition for greater flexibility, effectiveness and competitiveness in the Polish economy and finally to ease the heavy debt burden. The Report devotes a lot of attention to the debt problem and again expresses views almost identical with those published in the Polish press entitled: "Report on Indebtedness." The only difference lies in the placing of emphasis. The World Bank reproaches the Poles for their too heavy consumerism of the 1970s. Thus, the World Bank economists harshly describe the naivete of creditors, especially the 'umbrella theory', whereby the Soviet Union would guarantee all East European debts. The crisis revealed two stages: the breakdown during 1980-82 and "partial improvement" during 1983-84 which again ended with a breakdown in 1985. The author cites the data from the Report to show the dimensions of the breakdown. Of all indicators, the decrease in consumption was the smallest, the author notes.

"Umbrella over consumption." Investment policy in the 1980s was restricted by earlier policies. A drastic reduction in investment was caused by the policy of preserving consumption levels. The Report stresses that per

capita production in 1985 was almost identical to 1973. The necessary lowering of real wages was seen by the World Bank as a "big success" in the 1980s. It is doubtful whether the demand for consumption can be kept under control.

"Overpowering debt." 1980 was the last year when Poland paid its foreign financial obligations. Only in 1985 did Poland straighten out its agreements with lending governments (Paris Club). During the past five years, Poland's debt to commercial banks has been drastically reduced, but officially backed debts rose, mainly due to accrued interest. Furthermore, during the 1990s the debt burden will reach peak levels requiring further debt rescheduling.

"The official scenario." Compared to other countries, Poland's indebtedness is much lower than that of Morocco or Chile. The Polish case resembles in part that of Argentina. In the latter, however, the share of exports stays at the level of 13 percent whereas Poland's dropped from 16 to 8 percent. "What are the prospects?" asks the journalist, who states that the recent World Bank mission was informed about the 1986-90 economic plan with a targeted trade balance surplus of $1.3 million. The World Bank is now analyzing the data it received. It has prepared its own "warning" forecast which Baczynski summarizes carefully. The thrust of it is that if exports do not grow fast enough and if the larger portion is spent on debt servicing then, by 1995, the Polish debt will reach $60 billion and entire export earnings would cover only half of its obligations.

"Exports will determine the country's future." Since the World Bank does not recommend "creeping insolvency," Baczynski asks what alternatives there are for improvement. BOP equilibrium could be achieved by lowering national income growth from 3.2 percent to 0.8 percent per annum, by drastic import reduction (threefold), or by accelerating exports growth from a planned 3.7 percent to 6 percent. Import cuts would have serious economic consequences, however. Thus the only way may be through increased exports into hard currency areas. The problem, however, is that even leading exporting sectors are not very competitive.

"Internal remedies." Poland is able to increase exports above estimates in the five-year plan. First, by eliminating subsidies on domestic coal consumption. Second, underutilized export quotas on light industrial products could be expanded. Next, it is possible to increase exports of some agricultural products. There is a need to eliminate systemic barriers. Central distribution impedes exports at present. A comparable devaluation did not accompany the rapid inflation rate in Poland. At present, the foreign exchange accounting system is very attractive but in practice it is limited. The World Bank also suggests allowing Polish enterprises to study markets independently, and not depend entirely on state foreign trade enterprises.

"Faster with reform." Authors of the Report are convinced that the proposals presented by them are congruous with the outline of the Polish reform program, where both market socialism and the private sector play an important role. Improvement of the Polish economy depends on quick reform implementation with a specific timetable, as suggested by the World Bank. The author comments on the synopsis of the Report by stating that: "The next World Bank mission will concentrate on studying the investment program, because there is the fear that, to a large extent, it tends to replicate an aged economic structure....It seems that everybody talks about it, but it is perhaps easier to believe strangers."

This news item appeared on page of the January 19, 1987 issue of:

FINANCIAL POST (Canada)

INSIDE OTTAWA / BY HYMAN SOLOMON

World Bank takes on new dimension

"Canadian banks shared in the reluctance to increase their lending to the Third World." — North-South Institute, January, 1987.

IT'S AMAZING what a few bank failures, a bunch of bad loans, weak corporate earnings, and impatient shareholders will do for the flow of fresh credit to the Third World.

Besides, what banker is anxious to add to the billions in shaky loans already on Canadian bank books from Mexico, Brazil, Argentina, Chile and a few dozen more "problem" nations unable to service their debts without help?

Beyond protecting existing exposures, (total Third-World debt is a staggering US$1 trillion), the wonder is banks anywhere are prepared to throw good money after bad. It still resembles pulling teeth, but many are. Half the recent US$12-billion rescheduling of Mexico's debt is expected to come from 500 creditor banks, and 95% have agreed to kick in.

Why? One reason is the World Bank, the largest multilateral development agency in the world, which this year will lend Third-World nations about US$17 billion, US$3 billion of it in interest-free loans.

(Canada owns 3% of the bank, strongly supports it, and exercises a relatively strong voice in its decisions.)

The Bank, which traditionally funds roads, bridges, power projects, agriculture, industry, and occasional white elephants, is in the midst of adding a tough-cop dimension to its historic good-guy image.

Outgrow problems

"We are now heavily involved in helping heavily indebted middle-income nations grow their way out of their problems," new Bank President Barber Conable told me last week.

Sounds innocent enough. But what it means is that Conable is now tying more of bank loans and rescheduling packages to policy undertakings by the borrowing nations.

Although it resembles the kind of intervention that has earned the International Monetary Fund a bad name in many debtor countries, there is a difference. The IMF usually insists on austerity and tough exchange-rate adjustments in return for financial help on balance-of-payments problems.

In contrast, the World Bank wants countries to make industrial, price, investment and financial policy changes that will reverse capital flight and attract new foreign capital, encourage growth, and stimulate exports — all designed to generate wealth and repay debt.

It beats the IMF, but it's still political dynamite in many countries. Conable knows his success with the private bankers will depend on the bank's ability to hold debtor nations to their undertakings.

"The jury is still out on that one," said one involved Canadian banker. And it should be. Conable is new and untried, and the bank is not yet a proven tough cop.

The concept of helping poor countries "grow out of their debt" — proposed in 1985 by U.S. Treasury Secretary Jim Baker — is also untested. In fact, slow growth, depressed commodity prices, and surging protectionism in the industrial world are hurting Third-World exports.

Conable acknowledges the problems. But, "I don't believe the developed world will accept the implications of shutting developing-world goods out of their markets if it is going to destroy the international banking system, and global ties on which global prosperity is based," he said.

Best hope

In large measure, pointing out the implications is one of Conable's two main tasks. The other is ensuring that the bank's major national shareholders retain faith in the bank, and keep funding it. With bilateral development aid stagnant, the World Bank is the Third World's best hope.

Conable, himself, is almost an unknown in the international financial world. A former 10-term U.S. Congressman until his retirement in 1984, his July appointment to the bank presidency (the U.S. makes the choice), surprised just about everyone.

Personable, low key, independent, and very smart, he made his name in Congress by mastering his field — taxes — and becoming a major force in tax legislation. (Contrary to most of his colleagues, he never took a campaign contribution of more than $50 because "I don't want to be owned.")

By his own admission, he is still on a new-job learning curve. But the take-charge signs are beginning to emerge.

Much to the delight of major shareholders, including Canada, Conable is reorganizing the bank, breaking up some of its bureaucratic fiefdoms, and lifting the agency's public profile to more respectable heights.

But his real tests — the bank's success in debt management, and the willingness of shareholders, particularly the U.S., to expand bank capital and lending prospects — are still to come. A good part of the Third World, and most of the world's major banks, are counting on him to pass.

HYMAN SOLOMON *is The Financial Post's Ottawa bureau chief.*

This news item appeared on page of the January 24, 1987 issue of:

DAILY NEWS, Bangladesh

Debt-servicing ratio going up

90 p.c. Bangladesh's loans concessional

Our Special Correspondent

The international events of the seventies, such as energy crisis, food crisis, world inflation and slowing down of world trade had a substantial impact on the balance of payments of the Bangladesh economiy and adversly affected her current account deficit. Bangladesh's need for external financing increased while the prospects of foreign aid did not appear encouraging especially after 1979.

Developing countries meet their current account deficits mainly through official capital inflows. Such flows are generally in terms of concessional capital both in terms of grants and loans. A developing country can also raise funds in the international commercial market at market rates of interest. This actually happened in the case of many developing countries of Latin America and Asia by the end of seventies when the volume of official capital, on bilateral and multilateral bases shrank in size and proved inadequate in terms of their capital needs. Many developing countries were forced to borrow from the international private capital markets at much higher terms of lending and even at variable interest rates which carried high risks. The scenario for many developing countries changed from low borrowing and low debt-ervicing to high borrowing and high debt-servicing.

TABLE 1 : FOREIGN DEBT-PORTFOLIO OF BANGLADESH (PERCENTAGE).

Year	1973	1975	1977	1978	1979	1980	1981	1982	1983
BANGLADESH									
Concessional loans as % of Disbursed Debt	69.9	85.3	90.3	91.8	91.8	93.4	93.9	93.4	93.6
Variable interest loans as % of Disbursed Debt	—	—	—	—	—	0.1	0.1	0.2	0.2
Others £	30.1	15.0	9.7	8.2	8.2	6.6	6.1	6.3	6.4

TABLE 2 : PRINCIPAL RATIOS OF BANGLADESH DEBT-SERVICING (PERCENTAGE).

Year	1973	1975	1977	1978	1979	1980	1981	1982	1983
BANGLADESH									
Total debt-service/ Export of goods and services	2.4	16.5	10.4	13.8	9.8	7.0	9.4	10.9	14.7
Total debt-service/GNP	0.2	0.5	1.0	1.1	0.9	0.7	0.9	1.1	1.3
Interest Payments/Export of goods and services	1.0	3.8	3.9	6.1	4.9	3.3	4.5	4.7	6.5
Interest Payments/GNP	0.1	0.1	0.4	0.5	0.4	0.3	0.4	0 5.	0.6

In the seventies, the need for external financing also increased in case of South-Asian economies, namely, India, Pakistan, Bangladesh and Sri Lanka. Their actual resource gaps were much larger than the resource gaps normally expected by these economies. The international events of the seventies, such as, energy crisis, food crisis, world inflation, slowing down of world trade had substantial impact on their balance of payments and adversely affected their current account deficts. Certain domestic events in South Asia had no less impact in enlarging their current accounts deficits. Harvest failures, industrial stagnation, the Bangladesh war and the socio-ethnic conflicts in South Asia leading to arms build-up all led to pressures on import demand.

Although the need for external financing increased in South-Asia the prospects of foreign aid did not appear encouraging especially after 1979. A part of their need for external financing was met from unrequited private transfers, most of which were in the form of migrants' remittances atleast for two major South-Asian countris, India and Pakistan. For the othqr two countries, Bangladesh and Sri Lanka, unrequited transfers were mainly in the nature of official transfers with migrants' remittances playing a secondary role. The other part of external financing was met essentially through official borrowings.

The borrowings by South-Asian economies were mainly concessional in nature. However, the proportion of concessional loans in total loans varied from time to time. More than 90 per cent of India's external borrowings over the period, 1973-80 were concessional in nature. These loans were mainly I. D. A. loans and loans from U.S. and U. S. S. R. After 1980, the share of concessional loans declined to an average of 85 percent during 1981-83. India's share of variable interest loans in total loans was negligible until 1980. But, during the years 1981-83 the share registered a modest increase from

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3.1 per cent in 1981 to 5.3 per cent in 1983. For Pakistan, the share of concessional loans, on average, was 73 per cent in both 1973 and 1974 which increased to 85 per cent during 1975-83. For Bangladesh the share of concessional loans was more than 90 per cent after 1977. Even Sri Lanka enjoyed an increased share of concessional loans during 1977-80.

India and Pakistan's use of IMF credit increased since 1981 when their exports and remittances proved inadequate in financing their enormous trade deficits. This was the period when IMF resorted to high conditionality loans in the wake of the second oil price shock. Sri Lanka's course was somewhat different. It borrowed variable interest loans from the commercial markets share in Sri Lanka's total external debt was comparatively higher than that in other countries of South-Asia. Its share in total external debt increased from 6.1 per cent in 1980 to an average of 14 per cent, over 1981-83. For India, such loans in total external borrowings formed, on average, 4.2 per cent during 1981-83 whereas, for Pakistan, it remained around 1.4 per cent over the same period. In the case of Bangladesh, the share of such loans in its total borrowings was not more than 0.2 per cent of total loans incurred.

A larger share of commercial loans implied a higher burden of future debt-servicing. South-Asian economies which were so used to concessional official borrowings were forced to borrow from the commercial markets after 1979, to the extent of their capital requirements falling short of the concessional loans available. These economies were gradually opening up and their demands for technology imports and other developmental imports ranged high. The other reason was their increased bill on oil imports which had a deleterious impact of their current account deficits. Their exports were affected by the sluggish world demand and increased protectionism in the developed countries.

As regards debt servicing the South-Asian countries were relatively better placed vis-a-vis other developing countries such as Brazil, Mexico, Peru etc. which experienced great hardship in servicing of foreign debt that they had incurred. India experienced almost continuous lowering of its ratio of total debt-service to export of goods and services until 1981. Some of the reasons for such a trend are as follows. The proportion of grants in India's total external assistance increased from 4.9 per cent in 1966-74 to32.7 per cent during 1974-82. India was also able to obtain soft loans from IDA which had a beneficial impact on India's debt-service ratio. The ratio of debt-service to export of goods and services fell from 21.5 per cent in 1972 to 8.4 per cent in 1981. The rest of the South-Asian countries experienced a hump in their debt-service ratios in the year 1975. After 1977, the total debt-service ratio, in general, fell for Sri Lanka and Bangladesh until 1980 after which it showed a tendency to rise. For Pakistan, total debt-service ratio remained comparatively higher with the ratio being more than 20 per cent in both 1978 and 1979. This declined to 17.9 per cent in 1980 and 15.4 per cent in 1981 but still remained much higher than that of other South-Asian economies. Subsequently, it showed a tendency to increase.

Pakistan's ratio of interest payments to export of goods and services was also comparatively high as far as the South-Asian economies were concerned. This, was mainly because of Pakistan's excessive reliance on foreign borowings both for investment purposes as well as defence expenditures. The ratio of interest payments to G.N.P. remained around 0.3 per cent in case of India whereas for other South-Asian coutries, it was much higher. The ratio increased markedly in the case of Sri Lanka during 1981-83 when it resorted to increased commercial borrowings from the Euro-Currency markets.

This news item appeared on page 1 of the Jan. 25, 1987 issue of:

THE ECONOMIC TIMES (INDIA)

Textile industry modernisation

IBRD, OECF offer aid

FROM OUR NEW DELHI BUREAU

NEW DELHI, January 24.

The ministry of textiles is considering two foreign assistance offers for the modernisation and renovation of the Indian textile industry.

One is from the World Bank and the other is from Overseas Economic Co-operation Fund—Exim Bank of Japan for a loan of ten billion yen (about Rs. 8.3 crores).

Preliminary discussions have already been held with the World Bank officials and certain guidelines indicated to them some time back. The World Bank is expected to come out with specific proposals in a month or so, according to the ministry.

As far as the Japanese offer is concerned, the loan amount is likely to be utilised for modernisation of the mills under the Tamil Nadu, Pondicherry subsidiary of the National Textile Corporation.

Meanwhile, a working group set up to prepare a report on a world bank project for funding modernisation of the textile industry has estimated the total requirements over the next five years at Rs. 2,885 crores. This takes into account the estimated backlog of modernisation during this period.

The break up of the project amount for different sectors is: cotton textile industry including NTC Rs. 2,500 crores, woollen industry Rs. 160 crores, man-made textile industry Rs. 75 crores and the textile machinery industry Rs. 150 crores.

The report has, however, stated that the requirements of funds as projected are based on an estimation of backlog of modernisation or on the need as indicated by the industry, based on the age concept of the machinery rather than the actual demand.

As such, the demand for funds for modernisation is expected to be of a considerably lower order, since a majority of sick mills might be considered to be non-viable and, therefore, fit for closure.

Keeping these factors in view, the requirements of funds for modernisation of the cotton textile industry are unlikely to exceed Rs. 1,500 crores over the next five years. This would reduce the total requirements to around Rs. 1,900 crores during the next five years, according to a detailed note prepared by the ministry.

This news item appeared on page One of the January 22, 1987 issue of:

THE ECONOMIC TIMES, India

Mobilising aid for developing nations

South Bank mooted

FROM OUR NEW DELHI BUREAU

NEW DELHI, January 21.

The Federation of Indian Chambers of Commerce and Industry (FICCI) has suggested the setting up of a South Bank on the pattern of World Bank to mobilise resources from the international capital market to provide financial and technical assistance to the developing countries.

It also favours mutually beneficial payment arrangements on the line of rupee agreements which India has with East European countries to promote south-south trade and other forms of economic cooperation.

The study, prepared on south-south co-operation for the ICC congress special session here on February 13, calls for expansion of mutual trade through preferential trading arrangements, collaboration co-operation, joint marketing of common products, link deals and counter trade, financial and credit arrangements and developing of transportation and communication system and information and documentation base.

According to the study, south-south co-operation has become imperative in view of the serious financial, technical and trading problems faced by the developing countries. Foreign debts have increased to an extent that nearly 60 per cent of the developing countries' exports are spent on paying interest and loan repayment charges. The sources of finances from multilateral and bilateral agencies are fast drying up.

The World Bank has forecast that the current account deficit of the third world to cross $ 280 billion by the end of the century. Also, the exports of developing countries are handicapped by adverse terms of trade for most of their products, high tariff and non-tariff barriers and countervailing and anti-dumping duties.

Some other suggestions made in the study to promote south-south co-operation are:— Preferential tariffs for goods originating from developing nations and trade incentives for imports from co-developing countries, providing managerial and professional expertise and technical know-how to undeveloped countries by relatively developed world, joint harnessing of natural resources, working out industrial development programmes based on comparative cost advantages and factor endowment, setting up industries and production facilities through mutual collaboration and co-operation, joint marketing of tea, jute, coffee, rubber and iron ore, rather than competing and undercutting each other, orienting infrastructure-shipping and communication towards south-south trade and setting up of import-export banks to promote regional trade.

The 20th congress of International Chamber of Commerce is jointly hosted by FICCI and Indian National Committee of ICC.

This news item appeared on page 3 of the Jan. 10-16, 1987 issue of:

DAWN ECONOMIC & BUSINESS REVIEW (PAKISTAN)

A comparative view

By S.M. Huda

THE annual report of the State Bank of Pakistan for 1985-86 provides an opportunity to reflect on the course of the economy during the decade (1976-77 to 1985-86).

The report presents a bright outlook of the economy during 1985-86 but also warns against some long term problems.

This decade is of particular significance as 1976-77 marked the end of the economic policy of nationalisation and regulatory economic reforms while in the following years of the decade a policy of privatisation and deregulation was adopted.

A growth rate of 7.5 per cent in 1985-86 at constant factor cost of 1959-60 is, no doubt, a considerable improvement on a growth of 2.8 per cent in 1976-77 but the major share in the improvement was of the services sector.

Productive sector

In fact, the share of the productive sector in GDP fell from 56.9 per cent in 1976-77 to 55.2 per cent in 1985-86, while that of services sector rose to 44.8 per cent in 1985-86 from 43.1 per cent in 1976-77.

A similar trend is noticed in the ratio of savings, investment and consumption. The ratio of investment in 1985-86 did not reach the level of 1976-77.

National savings did show an improvement at 13.3 per cent of GNP in 1985-86, compared to 11.9 per cent in 1976-77 but the ratio of domestic savings in 1985-86 at 6.2 per cent was lower than 8.7 per cent of 1976-77.

In fact, the gross fixed investment as a proportion of GNP went down from 18 per cent in 1976-77 to 14.9 per cent in 1985-86.

One can realise that the decline of investment in public sector (from 12 per cent in 1976-77 to 8.8 per cent in 1985-86) was mainly because of the government's policy to discourage investment in that sector.

It is, however, surprising that investment in private sector which was provided with all kinds of incentives and support, hardly showed any improvement. In fact, in 1984-85 it was only 5.8 per cent as against 5.9 per cent in 1976-77.

Even this level has a higher proportion of investment in services sector. This trend is all the more surprising as the private sector felt severely discouraged under the previous regime while it was offered incentives in the later years.

Now let us have a look at the Federal Budget. It will be seen that there was enough revenue in 1976-77 to meet the non-development expenditure but in 1985-86, despite about five-fold increase in budget revenue, from Rs 17.3 billion in 1976 to Rs 80.8 billion in 1985-86, the non-development expenditure could not be met. The non-development expenditure shot up from Rs 16 billion in 1976-77 to Rs 87 billion in 1985-86.

If we take the combined budget of the federal and provincial government during 1985-86, there was an overall deficit of more than Rs 39 billion which was financed by external and internal borrowing. The share of financing by external funds was 22.5 per cent, domestic non-bank 64.2 per cent and by the banking system 13.1 per cent.

The Planning Minister had naturally to complain that we were borrowing not only for development expenditure but also for non-development expenditure. The government had to resort to borrowing despite the fact that they had a windfall in their revenue from the fall in oil and edible oil prices and the sale of national bonds.

There is another aspect of the budget which needs to be mentioned. The ratio of direct tax to gross revenue was 12.6 per cent in 1976-77 against 10.5 per cent in 1985-86 while indirect tax and non-tax receipts formed a larger portion of the revenue in 1985-86 compared with 1976-77.

The indirect taxes hit the poor most. It means that the growth in revenue was at the expense of the poorer sections of the population while the contribution made by affluent persons was smaller in proportion of their income.

As for the foreign sector of the economy, the balance of payment position was also not happy. If exports went up by 61%, imports shot up by 161%. As a result the deficit in the current account was higher in 1985-86 than in 1976-77, although remittances from immigrants had increased by 375 per cent. There was also a substantial increase in the flow of long-term capital.

Insofar as exports are concerned, primary commodities formed 37 per cent of exports in 1976-77 and 34.6 per cent 1985-86. The need for diversity in exports continued.

The import of 1.9 million tons wheat, the highest in recent years, is intriguing when the production of wheat has reached 13.9 million tons and we are being told that the country is not only self-sufficient but we would be exporting wheat.

Foreign economic assistance is another important item of the external sector of the economy. There was a substantial increase in the disbursement of aid by 77 per cent from $860.6 million in 1976-77 to $1527.9 million in 1985-86 but the debt service payment shot up by 198 per cent from $355 million to $1060 million. The result was that the net economic aid in 1985-86 remained $465 million against $515 million in 1976-77.

> In an economy like Pakistan's, where income distribution is very distorted, the emphasis should be on institutional reforms.

We have gone into this exercise to reflect as to what extent the change in policies adopted after the first year of the decade contributed towards the development of the economy during the remaining years.

Except for the growth in GDP, which showed a higher growth in the services sector, not much appears to have been achieved.

Ratio of savings

The ratio of investment and savings to GNP did not even reach the level of 1976-77. An investment of 20 per cent is required to maintain a growth of 6 per cent. The rate of savings has to be much higher than the present level if we have to have a high rate of investment.

In the taxation structure, heavy dependence on indirect taxes and non-tax receipts and less on direct taxation cut at the very root of the concept of distributive strategy. It further widened the gap between the rich and the poor.

In an economy like Pakistan's where income distribution is very distorted, market mechanism is not an effective instrument to allocate resources. A marginal change in the price system is not enough. The emphasis should be on institutional reforms.

The trouble is that our policy makers seem to be guided by the conditions laid down by the World Bank and the IMF which, in turn, have to follow the policies of the US administration. Now that there appears to be a disillusionment with Reaganomics in USA itself, there is some hope of a better realisation of the need for a change in outlook.

In fact, a radical change is required in the policies, especially those intended to generate savings and investment, because the policies followed so far have not helped to accomplish these objectives.

This news item appeared on page 1 of the Jan. 14, 1987 issue of:

BUSINESS DAY (PHILIPPINES)

WB willing to lend $150M

Budgetary support for reforms

The World Bank is willing to grant the Philippines a $150-million loan as budgetary support to implement reforms in the government non-financial sector, *Business Day* sources disclosed yesterday. A WB appraisal mission arrived the other night to start the review of non-financial government institutions, which is expected to take at least three to four weeks. The mission will then make its recommendations. Sources said the WB will take at least six months to evaluate the loan program and, if the mission's recommendations are favorably endorsed, the WB board is expected to act on the $150-million loan by August. "The reform in the government non-financial sector is expected to complement the recent work of the government in rationalizing government financial corporations and the privatizations of non-performing assets under these institutions," the sources explained. Fourteen non-financial government corporations have been identified as heavily dependent on budgetary support from the national government.

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This news item appeared on page of the January 29, 1987 issue of:

THE BANGKOK POST, Thailand

World Bank sees recovery for RP

Washington (Reuter) — The World Bank said Tuesday the badly-mauled Philippine economy would probably recover this year if the country could use its industrial power more effectively.

The report was released by the bank in Washington as a Philippine consultative group met in Paris to discuss the country's development assistance requirements.

"The main objectives of economic stabilisation have been achieved in the Philippines," the bank said. "The government now needs to focus on increasing output, employment, and living standards within an environment of constrained resources, both domestic and foreign."

The bank said the Paris meeting was reviewing the economic situation and prospects, as well as considering a medium term agenda designed to achieve sustainable economic growth.

Representatives from the United States, Britain, West Germany, Japan, Canada, France, India, Belgium, Finland, Italy, Australia, Spain and New Zealand are attending.

In addition there are delegates from development assistance organisation, including the International Monetary Fund (IMF), the UN Development Programme, the Development Banks, the Kuwait Fund and the Saudi Fund for development.

The report said the recovery, led by industrial growth, could see gross domestic product (GDP) growing in inflation-adjusted terms by 5% this year.

"This can be achieved if existing capacity is more effectively utilised," the report said.

It said, however, the effort could be hindered by a number of factors, including biases against agriculture and export production, low productivity in industry, weaknesses in the financial system, low public sector savings and foreign debt.

The report cited relatively low oil prices, lower interest rates, certain agricultural reforms and the expected increase in investment as factors that could benefit the recovery.

The report made no mention of the political problems of the Corazon Aquino government, including a rebellion by troops loyal to ousted president Ferdinand Marcos.

But it said the Aquino government was "clearly converned with supporting activities such as agriculture, small producers and exports which have been discriminated against in the past."

Among other adjustments to its economy, the Philippines will initially have to increase investment in export-oriented activities and in branches of manufacturing that, after some initial restructuring, can become competitive with imports on the basis of relatively low tariffs, the report said.

This news item appeared on page 1 of the January 9, 1987 issue of:

THE ETHIOPIAN HERALD (Ethiopia)

Agricultural Success Decisive For Economic Growth: World Bank Report

(ENA) —A day-long seminar on the World Bank's world development report of 1986 was held here yesterday at Africa Hall and discussed the prevailing global economic situation.

The seminar, presided over by Prof. Adebayo Adedeji, U.N. Under-Secretary-General and Executive Secretary of the Economic Commission for Africa (ECA) discussed issues related to current international economic situation and international economic policy as well as prospects for growth and outlook for developing countries.

It also deliberated on the report on agricultural priorities and policies, specifically on trade and pricing policies in agriculture.

A World Bank report indicating effective ways to restore sustaind growth in the world economy was presented to the meeting.

The reports stressed the importance of maintaining the commitment of industrial countries to policies that have both reduced inflation and moderated market distortions and rigidities.

The report also takes into consideration the progress that developing countries have made in reforming their policies and adjusting to the rapid, and often large, changes in the world economy since 1980.

The report cites that the first half of the 1980 was a period of adjustment to a rapidly changing world economy. It mentions the reforms implemented to improve resource allocation and increase efficiency that were necessary for the development of the world's economy.

Referring to the recent declines in oil prices, the report points out that this created an external environment which facilitates domestic reform efforts.

Referring to trade and princing policies in world agriculture, the report underlines that the need to improve trade and policies and to reform institutions is no less important in agriculture that in the economy as a whole. It states that success in agriculture, will, in turn, largely determine economic growth in many low-income developing countries and help to alleviate poverty, in rural areas, where most of the world's poorest people live.

This news item appeared on page 28 of the December 18, 1986 issue of:

AFRICAN CONCORD (U.K.)

Kick the aid habit — Babu

Patricia Morris attended a recent meeting addressed by A M Babu.

Abdul Rahman Mohammed Babu, a minister in President Nyerere's first government, told a recent meeting in London that Africa should 'kick the aid habit'.

Speaking at the recently established Institute for African Alternatives he said that Western development studies were part of a post-war strategical response to the independence movements of Africa and Asia. Their aim was to divert attention from real development and maintain dependence on the West.

Two organisations, the World Bank and the International Monetary Fund (IMF) were created in 1944 for this purpose. "It must be borne in mind that the World Bank president is always appointed by the President of the USA and is always an American. The IMF is dominated by Europe with the consent of the USA. Third World countries, despite their numbers, are always in the minority — he who pays more, votes more," said Mr Babu who led a revolutionary movement in Zanzibar.

As soon as African countries began to be independent, the World Bank would send teams of economists who insisted that they produce for export — for which the Bank offered funding.

Export-oriented mentality

All products had to be geared for export, and all local industries geared towards providing substitutes for imported goods. If you wanted funding for any project other than one aimed at export, you wouldn't get that funding.

The current crisis in Africa was created by this, said Babu. In Ethiopia people were starving, but coffee production, or farming of exotic vegetables such as okra, continued unabated. "The emphasis has always been on export, not people, and this is the kind of post-independence mentality which has evolved. As has been said already, we consume what we don't produce, and we produce what we don't consume."

"Even, worse," said Dr Babu, "we have not established an internal market, and without this no economy can develop — because you cannot plan ahead. You cannot predict what you will export: you don't control the world market.

"For instance, today it takes three times as much coffee to buy one tractor as it took three years ago. So the peasant has to work three times as much to remain in the same place. Nor can you control your imports, whose prices are not fixed by the buyer. So then, how can there be any control of the economy?"

At the first United Nations Council for Trade and Development conference in the 1960's a solution was sought. It was estimated that the wealth which developed countries extracted from Third World countries amounted to $3.4 million per hour, with nothing left in its place.

To redress this the United Nations declared the First Economic Decade. But by the end of the 1960s the situation was worse. The World Bank appointed a commission under Lester Pearson, whose report heralded the Second Economic Decade. But by the end of the 1970's things were even worse.

"There are aid pushers and aid dealers, and we are aid addicts. Nothing will change until countries can develop their economics independently of aid agencies" — Babu

The Brandt Commission of the 1980's came to the same pessimistic conclusion. Today the extraction of wealth from the Third World to the developed world amounts to $10 million per hour. What is offered in aid is a tiny fraction of this: "Bob Geldof's $40 million took care of four hours in the lives of the people of Africa."

The crucial question is how to stop $10 million leaving the continent each hour.

All the official recommendations, said Mr Babu, remain similar to Pearson's or Brandt's. "You cannot resolve the problems of the status quo from within the status quo. The fact is that Western economies are not oriented towards serving our interests. How to stop this? Africa requires a second liberation."

The means to this liberation depends on planned economies with proportional relationships. According to Mr Babu, without planning and without such relationships there can be no development. Emphasis has to be on balancing the economy by means of a complete restructuring of it.

"There must be a proportional relationship between agriculture and industry, between and within their subsections, and between heavy and light industries. The production of food must be paramount. There must be internal development of the transport and communications industries.

"There must be a proportional relationship between material for production and welfare: for instance, while certain African states offer the people a welfare system, they cannot on their own supply its needs, and so depend on donors to pay for schools and books and hospitals. Inevitably these facilities are collapsing. There must be a proportional relationship between production and consumption, where at present the gap is filled by aid donors. There is the problem of regional imbalance between urban and rural economies."

No population problem

There must also be a proportional relationship between output and population growth. "It is rubbish to say that there is overpopulation in Africa," said Mr Babu. "The problem is that there is underproduction. Europe has the highest population concentration, about 390 people per square mile, whereas the most fertile parts of Africa have only 19 people per square mile. Yet we cannot feed ourselves, because our concentration is not on production of food, but on export commodities."

It is crucial that Africa free itself from its dependence on aid, he stressed. Bureaucrats within aid agencies have a vested interest in maintaining their activities because they are paid so well to do so. They do not want to change the system, though they might lament exploitation and talk about changing economic structures.

"So there are aid pushers, and aid dealers. And we are aid addicts. While development has not taken place, development studies continue to flourish, and development scholars continue to multiply," said Mr Babu.

"Nothing will change until the economic structures in Africa are changed, until countries can develop their economies independently of aid agencies. This requires that political, not economic, decisions be made."

This news item appeared on page of the Feb. 6, 1987 issue of:

NIHON KEIZAI SHIMBUN (Japan)

世銀の円資金比率25％へ

――クレシー上級副総裁と会見

世界銀行のM・A・クレシー上級副総裁（ファイナンス担当）は、日本経済新聞記者との会見で日本の世銀特別ファンド創設にあわせ東京での円資金調達を増やし、七月からの新年度には二十五億ドル相当を調達したいのとこれにより調達全体に占める円の比率は二五％近くなり、第一位のスイス・フランとほぼ並ぶ。東京に世銀債の流通市場をつくる方向で関係方面と協議しており、近い将来実現しよう――などの点を明らかにした。（聞き手は編集委員 小島明）

特別ファンド歓迎

――発展途上国への資金還流を目指した日本の世銀特別ファンド（JSF）は、世銀側でも公式に承認したのか。

「来年度予算の一部として通常資金分の拠出（本年七月から三年間で三百億円、六十二年度予算案で六十億円を計上）が日本の国会で認められれば、世銀理事会で直ちに承認し、着実に必要な手続きをする。世銀内部で事前に十分議論してもいるし、この基金には[illegible]、歓迎の姿勢である」

――特別ファンドの残り三千億円は[illegible]

[illegible]

し、資金の必要な国にマージンを上乗せした金利で融資するわけで、円市場へのアクセスは重要だ」

――七月からの新年度の世銀の調達計画はどうか。日本市場での調達は。

「全体の資金調達は本年度が九十億ドル、来年度は百億ドルないし百十億ドルを予測している。このうち二十五億ドル相当を日本の市場で調達したい。この結果、世銀の調達総額に占める円の比率は現在の二〇％から二五％近くに上昇しよう。通貨別ではいまのところ米ドルが最大で三〇％、スイス・フランが第二位で二五％だから、新年度には日本がスイスにほぼ並ぶことになる」

――為替相場が切り上がる過程[illegible]資は調達しにくいのではないか。円相場はもう天井に近いという判断で円資金を増やすのか。

「天井に切り上がるような通貨は調達したくない。円レートも必ずしも天井を打ったとは思わないが、いまの円金利の水準、米欧市場との金利差を考えると円資金調達のメリットはあると[illegible]いう判断だ。償還期間は七年、十年、二十年と長期で、昨年末には生命保険グループを対象に日本で初の三十年物の資金を調達した。平均すると十年程度の期間になるだろう」

積極的に新商品導入

――引き続いて新商品を導入する予定か。

「[illegible]京市場で三番目のショーグン・ボンド（公募方式の東京外債）を発行した。昨年はカナダ・ドル建てのショーグン・ボンドも出した。今後、さらに新たな通貨建てのショーグン・ボンドの発行も考えている。他通貨から円へのスワップ取引も増やす。さらに、先物オプションの開発を計画しており、東京市場でも導入を検討したい」

――世銀の調達活動が東京市場の発展、変化の触媒になっている。

「市場の仕組み、制度の整備につき日本政府がどういう政策をとるかで決まる面が強い。世銀が他国の市場をどうこうしようというものはない。しかし振り返ってみて、世銀が市場の発展の触媒として、貢献してきたと思う」

日本人起用結論まだ

「日本の市場には[illegible]（流通市場）がない。[illegible]

[illegible]

	種類	金額（億円）	期間（年）	利回り（％）
2月	ユーロ円公募債（第5回）	250	10	6.31
3月	国内私募債	300	20	6.50
	UNICOグループ	50	7	8.24
6月	サムライ債	300	15	6.00
9月	カナダ・ドル債ショーグン債	1億カナダドル	10	8.808
	UNICOグループ	50	7	5.57
12月	円ローン（生保グループ）	400	30	6.20
	米ドル建てショーグン債	1億ドル	7	7.165
	国内私募債	200	20	6.10

世銀が東京市場に導入した金融イノベーション（1986年）

Nihon Keizai Shimbun (2/6) carried an interview with World Bank SVPFI Moeen Qureshi, which took place dursing Mr. Qureshi's recent visit to Japan. The following is a full translation of the article.

World Bank to Raise 25% from the Yen Market
Plans to Set Up Secondary Market for World Bank Bonds

Mr. Qureshi revealed the following points during the interview with Kojima of Nihon Keizai Shimbun:

(a) In accordance with the establishment of the Japan Special Fund within the World Bank, the Bank plans to increase its borrowings from the Tokyo capital market to around $2.5 billion during the next fiscal year.

(b) The yen portion of the Bank's total borrowings will be 25%, which is the same as the Swiss Franc share.

(c) The Bank is having discussions with the parties concerned to create a secondary market for the World Bank bonds and it is expected to be realized soon.

The following is a brief transcript of the interview.

KOJIMA: Has the World Bank officially approved the Japan Special Fund which is aimed at recycling capital to developing countries?

QURESHI: The Japanese government has submitted to the Diet its budget plan to grant 6 billion yen (for fiscal 87, 30 billion yen is expected for the next three fiscal years) to the World Bank for the Fund and it is still subject to the Diet's approval. When approved, it will be submitted to our Board and the necessary measures to formalize it will be taken. Or course we have had enough discussions and basically agree to the idea of setting up the Fund within the Bank. The Bank welcomes the Japanese government's proposal.

KOJIMA: The Special Fund has another portion in which the government has allowed the Bank to raise 300 billion yen from the Tokyo capital market at commercial rates within the next three years. This is not a grant to the Bank. Isn't the grant portion too small?

QURESHI: The 300 billion yen will be raised from the commercial market. We also welcome this permission and would like to make the best use of it. We normally do not ask for grants from our member governments. We raise funds on a commercial basis and lend them to the countries needing capital with a margin to our borrowing costs. Access to the yen market is quite important.

KOJIMA: What is the Bank's borrowing plan for the next fiscal year? And from the Japanese market, how much do you plan to raise?

QURESHI: The total amount that the Bank plans to raise for the current fiscal year is $9 billion and we plan to raise $10 to $11 billion next year, of which we expect to raise around $2.5 billion in Japan. As a result, the yen share of total borrowing will rise from the current 20% to 25%. The U.S. dollar now accounts for 30% and Swiss Franc is around 25%. So, in the next fiscal year, the Japanese yen will have the same portion as the Swiss franc.

KOJIMA: Isn't is difficult to raise a currency which is appreciating? Do you plan to raise yen because you judge the currency will not appreciate further?

QURESHI: We do not want to raise currencies that are expected to appreciate very much. We do not think that the yen appreciation has stopped. However, there is merit in raising yen if we consider the interest rate differentials between yen and other currencies. We have raised funds of 7-year, and 20-year maturities. We even raised capital from a life insurance group for the first time in December and that has a 30-year maturity. The average life of our borrowing is around 10 years.

KOJIMA: Do you plan to introduce new borrowing instruments?

QURESHI: The Bank was the first to issue Shogun Bonds in the Tokyo market. Last year we also issued Canadian Dollar Shogun Bonds. We plan to issue further Shogun Bonds in other currencies. Furthermore, the Bank expects to increase swap transactions from other currencies to yen. We are also contemplating the introduction of futures and options and would like to explore possibilities in introducing them in the Tokyo market.

KOJIMA: It seems that the Bank has become a catalyst of the Tokyo market's evolution.

QURESHI: The market is more influenced by the government's decisions on various instruments. The World Bank does not have any intention to guide a country's market. However, when we look back, we think that the World Bank has contributed to the evolution of the market.

There are no effective secondary markets except for the government bonds. We hope to have the market for the World Bank bonds. We are now having discussions with the parties concerned and moving gradually towards a creation of the market. People of the Japanese capital market are excellent professionals and there will be a secondary market soon.

KOJIMA: I hear that the Bank is planning to increase its senior vice presidents from the current two to four and one might be selected from Japan.

QURESHI: Japanese are always welcome. Mr. Conable said that he wants to increase our senior vice presidents, but no decision has been made yet. The Bank is contemplating how it can best respond to the changing needs. It will take another 3 to 4 months before we have a conclusion.

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This news item appeared on page 78/81 of the January 1987 issue of:

JEUNE AFRIQUE ECONOMIE (France)

«PRÊTER OUI, MAIS»...

CHEDLY AYARI

Les gouvernements de tous les pays du Tiers Monde en mal de ressources et de développement, qu'ils soient d'Afrique, d'Asie ou d'Amérique latine, sont aujourd'hui trop conscients de l'impérieuse nécessité pour eux de procéder à des ajustements monétaires, économiques, financiers et commerciaux à court terme et à des réformes de structures à moyen et long terme pour rejeter le principe même de la conditionnalité et donc de contrôle auquel doit être soumis leur accès aux ressources extérieures, que celles-ci proviennent de la Banque mondiale, du FMI ou de toute autre source d'aide.

Et il n'y a pas de doute que les contraintes de réorganisation, de discipline, d'austérité, de réformes, de libéralisation et de lutte contre le gaspillage que le couple Banque mondiale – FMI, impose à ses pays clients ont engagé nombre de ces derniers dans la voie de l'assainissement nécessaire de leurs économies. Avec, cependant, des résultats variables et en tout cas pas toujours aussi évidents et spectaculaires que les experts du Fonds et de la Banque le proclament volontiers.

Et c'est parce qu'elles sont, sinon à l'origine du moins en bonne partie responsables de ce renversement de tendance des transferts nets au profit des pays en développement que les contraintes de la conditionnalité ont soulevé les plus vives préoccupations des pays emprunteurs du Sud.

Au niveau de la Banque mondiale et de sa filiale l'AID, le transfert net de ressources en provenance de ces deux institutions est passé de 4.986 milliards de dollars en 1985 à 3,184 milliards en 1986, soit une diminution de 35,5 % environ. Pour certains pays, tels le Kenya et la Côte d'Ivoire, les transferts nets de ressources ont été même négatifs.

Au niveau du FMI, on retrouve la même tendance puisque le solde net des achats (1) de monnaies et de droits de tirages spéciaux (DTS) et de rachats de monnaies au 30 avril 1986 a été de 188 millions de dollars, alors que ce même solde est resté positif entre 1981 et 1985.

Ainsi, à un moment où les exigences à court et à moyen terme du développement des pays du Sud nécessitent une mobilisation accrue des ressources extérieures, la baisse des transferts nets tant de la Banque mondiale que du FMI, voire le passage de ces transferts au rouge, est chose anormale, dangereuse et incompatible avec les professions de foi et les engagements de principe dont abondent les discours officiels des gouvernements des pays du Nord à la Banque mondiale, au FMI, à l'ONU ou dans d'autres instances.

L'examen du problème de la conditionnalité, c'est-à-dire de l'accès de plus en plus difficile des pays du Tiers Monde aux ressources de la Banque mondiale et du FMI, porte sur quatre volets :

- ce qui est connu comme la politique d'accès élargi au FMI ;
- les restrictions proposées par les pays du Nord dans l'octroi des crédits au titre du mécanisme de financement compensatoire (MFC) du FMI ;
- le durcissement des conditions qui président à la distribution des crédits au titre de la facilité d'ajustement structurel (FAS) du FMI ;
- le caractère de plus en plus conditionnel de la politique de crédits de la Banque mondiale, sous couvert de ce que la Banque appelle le « policy dialogue » : les « entretiens » de politique économique avec les pays emprunteurs.

En ce qui concerne l'Afrique proprement dite, sur les dix-neuf pays qui ont contracté des opérations d'achats au cours de l'année 1986, seul le Malawi a tiré sur les ressources de l'accès élargi (2) pour un montant de 15 millions de DTS, un pourcentage infime de la totalité des achats de monnaie, c'est-à-dire des crédits octroyés par le FMI aux dix-neuf pays africains acheteurs.

Mais si l'enjeu apparaît comme négligeable, c'est parce que les pays emprunteurs sont desservis par le niveau faible de leurs quotes-parts au Fonds qui sont la base de calcul des allocations au titre de la politique d'accès élargi et parce qu'aussi les conditions d'accès à ce type de crédits sont de plus en plus rigoureuses. Les pays en voie de développement, qui n'ont pas réussi jusque là à faire passer le projet d'augmentation des quotas du FMI, ce qui aurait élevé les montants disponibles au titre de l'accès élargi, s'opposent non seulement à toute nouvelle réduction des plafonds de l'accès élargi, mais s'évertuent aussi à les maintenir pour les années à venir, à les améliorer et à les rendre moins conditionnels. Alors que le FMI estime, lui, que « les limites d'accès [élargi] ne doivent être considérées ni comme des objectifs ni comme un droit acquis » et que, de son côté, le comité intérimaire du même FMI affirme de nouveau que « la politique d'accès élargi a un caractère temporaire et qu'elle doit être revue avant la fin de l'année 1986. »

Encore un non-dialogue Nord-Sud ! Au titre de l'Afrique, seuls trois pays : l'Ethiopie, le Kenya et la Zambie sur les dix-neuf qui ont effectué des opérations d'achats de monnaie ont utilisé le MFC (mécanisme de financement

compensatoire) (3) pour un volume de crédits de 1.42 millions de DTS, soit 19,77 % du total des achats effectués par ces dix-neuf pays au cours de l'exercice clos le 30 avril 1986.
Conçue comme devant être le pendant FMI de l'AID, du groupe de la Banque mondiale, c'est-à-dire une source d'aide « douce », la facilité d'ajustement structurel ou FAS (4) est de création trop récente pour qu'on puisse en mesurer l'impact.
Cependant, alors que les pays emprunteurs s'attendaient à voir la FAS fonctionner avec le maximum de souplesse et le minimum de contraintes, l'intégration de cette facilité dans le réseau des exigences imposées par le FMI au titre d'autres crédits, comme les programmes d'ajustement structurel classiques, a abouti, en fait, à aggraver même la conditionnalité de la FAS dont les ressources ne sont octroyées à tel ou tel pays emprunteur que si ce dernier satisfait aux conditions plus ou moins rigoureuses d'autres crédits accordés par le fonds au même pays. D'où la crainte de voir la FAS soumise à une conditionnalité croisée ou multiple, à laquelle nombre de pays emprunteurs ne pourront pas toujours satisfaire.
La Banque mondiale pratique avec ses pays emprunteurs ce que l'on appelle le « Policy Dialogue », c'est-à-dire des « entretiens » sur la politique économique qui doivent être suivis par les pays candidats aux crédits de la Banque. Elle a, au cours de ces dernières années, englobé dans ses « entretiens » l'ensemble de ses programmes d'aide « dure » comme les prêts Banque proprement dits et d'aide « douce », comme les prêts AID et la facilité spéciale pour l'Afrique.

De plus, avec la collaboration et la coopération de plus en plus étroites de la Banque mondiale avec le FMI, les « entretiens » tendent à devenir l'instrument par lequel les deux institutions de Bretton-Woods renforcent mutuellement leurs conditions et leurs exigences quant à l'éligibilité de pays emprunteurs aux aides à court, moyen et long terme dispensées par les deux organisations jumelles de Washington.
La coopération entre la Banque mondiale et le FMI est nécessaire, il n'y a pas de doute. Mais cette coopération n'est pas pour autant simple, dans la mesure où elle est appelée à concilier des objectifs multiples et quelquefois incompatibles, les uns de court terme – comme les priorités monétaires, commerciales et fiscales dictées par la politique du FMI –, les autres de moyen et long terme – comme les priorités de développement proprement dites qui sont à la base de l'action de la Banque mondiale.
La tâche est d'autant plus difficile que la philosophie et la pratique de la politique des « ajustements structurels », conçue au départ par le FMI comme un ensemble de mesures correctives à court terme des économies « malades » des pays emprunteurs, tendent à devenir la base d'action tant du FMI que de la Banque mondiale.

La politique des ajustements structurels est, par définition, conditionnelle, c'est-à-dire qu'elle exige des pays emprunteurs l'acceptation et la mise en œuvre satisfaisante d'une série de mesures monétaires, financières, commerciales, budgétaires, fiscales, économiques et sociales plus ou moins draconiennes et plus ou moins supportables pour les pays en développement demandeurs d'aide. Mais quand cette conditionnalité risque d'hypothéquer même la mobilisation des ressources concessionnelles octroyées aux pays les plus pauvres du monde, alors elle devient inquiétante. Certains représentants du Nord n'ont-ils pas même avancé l'idée qui consiste à réduire la maturité des crédits de l'AID, à discriminer entre les pays bénéficiaires des crédits de l'AID, voire assujettir le financement de prêts du secteur agricole par les ressources de l'AID à des conditions additionnelles ?
L'inquiétude des pays emprunteurs et, en particulier, des plus faibles d'entre eux est de voir les « entretiens » sur les politiques économiques menées par la Banque mondiale se limiter de plus en plus à dicter les conditions de l'accès de ces pays a toutes formes d'aide dispensées par la Banque. Une conditionnalité d'autant plus contraignante, renforcée et grave qu'elle est encore empreinte des exigences de la politique des ajustements structurels dont on connaît les heurs et malheurs dans le monde des sous-développés.
Le débat Nord-Sud sur la conditionnalité risque, lui aussi, de rester un dialogue de sourds. □

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Summary translation of news item appearing in JEUNE AFRIQUE ECONOMIE (France), January 1987

Fund and Bank willing to go on lending, but on harder conditions

All of the world's financially-strapped Third World countries are too aware of the urgent need for short-term adjustments and long-term reforms to reject the principles of conditionality and surveillance governing their access to Bank/Fund resources. But the results of the reorganization and austerity measures so far taken have been uneven, and not always as spectacular as the Bank and Fund would have the world believe. Net transfers from IBRD and IDA fell from $4.986 billion in 1985 to $3.184 billion in 1986. In some cases they were even negative. This drop in net transfers, just when the countries of the South need more external resources, is unnatural, dangerous, and incompatible with positions expressed by the Northern members of the Bank, the Fund, the UN, etc.

One of the factors hindering Third-World country access to external resources is the increasingly conditional nature of the Bank's lending policy, as manifested in the "policy dialogue." This involves talks on the economic policy to be followed by applicants for "hard" Bank loans and "soft" IDA credits and Special Africa Facility financing. Closer Bank/Fund collaboration is leading to a mutual reinforcement of their lending conditions. Such collaboration is certainly necessary, but it means reconciling sometimes incompatible objectives (the IMF's short-term monetary priorities and the Bank's long-term development goals). The structural adjustment policy originally conceived by the Fund, in itself "conditional," is now becoming the basis for the Bank's activities also. But when it looks like affecting even concessional lending to the poorest countries (certain Northern countries would like IDA's credits to be "harder"), it gives cause for alarm. The main concern of the Bank's borrowers is that the economic policy dialogue will be geared more and more to dictating the conditions of access to its various forms of lending. (GSCLS).

The following is an excerpt from the BBC's World Service program

"The World Today" of January 22, 1987

FAY: (Interviewer) Over the past year the Brazilian economy has experienced dramatic changes. In today's programme I'll be considering the challenge facing the country.....

When President Sarney introduced the Cruzado plan in February of last year the economy was growing fast but inflation was astronomical. After the election in November he moved to slow the economy down, by sharply raising prices and taxes for some goods. I've been hearing more about what went wrong from Andre Gue, a Latin America specialist with the World Bank in Washington.

A. GUE (LC2DR) What seems to me the main problem is that consumer demand increased much too quickly. Because of excessive demand, they very quickly ran into very heavy supply shortages. This is because investment did take place but not to a sufficient extent.

FAY: So, what you appear to be saying is that the economy wasn't mature enough to support a plan like the Cruzado plan.

GUE: Well I'd say that Brazil attempted the impossible. They want to grow, perhaps too fast, by not starting from a sufficiently strong and stable base. They have to bring this excessive demand under control. That's the main point.

FAY: Surely demand is alright as long as it's demand for domestic products, and not as was in the case of the Cruzado plan, a demand for imported goods ?

GUE: Yes imports did go up particularly quickly, particularly as regards food. There was a drought in Brazil in 1985, and perhaps the effects of that drought were a bit overestimated, but in any case, Brazil did import a lot of food. It also imported a lot of industrial products, and because of that excessive internal demand there was a shift from export production to domestic production. What they're trying to do now is to have a flexible system of price controls, closer to administrative pricing. For that, of course, they'd need very close co-operation with all the economic actors - the workers, the businessmen, and the public sector. And I think they're working along those lines. I would say the resources are there, the policies are there, they know them and they could do it.

FAY: So it's very much up to the government I presume ?

GUE: Certainly. It's up to the government.

This news item appeared on page 15 of the January 30, 1987 issue of:

The Guardian (U.K.)

Cash in hand to rebuild the heart of the nation

The IMF and World Bank are putting up money to repair Mozambique's shattered economy. Paul Fauvet reports on the proposals and plans to get the urban population back to the land

Pulling together in Maputo, right

MOZAMBIQUE has embarked upon an ambitious programme to revamp its war-shattered economy with the support of the World Bank and the International Monetary Fund.

IMF austerity programmes often have unhappy results. The recent food riots in Zambia followed a pattern already established by urban unrest in recent years in countries as varied as Egypt, Tunisia, Morocco, Liberia and Ghana, but the Mozambican programme is not a simple rehash of previous formulas. Indeed, it seems that Mozambican officials have resisted some IMF demands.

Negotiations with the IMF, which Mozambique only joined in 1984, went on for much of last year and a final round is expected early next month. Mozambique is hoping for an IMF loan and the figure of $75 million has been mentioned.

A loan from the World Bank's soft loans affiliate, the International Development Association (IDA), of $45 million is being implemented. Further finance from IDA is dependent on agreement with the IMF.

The programme approved in Mozambique's parliament lays down basic guidelines and principles. Exact figures and percentages will be worked out by the economic ministries in the months ahead.

As explained by Prime Minister Mario Machungo, the key to the economic recovery programme is the boosting of agricultural production, with the stress not on the state farm sector, but on peasant family farming.

He wants to see a dramatic increase in producer prices for the major food and export crops, and the channelling of consumer goods to the countryside thus giving peasants an incentive to produce and market a surplus.

But while the government aims to make life in the countryside more attractive, city-dwellers will face redundancies and higher prices and rents. Strict budgetary constraints will apply to the entire state sector. Bank credit has been tightened and the issuing of new banknotes is restricted.

For those in work, wages will rise. The minimum industrial wage looks set to more than double. Workers will need this, since prices too are going to climb.

From February rents are no longer tied to the tenant's wages. Instead, different types of houses in different areas will have different rents. In general, this means a steep increase — though officials say that Mozambique will still have the cheapest urban housing in Southern Africa. Under a 1976 law all rented housing is owned by the state. There are no plans to alter this.

Workers will be eligible for rent subsidies, while those of private means, unemployed or in the informal economy will face the full rent increase. For the first time, hospital charges have been introduced, but the majority of the population will not have to pay them. Exempt are everyone under 18, women in childbirth, pensioners, registered unemployed, former Frelimo guerrilla fighters, blood donors, and anyone who cannot pay. Health Minister Dr Fernando Vaz pledged that inability to pay charges would never be used as a reason for denying anyone treatment.

For workers and their families, it is their employers who foot the hospital bills. Employers can recoup some of the costs from better paid workers.

Taxes too are increased, in a complete revision of the Mozambican fiscal system. The basic sources of the State's tax revenue are now heavy taxes on profits and capital gains, and indirect taxes on non-essential goods.

The new tax system is directed specifically against those who, in the last five years of war and shortages, have accumulated capital, both through legal mechanisms and through the black market. At the same time, tax incentives are offered to Mozambican investors, particularly where the investment results in exports.

Whether the recovery programme works or not will largely depend on developments in the war against the South African backed Mozambique National Resistance (MNR). Military expenditure takes 35 per cent of this year's budget.

But as President Joaquim Chissano told parliament "we cannot wait until we have won the war before starting the rehabilitation of our economy."

This news item appeared on page of the January 23, 1987 issue of:

TIMES EDUCATIONAL SUPPLEMENT, U.K.

Poor losers

Does Aid Work? By Robert Cassen and associates.
Oxford University Press £25.00.
0 19 877250 5. £9.95. 877249 1.

All countries need to invest for their future. Where undeveloped or less developed countries differ from their richer brethren is simply that we can raise money from any number of private individuals, public institutions or governments. They cannot. The poorer countries are the more they have to depend on the World Bank to borrow the money for them, and then lend some of it on, until among the poorest countries straight borrowing is displaced by the begging bowl: in Mali, for example, aid provides around 90 per cent of all investment and 80 per cent of all public expenditure; in Bangladesh it finances the country's entire development budget.

The process which leads a country to be deemed worthy of credit in its own right is what development is all about. Digging wells or building steel works are not enough. Political, administrative and judical institutions are needed to provide stability for local investors and those from overseas, while communications, transport, commercial and educational systems are required to make that investment viable. The question is, can the process be hurried along or, in other words, does aid work?

This is the big question; and the answer provided by Robert Cassen and his associates is a clear "Yes". It may be true that when all developing countries are considered together there is no consistent pattern between aid and growth, but the picture changes when the focus shifts to individual countries. In India, for example, although aid has never exceeded 3 per cent of GNP it has had an impact far in excess of its relatively small amount. The authors convincingly argue that but for the development of high yielding crops, India's economic development would always have ground to a halt whenever bad harvests forced the country to spend its scarce foreign exchange on importing food.

Most of the book is therefore concerned with a series of smaller and more useful questions: do aid projects work? How can they be made more effective? Why do some not work? Does aid discourage market forces? Does it reach the poor? Does it encourage local politicians to adopt realistic economic policies?

This is the meat of the book and it is tough going. The authors were commissioned by the World Bank and the IMF to review the effectiveness of aid; and their book is the most comprehensive assessment of the work of the largest agencies ever published. In a field where anecdotes are rife and are used to support vapid generalizations, it should change the language of debate. Like the report of any official commission, their work is packed with considered judgements, but is thin on specific details. If no teacher can afford to ignore this book equally none will be able to prepare a lesson drawn solely from it; and the absence of an index makes it unnecessarily difficult to use. Thus one is told, reasonably enough, that large corporations are keen on increased aid, but not which ones; one learns that aid agencies frustrated by a government's administrative incompetence may set up their own successful institutions in say Southern Sudan and that this may further weaken a government's administrative capability. But beyond this snippet the book is silent on the withering away of the state.

Does Aid Work? is therefore not a book of revelations; but there is still much to be grateful for, particularly the common sense which supports the findings: thus aid "works" in the sense that most agencies feel that between two thirds and three quarters of their projects successfully attain their goals – it is worth remembering that in this country, one which is far easier to operate in, 80 per cent of new businesses fail within two years; aid does not foster centrally planned, unwieldy economies averse to private enterprise. (In fact a report by the US treasury showed that only 6–8 per cent of all multilateral or untied aid was spent on projects which were public sector ones in developing countries but would have been in the private sector had they been undertaken in the United States.)

The authors argue that aid reaches the poor but only if the project is designed to do so; that countries are willing to discuss and change their economic policies but not without a corresponding financial commitment on the donors' side and a willingness to engage in this policy "dialogue" with an open and flexible mind; that countries, mainly those in South East Asia, which have vibrant economies are precisely those which make best use of aid, while those which need it most, those with poor administrative skills become overburdened like Burkina Faso with supporting 350 separate aid missions or as in Kenya find that donors have supplied 18 different types of water pump and that pumps from one country have been replaced by those from another when the donor changed. Above all, the authors stress that "Agencies are not all that good at learning from their own mistakes; they are even worse at learning from each other's mistakes, since there is insufficient information exchange among agencies of project experience".

These findings support their recommendations: that aid agencies and recipient governments should coordinate their activities to ensure that their collective efforts do not produce lopsided development; that evaluations of aid should not look just at whether the particular road was built or clinic established but should assess the total impact of aid upon a country several years later; that donors should be consistent in their policy advice – it being hypocritical to preach the virtues of market forces while simultaneously tying aid or erecting tariff barriers against developing countries' "cheap" imports; and that donors should give more weight in their programmes to the crucial role women can play in attacking poverty.

Peter Parker

This news item appeared on page of the January 5, 1987 issue of:

LE DEVOIR (Montreal, Canada)

Création d'un fonds d'aide non-liée financé par le Japon

La Banque mondiale se restructurera pour contrer la menace de difficultés financières

MARYSE ROBERT
Collaboration spéciale

WASHINGTON — Menacé au même titre qué l'ONU de voir les États-Unis réduire substantiellement leur contribution monétaire à la Banque mondiale, le président de cette grande agence de prêts aux pays du tiers-monde, M. Barber Conable, a mis sur pied un comité d'études ayant pour tâche de revoir la structure de cette organisation afin de la rendre plus efficace et moins coûteuse. Le comité devrait débuter ses travaux ces jours-ci à Washington.

Aux prises avec un déficit budgétaire sans cesse croissant, les États-Unis ont maintes fois critiqué au cours des derniers mois la bureaucratie et la mauvaise gestion des organisations internationales. Or, la Banque mondiale n'a pas échappé à cette règle. D'autre part, le Congrès américain a récemment voté en faveur d'une réduction importante des contributions versées par les États-Unis aux agences octroyant des prêts aux pays en voie de développement.

Principal actionnaire de la Banque mondiale, les États-Unis finançaient jusqu'à tout récemment 20 % du budget de cet organisme. Les coupures américaines allaient donc mettre en péril, à moyen-terme, la survie de cette agence. Or, le nouveau président de la Banque mondiale, en poste depuis juillet dernier, a fait appel, il y a quelques mois, à une firme de consultants de New York, *Cresap, McCormick and Paget*, afin d'évaluer l'efficacité de la structure bureaucratique de cet organisme, comptant plus de 6,100 employés, dont 21 vice-présidents et 61 directeurs. Les recommandations de cette firme furent sans équivoque, « les besoins de la communauté internationale seront mieux servis par une organisation plus souple ».

Or le comité d'études, nommé par le président Conable à la mi-décembre, s'est vu confier la tâche de trouver d'ici la fin de l'année financière, en juin 87, les mécanismes permettant un tel assouplissement de la structure. Selon des sources bien informées, cette restructuration pourrait éventuellement signifier une réduction de 10 % à 20 % du personnel de la Banque mondiale.

Les États-Unis ont aussi exercé récemment des pressions sur le Japon afin que celui-ci hausse ses contributions monétaires à la Banque mondiale. Fort d'un surplus commercial ayant atteint près de $ 90 milliards US en 1986 alors que les États-Unis enregistraient un déficit de $ 170 milliards US, le Japon a finalement aquiescé aux demandes américaines. À la fin décembre, le Japon annonçait le versement de $ 9 milliards US durant les trois prochaines années aux agences d'aide au développement. La Banque mondiale recevra $ 1.8 milliard US ; 90 % de cette enveloppe spéciale proviendra du secteur privé.

En contrepartie de sa contribution, le Japon, deuxième actionnaire d'importance de la Banque mondiale, verra sa quote-part augmenter de 5.9 % à 7.4 %, et les États-Unis réduiront la leur de 20.1 % à 18.5 %. Or, la charte de la Banque mondiale prévoit qu'un droit de veto est accordé à tout pays détenant 20 % des parts de l'organisme. Ne voulant pas perdre ce privilège unique, les États-Unis ont plaidé en faveur d'une réduction du pourcentage nécessaire pour conserver ce droit de veto. L'accord américano-japonais prévoit que dorénavant le pourcentage nécessaire sera fixé à 15 %. Bien que cette décision doive être entérinée par le conseil d'administration de la Banque mondiale dans les prochains mois, il semble assuré qu'il n'y aura pas d'opposition.

Le nouveau Fonds spécial japonais a été comparé dans certains milieux au Plan Marshall mis en place par les États-Unis après la deuxième guerre mondiale afin de financer la reconstruction de l'Europe. Toutefois, l'originalité de ce nouveau plan, dans le cas du Japon, réside dans le fait qu'il s'agit d'une aide non-liée. Le Japon a maintes fois été critiqué pour avoir favorisé une aide liée obligeant ainsi les pays du tiers-monde à acheter des produits japonais à des prix non compétitifs sur le marché international, étant donné la force du yen.

Les États-Unis ne sont pas les seuls à avoir critiqué la Banque mondiale au cours des derniers mois. Une délégation ouest-allemande, en visite à Washington à la fin octobre, a interrogé les dirigeants de cet organisme sur l'opportunité d'ouvrir un bureau européen de la Banque mondiale à Bruxelles, siège de la Communauté économique européenne. Or, l'actuel bureau européen est situé à Paris. Les Allemands sont impatients de voir s'établir une plus grande collaboration entre la CEE et la Banque mondiale.

D'autre part, la Banque mondiale a renoncé, faute d'argent, à mettre sur pied un programme d'assistance technique aux pays en voie de développement lors des négociations du GATT débutant ce mois-ci à Genève dans le cadre de l'Uruguay Round. Le président Conable avait discuté de cette possibilité lors de la visite à Washington, cet automne, de M. Kenneth Dadzie, secrétaire-génral de la CNUCED (Conférence des Nations Unies sur le commerce et le développement).

Summary translation of news item appearing in LE DEVOIR (Montreal, Canada) on January 5, 1987

World Bank wards off financial problems by restructuring

World Bank President Barber Conable has set up a steering committee to review the World Bank's structure with an eye to improving labor- and cost-effectiveness. The U.S., with its mushrooming deficit, has repeatedly criticized the bureaucracy and poor management of the international organizations, and has voted a major cutback in funding for them. Fearing the impact on the Bank's future, Mr. Conable called in the New York consulting firm of Cresap, McCormick and Paget, which recommended a more flexible organization. Acting on these recommendations, the steering committee could propose staff cutbacks of up to 10-20%.

To relieve the pressure on its own finances, the U.S. has been pushing for a larger Japanese contribution to the Bank. Japan finally agreed, setting up a non-tied, $1.8-billion "special Japan fund," and increasing its share in the Bank from 5.9% to 7.4%. The U.S., with its share now down from 20.1% to 18.5%, hopes to retain veto power through ratification of a lower requirement (15%).

The U.S. is not the only critic of the Bank: a West German delegation visiting Washington last October questioned Bank officials about the possibility of opening a European office in Brussels, with a view to greater EEC/Bank cooperation.

For lack of funds, the Bank has abandoned the idea of instituting a program of technical assistance to the developing countries at the next GATT meeting in Geneva. (GSCLS).

This news item appeared on page of the January 10, 1987 issue of:

OTTAWA CITIZEN (Canada)

Ottawan gives expert overview of world debt crisis

Coping Is Not Enough: The International Debt Crisis and the Roles of the World Bank and the International Monetary Fund, by Morris Miller; Oxford University Press; 268 pages; $33.75

By Roy Culpeper

For most of the heavily-indebted countries, the debt crisis means that the 1980s will represent a "lost decade": for example, per-capita income in most of Latin America and the Caribbean is not likely to recover the levels of the 1970s until well into the 1990s. Furthermore, the world's largest banks, including Canada's big six, will continue to be dangerously overexposed in the debtor countries over the next few years.

Given this rather dismal outlook, how should the international community marshal its resources and organize, or reorganize, to ward off financial collapse and to restore economic hope to a large portion of the world's poor? Ottawan Morris Miller's book is a timely attempt by a Canadian who has served as executive director at the World Bank to wrestle with these weighty questions. It is written with great sensitivity to both the "adjustment" problems of the debtor countries and the financial dangers for the creditors.

After a portrayal of the dangers posed by the crisis for the international economy and a discussion of its historical roots, Miller presents a well-organized examination of the welter of proposals put forward in the last few years. He groups them under three broad options: the status quo; the status quo plus some major new programs and funding; and, finally, reconstructing the international financial framework through a "new Bretton Woods" negotiating process, in which the world community would come together (as at the end of the Second World War) to lay the foundations of a more stable and prosperous international economy.

Although he does not forthrightly espouse the new Bretton Woods option, it is clear that Miller's sympathies lie in that direction. But even though economic collapse could still boil out of the debt cauldron, it appears unlikely that the world community will be induced to reconstruct the economic system anew.

Failing a Bretton Woods-type conference, Miller believes salvation lies in three interrelated actions: co-ordinated policies by the leading economic powers to restore growth; reduced interest rates; and more development aid. Many will agree with these well-established prescriptions; some will not. In any case, the real problem, is *how to achieve* these objectives, and here Miller's book is not too helpful. (Witness, for example, the recent disagreements between United States, West Germany and Japan when they tried to co-ordinate their economic policies.)

The book has some shortcomings. Most significantly, Miller attributes the "Third Window" proposal to the Americans, and characterizes it as a poor-country initiative. In fact, this proposal, which would have lowered interest rates for certain debtors, was a major *Canadian* diplomatic initiative arising out of the 1985 Tokyo summit and aimed primarily at "lower middle income" countries such as Jamaica and the Philippines. (Regrettably, in this reviewer's opinion, it was swept away in the excitement of U.S. Treasury Secretary Baker's debt initiative at Seoul in October that year, an initiative which is now floundering.)

(Roy Culpeper is a program director at the North-South Institute, Ottawa, on executive interchange from the federal finance department. Previously he was Canadian adviser to three executive directors at the World Bank.)

This news item appeared on page of the January 17, 1987 issue of:

INTERNATIONAL FINANCIAL REVIEW

Swaps, Futures & Options

The swap market

How swaps helped the World Bank cut interest costs by nearly 1%

As it announced intentions to borrow another $5bn equivalent on international capital markets over the next six months, the International Bank for Reconstruction and Development (IBRD, or World Bank) released half-year statements which again provided a typical textbook example of how swaps can assist borrowers in making the most of their comparative advantage on international capital markets while structuring their ultimate liability portfolio according to their specific requirements.

During the second half of 1986 (ie, the first half of the current, 1987 fiscal year), the multilateral institution borrowed the equivalent of $4.9bn at an average cost of 6.60%, while in the same period of fiscal 1986 the Bank borrowed $6.8bn at an interest cost of 7.25%. The Bank's currency swap programme however enabled it to to reduce this average cost of its medium and long-term borrowings (or $4.6bn) by nearly 1% to 5.77%.

The flexibility swaps afford is demonstrated by the shifts in the shares of various currencies on the Bank's liability side. The institution took advantage of its ready access to the US or US dollar market with 32% of its total medium and long-term borrowings for the period denominated in US dollars but after swaps the proportion was pared down to 20%. The "AAA" rated Bank is keen, on the other hand, not to overburden other major sectors with its signature, as is the case with Switzerland. While it tapped that market for up to 22% of its borrowings for the period, currency swaps allowed the Bank to boost its Swiss franc exposure to 36%. The same applied to the yen, whose share in the period's borrowings was raised from 16% to 22% through swaps.

"We resort to swaps only if they provide an advantage over direct borrowing," commented World Bank treasurer *Gene Rotberg*. "The significant impact of either a swap or a direct borrowing in a currency develops in the exchange rate over a decade and it is only after that that a transaction can appear as a wise one," he added.

Rotberg noted that, because counterparties were readily available, it did not have to put into use its swap insurance programme. The proportion of interest rate swaps was "insignificant" and swaps as a whole had only a "marginal" impact on the World Bank's net income during the second half of calendar 1986.

Higher rates expected

The first thing that strikes the casual reader of the IBRD's financial statement is that, because of a sharp reduction in capital gains, net income is off modestly even though interest rates have continued to decline through all of 1986.

Net income for the first half of the current fiscal year (July to December 31, 1986) for the World Bank was $655m against $695m in the same period a year earlier. Capital gains of $107m were made, compared with $208m.

Rotberg sees his agency's income statement for the last six months of 1986 as evidence that the decline in world interest rates has slowed and feels that they may head higher later in 1987. "The fact is that we do not anticipate that the next six months will be as good as the last six

continued overleaf ...

Spreads on dollar interest rate swaps came under further pressure last week as potential payers of fixed again remained on the sidelines. Spreads have now come off by 10 basis points over the previous weekend — something hardly any trader could recall as ever having happened before — and up to 20 basis points since mid-December.

One participant noted that this was a natural reaction as spreads had been rather inflated in the latter part of last year. The general view last week was that with anticipations of decreases in interest rates in the major countries, corporate treasurers were reluctant to fix the cost of their debt at the moment. Instead they were happy to ride the yield curve and to stay with floating rate liabilities. Pressure was most visible in the two-to-five year bracket, but the longer end in turn started to come off.

Another factor putting further pressure on spreads were tax changes that are becoming effective this month in the US and which acted as an incentive for US corporates to reverse swaps in order to take the tax loss on the previous year.

As a result the swap market "had one of the quietest weeks for a long time", commented one market source, while there was a further significant build-up in inventories, what with two thirds of the Belgium issue reportedly being swapped into floating and two other European sovereigns (including one with a 10-year straight to be swapped into Swiss francs) waiting on the sidelines.

Spreads should remain under pressure this week. The alternative is either that spreads to US Treasuries on the Eurobond market will narrow further, so that sub-Libor targets can be achieved, or that Euroborrowers will have to accept lower sub-Libor targets. "The only thing that will change that view is if the US Treasury market declines to a level where corporate treasurers find it attractive to fix their debt", commented a participant. The only support spreads may get will be from the asset swap market, though activity there is seen as too sporadic to provide a long-term solution.

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months. Nor did we at the beginning of the fiscal year. After all, you only get capital gains if interest rates drop. Last year, interest rates dropped from 10% to 7%, or about 3%, while this year the drop was less than one percent. Last year we ended up with some $350m in capital gains for the entire year but this year we are not going to have anything near that because interest rates are not going to drop from 7% to 4%," *Rotberg* explained.

"But you have to remember that a couple of years ago the net income of the Bank was $600m. Then it went to $1.1bn and then, last year to $1.2bn. I had projected $900m to $950m because the base case for years had been $600m. What you have here is a much smaller drop in the interest rates this fiscal year than you did in the last one. Nonetheless we virtually captured the same income," *Rotberg* noted.

"But to me the story is not the net income. This is another strong financial performance with another substantial drop in interest rates to the developing world, and with a reduction in the lending rate." This was lowered to 7.92% on January 1, compared with 8.23% since July 31, 1986.

"We price our lending rate off the whole stock of that debt so we have a very large and stable low-cost debt. So we have essentially hedged against a rise in long-term interest rates," Rotberg explained.

"Another interesting story is that the borrowing programme is down, although the interest costs are lower for the first half of this fiscal year. That is because disbursements were low. As it turns out, we think the disbursements are going to pick up substantially later this year and continue to do so," *Rotberg* revealed.

The World Bank disbursing schedule for the rest of this year will be determined in about a month, he added. But already there are indications that the acceleration in outlays that looms ahead for the rest of this year could push disbursements over the $10bn mark. By contrast, the Bank's disbursements last year were $8.263bn, compared with $8.645bn in fiscal 1985 and $8.58bn in fiscal 1984.

"It will be considerably higher than last fiscal year. I am not sure we will be in the double-digits but I think so. But it will require us to rethink, not only how much we have to borrow, but where it will come from. We are pretty sure that 85% of our new borrowings will be a combination of yen, Deutsche marks, Swiss francs, guilders and US dollars," *Rotberg* predicted. "We believe rates will be higher at the end of this year, don't ask me by how much. We are borrowing as if rates will be higher by the end of the year, which means we are borrowing at fixed rates and on long term," he said. **ifr**

World Bank borrowings — first half fiscal 1987

(July 1 — Dec 31, 1986) (US$ Equivalent, Millions)

Borrowings by Currency	Before Swaps (Amount)	(%)	After Swaps (Amount)	(%)
US dollars	1,561.5	32	993.5	20
Swiss francs	1,110.0	22	1,773.7	36
Japanese yen	811.1	16	1,959.4	22
Deutsche marks	613.3	12	900.3	18
Dutch guilders	273.4	6	349.5	7
Canadian dollars	179.9	4	−69.8	−1
Other −3	388.3	8	7.3	0
Sterling	0	0	−76.4	−2
Total	**4,937.5**	**100**	**4,937.5**	**100**

Borrowing Costs	Amount Borrowed	Maturity (Years)	Before Swaps Costs (%)	After Swaps Costs (%)
Medium & Long-term	4,637.5-/1	12.4	6.60	5.77
Short-term	300.00	1.0	6.34	6.34
Total	**4,937.5**	**11.7**	**6.58**	**5.80**

1) Medium and long-term fixed-rate borrowings except for a $300m increase in one-year central bank facility outstanding.

2) Minus numbers reflect currency swaps out of pre-fiscal year 1987 borrowings.

3) Other includes Austrian schillings ($27.8m), Belgian francs ($162.6bn), Swedish kroner ($42.9m), and European currency units — ECUs ($155m).

Pressure was very much there as well in the Swiss franc and Deutsche Mark sectors. In the Swissy, there was a dearth of liquidity. The reason behind the 20bp drop in spreads over last week apparently was a moot point, as the typical lag between a cut in short-term bank rates (which occurred in the previous week) and any impact on spreads was shortened to only one or two days. One explanation may be that the cut was in response to a bulge in reserves resulting from year-end swaps with the Swiss central bank being unwound — a move to which long-term yields responded all the more significantly as for the first time last year the Swiss bond market was closed during the Christmas holiday. Swissy swap spreads stood at 5/20 - 5/05 in the 10-year bracket as the week drew to a close.

With the flight out of the US dollar denominated sector in the Euromarkets, activity in the currency swap market last week focused on the Canadian dollar and the European currency unit (ECU). The **European Investment Bank** issue was swapped into floating US dollars, and some market sources noted that *Goldman, Sachs* lead-managed a Yankee issue for **Farm Credit of Canada** with exactly matching dates. The **CCCE** ECU issue was thought to have been swapped into French francs, and the **NTT** issue into fixed yen at very attractive terms. The same reportedly occurred in the USA (but then into floating US dollars) with three New Zealand dollar issues (including those by **McDonalds** and **Philip Morris**).

The asset swap market remained active and spreads tightened. With Eurobond spreads generally remaining stable, Eurobonds not previously considered asset swap material did come into range. **ifr**

This news item appeared on page of the January 31, 1987 issue of:

GLOBE & MAIL (Toronto, Canada)

Pump's promise: drinkable water for rural Africa

BY IAN STEELE
Special to The Globe and Mail

NAIROBI

IN A CRUDE iron shed on the outskirts of town, a blacksmith by the name of Hamid Abdalla is molding advanced DuPont plastics for a project that could change the dynamics of village water supplies in the Third World.

A team of African and European engineers sponsored by the United Nations Development Program (UNDP) and the World Bank, has achieved a technological breakthrough with the design of a low-cost handpump with high-technology parts. Mr. Abdalla's task is vital proof that the total package can be mass-produced in modest African settings.

Mr. Abdalla, who has no formal schooling as an engineer, is manufacturing acetal and nylon bearings using dies that he tooled himself and an injection-molding machine that he rescued from a junkyard. By the end of the year, he will also be molding more complex footvalves and plungers, and the AFRIDEV pump, as it is known here, will go into commercial production.

The importance of the AFRIDEV in an environment complicated by dozens of competing foreign handpump technologies, is its simplicity. With a little training, three villagers can strip, service and reassemble the pump in less than one hour using a single wrench.

AFRIDEVs field-tested in villages near Mombasa have required little more than preventive maintenance once every year. At $300 a unit, each pump has satisfied the daily needs of about 250 people.

Communities elsewhere in Africa that are dependent on imported technologies have not been so fortunate. In the absence of spare parts and skilled maintenance crews, the time lag between breakdowns and repairs can run from weeks into months and sometimes years. Breakdowns have become so frequent and protracted that the technology in some areas has been discredited, and communities are returning to traditional wells equipped with ropes and buckets.

lems with free technologies, foreign donors have often appeared more interested in populating the countryside with their nations' products, than in training the users to maintain them.

Donors have also tended to ignore the fact that the handpumps from Europe or North America are designed for regular maintenance, and products that get occasional use in Europe can be operating in the much harsher environs of countries such as Sudan or Mali for 20 hours a day. As a result, it is not uncommon for a visitor to some remote African village to find a selection of broken French, Belgian and Canadian or other pumps abandoned for want of a few spare parts and someone capable of installing them.

Handpump failures and a lack of spare parts or skills to repair them can be costly. Approximately 2 billion people in developing countries rely on distant and not very clean sources of water for domestic use. The World Health Organization estimates that 80 per cent of sickness in poor communities can be traced to waterborne bacteria, viruses and parasites.

Once they have been left high and dry by a broken pump, villagers who have been weaned off unclean water sources by the convenience of the technology simply go back to old watering places. They take with them an even greater resistance to change.

Most governments would prefer a more modern approach than handpumps, even if just to motorize central pumping systems with diesels. However, six years ago when the United Nations proclaimed the objective of "clean water for all by the year 2000," global cost estimates ranging as high as $600-billion came face to face with declining aid budgets.

"When the people behind the movement met and assessed the cost, the logistics and the maintenance and management issues involved in centralized rural water supplies, they reached the conclusion that for the billions who live in Asia and Africa, the most feasible option and solution would be the use of groundwater and handpumps," said Saul Arlosoroff, UNDP's project manager and chief of applied research and technology in the World Bank's water and urban development division.

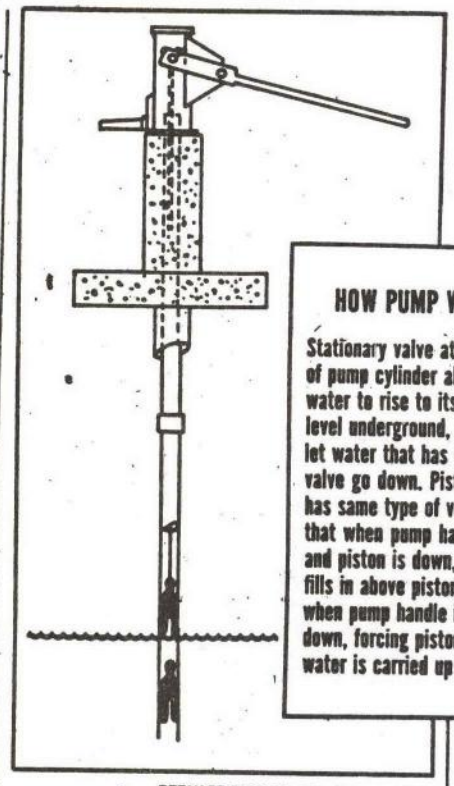
"The conclusion was that if handpumps and groundwater were not the solution then there was no other logical answer."

The handpump option halved the projected cost of delivering safe water to rural areas, but Mr. Arlosoroff and others were convinced there had to be more rational delivery on the side of supply and maintenance. To help restore the handpump's credibility, the UNDP decided to pay for a program that would identify the most successful pumps on the international market, test them and publish the findings as a "buyers' guide" to governments, aid agencies and other consumers.

The World Bank took charge of the testing program and weeded out all but the most worthy products for exhaustive laboratory and field trials. Seventy different types of handpumps from 25 different countries were then ordered in bulk and dispatched to test sites in 20 developing contries. About 3,000 pumps were tested over a three-year period. It is understood that only about 30 models performed well enough to be rated as "recommended" or "satisfactory."

It was the testing program that gave birth to the AFRIDEV. Mr. Arlosoroff had expressed hope that a shakeout in the industry would lead to water supply systems which could be operated and maintained by the users alone. But David Grey, a hydrogeologist in charge of testing in East Africa, was convinced that none of the 70 contenders would meet the objective fully. In 1981 in Malawi, Mr. Grey had been jointly responsible for the development of one of the starters, called the Maldev. Although the Maldev pump had met cost objectives and made use of locally available materials, it was limited, like so many others in the Third-World market, by resources for research and development.

Mr. Grey took his Maldev pump and organized an international team to consider ways in which it could be simplified. He believed that if small shoe factories in Africa could extrude simple plastic sandals it should also be possible to mold advanced engineering polymers into parts for his pump.



HOW PUMP WORKS

Stationary valve at bottom of pump cylinder allows water to rise to its natural level underground, but won't let water that has enter valve go down. Piston on rod has same type of valve, so that when pump handle is up and piston is down, water fills in above piston. But when pump handle is pushed down, forcing piston up, water is carried up with it.

BERNARD BENNELL/The Globe and Mail

He persuaded a senior design engineer from DuPont in Switzerland to spend two weeks in African villages studying applications for plastics in simple handpumps. The result was the development of all-plastic bushings using DuPont acetal on nylon to replace steel roller bearings in the handle assembly, and the design of a polyacetal footvalve and plunger. The expensive stainless rising main, which carries water from below ground, was replaced by PVC (polyvinylchloride) pipe.

From the outside, the AFRIDEV is a rather ordinary-looking pump with a rugged casing of galvanized steel that can be cut and welded almost anywhere. But the heart has been completely reworked on the principle that moving parts should be cheap and easy to replace. The new bearings cost only 30 cents to manufacture in Kenya and should cost about the same elsewhere in Africa or Asia.

"We based the redesign of every part on the question, how can it be made easier, easier to make, easier to assemble and disassemble, easier to maintain? We made community maintenance a design feature," said Mr. Grey.

The pump can be made locally, so there will be no shortage of spare parts, which would cost about $10 a set. Villagers will be able to install the parts themselves. Three women can replace all the moving parts in a few minutes using a single wrench. "Women have traditionally carried the burden of domestic water supply in Africa and they appreciate the importance of easy access more than anyone else."

The potential for cheap space-age plastics in handpump technology is vast. Mr. Arlosoroff says that the market is currently absorbing more than 250,000 handpumps a year, and it would take another 5 to 7 million units serving 150 to 200 people each to meet the broad objective of a safe water supply for everyone.

The first commercial models of the AFRIDEV will be available in Kenya next year, but already the results of field testing have been shared with others in Africa and Asia.

Mr. Grey said that a number of small companies in Malawi have bid on a Government contract to manufacture 1,100 units as the "Malawi pump," and an AFRIDEV clone, to be known as the "Ibex," is being developed in Ethiopia. A manufacturer of the most successful handpump in Asia — the India Mk II — has adopted the same DuPont plastics for bearing production and Mr. Grey is hoping other manufacturers will follow suit.

"Our materials are in the public domain," he said. "We will give our designs for dies, bearings, footvalves and plungers to anybody. The objective is to bring affordable handpump technology into the 1980s and to establish the concept of village-level operation and maintenance in as many countries as possible."

This news item appeared on page B3 of the February 10, 1987 issue of:

THE WASHINGTON POST

Lovely Lunchtime With Mozart

By Joseph McLellan
Washington Post Staff Writer

The fourth annual "Mozart at the World Bank" festival swung into action somewhat belatedly yesterday afternoon, nearly two snowbound weeks after Mozart's birthday (Jan. 27), which is usually the focus of the event. But some things are always timely, and Mozart's music is certainly among them.

As interpreted by the Manchester String Quartet, which has become the traditional opener for this week of free lunch hour concerts, Mozart's "Hunt" Quartet in B-flat, K. 458, was bright, playful, agile and high spirited, with just a touch of pensiveness in the third movement. The quartet, made up of members of the National Symphony Orchestra, has been growing together steadily since its establishment in 1981 and has now reached a very high level of ensemble playing and stylistic versatility. Its Mozart is light, well balanced and beautifully coordinated.

So is its Haydn, with the addition of a healthy sense of humor for his "Joke" Quartet in E-flat, Op. 33, No. 2, which opened the program. Many quartets may be as enjoyable on record as in a live performance—but not this one, whose last and best joke requires audience participation. The music bounces to a stop at what sounds like the end of the last movement, pauses while the audience begins to applaud, and then starts up again. Haydn is able to repeat this gag several times before the audience becomes wary—and then, with a perfect sense of timing, he simply stops. The Manchester played it exactly right, and willingly or not the audience cooperated.

The audience for free lunchtime concerts in the neighborhood of the World Bank is the kind that performers dream of having—educated, involved but also relaxed. Yesterday's concert played, as these concerts always do, to a capacity crowd with a lot of people standing at the back. People came and went quietly during the concert (not everyone can take out a whole hour for music at midday), but the movements were unobtrusive and the music registered its full impact.

This (like the better known festival that comes down from New York) has become a Mostly Mozart rather than a strictly Mozart series. One program (Friday's) will present violin sonatas by Beethoven and Schubert without a note by Mozart. But the music is always well chosen, and this week of music-making brightens midwinter middays in this city.

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January 28, 1987

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SAFE MOTHERHOOD INITIATIVE

"Tough Questions" and Possible Answers

Q. Why is the Bank, with its long-standing focus on economic policy, sponsoring a Safe Motherhood Initiative?

A. Sustainable development requires more than sound economic policies. It also requires that people be healthy, well educated, and well-equipped to do the work of development. In these respects women are particularly disadvantaged. Maternal health problems pose a major threat to women in developing countries today -- women at the height of their productivity and family responsibility. Half a million women die in pregnancy every year, 99 percent in the developing countries. Yet we have at hand effective and affordable means to improve maternal health, that is why we are sponsoring the Safe Motherhood Initiative.

Q. Does the Safe Motherhood Initiative mean a shift away from structural adjustment lending? Where will the resources for Safe Motherhood come from?

A. The World Bank's lending for population, health, and nutrition accounts for only about 2 percent of our overall lending, though our PHN lending doubled over the last several years. We can increase it further without changing the overall allocation of our lending in any major way. We will certainly continue to provide structural adjustment lending.

Q. What can you really accomplish with this Safe Motherhood Initiative and how much would it cost? Is it affordable?

A. We think high maternal death rates can be reduced by about half in a decade or so through improved community-based services, better referral facilities, and "alarm and transport" costing under $2 per capita population per year. This compares to $9 per capita population now being spent on health care (public and private programs) in low income countries. We think many countries can afford this by judicious increases or shifts in expenditure, considering the benefits for women and for families. For countries that cannot, however, a start can be made for less than $1 per capita population per year.

Q. How much does it cost to avert each maternal death?

A. The cost per death averted ranges from about $4,800 to about $6,300. Considering that at least one child death is also averted for every maternal death averted, the cost per death averted ranges from about $2,400 to about $3,200.

Q. What kinds of health programs would you really sponsor as part of Safe Motherhood? How would they relate to regular governmental primary health care?

A. The Safe Motherhood Initiative is meant to strengthen the maternal health dimension of primary health care in three ways: stronger community-based services, stronger referral facilities, and stronger "alarm and transport." It focuses on basic prenatal care to identify women at high risk and provide things like iron supplements; more effective care during childbirth; and better family planning. It

includes support for training for health workers, salaries, provision of medical supplies, construction of clinics, educational efforts, and the like.

Q. Why do Safe Motherhood programs seem so expensive compared to child survival efforts?

A. Adult deaths are much fewer than child deaths, so saving a life is correspondingly more costly. However, saving a mother's life has triple benefits -- preserving her family and economic contribution, saving the life of the child she is carrying, and improving the survival prospects for her other children.

Q. Is the Safe Motherhood Initiative just another way of strengthening family planning services?

A. No. Family planning is certainly an integral part of maternal health care -- timing and spacing of pregnancy helps both mother and child. But the Safe Motherhood Initiative includes all the other health services mothers need -- prenatal care, help with childbirth, and so on. And it includes other development programs to increase food, education, and income for women.

Q. What is the Bank's view on female circumcision? Do you plan to deal with it as part of the Safe Motherhood Initiative?

A. The Bank recognizes the deleterious health effects of female

circumcision and stands ready to help member Governments address this issue as part of broader efforts to improve health, including safe motherhood.

Q. What is the World Bank policy regarding therapeutic abortion?

A. The Bank does not advocate the use of particular methods of fertility regulation or take a policy position vis-a-vis individual medical procedures. The Bank does not include abortion components in its projects.

Q. What is the World Bank doing about the AIDS problem?

A. Two things. We are collaborating actively with WHO's AIDS Control Programme and stand ready to assist WHO in any way we can. At the country level, we have initiated discussions and offered assistance to our member Governments on a systematic basis. We expect assistance for AIDS control to be included in many Bank-financed health, population, and nutrition projects.

Q. What kinds of programs does the World Bank have to advance economic opportunities for women in the Third World? Have these programs been successful, and where?

A. We are working particularly to strengthen women's opportunities in agriculture, to expand other employment opportunities, and to improve education and health. For example, we are supporting Kenya's national

agricultural extension services, which do an unusually fine job of reaching women farmers.

Q. What should be the role of non-governmental organizations, both in the developed and developing countries, in promoting Safe Motherhood? Will you provide any funding for NGOs, particularly for those in the developing countries?

A. The Bank ~~is generally working more closely with~~ strongly encourages NGO involvement in the projects it finances ~~and will certainly do so in this area, particularly through our projects~~ including projects which emphasize safe motherhood.

Q. What is the division of labor on women's health among the three agencies -- World Bank, WHO and UNFPA?

A. The three agencies work in complementary ways. WHO provides advice on all health issues, UNFPA focuses on population, and the Bank lends for population, health, and nutrition projects and works closely with these and other UN agencies.

Q. How much has the World Bank provided for women's programs annually, and how much more do you plan to provide say over the next year or over the next five years?

A. We do not have special "women's programs." We try to integrate concern for women's issues into our overall lending program, particularly in agriculture, education, and PHN. We cannot split out a precise figure for programs benefitting women. But we are giving this issue much more attention.

INDIA cc BH, IS, PSC, JDN.

The Statesman Tuesday, December 16, 1986

Move for 'safe motherhood'

From Our Correspondent

NAIROBI, Dec. 15.—About 00,000 women die annually of auses related to child-bearing, ome 300,000 of them in South Asia and 150,000 in sub-Saharan Africa. Maternal mortality is often the leading cause of death among young women in several leveloping countries, according o a World Bank adviser.

"Of those who survive, millions suffer from long-term ill and health lisability. Something has got to be done to cut down significantly on this toll," says Mrs Barbara Herz of the Bank's Office of Women in Development, which, in cooperation with the Bank's Population, Health and Nutrition Department (PHN), is to organize the "Safe Motherhood Conference" in Nairobi from February 10 to 13, 1987.

Sponsored by the Bank, the World Health Organization and the United Nations Fund for Population Activities, the conference is expected to heighten concern among Governments, agencies and non-governmental organizations about the neglect of women's health, particularly in the Third World, to elaborate strategies to remedy the desperate situation and to launch action programmes.

The PHN plans to build "safe motherhood" into at least 20 projects in the next several years as part of stronger primary health care. The heads of the three sponsoring organizations—Mr Barber B. Conable of the Bank, Dr Halfdan Mahler of the World Health Organization (WHO) and Mr Rafael N. Salas of UNFPA—will deliver major addresses.

"What is required to tackle this problem is a relatively simple system of maternal health care that comprises several things" according to Mrs Herz and Dr Anthony Measham, the Bank's health adviser.

They suggest: basic services at the village and community level to assess pregnancy risk, provide preventive care and family planning services and assure safe delivery of children; referral care for high-risk deliveries and emergency complications and a full range of family planning services; and communication and transportation links between the basic service and referral levels.

The experience of the developed countries as well as of a number of developing ones shows that the system approach can work. And in most countries, the costs can be kept affordable—about $1 to $2 a year per capita, or between 10% and 20% of most developing nations' health services expenditure. "Of course, every effort must be made to encourage communities to share the costs, say Mrs Herz and Dr Measham.

Fresh stir by junior doctors

By a Staff Reporter

JUNIOR doctors in the hospitals of Calcutta will start a fresh movement for a week from Tuesday to press their four-point charter of demands, a spokesman of the All Bengal Junior Doctors' Federation announced in Calcutta on Monday. They are demanding payment of salaries in place of the stipends paid to them at present, improvement of hospital services by the Government, an inquiry into the corruption prevailing in entrance examinations to graduate and post-graduate medical courses and appointment of all unemployed doctors.

The house staff of the city's hospitals will wear black badges as a mark of protest while attending work on Tuesday and will stage demonstrations outside the offices of the superintendents of different hospitals. On Wednesday and the remaining days of the movement, they will hold meetings outside the gates of the hospitals and distribute leaflets to visitors. On December 23, the concluding day of the movement, an ultimatum will be served on the West Bengal Health Minister that if their demands are not met by December 31, another agitation on a wider scale will be started against the Government, the spokesman said.

Work in the hospitals will not be disrupted, the spokesman said. He said a memorandum containing these demands was submitted to the Chief Minister on November 25, but in spite of the latter's assurance that the doctors' problems would be looked into, no steps had been taken. The federation would announce a cease-work in hospitals in January if the Government did not take steps by December 31, the spokesman added.

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responsibility. The labour force should not oppose new technology blindly or resist changes, insisting on the old and familiar system of work. At the same time, the management must provide the workers with the opportunity to get training and adjust to the new technology.

Earlier, Mr P. A. Sangma, Union Minister of State for Labour, said that this year the scope of the awards had been extended to cover the State Government industries and public undertakings under State Governments. He said that the award-winners were an inspiring example for all workers. He congratulated the award-winners.

Tension in Darjeeling

By a Staff Reporter

TENSION continued to simmer in strife-torn Darjeeling and its suburbs on Monday following Sunday's incident of arson in which GNLF activists set a private jeep on fire on the Sonada Rangmook Cedar Road in the Sonada town area. A bandh which had paralysed life in Sonada and Kurseong on Sunday in protest against earlier violence in the area was withdrawn on Monday when life slowly returned to normal. Shops and other commercial establishments were opened and vehicular traffic along Hill Cart Road plied during the day.

There was no report of any fresh violence in Darjeeling and the other hill towns on Monday, according to information received at the State police headquarters in Calcutta. A fire broke out in the Singarari area of Darjeeling late on Sunday in which two cottages belonging to the West Bengal Government's Forest Department were destroyed. The cause of the fire, however, could not be ascertained.

Delayed reports reaching Calcutta said Ramprasad Rai, stated to be a CPI(M) supporter, was injured in a bomb blast in the Soomtalli slum area, under Pulbazar thana, near Darjeeling on Friday. He was admitted to a local hospital.

The Democratic Students' Centre, West Bengal, in a resolution adopted at its second delegate conference held recently in Jadavpur, condemned the attitude of both the Left Front and the Congress(I) towards the Gorkhaland agitation.

The

Touching

BOMBAY, Dec. 15.—Smita Pa whose meteoric film career was tragically cut short, was given touching farewell when her mo remains were consigned to flames at the Shivaji Park cre torium here around noon today

Thousands paid a tearful hom to Smita even as her countless f trying for a last glimpse of blocked traffic outside on V Sawarkar Road giving a to time to the police.

Almost the entire film indus and a large number of pu figures turned up to pay t homage to the 31-year-old arti There was Mr Sharad Pawar also Mr N. G. Gore and Mr S. Joshi. Jabbar Patel, in whose Mara film, Umbartha, Smita gave l best performance and which cau the eye of the French direct Costa-Gavras, was in tears. Shy

Bid to gr

DRAFT
T. Cullen
01/29/87

January 29, 1987

TO: Mr. William Stanton, EXC

THROUGH: Frank Vogl, Director, IPA

FROM: Tim Cullen, EUR

SUBJECT: Mr. Conable's Interviews with BBC Television

Arrangements have been made for Mr. Conable to be interviewed by satellite from London by Martyn Lewis, anchorman of the BBC's One O'clock News at 10:00 a.m. Friday, January 30. The satellite has been booked from 10:00 a.m. to 10:15 a.m. so we should be at the studio (2030 M Street) at 9:45 a.m. I suggest leaving the Bank at 9:30 a.m.

The interview will be taped and held for broadcast on February 10, approximately 4-5 hours after Mr. Conable delivers his speech in Nairobi (we have full assurance that this embargo will be adhered to). This means that Mr. Conable should give details of the initiatives he will announce in his speech. Lewis will be able to see Mr. Conable, but Mr. Conable will only be able to hear Lewis' voice. The interview will be shot as if it were live, aiming for about 3-4 minutes but if it goes slightly longer, there will be no problem.

We have provided footage to illustrate childbirth in developing countries which will be shown at the beginning of the news item, during which time Lewis will describe the problem from material I have given them. The question to Mr. Conable could be broadly along the following lines (with suggested answers).

1. Q: What can be done?

A: A three-layer approach is required:

* At the community level: adequate prenatal, delivery and postnatal care. + ~~FP~~ family planning

* A referral system for high risk pregnancies, complications of pregnancy, and clinical methods of family planning.

* An "alarm" and transportation system to move high risk and emergency cases to treatment as soon as possible.

2. Q: To what extent would such an approach solve the problem?

A: If these measures are undertaken, maternal mortality could be halved in a decade/ in many of the poorer countries. or so

3. Q: How much would it cost?

A: About $2 per capita (of the total population of these countries) per year. That is about one-tenth of the annual per capita expenditure on cosmetics in the United States.

4. Q: What are you specifically announcing in Nairobi?

A: The World Bank plans to at least double its total lending for population, health and nutrition projects, bringing it to about $~~2~~ 1.3 billion over the next three years. Over half these projects will contain a substantial Safe Motherhood component and will be implemented in about 20 countries. We are also launching a $5 million Safe Motherhood/ research fund to be administered by the WHO. operational

5. Q: Why is The World Bank, a big financial institution, concerned with an issue like this?

A: The World Bank finances development with the objective of raising living standards of the poor in developing countries. We pay a lot of attention to the status of women who play a significant role in development but whose potential is underutilized. So it makes sound economic sense to support these initiatives. But, by any yardstick, the death of half a million women a year is something that should weigh heavily on the conscience of those of us who take safe childbirth for granted.

6. Q: Where does the money come from for The World Bank to finance these initiatives?

A: Most of these projects will be in the poorer countries and will be financed through the part of The World Bank called the International Development Association which relies on its funding from taxpayers money in the better off countries. The United Kingdom is a major contributor to IDA.

I have discussed all of these subjects with Martyn Lewis and I believe this is the most likely line of questioning. However, I will speak to him at 8:35 a.m. on Friday morning at which time he will give me the actual questions he intends to ask. I will let Mr. Conable have these immediately.

Mrs. Herz and I will accompany him to the studio. We will come to his office a few minutes before 9:30 a.m.

THE WORLD BANK INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

DC's
Mem. Berg + Fiese

DATE: March 2, 1987

TO: DISTRIBUTION

FROM: Pushpa N. Schwartz, Public Affairs Division/IPA

EXTENSION: 73573

SUBJECT: Post-Safe Motherhood Conference Activities -- Summary notes of meeting, March 2, 1987

1. A meeting was held in Mr. North's office to discuss follow-up activities on safe motherhood (SM) and women in development. Present were Messrs. North, Measham, Sai (PHN), Mr.Vogl, Mrs. Schwartz (IPA), and Mrs. Herz (PPDPR). The attached suggested activities note served as an agenda.

2. It was agreed that a seminar should be held in the U.S. to involve NGOs, to provide them with information about the Conference, and to discuss ways in which support could be mobilized for the SM initiative, both operational and financial. IRD should be involved in this activity.

3. NGO seminars in developing countries (e.g. Kenya) are being done by PHN to involve them operationally and these will continue to be done in the future, possibly in India, Brazil, and/or the Caribbean.

4. PHN, WID, and IPA would seek opportunities to speak on SM in various public fora -- meetings, conferences, etc. One such seminar is being organized by the National Council for International Health in Washington, April 23-24,and Mrs. Herz and Dr. Sadik (UNFPA) will speak on the SM Conference.

5. Operational staff need to be informed early to include briefings for journalists during their missions or to consider a brief field visit by journalists.

6. It was noted that SM is only one aspect of integrating women into development and that the broader aspects should also get attention in the Bank's outreach activities -- women in agriculture, industry, education, etc.

7. Mr. Conable's speech is being printed in booklet form and the summary of the Bank's paper on Safe Motherhood by Herz and Measham will be included. The Conference report first draft is expected to be ready next week. It will require clearance from co-sponsoring agencies. When ready, it will go to PUB who will give cost estimates for translation and print runs and the schedules for publication. The report will include Dr. Sai's Call to Action prepared for the closing session of the Conference.

8. ./.

8. Mesdames Sheffied and Starr will be at Bank HQ on March 4 to give a status report on the Conference report and plans for involving international NGOs will also be discussed then. They are expected to bring the video and tapes of Mr. Conable's speech and Mr. Sai's closing remarks at the Conference.

9. A film on population may be considered by IPA next fiscal year and it could include SM, but funding will be needed from other sources as well.

10. EDI is being involved in SM but they will need support from PHN and WID in their training activities, e.g. in Mauritius, LAC - urban health, China - health financing, and in Africa.

11. Internally, Mr. Conable's speech video will need to be seen before a decision can be made on showing it to general Bank staff audience. An article in the Bank's World should be considered for September that would show what follow-up initiatives are being taken in one or two developing countries (e.g. Kenya, Brazil), and what activities are being started up under the Safe Motherhood Fund.

12. An OVPs meeting could consider discussion of SM to get commitment and thrust from the RVPs for the SM initiative and this would then be communicated to operational staff. The Board would receive a paper from PHN and WID on the SM Conference and this would further generate or strenghten operational staff interest.

Attachment

DISTRIBUTION: Messrs. North, Sai, Measham (PHN); Vogl, Sankaran o/r, Sison (IPA); Koelle, Shakov, Masoni, Beckmann (IRD); Cullen (EUR), Mrs. Herz (PPDPR)

HARVARD UNIVERSITY
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Feb 15

Tony Measham
World Bank

Tony,

You all made the local paper, Boston Globe!

I'm sure the confuxe was a success. See you on the 25th.

Cheers—

Lincoln

World Bank starts 'motherhood' campaign

Washington Post

NAIROBI, Kenya – World Bank president Barber Conable has launched a worldwide "safe motherhood" campaign that he said by the turn of the century will reduce by half the estimated 500,000 women who die each year during pregnancy or childbirth.

Conable's speech Tuesday at a bank-funded international conference here marks a significant shift in the public profile of the World Bank, the largest and most influential lending institution in the developing world.

In the past, the bank's focus has been on lending for large projects, such as irrigation schemes or road construction. Recently, it has focused on so-called "structural adjustment" loans aimed at encouraging free-market economic reform.

"Planners have slighted the growth that comes from the bottom up," Conable said, especially in Africa, where "women produce as much as 80 percent of the food supply but earn little income and own even less property."

Conable pledged $1 million for a Safe Motherhood Fund.

BY POUCH

THE WORLD BANK
RESIDENT MISSION IN BANGLADESH

ROUTING SLIP	**Date** February 17, 1987

NAME	**ROOM NO.**
Mr. Anthony R. Measham	N-440
PHNDR	
The World Bank	
Washington, D.C.	
USA	

	To Handle		**Note and File**
	Appropriate Disposition		**Note and Return**
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	Initial		**Send On**

REMARKS

The paper clippings on "safe Motherhood" are attached.

Regards.

From Nurul Islam, RMB

Safe motherhood

Call for effective action - I

Address of Mr. Barber B Conable, President, The World Bank and International Finance Corporation to the Safe Motherhood Conference at Nairobi in Kenya on February 10, 1987.

SOMETIMES we forget that developmemnt is the work of women as well as men.

We meet today to reaffirm that simple truth and to act on it.

The Safe Motherhood Conference recognizes a reality so basic that it has been easy to overlook. We have come together to remedy that oversight.

But we are not here just to publicize a problem. We are here to attack it, to save lives and to build better ones.

Thanks to the vision and hospitality of our host, the Government of Kenya, we can put our shared resources of knowledge and experience to the service of women's health.

Thanks to the support of the World Health Organization, the United Nations Fund for Population Activities, the U N. Development Program and all the other donors, we can make this Conference the beginning of a new commitment to common decency and common sense.

Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children. And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

All over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development.

It is appropriate that we acknowledge this truth in Africa. For somewhere on this continent, sometime between 140,000 and 280,000 years ago, some biologists believe there lived a woman whom they call Eve and see as a common ancestor of all humanity. If so, her chromosomes are the shared inheritance of everyone living today.

They link us each to one another. They make us not just "riders on the earth together, brothers on that bright loveliness in the eternal cold," but brothers and sisters with a single family history and a single destiny. We can take charge of that destiny. We can take steps today to ensure that millions of women live to see tomorrow and live to make their families' futures and their nations' futures more secure.

The first step is toward better health for childbearing women, a life-saving step toward safe motherhood, a life-giving step toward sustained human development.

We all know the statistics ; almost half a million maternal deaths a year in the developing world, 80 per cent of them in South Asia and sub-Saharan Africa, Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face.

They begin childbearing much earlier, and later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength in progress.

Those findings can be our guides to action. Those statistics must prompt us to act. For statistics, an English physician has said, only represent people with the tears wiped off. Let us look, dry-eyed, at the people behind the numbers.

The women of the Third World are the poorest of the poor, but their work can make the difference between poverty and hope.

It is their backs that are bent in the fields to till and plant, to weed and fertilize and harvest.

Their backs are bent at the well to draw water and to carry it home.

Their backs are bent under loads of fuelwood and the weight of young children.

Their backs are bent over cookfires and looms and market stalls and sickbeds.

For too long, those bent backs have been too little visible to those who plan development in terms of macroeconomic policy of roads and power lines, of schools and hospitals, of factories and ports and irrigation projects.

We have assumed that the benefits of these programs would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven. Macroeconomic planners have slighted the growth that comes from the bottom up.

In developing nations—but not in those nations, alone—too many women are at the bottom. Their arms hold the family together. Their hands build the foundation of stable, growing communities.

But development efforts have not lent enough strength to those arms, have not entrusted enough resources to those hands. And, along with women, development itself has suffered. To sustain itself, development must help women up.

It already has. Only not far enough or fast enough. At the end of the United Nations Decade for Women, the World Conference here in Nairobi recorded satisfying advances. But those, like my wife, who attended that meeting, left it conscious of how much remains to be done to equip women to participate effectively in development and share in its rewards.

Female enrollment in school has quadrupled since 1950, but in the developing nations, six out of every ten school-age girls are still at home, not in class.

Female literacy has roughly doubled since 1960, but where more than two-thirds of the men in developing nations are now readers and writers, only half the women have the same skills. And in many of the poorest nations, 80 percent of the women over 25 have no schooling at all.

It is in those regions, as well, that women do the hardest work for the least pay. Often, for no pay.

While women all over the world have made significant gains in the job market—both in absolute and qualitative terms—farm and village women in the Third World and the urban poor remain overworked and underrewarded. In Africa, women produce as much as 80 percent of the food supply but earn little income and own even less property.

When, as in Bangladesh, credit for small business or agriculture is available to women, they have shown themselves to the excellent risks, with better repayment rates than men. Where, as here in Kenya, they can get agricultural extension services, such women have readily adopted improved farming methods.

But the resources they have to invest—in seed, livestock, tools and household technology, for example—are so minimal that women's productivity remains low. Their earnings may be enough to make the difference between starvation and subsistence, but not to pay the passage from disadvantage to opportunty.

Sustained development must bridge that gap. It must not only create opportunity, but expand access to it.

We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts on their behalf have been uncertain. Frequently we have not even consulted them or included them in development planning. This makes it difficult to focus on the opportunities and the obstacles women face, to enhance women's productivity and thus improve the quality of life for entire families.

The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women. Through the Bank's advisory, lending and research efforts, we will place far more emphasis on the role of women in development. In cooperation with our member countries, we will make that emphasis operational.

(To be Continued)

DAILY NEWS BANGLADESH
(February 14, 1987)

Safe Motherhood

Call for effective action-II

Barber B. Conable

LET me mention a few specific steps the bank will undertake.

o We will prepare action plans on women in development for our lending programs in selected countries, so that our agricultural, industrial, educational and health programs promote women's progress along with other development goals.

o We will emphasise issues affecting women in our dialogues with member countries.

o We will encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond.

o We will develop program initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.

o We will help promote both formal and informal education for women and girls.

o And we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $500 million per year, about twice our level in 1984/85.

Women's health is basic to women's advance in all fields of endeavor. And as a mother's health is the bulwark of her family, it is the foundation of community and social progress. Working for safe motherhood, we will be working for steady development on all fronts.

Maternal health care—improved nutrition, early warning of likely difficulties in pregnancy, more effective help during childbirth and improved family planning—is an investment in development. It is an affordable and productive investment.

A low-cost system that provides basic health care in communities and timely transportation to more advanced medical help at regional health centers can save thousands of mothers and children. We know that such measures can succeed, particularly in conjunction with other development programs to improve women's incomes, food supplies and education.

A few hundred miles from my birthplace, a privileged young American woman set out some 50 years ago to bring health to the impoverished, isolated mothers of backwoods eastern Kentucky. In 1925 Mary Breckinridge, who had lost a child of her own at birth, founded the Frontier Nursing Service, sending midwives on horseback over the hilly trails of one of America's poorest regions.

The problems she faced would be familiar to most mothers and to most medical personnel who treat them in developing nations: women too young and too old to have children safely, too poorly fed, too far from hospitals, too vital to the support of their families to die in childbirth. The Frontier Nursing Service faced all those challenges and overcame them.

After 58 years and 20,000 births with only 11 maternal deaths, its success also included the counseling that helped cut the area's birth rate dramatically. "The glorious thing about it," Mrs. Breckinridge wrote, "is that it has worked."

Imaginative health care can also work in the Third World. The World Bank believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach:

First, stronger community based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition.

Second, stronger referral facilities—a few hospitals and health centers to act as a back-up network for complicated deliveries and obstetrical emergencies.

Third, an "alarm" and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunization and child care. We can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths in childbirth and the number of unwanted pregnancies.

We can, in short, be life-savers, economically and effectively. But development is also a life-giving enterprise, and our maternal health programs must enrich the quality of life, as well as prolong it.

Safe motherhood initiatives should be a means and a spur to the education that fits women to earn an income and improve family well-being-education in work skills, education in nutrition, education in timing and spacing pregnancies, education in family health care. These efforts should express and reinforce the involvement of women in community self-help associations.

Example and instruction can come from outside—from local and national leaders, from women's groups and civic organizations, from the news media, schools and universities, even from the theater. But the effort that poor women make themselves to take charge of their productive and reproductive lives is what will matter the most.

Throughout the developing world, women aspire to become full partners with men in creating strong and productive societies. Development programs must help realise this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater dignity and productivity for women, thus fostering sensible decisions about child-bearing and health care

See Col. 1

Call for effective action-II Continued

From Col. 6

and guaranteeing that the next ganeration will be a happier, healthier one.

Unhappily, the reverse is also true. Families where mothers die in childbirth are families that disintegrate. Communities where women are treated as expendable are communities that waste vital resources. Families, communities and nations that help provide for women's health are providing wisely for their own future.

Almost 200 years ago, the great English philosopher and reformer, Mary Wollstonecraft, wrote that "progress in human virtue and improvement in knowledge" depended on women being "more rationally educated." Mary Wollstonecraft, who died in childbirth, would agree that rational education for women begins with the knowledge that gives mothers the strenght to bear children safely and to nurture them in hope.

The World Bank wants to help spread that knowledge and the resources to put it to work. That knowledge its dissemination and application—is our new investment in the strength and progress of women.

Mr. President, allow me to conclude my remarks as I began.

Development is women's work.

Like women's work, it is never done.

This conference, indeed, is just a beginning of our work for Safe Motherhood. It must stimulate not just thought and rhetoric, but effective action.

The World Bank has presented a program for action. In addition, we plan to help establish a Safe Motherhood Fund under the management of the World Health Organisation to undertake operational research that will support the development of country programs and projects in the maternal health field. We plan a contribution of $1 million toward the proposed three-year budget of $5 million.

We believe that through the Joint efforts of the developing countries, the Bank, other donors, nongovernmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000.

We believe that this initiative will advance the health, the dignity and the productivity of women in the developing world and the coming generations that depend on them. We urge you to join in this campaign to save lives...to offer hope.

The goal is modest. We can reach it. Together, let us begin. (Concluded)

DAILY NEWS BANGLADESH
(February 15, 1987)

Steps for safe motherhood in LDCs iterated

NAIROBI, Feb 14 (AFP) : The first ever international conference on safe motherhood ended here Friday with the adoption of a "call to action" document detailing efforts to be undertaken to reduce the number of Third World women dying from childbirth or from complications during pregnancy.

The four-day conference was sponsored by the World Bank, the World Health Organisation (WHO), the United Nations Development Programme (UNDP), the U.N. Family Planning Association (UNFPA) and several other foundations.

Child bearing is now estimated to kill around 500,000 women each year in the developing countries.

For the thousands of women who die in pregnancy and childbirth. millions more are permanently disabled, while many are ostracized by their families and communities, the document said.

It called for action to be taken to generate the political commitment to realalocate resources to implement the available strategies that could reduce maternal mortality by an estimated 50 per cent in one decade.

It also called for the mobilisation and involvement of the community, particularly women themselves, in planning and implementing policies, programmes and projects so that their needs and preferences are explicitly taken into account.

"The most important contribution to this safe motherhood initiative will be to call attention to the problems related to it and to create an awarness that something can, should indeed must be done, starting with the commitment of head of state and governments the call the action document pointed out.

In his key address to the conference on Tuesday, World Bank President Barber Conable announced a series of measures to be undertaken by the World Bank "to reduce by half the current number of women who die in pregnancy by the year 2000'i

The included doubling World Bank lending for population, health and nutrition activities over the next three years by 1990, the bank will be spending about 500 million dollars a year to aid projects in 50 countries, he said.

He also called for a five-million-dollar safe motherhood fund for research, to be managed by the WHO of which the World Bank contributions to the fund.

The conference was attended by representatives of more than 30 countries and officials of many international organistions.

THE NEW NATION
(February 16, 1987)

Bangladesh

MATERNAL MORTALITY

Eve's travails following her inquisitiveness and subsequent sojourn into this earth are known to most of mankind. What is denied due attention is the fact that curiosity and knowledge which are believed by many to be the rationale behind the loss of paradise by humankind also hold the key to regaining it mystifying though it may sound. "Thou shalt bear children in sorrow" –it was said to Eve during the beginning of human life on earth, goes the Biblical record and ever since she has been doomed to labour for prolongation of the species. But medical science has been able to take away much of the pain and risk of child-bearing in advanced countries while pregnancy in the backward countries continues to pose a high risk of fatality.

Statistics revealed at the recent conference on. Save Motherhood held in Nairobi under the joint auspices of the World Bank, the World Health Organisation and the United Nations Fund for Population Activities go to establish the unpleasant fact that pregnant women in developing and underdeveloped countries are a hundred times more at risk of death than those in advanced countries. In developing countries there are 50 to 800 deaths for 1 lakh live births while the figure ranges from only 5 to 30 in advanced countries. Out of an estimated 5 lakh maternal deaths in the world each year only 6 thousand fall to the share of the developed world.

These figures are enough to establish that knowledge, economic well-being and primary health care can act as effective safeguards against the risk of death of conceiving women. On the other hand, poverty, ignorance and inadequate primary health care account for most of the deaths during pregnancy and child birth. In a developing country like ours pregnant women are often found to suffer from anaemia and oedema. Insufficient blood haemoglobin and passing of albumen in urine are common indicators of the risk of death at child birth due mostly to bleeding oneself white. ecalempsia and tetanus. Timely test of blood and urine and administration of necessary curative medicines along with other nutrients may save most of the high-risk expectant mothers. But this much of care is still a far cry in our socio-economic situation.

This brings us to the problem of poverty and ignorance which lie at the basis of many of our ailments—physical and otherwise, But a problem like maternal mortality may not have to wait till the achievement of economic self-sufficiency or hundred per cent literacy. Some knowledge of the 'do's and don't's' during pregnancy and gearing up our primary health care programmes including the population control one a little can go a great distance in eliminating much of the risk of maternal deaths. Our country has won U. N. recognition for success in the drive for population control the growth rate having been brought down to 2.4 per cent this year from the 3.2 per cent of 1982. This is an encouraging piece of news no doubt. But it remains to be seen that population control programme which is vitally linked with primary health care comes to the aid of fertile women, Unregulated fertility and frequent child births are two of the major causes of death of pregnant women here. The health assistants and population control personnel who are found to visit most of the homes as a matter of routine can render valuable service both against unwarranted conception and death at child birth.

cc PS, RBM

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Feb 15

Tony Measham
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Cheers –

Lincoln

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c. PS+BH

BY POUCH

THE WORLD BANK
RESIDENT MISSION IN BANGLADESH

ROUTING SLIP	**Date** February 17, 1987

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Safe motherhood

Call for effective action - I

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It already has. Only not far enough or fast enough. At the end of the United Nations Decade for Women, the World Conference here in Nairobi recorded satisfying advances. But those, like my wife, who attended that meeting, left it conscious of how much remains to be done to equip women to participate effectively in development and share in its rewards.

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(To be Continued)

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(February 14, 1987)

Safe Motherhood

Call for effective action-II

Barber B. Conable

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After 58 years and 20,000 births with only 11 maternal deaths, its success also included the counseling that helped cut the area's birth rate dramatically. "The glorious thing about it," Mrs. Breckinridge wrote, "is that it has worked."

Imaginative health care can also work in the Third World. The World Bank believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach:

First, stronger community based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition.

Second, stronger referral facilities—a few hospitals and health centers to act as a back-up network for complicated deliveries and obstetrical emergencies.

Third, an "alarm" and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunization and child care. We can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths in childbirth and the number of unwanted pregnancies.

We can, in short, be life-savers, economically and effectively. But development is also a life-giving enterprise, and our maternal health programs must enrich the quality of life, as well as prolong it.

Safe motherhood initiatives should be a means and a spur to the education that fits women to earn an income and improve family well-being-education in work skills, education in nutrition, education in timing and spacing pregnancies, education in family health care. These efforts should express and reinforce the involvement of women in community self-help associations.

Example and instruction can come from outside—from local and national leaders, from women's groups and civic organizations, from the news media, schools and universities, even from the theater. But the effort that poor women make themselves to take charge of their productive and reproductive lives is what will matter the most.

Throughout the developing world, women aspire to become full partners with men in creating strong and productive societies. Development programs must help realise this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater dignity and productivity for women, thus fostering sensible decisions about child-bearing and health care

See Col. 1

Call for effective action-II Continued

From Col. 6

and guaranteeing that the next ganeration will be a happier, healthier one.

Unhappily, the reverse is also true. Families where mothers die in childbirth are families that disintegrate. Communities where women are treated as expendable are communities that waste vital resources. Families, communities and nations that help provide for women's health are providing wisely for their own future.

Almost 200 years ago, the great English philosopher and reformer, Mary Wollstonecraft, wrote that "progress in human virtue and improvement in knowledge" depended on women being "more rationally educated." Mary Wollstonecraft, who died in childbirth, would agree that rational education for women begins with the knowledge that gives mothers the strenght to bear children safely and to nurture them in hope.

The World Bank wants to help spread that knowledge and the resources to put it to work. That knowledge its dissemination and application—is our new investment in the strength and progress of women.

Mr. President, allow me to conclude my remarks as I began.

Development is women's work.

Like women's work, it is never done.

This conference, indeed, is just a beginning of our work for Safe Motherhood. It must stimulate not just thought and rhetoric, but effective action.

The World Bank has presented a program for action. In addition, we plan to help establish a Safe Motherhood Fund under the management of the World Health Organisation to undertake operational research that will support the development of country programs and projects in the maternal health field. We plan a contribution of $1 million toward the proposed three-year budget of $5 million.

We believe that through the joint efforts of the developing countries, the Bank, other donors, nongovernmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000.

We believe that this initiative will advance the health, the dignity and the productivity of women in the developing world and the coming generations that depend on them. We urge you to join in this campaign to save lives...to offer hope.

The goal is modest. We can reach it. Together, let us begin. (Concluded)

DAILY NEWS BANGLADESH
(February 15, 1987)

Steps for safe motherhood in LDCs iterated

NAIROBI, Feb 14 (AFP) : The first ever international conference on safe motherhood ended here Friday with the adoption of a "call to action" document detailing efforts to be undertaken to reduce the number of Third World women dying from childbirth or from complications during pregnancy.

The four-day conference was sponsored by the World Bank, the World Health Organisation (WHO), the United Nations Development Programme (UNDP), the U.N. Family Planning Association (UNFPA) and several other foundations.

Child bearing is now estimated to kill around 500,000 women each year in the developing countries.

For the thousands of women who die in pregnancy and childbirth. millions more are permanently disabled, while many are ostracized by their families and communities, the document said.

It called for action to be taken to generate the political commitment to realalocate resources to implement the available strategies that could reduce maternal mortality by an estimated 50 per cent in one decade.

It also called for the mobilisation and involvement of the community, particularly women themselves, in planning and implementing policies, programmes and projects so that their needs and preferences are explicitly taken into account.

"The most important contribution to this safe motherhood initiative will be to call attention to the problems related to it and to create an awarness that something can, should indeed must be done, starting with the commitment of head of state and governments the call the action document pointed out.

In his key address to the conference on Tuesday, World Bank President Barber Conable announced a series of measures to be undertaken by the World Bank "to reduce by half the current number of women who die in pregnancy by the year 2000'i

The included doubling World Bank lending for popu lation, health and nutrition activities over the next three years by 1990, the bank will be spending about 500 million dollars a year to aid projects in 50 countries, he said.

He also called for a five-million-dollar safe motherhood fund for research, to be managed by the WHO of which the World Bank contributions to the fund.

The conference was attended by representatives of more than 30 countries and officials of many international organistions.

THE NEW NATION BANGLADESH
(February 16, 1987)

Bangladesh

MATERNAL MORTALITY

Eve's travails following her inquisitiveness and subsequent sojourn into this earth are known to most of mankind. What is denied due attention is the fact that curiosity and knowledge which are believed by many to be the rationale behind the loss of paradise by humankind also hold the key to regaining it mystifying though it may sound. "Thou shalt bear children in sorrow" –it was said to Eve during the beginning of human life on earth, goes the Biblical record and ever since she has been doomed to labour for prolongation of the species. But medical science has been able to take away much of the pain and risk of child-bearing in advanced countries while pregnancy in the backward countries continues to pose a high risk of fatality.

Statistics revealed at the recent conference on. Save Motherhood held in Nairobi under the joint auspices of the World Bank, the World Health Organisation and the United Nations Fund for Population Activities go to establish the unpleasant fact that pregnant women in developing and underdeveloped countries are a hundred times more at risk of death than those in advanced countries. In developing countries there are 50 to 800 deaths for 1 lakh live births while the figure ranges from only 5 to 30 in advanced countries. Out of an estimated 5 lakh maternal deaths in the world each year only 6 thousand fall to the share of the developed world.

These figures are enough to establish that knowledge, economic well-being and primary health care can act as effective safeguards against the risk of death of conceiving women. On the other hand, poverty, ignorance and inadequate primary health care account for most of the deaths during pregnancy and child birth. In a developing country like ours pregnant women are often found to suffer from anaemia and oedema. Insufficient blood haemoglobin and passing of albumen in urine are common indicators of the risk of death at child birth due mostly to bleeding oneself white. ecalempsia and tetanus. Timely test of blood and urine and administration of necessary curative medicines along with other nutrients may save most of the high-risk expectant mothers. But this much of care is still a far cry in our socio-economic situation.

This brings us to the problem of poverty and ignorance which lie at the basis of many of our ailments—physical and otherwise, But a problem like maternal mortality may not have to wait till the achievement of economic self-sufficiency or hundred per cent literacy. Some knowledge of the 'do's and don't's' during pregnancy and gearing up our primary health care programmes including the population control one a little can go a great distance in eliminating much of the risk of maternal deaths. Our country has won U. N. recognition for success in the drive for population control the growth rate having been brought down to 2.4 per cent this year from the 3.2 per cent of 1982. This is an encouraging piece of news no doubt. But it remains to be seen that population control programme which is vitally linked with primary health care comes to the aid of fertile women, Unregulated fertility and frequent child births are two of the major causes of death of pregnant women here. The health assistants and population control personnel who are found to visit most of the homes as a matter of routine can render valuable service both against unwarranted conception and death at child birth.

Notes for Press Briefings on
Safe Motherhood Conference,
Nairobi, February 10-13, 1987

I. The Problem - 500,000 women die every year from pregnancy-related causes:

- o 99% of deaths occur in developing countries;
- o a woman dies every minute;
- o pregnancy-related deaths account for 1/3-1/2 of all deaths to women in the reproductive age group (15-49) in LDCs; for less than 5% of deaths in industrialized countries;
- o risk of death depends on both the risks faced in each pregnancy and the number of pregnancies;
- o 1/25-1/50 (2-4%) of women in LDCs will die from these causes (this is the lifetime risk).

II. Many countries have almost solved the problem - in the vast majority of cases these deaths can be prevented. Compare industrialized countries and some LDCs, with the rest (WHO estimates):

- o in many LDCs, 800-1,000, of every 100,000 live births end in a maternal death;
- o in Canada, the figure is 2/100,000 in Sweden and Norway - 4, in US. - 9, it is under 10 in most developed countries;
- o in Costa Rica, it is 26/100,000, in China 44;
- o in Somalia and Nigeria, it is over 1,000 per 100,000 live births.

III Two sets of actions/responses are needed in LDCs:

a) Indirect and longer term responses

- o better nutrition, health care and education for female children;
- o higher status, better opportunities and higher incomes for women.

b) Direct (short and long term) responses

- o better maternal health care before, during and after delivery;
- o good family planning services.

Both sets of actions are needed and they are synergistic.

IV There is no single medical answer, like immunization for many of the diseases of childhood.

- o there are 5 main medical causes of maternal death - hemorrhage, infection, toxemia (high blood pressure conditions in pregnancy), obstructed labor and complications of primitive induced abortion;
- o each cause requires a different approach but all require a system that provides:
  - good community based care - prenatal, delivery, postnatal and family planning services;
  - a first referral level (usually a small hospital) for high risk and emergency cases, a place where blood transfusions and caesarean section operations are possible;
  - a communications ("alarm") and transport system to link the two levels.

We believe this system will only work if all three elements are in place.

V Potential impact and cost.

a) The Bank strategy paper for the Conference estimates that maternal mortality can be reduce by half within about 10 years at a cost of less than US$1 per capita population/per year. Low income LDCs spend on average about US$10 per capita per year for all health care. But some will not be able to afford US$2 per capita/per year. A good start is possible for US$1 per capita/per year.

b) We calculate it will cost US$4,000-6,000 to prevent each maternal death, US$2,000-3,000 when children's lives saved are included (most infants do not survive their mother's death and the survival chances of her other small children are reduced).

c) Child survival programs cost less - about $700 per infant death averted (Walsh and Warren, New England Journal of Medicine 1979). This is because:

- o there are many more child deaths, giving economies of scale. But children who are saved from measles may die of pneumonia or diarrhea, and face continuous threats, while women face these risks of dying only when pregnant. Comparisons can be misleading.
- o World Bank, WHO and UNFPA all strongly support child survival efforts but believe that Safe Motherhood has been relatively neglected and deserves greater priority.

d) Preventing Mothers' deaths confers a triple benefit:

- o saving the mother's productivity and overall contribution to society;
- o saving the life of the infant of this pregnancy;
- o improving the survival prospects of the other young children.

e) Obviously both child survival and safe motherhood programs are needed. Indeed they are mutually reinforcing. What we are saying is that Safe Motherhood is an issue whose time finally has come.

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Washington, D.C.

January 28, 1987

SM Press file pls.

WORLD BANK NEWS

Vol. V, No. 46 November 20, 1986

This Week

Lending

WORLD BANK RELEASES FIRST TRANCHE OF MEXICAN TRADE POLICY LOAN

Cameroon, Niger also Receive Assistance

The World Bank Tuesday released $300 million to Mexico as the first tranche of its $500 million trade policy loan.

The loan, approved by the Bank last July, is the first in a series supporting Mexico's program of growth-oriented structural reforms. Many of the trade liberalization measures had already been implemented by Mexico.

"Mexico's resource needs are urgent to finance the costs of its trade liberalization and its investments in expanded output and exports," noted World Bank President Barber Conable. He added that "the progress made by commercial banks now leads me to believe that they will soon fully commit their share of new resources to Mexico."

The $300 million from the World Bank is available immediately for withdrawal by the Mexican government. The loan assists Mexico in securing greater domestic economic efficiency and increased international trade competitiveness in order to generate domestic growth, higher employment and additional non-oil export revenue.

As part of the trade liberalization program, Mexico recently joined the GATT (General Agreement on Tariffs and Trade), eliminated import restrictions on more than half of the total value of imports, and reduced maximum tariffs from 100 percent to 45 percent. At the same time, the government announced that it would remove all import reference prices by the end of 1987 and gradually reduce the tariff range to 0-30 percent by November 1988.

The World Bank is prepared to support Mexico's program of economic adjustment in the next several years through follow-up trade policy loans, an agricultural sector loan, and specific industrial restructuring projects. Its lending program for infrastructure and other sectors of the Mexican economy will also be expanded. The World Bank's

support for Mexico's economic recovery program is also indicated by its willingness to guarantee a portion of some of the new loans included in the financial package negotiated between Mexico and private commercial banks.

* * *

The International Monetary Fund Wednesday announced it has approved a stand-by arrangement for the Government of Mexico, authorizing purchases up to $1.68 billion (SDR 1.4 billion) through April 1, 1988. Purchases under the stand-by arrangement will be financed partly from the Fund's ordinary resources and partly from resources borrowed by the Fund.

The amount of Mexico's purchases under the arrangement may be augmented by up to $720 million (SDR 600 million) to finance a contingency mechanism if the export price of Mexican oil should fall below $9 a barrel; if the export price of Mexican oil should rise above $14 a barrel, there would be a reduction of foreign financing. ■

CAMEROON will use a $17.8 million loan from the World Bank to launch a nationwide project that will reorient agricultural research toward the needs of small-scale farmers who produce food crops and livestock.

The project is expected to help maintain Cameroon's self-sufficiency in food, improve farmers' incomes and living conditions, and stem the tide of rural youths migrating to urban areas.

The project aims at reorienting and expanding the research programs of the Institute of Agronomic Research and the Institute of Animal Research toward smallholder production systems.

The project is in line with the World Bank's program of assistance for agriculture in sub-Saharan Africa, which gives high priority to research. It also aims at increasing the coordination of development assistance with bilateral programs and at strengthening the links between Cameroonian research institutes and the network of research centers associated with the Consultative Group on International Agricultural Research.

The project is estimated to cost $43.2 million overall. Besides the financing from the World Bank, grants totaling $2.4 million are expected to be provided by the Overseas Development Administration of the United Kingdom and Deutsche Geselschaft fur Technische Zusammenarbeit GmbH of the Federal Republic of Germany. The Government of Cameroon will bear the remaining costs.

NIGER, whose literacy rate of 14 percent is one of the lowest in the world, is getting a needed infusion of funds to bolster its education sector. The International Development Association (IDA), the concessionary lending affiliate of the World Bank, has earmarked a credit of $18.4 million for a primary education development project.

The project is part of the government's structural adjustment program that includes developing human resources in the African nation. It will increase primary school enrollment by about 34,000 over the next five years, affect teacher hiring and training, the use of textbooks, design and construction of classrooms, and promote development of a community-based school maintenance system.

The project aims at limited recruitment of teachers. In-service training of teachers and pre-service training of associate teachers will help improve the qualifications of these instructors. In addition, there will be more efficient use of teachers by instituting programs to have more grades and by initiating double-shift teaching in urban areas.

Some 750 classrooms will be built, using new designs and construction techniques, and 3,000 existing classrooms will be rehabilitated.

Finally, the credit recipient, the Ministry of National Education, Higher Education and Research (MENESR), will be strengthened so that its capacity to manage, plan, monitor and implement education projects will be enhanced.

Expected to be completed in 1993, the project will cost $26.2 million, with Norway providing $4.7 million, Kreditanstalt fur Wiederaufbau of the Federal Republic of Germany, $1.7 million; and the Nigerian government, $1.4 million. ■

WORLD BANK ACCELERATES EFFORTS TO BOOST AGRICULTURE IN AFRICA

Most of the studies spawned by the search for solutions to Africa's economic crisis conclude that traditional production systems cannot satisfy the region's agricultural needs. Major technological changes in existing agricultural systems are required.

There is enough experience to know that technology cannot be imported into Africa without adaptation. Changes must come from research conducted in Africa. Further, new technologies should be based on relatively simple improvements that can be adopted by the millions of small-scale farmers operating under rain-fed conditions.

Based on these premises, the World Bank has taken the initiative to bring together multilateral and bilateral donors to establish the Special Program for African Agricultural Research (SPAAR). The objective is to improve the effectiveness of the funds being invested in agricultural research by African governments and by multilateral and bilateral donors.

SPAAR will encourage the building of effective national research systems by coordinating the activities of aid donors, collecting and assessing information on promising technologies, and developing national research strategies and regional research programs.

"There are more than 40 national research systems in Africa," Roger Fauck, Executive Secretary of SPAAR, says. "Few of these programs are linked to one another and many research officials don't even know that the other programs exist. SPAAR aims at alerting donors and recipients of research programs in Africa to avoid duplication, to provide a focus for these programs, and to enable African countries to share the findings and applications of research. Because of duplicated efforts, the funds being invested in agricultural research in Africa are not being used efficiently."

A SPAAR secretariat was established recently, with the World Bank providing an office and administrative support. S. Shahid Husain, the Bank's Vice President for Operations Policy Staff, is Chairman of SPAAR. Mr. Husain is also the Chairman of the Consultative Group on International Agricultural Research, and his selection as head of SPAAR was based on this credential.

"Improvements in agricultural technology adapted to local conditions can greatly increase food production," says Mr. Husain, "but in Africa, where the varieties that made the 'green revolution' possible are not suitable and where the environments vary greatly, we are more likely to see slow, steady progress than dramatic breakthroughs."

The first item on SPAAR's agenda is to develop guidelines for national research systems to reinforce or redirect the research currently being undertaken.

Second, a donor information system is being established to alert donor countries or organizations about ongoing and future research projects. This system will cull information, organize and send it to potential donors for funding. SPAAR also will help to secure international funding for research projects -- both national and regional in scope -- and to set up meetings between donors and national research groups.

SPAAR itself has no funds to provide as grants. "What it is, is a clearinghouse for research in Africa," says Mr. Fauck. But it expects to mobilize funds from international and bilateral sources to boost African research efforts.

In a meeting of donors in Washington earlier this month, all 15 donors represented agreed to participate in SPAAR. These donors include 12 countries, the European Economic Community, the Food and Agriculture Organization, the International Fund for Agricultural Development, and the World Bank. Six African scientists have also been participating in SPAAR's activities, providing advice and guidance regarding Africa's agricultural research priorities.

Mr. Fauck, a soil scientist, says

that SPAAR will establish a "networking" system among supporters and practitioners of agricultural research to link and bolster research done by national centers. "We are in the process of establishing focal points in the donor organizations and governments," adds Mr. Fauck, who has had more than 20 years of experience in soil survey and conservation in Western Africa.■

Notes and Quotes

STRUCTURAL ADJUSTMENT. "The essential feature of what the World Bank calls structural adjustment is an effort by a developing country government to undertake major policy changes aimed at creating the basis for the resumption of sustainable growth of per capita consumption," Michael F. Carter, Deputy Director, European Office, the World Bank, told the public law faculty at the University of Freiburg, Freiburg, West Germany, recently.

"Increasing per capita consumption is essential because without that no permanent progress can be made in the attack on poverty. And the word 'sustainable' is key. It means that we are talking about a process within a medium-term framework -- three to five or 10 years -- not just a year or two. And it means that the aim of revived growth must be consistent with feasible levels of current account balance, inflation and politically achievable policy reforms necessary to underpin that growth.

"What is the World Bank's role in structural adjustment? Even more important than the money we provide is our ability to act as a partner in what, in our jargon, we call economic dialogue. What I mean by this is that in our work with developing countries we have accumulated experience of a wide range of country situations and approaches to economic problems, and we are therefore uniquely placed to exchange views with developing countries' governments on policies they might adopt to encourage growth-oriented structural change.

"Such dialogue focuses on a wide range of issues, from organization and management systems for a public enterprise to pricing policies for fertilizer inputs; from systems for investment project analysis to the impact of taxes on incentives; from the choice of cropping patterns to the design of vocational training programs. With emerging crises in many developing countries, the need for such policy dialogue has intensified, and the importance of sustaining inflows of capital to developing countries has grown while the Bank's traditional project pipeline has weakened.

"Our response to these imperatives has been to develop new forms of financing, called structural and sectoral adjustment lending, which together now account for almost one-fifth of our total new commitments. Unlike a loan for a traditional investment project, most adjustment lending is provided to finance, not specific investments, but general imports needed to overcome key constraints in the economy and to improve the efficiency with which it can function. The counterpart to our financing is not, as in an investment project, the creation of physical assets, but the implementation of a government program of specific reforms aimed at growth-oriented adjustment.

"Sometimes these reforms may concern the economy as a whole, in which case we speak of structural adjustment, or, in the case of sectoral adjustment, be limited to one or two specific key sectors -- such as external trade or agriculture, financial intermediation or education." ■

BAHRAIN RATIFIES MIGA CONVENTION. Bahrain has become the fifth country to ratify the Convention Establishing the Multilateral Investment Guarantee Agency (MIGA).

Other countries that have already ratified the Convention are Saudi Arabia, Ecuador, Indonesia, and Barbados.

MIGA's operations will begin once the Convention has been ratified by at least five industrial and 15 developing countries whose subscriptions total at least one-third of the share capital.■

Feature

BANK, OTHERS PROMOTE 'SAFE MOTHERHOOD' THEME

"Maternal mortality is the leading cause of death among young women in many developing countries," says Barbara Herz, the World Bank's Adviser on Women in Development. "Of those who survive, millions suffer long-term ill health and disability. Something has got to be done to cut down significantly on this toll."

Carpooling recently with her husband, Charles, the General Counsel for the National Science Foundation in Washington, she discussed options with him. The health community was already pressing for more attention to maternal health. Why not a worldwide conference to launch an initiative? What was needed was an idea that would convey succinctly to people what the initiative was about. After some discussion amid the traffic, both agreed that "safe motherhood" was the right idea.

The World Bank's Population, Health and Nutrition Department (PHN) and the Office of Women in Development are now jointly organizing the "Safe Motherhood Conference." Mrs. Herz is working with Dr. Anthony Measham, the Bank's Health Adviser. The conference is scheduled for February 10-13, 1987 in Nairobi, Kenya.

Sponsored by the World Bank, the World Health Organization, and the United Nations Fund for Population Activities, the conference is expected to heighten concern among governments, agencies and non-governmental organizations about the neglect of women's health, particularly in the developing world, to elaborate strategies to remedy this desperate situation, and to launch action programs. PHN plans to build "safe motherhood" into at least 20 projects in the next several years as part of stronger primary health care.

The heads of the three sponsoring organizations -- Barber B. Conable of the Bank, Dr. Halfdan Mahler of WHO, and Rafael N. Salas of UNFPA -- will deliver major addresses.

The statistics concerning maternal mortality and morbidity -- death and disability arising from childbearing -- are awesome, note Mrs. Herz and Dr. Measham. "Five-hundred thousand women die annually from causes related to childbearing. Maternal mortality is often the leading cause of death among young women in developing countries, and illness and death related to childbearing are borne disproportionately by the poor." About 300,000 of the 500,000 deaths occur in South Asia and 150,000 in sub-Saharan Africa.

"What is required to tackle this problem," say Mrs. Herz and Dr. Measham, "is a relatively simple system of maternal health care that comprises several things:

"(1) basic services at the village and community level to assess pregnancy risk, provide preventive care and family planning services and assure safe delivery of children;

"(2) referral care for high-risk deliveries and emergency complications and a full range of family planning services; and

"(3) communication and transportation links between the basic service and referral levels.

"This system approach can work, as shown by the experience of the industrialized countries and a number of developing ones. And, the costs can be kept affordable in most countries -- about $1 to $2 annually per capita, or about 10-20 percent of what many governments in developing countries spend on health services. Of course, every effort must be made to encourage communities to share the costs, which we think will happen as people see the results for women and their families."

Women in development is one of the major areas of concern the World Bank plans to emphasize, as Mr. Conable noted in his Annual Meeting speech in Washington last October. Safe motherhood, a vital element of women in development, is a feature of more and

more projects the Bank helps to finance.

But, concern for improving the health of women in developing countries is not new to the Bank either. Beginning in the early 1970s, the Bank financed health and family planning activities within population projects. And its Board of Executive Directors in 1980 approved the beginning of direct lending for health projects as well as for population.

Within three years of that decision, the Bank became a major lender for developing country health projects. The Bank has approved health, population and nutrition projects totaling more than $100 million in each fiscal year since 1982, lending $1.01 billion for 35 projects during fiscal years 1981-86 (see table). Health components of projects in other sectors are not included in this amount, nor are water and sanitation investments (which affect health conditions).

The 35 projects have a number of common features. All, except one in Sao Paulo, Brazil, are primarily rural projects. Most are designed to expand basic health services. All include a manpower development component, and the majority include a substantial effort to strengthen family planning services.

The development of health facilities, involving the construction or rehabilitation of health posts and centers, predominantly at the primary level, figures in all projects and accounts for 40-50 percent of project costs financed by the World Bank.

Lending for health, population and nutrition accounted for 2.6 percent of total Bank lending in fiscal year 1986, more than double the proportion before direct health lending began. "Bank lending for health and population," adds Mrs. Herz, "has increased the awareness within member countries of the need to consider health investments within the context of overall national development programs."

She further notes that "the Bank's involvement in the health sector has also contributed to the adoption of clearly defined and well-supported policies on population and family planning in countries such as Malawi, Nigeria and Senegal. For instance, in Nigeria, the Bank's involvement helped to make population and family planning an important focal point for discussion and coordination of assistance from other donors." ■

WORLD BANK POPULATION, HEALTH AND NUTRITION PROJECTS APPROVED BY REGION, FISCAL YEARS 1981-86[1]
(In millions of dollars)

Region	FY81	FY82	FY83	FY84	FY85	FY86
South Asia	0	0	18	70	0	129
East Africa	0	23	7	14	4	11
West Africa	0	0	15	17	61	70
East Asia and Pacific	0	0	27	85	85	98
Middle East and North Africa	13	0	19	0	43	0
Latin America and Caribbean	0	13	34	58	0	96
TOTAL	13	36	120	244	193	404
Number of Projects	1	2	7	7	7	11

Source: World Bank, Population, Health and Nutrition Department.

[1]Bank fiscal year ends June 30.

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MEMORANDUM

TO: Ms. Pushpa Schwartz
World Bank

FROM: Phyllis T. Piotrow
Population Information Program

RE: Publicity for the Safe Motherhood Conference

DATE: January 16, 1987

Enclosed as you requested are two press lists that may be of interest. The typed list is a copy of all those reporters all around the world who expressed great interest in Population Reports and wanted to be sure to receive press releases on the reports by air mail. Thus, they may be really especially interested in the family planning issues. There are several names on that list from Kenya and the US.

Also attached is a listing of 170 names (on sticky labels) from the major Population Reports mailing list. They include all those coded as mass media representatives in Kenya and in the United States. As I look at this list I see some names that are probably not much good and out-of-date but a number that are indeed the key people who should be receiving your press release. So I hope this list will be useful to you.

I had a further conversation with Barbara Herz and the two of us generated an excellent idea. Patrick Coleman and Margaret Parlato are both going to attend the annual meeting of the Union of African National Radio and Television Organizations (URTNA) which is taking place in Dakar, Senegal the last week of January. They will be making a presentation about the PCS program and will have ample opportunity perhaps then and certainly later to talk to all those present about the importance of the conference and the value of sending a representative from each national broadcasting entity to cover the conference. This would be very useful to you and, of course, would be very much along the lines of our aims to increase radio and television coverage of family planning and related issues in Africa.

URTNA is the organization which will be sending F.P. Sow, the journalist I mentioned to you to the conference, if you can arrange for her to receive an invitation. She is not only going to write up the results of the conference in various ways but also she will have a mandate to interview as many people as possible and prepare tapes of these interviews to distribute through URTNA and national broadcasting entities throughout Africa. Therefore it really is quite important that she receive some sort of official invitation to attend as we discussed. Others in Senegal may also need special encouragement if our information about the difficulty of getting Kenyan visas in Senegal is correct.

In addition, I would appreciate your sending a full press kit and information about the conference to

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1255 Twenty-third Street, N.W.
Washington, D.C. 20037

Patrick and Margaret will both put this information to good use in speaking with the delegates at the URTNA conference.

cc: ✓Barbara K. Herz
Patrick L. Coleman
Margaret B. Parlato

See Press file

FOR IMMEDIATE RELEASE

World Bank

1818 H Street, N.W., Washington, D.C. 20433, U.S.A.

BANK NEWS RELEASE NO. 87/S3

Contact: Mrs. Pushpa N. Schwartz
(202) 477-3573

WORLD BANK, WHO, UNFPA TO CO-SPONSOR CONFERENCE ON SAFE MOTHERHOOD

WASHINGTON, January 22. Each year about 500,000 women die from causes related to childbearing. Sixty percent of these deaths occur in South Asia and 30 percent in sub-Saharan Africa. Maternal mortality is the leading cause of death among young women in many developing countries, and illness and death from childbearing afflict poor women and their families disproportionately.

Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood which will be hosted by the Government of Kenya, in Nairobi on February 10-13. World Bank President Barber B. Conable, WHO Director-General Dr. Halfdan Mahler, UNFPA Executive Director Rafael M. Salas, and United Nations Development Programme Administrator William Draper III will deliver major addresses. The President of Kenya, Daniel arap Moi, will welcome the conference participants at the opening session.

The Safe Motherhood conference is aimed at drawing the attention of governments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world; devising strategies to improve women's health; and launching effective and affordable programs. Ministers and officials from 50 developing countries and leaders in the development field will participate in the conference.

Women in development and health issues are receiving greater emphasis in the World Bank's development programs. Mr. Conable, in his first address to the Joint Annual Meetings of the Boards of Governors of the World Bank and the International Monetary Fund in Washington last October, said that "women do two-thirds of the world's work. Their work produces 60 to 80 percent of Africa's and Asia's food, 40 percent of Latin America's. Yet they earn only one-tenth of the world's income and own less than one percent of the world's property. They are among the poorest of the world's poor." He urged that greater efforts be made to open up development opportunities to women, to equip them to respond, and to enable them to share in the progress achieved. As part of this effort, he emphasized "we must provide training to give women the skills to determine their productive and reproductive lives."

The press is invited to attend the opening session of the conference on February 10 at 0930 hours, in the Kenyatta International Conference Center Amphitheater. A press conference with the heads of the three co-sponsoring international organizations will follow immediately after the opening session. A final press conference will be held on February 13 at the Inter-Continental Hotel, in the Turkana Room.

Press registration will be on February 9, in the Inter-Continental Hotel lobby between 800 and 1800 hours. During the conference, the press will be assisted by the conference staff in the Turkana Room, Inter-Continental Hotel. The conference venue, following the opening session, will be the ballroom of the Inter-Continental Hotel.

THE WORLD BANK/INTERNATIONAL FINANCE CORPORATION

OFFICE MEMORANDUM

DATE: January 27, 1987

TO: Mr. Sundaram Sankaran, Chief, Public Affairs Division, IPA

FROM: Pushpa N. Schwartz, Public Affairs Division, IPA

EXT.: 73573

SUBJECT: Press Luncheons and briefings on Safe Motherhood, January 22 and 23, 1987

On January 22 and 23, I organized two press luncheons on the forthcoming Safe Motherhood Conference in Nairobi, February 10-13. We opted for smaller luncheons because it is possible that Mr. Conable may decide to hold a full press briefing on his speech in the first week of February. In spite of the snow, we had a respectable showing from the wire services and print media. I had also invited several TV network and radio journalists, most of them from a list provided by PIO, but only the VOA Africa Service reporter came. She interviewed Mrs. Herz after the luncheon on January 23.

IPS filed a good story on January 23 which was the lead piece in today's Development News. UPI, AFP, and AP plan to do stories. Mr. Parasuram of PTI (India) told me he had filed a piece based on the materials received by mail.

I introduced the two speakers to the journalists at each briefing and spoke about the press kits which were distributed at the luncheons. Mrs. Herz explained to the journalists why Safe Motherhood is an important development issue. She cited the extremely high rates of maternal death in Third World countries, particularly in South Asia and Africa, and said that the loss of a woman at the height of her productive years is an enormous loss as the care and welfare of the family is largely entrusted to women. Children and infants often die in a year or two of their mother's death and the old family members are left without anyone to care for them. She went on to speak about the groundswell of interest in promoting safe motherhood among international agencies such as WHO, UNICEF, UNDP, and UNFPA, and bilateral agencies, especially USAID and the Nordics, as well as among private foundations and organzations, such as the Population Council. Third World governments are also interested in this issue, she noted, because it offers a very practical, visible and not too costly way of improving the lives of a large number of their female population, which also happens to be poor. The momentum "to do something" for women has also built up following on the Decade of Women and the final World Conference on Women in Nairobi in 1985. Governments have put themeselves on record that they will do more to redress the neglect women have suffered in their societies. Mrs. Herz then gave a brief rundown of the Bank's efforts in promoting women in development.

Dr. Measham and Dr. Jagdish (PHN) were the other speakers on January 22 and 23, respectively. They discussed the technical and clinical aspects of Safe Motherhood programs and services. They emphasized the fact that maternal death and illness could be reduced substantially and that the additional cost entailed in doing this is very modest.

The discussion period on both days was lively. A sample of some of the questions asked follows:

1. How much is the Bank planning to provide for safe motherhood, and what is it providing now?

2. What is expected to come out of the Conference?

3. Could you give some examples of countries that are now doing something on Safe Motherhoood?

4. Why has the problem of Safe Motherhood not been dramatized before this? How do you make it "eye catching"?

6. Are many countries willing to borrow for health given their present concern over debt?

7. How do you get around religious opposition, esepcially in Latin American countires, to family planning and safe abortion?

8. Do you have comparative data on maternal mortality rates in different countries?

9. What would Safe Motherhood programs cost?

A press briefing for the UN correspondents is scheduled for January 28 morning, followed by a luncheon for 20 selected journalsits. Mr. David Loos will be hosting the luncheon and will introduce the speakers. Representatives of WHO and UNFPA will attend the luncheon. Another press briefing for the Washington-based media will be held in the Bank on January 29 morning.

All the journalists who were invited but could not come to the briefings, those who came, and others who have received letters from Mr. Vogl will be sent additional materials, including Mr. Conable's speech, over the next few days. This should help sustain interest in the Conference and result, we hope, in good reporting on the Safe Motherhood issue and the Bank's commitment to do something about it.

Attendance List

January 22

Mr. Robert Press, Christian Science Monitor

Mr. Carl Hartman, Associated Press

Ms. Anne Manuel, Inter Press News Service

Mr. Zhao Zijian, Xinhua News Agency

Ms. Patricia Blair, freelance

Mr. Jean Jacques Mevel, Agence France Presse

Ms. Susan Cohen, Guttmacher Institute

January 23

Ms. Flavia Sekles, VEJA magazine

Mr. Nayan Chanda, Far Eastern Economic Review

Mr. Carlos Brezina, United Press International

Mr. Borislav Lalic, Tanjug News Agency

Ms. Delia Linares, Venezuelan News Agency

Dr. Patricia Kutzner, Hunger News (World Hunger Education Service)

Mr. Louis Knowles, SEEDS magazine

Ms. Deborah Block, VOICE OF AMERICA - African Service

cc: Messrs. Vogl (IPADR), Bahl o/r, Brannigan (IPAPI); PAD Specialists Measham, Jagdish (PHNDR); Beckmann (IRDIO), Cullen (EUR)
Medames Herz (PPDPR), Maguire (EXC)

DRAFT
T. Cullen
01/29/87

Hes
Soo Press file
Ps.

January 29, 1987

TO: Mr. William Stanton, EXC

THROUGH: Frank Vogl, Director, IPA

FROM: Tim Cullen, EUR

SUBJECT: Mr. Conable's Interviews with BBC Television

Arrangements have been made for Mr. Conable to be interviewed by satellite from London by Martyn Lewis, anchorman of the BBC's One O'clock News at 10:00 a.m. Friday, January 30. The satellite has been booked from 10:00 a.m. to 10:15 a.m. so we should be at the studio (2030 M Street) at 9:45 a.m. I suggest leaving the Bank at 9:30 a.m.

The interview will be taped and held for broadcast on February 10, approximately 4-5 hours after Mr. Conable delivers his speech in Nairobi (we have full assurance that this embargo will be adhered to). This means that Mr. Conable should give details of the initiatives he will announce in his speech. Lewis will be able to see Mr. Conable, but Mr. Conable will only be able to hear Lewis' voice. The interview will be shot as if it were live, aiming for about 3-4 minutes but if it goes slightly longer, there will be no problem.

We have provided footage to illustrate childbirth in developing countries which will be shown at the beginning of the news item, during which time Lewis will describe the problem from material I have given them. The question to Mr. Conable could be broadly along the following lines (with suggested answers).

1. Q: What can be done?

A: A three-layer approach is required:

X

* At the community level: adequate prenatal, delivery and postnatal care. + ~~FP~~ family planning

* A referral system for high risk pregnancies, complications of pregnancy, and clinical methods of family planning.

* An "alarm" and transportation system to move high risk and emergency cases to treatment as soon as possible.

2. Q: To what extent would such an approach solve the problem?

A: If these measures are undertaken, maternal mortality could be halved in a decade in many of the poorer countries. or so

3. Q: How much would it cost?

A: About $2 per capita (of the total population of these countries) per year. That is about one-tenth of the annual per capita expenditure on cosmetics in the United States.

4. Q: What are you specifically announcing in Nairobi?

A: The World Bank plans to at least double its total lending for population, health and nutrition projects, bringing it to about ~~$2~~ 1.3 billion over the next three years. Over half these projects will contain a substantial Safe Motherhood component and will be implemented in about 20 countries. We are also launching a $5 million Safe Motherhood research fund to be administered by the WHO. operational

5. Q: Why is The World Bank, a big financial institution, concerned with an issue like this?

A: The World Bank finances development with the objective of raising living standards of the poor in developing countries. We pay a lot of attention to the status of women who play a significant role in development but whose potential is underutilized. So it makes sound economic sense to support these initiatives. But, by any yardstick, the death of half a million women a year is something that should weigh heavily on the conscience of those of us who take safe childbirth for granted.

6. Q: Where does the money come from for The World Bank to finance these initiatives?

A: Most of these projects will be in the poorer countries and will be financed through the part of The World Bank called the International Development Association which relies on its funding from taxpayers money in the better off countries. The United Kingdom is a major contributor to IDA.

I have discussed all of these subjects with Martyn Lewis and I believe this is the most likely line of questioning. However, I will speak to him at 8:35 a.m. on Friday morning at which time he will give me the actual questions he intends to ask. I will let Mr. Conable have these immediately.

Mrs. Herz and I will accompany him to the studio. We will come to his office a few minutes before 9:30 a.m.

SM Press tee

FORM NO. 75
(6–83) THE WORLD BANK/IFC

ROUTING SLIP	DATE: Jan 21, 87
NAME	ROOM NO.
Mrs. Barbara Heer	
Dr. Anthony Meadlam	
Mr. Frank Vogl	

	APPROPRIATE DISPOSITION		NOTE AND RETURN
	APPROVAL		NOTE AND SEND ON
	CLEARANCE		PER OUR CONVERSATION
	COMMENT		PER YOUR REQUEST
	FOR ACTION		PREPARE REPLY
X	INFORMATION		RECOMMENDATION
	INITIAL		SIGNATURE
	NOTE AND FILE		URGENT

REMARKS:

Attached is the list of journalists we have invited for the two Press Luncheons on January 22 and 23.

FROM: Penelope M. Richards	ROOM NO.:	EXTENSION:

Journalists invited to Press Luncheon on Thursday, January 22, 1987

Mr. Carl Hartman
ASSOCIATED PRESS
2021 K Street, N.W., 6th Floor
Washington, D.C. 20006

Ms. Ann Manuel
INTERPRESS SERVICE
Room 1293
National Press Building
529 - 14th Street, N.W.
Washington, D.C. 20045

Ms. Susan Cohen
Alan Guttamacher Institute
2010 Massachusetts Avenue, N.W.
Washington, D.C. 20036

Ms. Barbara Smith
THE ECONOMIST
Suite 510, 1331 Pennsylvania Avenue, N.W.
Washington, D.C. 20004

Mr. Robert Press
CHRISTIAN SCIENCE MONITOR
910 16th Street, N.W. 2nd floor
Washington, D.C. 20006

Ms. SamanthaSparks
WEST AFRICA
Suite 5, 1530 P Street, N.W.
Washington, D.C. 20005

Mr. Jean Jacques Mevel
AGENCE FRANCE PRESSE
Suite 400
1612 K Street, N.W.
Washington, D.C. 20006

Mrs. Shanaz Anklesaria Aiyar
INDIAN EXPRESS
The Willoughby Apt N 1503
5500 Friendship Blvd.
Chevy Chase, MD 20815

Mr. Alem Azzam
MAGHREB ARABE PRESSE (MAP)
Suite 407
1350 New Hampshire Ave., N.W.
Washington, D.C. 20005

Mr. Al Carlson
REUTERS
Suite 410
1333 H Street, N.W.
Washington, D.C. 20005

Mr. Rodney E. Leonard
Executive Director and Editor
American Association for World Health
2001 S Street, N.W. Suite 530
Washingon, D.C. 20009

Mr. Carlos Brezina
UNITED PRESS INTERNATIONAL
1400 Eye Street, N.W. 8th floor
Washington, D.C. 20005

Mrs. Mercedes Andrei
BUSINESS DAY
8111 Dumont Drive, Apt 201
Vienna, VA 22180

Mr. Zhang Yunmen
PEOPLE'S DAILY
3706 Massachusetts Avenue, N.W.
Washington, D.C. 20016

Mr. Yong Ban Kim
1299 National Press Building
529 - 14th Street, N.W.
Washington, D.C. 20045

Ms. Yolanda Sanchez
TELEVISA
3601 Connecticut Ave., N.W.
Apt. 707
Washington, D.C. 20008

Journalists - ~~invited~~ to Press Luncheon, January 23, 1987

Mr. Borisan Lalic
TANJUG News Agency
1294 National Press Building
529 - 14th Street, N.W.
Washington, D.C. 20045

Mr. Nayan Chanda
FAR EASTERN ECONOMIC REVIEW
8717 Irvington Avenue
Bethesda, MD 20817

Mr. Tom Seens
CBS News
2020 M Street, N.W.
Washington, D.C. 20036

Ms. Flavia Sekles
VEJA
1255 National Press Building
529 - 14th Street, N.W.
Washington, D.C. 20045

Ms. Delia Linares
VENPRESS
960-A National Press Building
529 - 14th Street, N.W.
Washington, D.C. 20045

Ms. Ana Baron
SOMOS
3222 Wisconsin Ave., N.W.
Apt. 101
Washington, D.C. 20016

Mr. John Walsh
SCIENCE Magazine
1333 H Street, N.W.
Washington, D.C. 20005

Mr. Joseph Carey
U.S. NEWS & WORLD REPORT
2400 N Street, N.W.
Washington, D.C, 20037

Ms. Patricia Delaney
TIME
1050 Connecticut Ave., N.W. Suite # 850
Washington, D.C. 20036

Ms. Rene Poussaint
Channel 7
2461 Connecticut Ave., N.W.
Washington, D.C. 20008

Ms. Maureen Bunyan
Channel 9
4001 Brandywine Street, N.W.
Washington, D.C. 20016

Ms. Mary Hager
NEWSWEEK
1750 Pennsylvania Ave., N.W.
Suite 1220
Washington, D.C. 20006

Mr. Barry Wood
VOICE OF AMERICA
Room 3500
330 Independence Avenue, S.W.
Washington, D.C. 20547

Ms. Kimberly Timmons
Associate Producer
GOOD MORNING America - ABC News
1717 De Sales Street, N.W.
Washington, D.C. 20004

Ms. Delia Linares
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Washington, D.C. 20045

WORLD BANK NEWS

Vol. V, No. 46 November 20, 1986

This Week

Lending

WORLD BANK RELEASES FIRST TRANCHE OF MEXICAN TRADE POLICY LOAN

Cameroon, Niger also Receive Assistance

The World Bank Tuesday released $300 million to Mexico as the first tranche of its $500 million trade policy loan.

The loan, approved by the Bank last July, is the first in a series supporting Mexico's program of growth-oriented structural reforms. Many of the trade liberalization measures had already been implemented by Mexico.

"Mexico's resource needs are urgent to finance the costs of its trade liberalization and its investments in expanded output and exports," noted World Bank President Barber Conable. He added that "the progress made by commercial banks now leads me to believe that they will soon fully commit their share of new resources to Mexico."

The $300 million from the World Bank is available immediately for withdrawal by the Mexican government. The loan assists Mexico in securing greater domestic economic efficiency and increased international trade competitiveness in order to generate domestic growth, higher employment and additional non-oil export revenue.

As part of the trade liberalization program, Mexico recently joined the GATT (General Agreement on Tariffs and Trade), eliminated import restrictions on more than half of the total value of imports, and reduced maximum tariffs from 100 percent to 45 percent. At the same time, the government announced that it would remove all import reference prices by the end of 1987 and gradually reduce the tariff range to 0-30 percent by November 1988.

The World Bank is prepared to support Mexico's program of economic adjustment in the next several years through follow-up trade policy loans, an agricultural sector loan, and specific industrial restructuring projects. Its lending program for infrastructure and other sectors of the Mexican economy will also be expanded. The World Bank's

support for Mexico's economic recovery program is also indicated by its willingness to guarantee a portion of some of the new loans included in the financial package negotiated between Mexico and private commercial banks.

* * *

The International Monetary Fund Wednesday announced it has approved a stand-by arrangement for the Government of Mexico, authorizing purchases up to $1.68 billion (SDR 1.4 billion) through April 1, 1988. Purchases under the stand-by arrangement will be financed partly from the Fund's ordinary resources and partly from resources borrowed by the Fund.

The amount of Mexico's purchases under the arrangement may be augmented by up to $720 million (SDR 600 million) to finance a contingency mechanism if the export price of Mexican oil should fall below $9 a barrel; if the export price of Mexican oil should rise above $14 a barrel, there would be a reduction of foreign financing. ■

CAMEROON will use a $17.8 million loan from the World Bank to launch a nationwide project that will reorient agricultural research toward the needs of small-scale farmers who produce food crops and livestock.

The project is expected to help maintain Cameroon's self-sufficiency in food, improve farmers' incomes and living conditions, and stem the tide of rural youths migrating to urban areas.

The project aims at reorienting and expanding the research programs of the Institute of Agronomic Research and the Institute of Animal Research toward smallholder production systems.

The project is in line with the World Bank's program of assistance for agriculture in sub-Saharan Africa, which gives high priority to research. It also aims at increasing the coordination of development assistance with bilateral programs and at strengthening the links between Cameroonian research institutes and the network of research centers associated with the Consultative Group on International Agricultural Research.

The project is estimated to cost $43.2 million overall. Besides the financing from the World Bank, grants totaling $2.4 million are expected to be provided by the Overseas Development Administration of the United Kingdom and Deutsche Geselschaft fur Technische Zusammenarbeit GmbH of the Federal Republic of Germany. The Government of Cameroon will bear the remaining costs.

NIGER, whose literacy rate of 14 percent is one of the lowest in the world, is getting a needed infusion of funds to bolster its education sector. The International Development Association (IDA), the concessionary lending affiliate of the World Bank, has earmarked a credit of $18.4 million for a primary education development project.

The project is part of the government's structural adjustment program that includes developing human resources in the African nation. It will increase primary school enrollment by about 34,000 over the next five years, affect teacher hiring and training, the use of textbooks, design and construction of classrooms, and promote development of a community-based school maintenance system.

The project aims at limited recruitment of teachers. In-service training of teachers and pre-service training of associate teachers will help improve the qualifications of these instructors. In addition, there will be more efficient use of teachers by instituting programs to have more grades and by initiating double-shift teaching in urban areas.

Some 750 classrooms will be built, using new designs and construction techniques, and 3,000 existing classrooms will be rehabilitated.

Finally, the credit recipient, the Ministry of National Education, Higher Education and Research (MENESR), will be strengthened so that its capacity to manage, plan, monitor and implement education projects will be enhanced.

Expected to be completed in 1993, the project will cost $26.2 million, with Norway providing $4.7 million, Kreditanstalt fur Wiederaufbau of the Federal Republic of Germany, $1.7 million; and the Nigerian government, $1.4 million. ■

WORLD BANK ACCELERATES EFFORTS TO BOOST AGRICULTURE IN AFRICA

Most of the studies spawned by the search for solutions to Africa's economic crisis conclude that traditional production systems cannot satisfy the region's agricultural needs. Major technological changes in existing agricultural systems are required.

There is enough experience to know that technology cannot be imported into Africa without adaptation. Changes must come from research conducted in Africa. Further, new technologies should be based on relatively simple improvements that can be adopted by the millions of small-scale farmers operating under rain-fed conditions.

Based on these premises, the World Bank has taken the initiative to bring together multilateral and bilateral donors to establish the Special Program for African Agricultural Research (SPAAR). The objective is to improve the effectiveness of the funds being invested in agricultural research by African governments and by multilateral and bilateral donors.

SPAAR will encourage the building of effective national research systems by coordinating the activities of aid donors, collecting and assessing information on promising technologies, and developing national research strategies and regional research programs.

"There are more than 40 national research systems in Africa," Roger Fauck, Executive Secretary of SPAAR, says. "Few of these programs are linked to one another and many research officials don't even know that the other programs exist. SPAAR aims at alerting donors and recipients of research programs in Africa to avoid duplication, to provide a focus for these programs, and to enable African countries to share the findings and applications of research. Because of duplicated efforts, the funds being invested in agricultural research in Africa are not being used efficiently."

A SPAAR secretariat was established recently, with the World Bank providing an office and administrative support. S. Shahid Husain, the Bank's Vice President for Operations Policy Staff, is Chairman of SPAAR. Mr. Husain is also the Chairman of the Consultative Group on International Agricultural Research, and his selection as head of SPAAR was based on this credential.

"Improvements in agricultural technology adapted to local conditions can greatly increase food production," says Mr. Husain, "but in Africa, where the varieties that made the 'green revolution' possible are not suitable and where the environments vary greatly, we are more likely to see slow, steady progress than dramatic breakthroughs."

The first item on SPAAR's agenda is to develop guidelines for national research systems to reinforce or redirect the research currently being undertaken.

Second, a donor information system is being established to alert donor countries or organizations about ongoing and future research projects. This system will cull information, organize and send it to potential donors for funding. SPAAR also will help to secure international funding for research projects -- both national and regional in scope -- and to set up meetings between donors and national research groups.

SPAAR itself has no funds to provide as grants. "What it is, is a clearinghouse for research in Africa," says Mr. Fauck. But it expects to mobilize funds from international and bilateral sources to boost African research efforts.

In a meeting of donors in Washington earlier this month, all 15 donors represented agreed to participate in SPAAR. These donors include 12 countries, the European Economic Community, the Food and Agriculture Organization, the International Fund for Agricultural Development, and the World Bank. Six African scientists have also been participating in SPAAR's activities, providing advice and guidance regarding Africa's agricultural research priorities.

Mr. Fauck, a soil scientist, says

that SPAAR will establish a "networking" system among supporters and practitioners of agricultural research to link and bolster research done by national centers. "We are in the process of establishing focal points in the donor organizations and governments," adds Mr. Fauck, who has had more than 20 years of experience in soil survey and conservation in Western Africa.■

Notes and Quotes

STRUCTURAL ADJUSTMENT. "The essential feature of what the World Bank calls structural adjustment is an effort by a developing country government to undertake major policy changes aimed at creating the basis for the resumption of sustainable growth of per capita consumption," Michael F. Carter, Deputy Director, European Office, the World Bank, told the public law faculty at the University of Freiburg, Freiburg, West Germany, recently.

"Increasing per capita consumption is essential because without that no permanent progress can be made in the attack on poverty. And the word 'sustainable' is key. It means that we are talking about a process within a medium-term framework -- three to five or 10 years -- not just a year or two. And it means that the aim of revived growth must be consistent with feasible levels of current account balance, inflation and politically achievable policy reforms necessary to underpin that growth.

"What is the World Bank's role in structural adjustment? Even more important than the money we provide is our ability to act as a partner in what, in our jargon, we call economic dialogue. What I mean by this is that in our work with developing countries we have accumulated experience of a wide range of country situations and approaches to economic problems, and we are therefore uniquely placed to exchange views with developing countries' governments on policies they might adopt to encourage growth-oriented structural change.

"Such dialogue focuses on a wide range of issues, from organization and management systems for a public enterprise to pricing policies for fertilizer inputs; from systems for investment project analysis to the impact of taxes on incentives; from the choice of cropping patterns to the design of vocational training programs. With emerging crises in many developing countries, the need for such policy dialogue has intensified, and the importance of sustaining inflows of capital to developing countries has grown while the Bank's traditional project pipeline has weakened.

"Our response to these imperatives has been to develop new forms of financing, called structural and sectoral adjustment lending, which together now account for almost one-fifth of our total new commitments. Unlike a loan for a traditional investment project, most adjustment lending is provided to finance, not specific investments, but general imports needed to overcome key constraints in the economy and to improve the efficiency with which it can function. The counterpart to our financing is not, as in an investment project, the creation of physical assets, but the implementation of a government program of specific reforms aimed at growth-oriented adjustment.

"Sometimes these reforms may concern the economy as a whole, in which case we speak of structural adjustment, or, in the case of sectoral adjustment, be limited to one or two specific key sectors -- such as external trade or agriculture, financial intermediation or education." ■

BAHRAIN RATIFIES MIGA CONVENTION. Bahrain has become the fifth country to ratify the Convention Establishing the Multilateral Investment Guarantee Agency (MIGA).

Other countries that have already ratified the Convention are Saudi Arabia, Ecuador, Indonesia, and Barbados.

MIGA's operations will begin once the Convention has been ratified by at least five industrial and 15 developing countries whose subscriptions total at least one-third of the share capital.■

Feature

BANK, OTHERS PROMOTE 'SAFE MOTHERHOOD' THEME

"Maternal mortality is the leading cause of death among young women in many developing countries," says Barbara Herz, the World Bank's Adviser on Women in Development. "Of those who survive, millions suffer long-term ill health and disability. Something has got to be done to cut down significantly on this toll."

Carpooling recently with her husband, Charles, the General Counsel for the National Science Foundation in Washington, she discussed options with him. The health community was already pressing for more attention to maternal health. Why not a worldwide conference to launch an initiative? What was needed was an idea that would convey succinctly to people what the initiative was about. After some discussion amid the traffic, both agreed that "safe motherhood" was the right idea.

The World Bank's Population, Health and Nutrition Department (PHN) and the Office of Women in Development are now jointly organizing the "Safe Motherhood Conference." Mrs. Herz is working with Dr. Anthony Measham, the Bank's Health Adviser. The conference is scheduled for February 10-13, 1987 in Nairobi, Kenya.

Sponsored by the World Bank, the World Health Organization, and the United Nations Fund for Population Activities, the conference is expected to heighten concern among governments, agencies and non-governmental organizations about the neglect of women's health, particularly in the developing world, to elaborate strategies to remedy this desperate situation, and to launch action programs. PHN plans to build "safe motherhood" into at least 20 projects in the next several years as part of stronger primary health care.

The heads of the three sponsoring organizations -- Barber B. Conable of the Bank, Dr. Halfdan Mahler of WHO, and Rafael N. Salas of UNFPA -- will deliver major addresses.

The statistics concerning maternal mortality and morbidity -- death and disability arising from childbearing -- are awesome, note Mrs. Herz and Dr. Measham. "Five-hundred thousand women die annually from causes related to childbearing. Maternal mortality is often the leading cause of death among young women in developing countries, and illness and death related to childbearing are borne disproportionately by the poor." About 300,000 of the 500,000 deaths occur in South Asia and 150,000 in sub-Saharan Africa.

"What is required to tackle this problem," say Mrs. Herz and Dr. Measham, "is a relatively simple system of maternal health care that comprises several things:

"(1) basic services at the village and community level to assess pregnancy risk, provide preventive care and family planning services and assure safe delivery of children;

"(2) referral care for high-risk deliveries and emergency complications and a full range of family planning services; and

"(3) communication and transportation links between the basic service and referral levels.

"This system approach can work, as shown by the experience of the industrialized countries and a number of developing ones. And, the costs can be kept affordable in most countries -- about $1 to $2 annually per capita, or about 10-20 percent of what many governments in developing countries spend on health services. Of course, every effort must be made to encourage communities to share the costs, which we think will happen as people see the results for women and their families."

Women in development is one of the major areas of concern the World Bank plans to emphasize, as Mr. Conable noted in his Annual Meeting speech in Washington last October. Safe motherhood, a vital element of women in development, is a feature of more and

more projects the Bank helps to finance.

But, concern for improving the health of women in developing countries is not new to the Bank either. Beginning in the early 1970s, the Bank financed health and family planning activities within population projects. And its Board of Executive Directors in 1980 approved the beginning of direct lending for health projects as well as for population.

Within three years of that decision, the Bank became a major lender for developing country health projects. The Bank has approved health, population and nutrition projects totaling more than $100 million in each fiscal year since 1982, lending $1.01 billion for 35 projects during fiscal years 1981-86 (see table). Health components of projects in other sectors are not included in this amount, nor are water and sanitation investments (which affect health conditions).

The 35 projects have a number of common features. All, except one in Sao Paulo, Brazil, are primarily rural projects. Most are designed to expand basic health services. All include a manpower development component, and the majority include a substantial effort to strengthen family planning services.

The development of health facilities, involving the construction or rehabilitation of health posts and centers, predominantly at the primary level, figures in all projects and accounts for 40-50 percent of project costs financed by the World Bank.

Lending for health, population and nutrition accounted for 2.6 percent of total Bank lending in fiscal year 1986, more than double the proportion before direct health lending began. "Bank lending for health and population," adds Mrs. Herz, "has increased the awareness within member countries of the need to consider health investments within the context of overall national development programs."

She further notes that "the Bank's involvement in the health sector has also contributed to the adoption of clearly defined and well-supported policies on population and family planning in countries such as Malawi, Nigeria and Senegal. For instance, in Nigeria, the Bank's involvement helped to make population and family planning an important focal point for discussion and coordination of assistance from other donors." ■

WORLD BANK POPULATION, HEALTH AND NUTRITION PROJECTS APPROVED BY REGION, FISCAL YEARS 1981-86[1]
(In millions of dollars)

Region	FY81	FY82	FY83	FY84	FY85	FY86
South Asia	0	0	18	70	0	129
East Africa	0	23	7	14	4	11
West Africa	0	0	15	17	61	70
East Asia and Pacific	0	0	27	85	85	98
Middle East and North Africa	13	0	19	0	43	0
Latin America and Caribbean	0	13	34	58	0	96
TOTAL	13	36	120	244	193	404
Number of Projects	1	2	7	7	7	11

Source: World Bank, Population, Health and Nutrition Department.

[1]Bank fiscal year ends June 30.

World Bank News (ISSN 0254 6353) is published 50 times a year in English, French, German, and Spanish by The World Bank, 1818 H Street, N.W., Washington, D.C. 20433, U.S.A. Editor: Alan Drattell (202) 477-5328.

WORLD BANK NEWS

Vol. V, No. 46 November 20, 1986

This Week

Lending

WORLD BANK RELEASES FIRST TRANCHE OF MEXICAN TRADE POLICY LOAN

Cameroon, Niger also Receive Assistance

The World Bank Tuesday released $300 million to Mexico as the first tranche of its $500 million trade policy loan.

The loan, approved by the Bank last July, is the first in a series supporting Mexico's program of growth-oriented structural reforms. Many of the trade liberalization measures had already been implemented by Mexico.

"Mexico's resource needs are urgent to finance the costs of its trade liberalization and its investments in expanded output and exports," noted World Bank President Barber Conable. He added that "the progress made by commercial banks now leads me to believe that they will soon fully commit their share of new resources to Mexico."

The $300 million from the World Bank is available immediately for withdrawal by the Mexican government. The loan assists Mexico in securing greater domestic economic efficiency and increased international trade competitiveness in order to generate domestic growth, higher employment and additional non-oil export revenue.

As part of the trade liberalization program, Mexico recently joined the GATT (General Agreement on Tariffs and Trade), eliminated import restrictions on more than half of the total value of imports, and reduced maximum tariffs from 100 percent to 45 percent. At the same time, the government announced that it would remove all import reference prices by the end of 1987 and gradually reduce the tariff range to 0-30 percent by November 1988.

The World Bank is prepared to support Mexico's program of economic adjustment in the next several years through follow-up trade policy loans, an agricultural sector loan, and specific industrial restructuring projects. Its lending program for infrastructure and other sectors of the Mexican economy will also be expanded. The World Bank's

support for Mexico's economic recovery program is also indicated by its willingness to guarantee a portion of some of the new loans included in the financial package negotiated between Mexico and private commercial banks.

* * *

The International Monetary Fund Wednesday announced it has approved a stand-by arrangement for the Government of Mexico, authorizing purchases up to $1.68 billion (SDR 1.4 billion) through April 1, 1988. Purchases under the stand-by arrangement will be financed partly from the Fund's ordinary resources and partly from resources borrowed by the Fund.

The amount of Mexico's purchases under the arrangement may be augmented by up to $720 million (SDR 600 million) to finance a contingency mechanism if the export price of Mexican oil should fall below $9 a barrel; if the export price of Mexican oil should rise above $14 a barrel, there would be a reduction of foreign financing. ■

CAMEROON will use a $17.8 million loan from the World Bank to launch a nationwide project that will reorient agricultural research toward the needs of small-scale farmers who produce food crops and livestock.

The project is expected to help maintain Cameroon's self-sufficiency in food, improve farmers' incomes and living conditions, and stem the tide of rural youths migrating to urban areas.

The project aims at reorienting and expanding the research programs of the Institute of Agronomic Research and the Institute of Animal Research toward smallholder production systems.

The project is in line with the World Bank's program of assistance for agriculture in sub-Saharan Africa, which gives high priority to research. It also aims at increasing the coordination of development assistance with bilateral programs and at strengthening the links between Cameroonian research institutes and the network of research centers associated with the Consultative Group on International Agricultural Research.

The project is estimated to cost $43.2 million overall. Besides the financing from the World Bank, grants totaling $2.4 million are expected to be provided by the Overseas Development Administration of the United Kingdom and Deutsche Geselschaft fur Technische Zusammenarbeit GmbH of the Federal Republic of Germany. The Government of Cameroon will bear the remaining costs.

NIGER, whose literacy rate of 14 percent is one of the lowest in the world, is getting a needed infusion of funds to bolster its education sector. The International Development Association (IDA), the concessionary lending affiliate of the World Bank, has earmarked a credit of $18.4 million for a primary education development project.

The project is part of the government's structural adjustment program that includes developing human resources in the African nation. It will increase primary school enrollment by about 34,000 over the next five years, affect teacher hiring and training, the use of textbooks, design and construction of classrooms, and promote development of a community-based school maintenance system.

The project aims at limited recruitment of teachers. In-service training of teachers and pre-service training of associate teachers will help improve the qualifications of these instructors. In addition, there will be more efficient use of teachers by instituting programs to have more grades and by initiating double-shift teaching in urban areas.

Some 750 classrooms will be built, using new designs and construction techniques, and 3,000 existing classrooms will be rehabilitated.

Finally, the credit recipient, the Ministry of National Education, Higher Education and Research (MENESR), will be strengthened so that its capacity to manage, plan, monitor and implement education projects will be enhanced.

Expected to be completed in 1993, the project will cost $26.2 million, with Norway providing $4.7 million, Kreditanstalt fur Wiederaufbau of the Federal Republic of Germany, $1.7 million; and the Nigerian government, $1.4 million. ■

WORLD BANK ACCELERATES EFFORTS TO BOOST AGRICULTURE IN AFRICA

Most of the studies spawned by the search for solutions to Africa's economic crisis conclude that traditional production systems cannot satisfy the region's agricultural needs. Major technological changes in existing agricultural systems are required.

There is enough experience to know that technology cannot be imported into Africa without adaptation. Changes must come from research conducted in Africa. Further, new technologies should be based on relatively simple improvements that can be adopted by the millions of small-scale farmers operating under rain-fed conditions.

Based on these premises, the World Bank has taken the initiative to bring together multilateral and bilateral donors to establish the Special Program for African Agricultural Research (SPAAR). The objective is to improve the effectiveness of the funds being invested in agricultural research by African governments and by multilateral and bilateral donors.

SPAAR will encourage the building of effective national research systems by coordinating the activities of aid donors, collecting and assessing information on promising technologies, and developing national research strategies and regional research programs.

"There are more than 40 national research systems in Africa," Roger Fauck, Executive Secretary of SPAAR, says. "Few of these programs are linked to one another and many research officials don't even know that the other programs exist. SPAAR aims at alerting donors and recipients of research programs in Africa to avoid duplication, to provide a focus for these programs, and to enable African countries to share the findings and applications of research. Because of duplicated efforts, the funds being invested in agricultural research in Africa are not being used efficiently."

A SPAAR secretariat was established recently, with the World Bank providing an office and administrative support. S. Shahid Husain, the Bank's Vice President for Operations Policy Staff, is Chairman of SPAAR. Mr. Husain is also the Chairman of the Consultative Group on International Agricultural Research, and his selection as head of SPAAR was based on this credential.

"Improvements in agricultural technology adapted to local conditions can greatly increase food production," says Mr. Husain, "but in Africa, where the varieties that made the 'green revolution' possible are not suitable and where the environments vary greatly, we are more likely to see slow, steady progress than dramatic breakthroughs."

The first item on SPAAR's agenda is to develop guidelines for national research systems to reinforce or redirect the research currently being undertaken.

Second, a donor information system is being established to alert donor countries or organizations about ongoing and future research projects. This system will cull information, organize and send it to potential donors for funding. SPAAR also will help to secure international funding for research projects -- both national and regional in scope -- and to set up meetings between donors and national research groups.

SPAAR itself has no funds to provide as grants. "What it is, is a clearinghouse for research in Africa," says Mr. Fauck. But it expects to mobilize funds from international and bilateral sources to boost African research efforts.

In a meeting of donors in Washington earlier this month, all 15 donors represented agreed to participate in SPAAR. These donors include 12 countries, the European Economic Community, the Food and Agriculture Organization, the International Fund for Agricultural Development, and the World Bank. Six African scientists have also been participating in SPAAR's activities, providing advice and guidance regarding Africa's agricultural research priorities.

Mr. Fauck, a soil scientist, says

that SPAAR will establish a "networking" system among supporters and practitioners of agricultural research to link and bolster research done by national centers. "We are in the process of establishing focal points in the donor organizations and governments," adds Mr. Fauck, who has had more than 20 years of experience in soil survey and conservation in Western Africa.■

Notes and Quotes

STRUCTURAL ADJUSTMENT. "The essential feature of what the World Bank calls structural adjustment is an effort by a developing country government to undertake major policy changes aimed at creating the basis for the resumption of sustainable growth of per capita consumption," Michael F. Carter, Deputy Director, European Office, the World Bank, told the public law faculty at the University of Freiburg, Freiburg, West Germany, recently.

"Increasing per capita consumption is essential because without that no permanent progress can be made in the attack on poverty. And the word 'sustainable' is key. It means that we are talking about a process within a medium-term framework -- three to five or 10 years -- not just a year or two. And it means that the aim of revived growth must be consistent with feasible levels of current account balance, inflation and politically achievable policy reforms necessary to underpin that growth.

"What is the World Bank's role in structural adjustment? Even more important than the money we provide is our ability to act as a partner in what, in our jargon, we call economic dialogue. What I mean by this is that in our work with developing countries we have accumulated experience of a wide range of country situations and approaches to economic problems, and we are therefore uniquely placed to exchange views with developing countries' governments on policies they might adopt to encourage growth-oriented structural change.

"Such dialogue focuses on a wide range of issues, from organization and management systems for a public enterprise to pricing policies for fertilizer inputs; from systems for investment project analysis to the impact of taxes on incentives; from the choice of cropping patterns to the design of vocational training programs. With emerging crises in many developing countries, the need for such policy dialogue has intensified, and the importance of sustaining inflows of capital to developing countries has grown while the Bank's traditional project pipeline has weakened.

"Our response to these imperatives has been to develop new forms of financing, called structural and sectoral adjustment lending, which together now account for almost one-fifth of our total new commitments. Unlike a loan for a traditional investment project, most adjustment lending is provided to finance, not specific investments, but general imports needed to overcome key constraints in the economy and to improve the efficiency with which it can function. The counterpart to our financing is not, as in an investment project, the creation of physical assets, but the implementation of a government program of specific reforms aimed at growth-oriented adjustment.

"Sometimes these reforms may concern the economy as a whole, in which case we speak of structural adjustment, or, in the case of sectoral adjustment, be limited to one or two specific key sectors -- such as external trade or agriculture, financial intermediation or education." ■

BAHRAIN RATIFIES MIGA CONVENTION. Bahrain has become the fifth country to ratify the Convention Establishing the Multilateral Investment Guarantee Agency (MIGA).

Other countries that have already ratified the Convention are Saudi Arabia, Ecuador, Indonesia, and Barbados.

MIGA's operations will begin once the Convention has been ratified by at least five industrial and 15 developing countries whose subscriptions total at least one-third of the share capital.■

Feature

BANK, OTHERS PROMOTE 'SAFE MOTHERHOOD' THEME

"Maternal mortality is the leading cause of death among young women in many developing countries," says Barbara Herz, the World Bank's Adviser on Women in Development. "Of those who survive, millions suffer long-term ill health and disability. Something has got to be done to cut down significantly on this toll."

Carpooling recently with her husband, Charles, the General Counsel for the National Science Foundation in Washington, she discussed options with him. The health community was already pressing for more attention to maternal health. Why not a worldwide conference to launch an initiative? What was needed was an idea that would convey succinctly to people what the initiative was about. After some discussion amid the traffic, both agreed that "safe motherhood" was the right idea.

The World Bank's Population, Health and Nutrition Department (PHN) and the Office of Women in Development are now jointly organizing the "Safe Motherhood Conference." Mrs. Herz is working with Dr. Anthony Measham, the Bank's Health Adviser. The conference is scheduled for February 10-13, 1987 in Nairobi, Kenya.

Sponsored by the World Bank, the World Health Organization, and the United Nations Fund for Population Activities, the conference is expected to heighten concern among governments, agencies and non-governmental organizations about the neglect of women's health, particularly in the developing world, to elaborate strategies to remedy this desperate situation, and to launch action programs. PHN plans to build "safe motherhood" into at least 20 projects in the next several years as part of stronger primary health care.

The heads of the three sponsoring organizations -- Barber B. Conable of the Bank, Dr. Halfdan Mahler of WHO, and Rafael N. Salas of UNFPA -- will deliver major addresses.

The statistics concerning maternal mortality and morbidity -- death and disability arising from childbearing -- are awesome, note Mrs. Herz and Dr. Measham. "Five-hundred thousand women die annually from causes related to childbearing. Maternal mortality is often the leading cause of death among young women in developing countries, and illness and death related to childbearing are borne disproportionately by the poor." About 300,000 of the 500,000 deaths occur in South Asia and 150,000 in sub-Saharan Africa.

"What is required to tackle this problem," say Mrs. Herz and Dr. Measham, "is a relatively simple system of maternal health care that comprises several things:

"(1) basic services at the village and community level to assess pregnancy risk, provide preventive care and family planning services and assure safe delivery of children;

"(2) referral care for high-risk deliveries and emergency complications and a full range of family planning services; and

"(3) communication and transportation links between the basic service and referral levels.

"This system approach can work, as shown by the experience of the industrialized countries and a number of developing ones. And, the costs can be kept affordable in most countries -- about $1 to $2 annually per capita, or about 10-20 percent of what many governments in developing countries spend on health services. Of course, every effort must be made to encourage communities to share the costs, which we think will happen as people see the results for women and their families."

Women in development is one of the major areas of concern the World Bank plans to emphasize, as Mr. Conable noted in his Annual Meeting speech in Washington last October. Safe motherhood, a vital element of women in development, is a feature of more and

more projects the Bank helps to finance.

But, concern for improving the health of women in developing countries is not new to the Bank either. Beginning in the early 1970s, the Bank financed health and family planning activities within population projects. And its Board of Executive Directors in 1980 approved the beginning of direct lending for health projects as well as for population.

Within three years of that decision, the Bank became a major lender for developing country health projects. The Bank has approved health, population and nutrition projects totaling more than $100 million in each fiscal year since 1982, lending $1.01 billion for 35 projects during fiscal years 1981-86 (see table). Health components of projects in other sectors are not included in this amount, nor are water and sanitation investments (which affect health conditions).

The 35 projects have a number of common features. All, except one in Sao Paulo, Brazil, are primarily rural projects. Most are designed to expand basic health services. All include a manpower development component, and the majority include a substantial effort to strengthen family planning services.

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FROM THE DESK OF...

DAVID HOROWITZ

Ans. 2/2

29 January 1987

Anthony R. Measham. MD
The World Bank
1818 H Street NW
Washington, DC 20433

Dear Dr. Measham:

As I promised yesterday at the very pleasant UN luncheon your Bank sponsored in connection with the forthcoming historic "Safe Motherhood" conference to be held in Kenya February 10-13, I am sending you the release of my syndicated article "IF NOT FOR THE UN"

I am also attaching a copy of the Secretary-General's comment on it.

The feature was published in some 20 newspapers. I have used up all the clippings.

Sincerely,

David Horowitz

MRS BARBARA HERZ & DR TONY MEASHAM'S VISIT TO NEW YORK

LUNCHEON PRESS BRIEFING ON SAFE MOTHERHOOD CONFERENCE

WEDNESDAY, JANUARY 28, 1987

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Safe Motherhood

Safe Motherhood International Conference

NAIROBI, 1987

SELECTED PRESS CLIPPINGS

ON

SAFE MOTHERHOOD CONFERENCE, NAIROBI, KENYA

February 10-14, 1987

Information & Public Affairs Department

WORLD BANK

This news item appeared on page A29 of the February 11, 1987 issue of:

THE WASHINGTON POST

'Safe Motherhood' Drive Launched in Africa

By Blaine Harden
Washington Post Foreign Service

NAIROBI, Kenya, Feb. 10—World Bank President Barber Conable launched a worldwide "safe motherhood" campaign today that he said by the turn of the century will reduce by half the estimated 500,000 women who die each year in pregnancy or childbirth.

Conable's speech at a bank-funded international conference here marks a significant shift in the public profile of the World Bank, the largest and most influential lending institution in the developing world.

In the past, the bank's focus has been on lending for large projects, such as irrigation schemes or road construction, and recently on so-called "structural adjustment" loans aimed at encouraging free-market economic reform.

Conable, a former New York congressman who took the job at the bank last year, said that it and other development agencies have made a fundamental error by concentrating on big-budget projects while ignoring the economic role of rural women in the Third World.

"Planners have slighted the growth that comes from the bottom up," Conable said, especially in Africa, where "women produce as much as 80 percent of the food supply but earn little income and own even less property."

When a mother dies in childbirth, her surviving child has an 85 percent chance of dying within 12 months, according to the U.N. Fund for Population Activities, participating here.

Conable pledged $1 million for a Safe Motherhood Fund, to be managed by the U.N.-affiliated World Health Organization. He said that by 1990, World Bank lending for population, health and nutrition programs will reach $500 million a year—double the current level.

Some of the money will be used to strengthen rural health care for pregnant women, to refer women with problem pregnancies to city hospitals and to provide them with transport, said Conable.

While to support safe motherhood would seem about as controversial as to praise apple pie, the plan is a potential mine field for participating agencies, including the World Bank, that rely on U.S. funding.

A major guarantee of safe motherhood, according to several specialists at the conference, is access to family planning services and safe abortion. One-quarter of the 500,000 women who die annually of pregnancy-related causes have had illegal abortions, according to Dr. Nafis Sadik, deputy director of the U.N. Fund for Population Activities.

Both family planning and abortion are sensitive subjects within the Reagan administration and among influential conservatives in Congress. Last year, the U.S. Agency for International Development withdrew its funding from the U.N. population fund..

AID, which had been the largest single contributor to the fund, held up the money because of charges in Congress, denied by the fund, that it was involved in coercive abortions in China.

This news item appeared on page A20 of the February 7, 1987 issue of:

THE WASHINGTON POST

Foreign Duty, Domestic Disgrace

NEXT WEEK in Nairobi leaders of several international organizations will meet to plan an effort to improve maternal health worldwide. Every year more than half a million women die of causes related to pregnancy. Almost 99 percent of these deaths occur in the developing world, principally in sub-Saharan Africa and South Asia. The causes—malnutrition, lack of education, inadequate health care and faulty means of getting help—will be addressed by officials from the World Health Organization, the U.N. Fund for Population Activities, the World Bank, U.S. AID, Planned Parenthood and interested private foundations. Internationally sponsored health programs have been remarkably successful in recent years. Life expectancy in poor countries has been raised from 43 to 60 in two decades. But the statistics on young women who die in childbirth continue to be discouraging. The Nairobi conference is an important first step in meeting this challenge in the developing world.

Meanwhile, here at home, there is reason to be concerned by statistics on another aspect of childbirth, infant mortality. How can it be possible that, in this wealthy, resourceful and well-educated country, so many infants die in the first year of life? A report issued this week by the Childrens' Defense Fund details the situation. The United States is tied for last place on a table of infant mortality rates in 20 industrialized nations. And, to its shame, this city has a higher rate of infant death than any state and one of the highest among cities. Black children die in infancy at a rate that is almost twice as high as whites. As Neil Henry pointed out in a series of articles in this week's Health Section, newborn infants have a better chance of survival in Mississippi than in the nation's capital.

The only redeeming fact about the infant mortality figures just released is that they are relatively old. The data reflect births and deaths in 1984. There has been a great deal of interest in this problem quite recently. The Better Babies program in the District, for example, was inaugurated in 1984. A group of southern governors embarked on a major program to reduce the rate of infant mortality in their region in 1985. The results of these efforts will not be known until a few cycles of mothers and their children benefit. So maybe things have begun to improve. Still, you have to wonder how we in this country can provide leadership in helping mothers and children in the Third World and do such an unsatisfactory job at home.

2

This news item appeared on page 7C of the February 10, 1987 issue of:

WASHINGTON TIMES

World Bank seeking to cut female deaths

By Donald H. May
THE WASHINGTON TIMES

A half million women, 99 percent of them in developing countries, die each year from causes related to pregnancy and childbirth. The World Bank says this number could be cut in half by the year 2000.

World Bank President Barber Conable, in a speech he is giving today in Nairobi, Kenya, outlines a plan for accomplishing this goal at a cost of about $2 a year per person in areas where the program would operate.

Mr. Conable proposes creation of a $5 million Safe Motherhood Fund, toward which the bank would provide $1 million.

His speech, the text of which was released in Washington, was given at a Safe Motherhood Conference cosponsored by the World Bank, the World Health Organization, the United Nations Fund for Population Activities and several foundations.

More generally, Mr. Conable said the World Bank will put increased emphasis on the role of women in development. In many countries, according to the bank, economic progress is slow to filter down to women, yet their role both in the economy and in the family is critical to the development process.

Closely related to this, Mr. Conable said, the bank plans to double its lending for population, health and nutritional activities. By 1990 it expects to have such in about 50 countries, totaling possibly $500 million in lending, roughly double the 1984-85 level.

According to a recent World Bank study, pregnancy-related deaths account for a third to a half of all deaths to women in the reproductive age group (15-49) in developing countries, compared to 5 percent in industrialized countries.

In many developing countries, 800 to 1,000 of every 100,000 live births end in the mother's death. In the United States, this figure is nine per 100,000. In Canada it is two per 100,000, in China 44 per 100,000. In Somalia and Nigeria the figure is more than 1,000 per 100,000 live births.

The bank's study calls for attacking the problem on two levels: by efforts to improve the well-being of women in these countries generally through better nutrition, health care, education of female children and better economic opportunity for women, and by direct maternal care programs.

Direct care programs would include:

- Stronger community-based health care, in which non-physician workers would screen pregnant women, identify those at high risk and refer them for help. The system would provide prenatal care, delivery, family life education, family planning and encourage better family health and nutrition.
- Referral facilities, such as hospitals and health centers to which emergencies and complicated cases could be referred.
- An alarm and transport system to take women with high risk pregnancies and emergencies to the referral facilities in time.

All three of these pieces must be in place for the system to work, the authors of the study, Barbara Herz and Anthony R. Measham, told reporters at a Washington briefing.

They said preventing a mother's death brings a triple benefit — saving the mother's productivity and her overall contribution to society, saving the life of the infant she is carrying, and improving the prospects that other children in the family will survive.

"We will place far more emphasis on the role of women in development," Mr. Conable said in his prepared text.

He said plans will be developed so that the bank's agricultural, industrial, educational and health programs promote women's progress along with other development goals. Women's issues will be part of the bank's "dialogue" with countries it aids.

Programs in agricultural extension, in farm and non-farm credit and job training will be developed for women. The bank will help promote formal and informal education for women and girls.

3

This news item appeared on page 5 of the Feb. 14, 1987 issue of:

NEW YORK TIMES

Third-World Concern: Deaths During Childbirth

By JAMES BROOKE
Special to The New York Times

NAIROBI, Kenya, Feb. 13 — International health experts here began a campaign today to conquer a third-world health problem that has been largely overcome in the West: the death of women in childbirth.

"The third world is where we were in Europe and the United States at the turn of the century," said Dr. Halfdan Mahler, Director General of the World Health Organization, one of several sponsors of a "Safe Motherhood" conference held here this week to focus attention on what participants called "a hidden tragedy."

At the opening session, on Tuesday, Barber B. Conable Jr., president of the World Bank, challenged participants to "reduce by half the number of women who die in pregnancy or childbirth by the year 2000."

To further this goal, Mr. Conable pledged $1 million in World Bank funds for a "Safe Motherhood Fund" to be managed by the World Health Organization. Mr. Conable also promised to double World Bank lending for population, health and nutrition programs to $800 million by 1990.

"Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children," said Mr. Conable, a former Republican Representative from upstate New York.

The Nairobi meeting was partly an outgrowth of a conference held here two years ago to mark the end of the United Nations Decade for Women. This week's conference drew on new research and personal experiences to bring the problem of maternal mortality into focus.

According to the World Health Organization, one quarter of all deaths of women of childbearing age in developing countries occur during pregnancy or childbirth.

Last year, of 500,000 women who died worldwide in pregnancy or childbirth, 99 percent lived in underdeveloped nations. An American has one chance in 6,366 of dying while pregnant; an East African one chance in 15.

Child Dies if Mother Dies

The death of a mother often means death or hardship for surviving children. In Bangladesh, a study found that when a mother dies in childbirth her infant has a 95 percent chance of dying within a year.

"I remember a group of 20 women in rural Kenya telling me that three women from their community had died in childbirth," said Barbara Herz, an adviser to the World Bank. "I asked them what happened to the children. They said, 'The older ones went to the city to beg, and the younger ones died.'"

In Latin America and in urban Africa, about half of maternal deaths are a result of complications arising from illicit abortions, experts said. Mortality could be cut by a third if women who did not want more children had access to contraceptives, one study said.

One participant in the conference, Barbara E. Kwast, recalled interviewing an Ethiopian tailor whose 35-year-old wife had died because of an attempt to abort her 10th pregnancy. "He did not know anything about family planning services," said Ms. Kwast, a professor of public health who worked in Addis Ababa from 1961 to 1985.

In developing countries, about half of all women go through labor and childbirth without anesthesia or trained attendants. In addition, two-thirds of pregnant women in developing countries are believed to be anemic.

Several conference participants, citing recent medical history, were optimistic that maternal mortality rates could be reduced in underdeveloped countries.

In 1935, it was pointed out, England and Wales had a maternal mortality rate of 400 for each 100,000 live births — not much below India's current rate of about 500. Today, Britain's rate is about 10 deaths for each 100,000 births.

The difference, experts here said, is not economic development but the widespread extension of modern health services: family planning, antibiotics, Caesarian sections, blood transfusions, and hygenic medical practices.

Family Planning Favored

A key step, participants said, is access to family planning. Through the 1970's, many Africans criticized family planning programs as racially inspired limits on their growth. But at this week's conference, which was attended by health professionals from 13 African countries, the mood was heavily in favor of family planning.

"I believe an effective population-management program will considerably improve the quality of life for women and thereby insure safe motherhood," President Daniel arap Moi of Kenya said in the keynote speech.

Participants also discussed other low-cost methods for reducing maternal deaths.

One method that has worked successfully in several countries is building maternity waiting homes adjacent to health centers. One week before her due date a woman moves with her children to one of the homes. This eliminates the need to transport her from a remote site to a health center when an emergency develops unexpectedly.

Caesarians by Midwives

Another proposal that drew much comment was a move by Dr. Sambe Duale of Zaire to teach nurse-midwives how to perform Caesarians if a doctor is not available. In his rural area, he said, midwives perform 30 percent of the 200 to 300 Caesarians a year.

Other solutions included improving rural health centers, extending ambulance service to remote areas and training community health workers to identify pregnant women at high risk.

Down a dirt road in the Nairobi slum of Kawangware, a community of 50,000, the effect of a modestly financed maternal health program could be seen. Built about 10 years ago, the Kabiro Health Care Outpost sends 37 health-care workers into local shacks to explain maternal and child care.

"I haven't seen a mother die of childbirth in five years," Sister Eroni Nakagwa, a nurse-midwife, said today.

This news item appeared on page 16 of the February 9, 1987 issue of:

THE CHRISTIAN SCIENCE MONITOR

Improving prenatal care in third world: experts to explore ways

By Robert M. Press
Staff writer of The Christian Science Monitor

Washington

Preventing the pregnancy-related deaths of some 500,000 women is the focus of an international conference this week in Nairobi, Kenya.

Although little new money for additional health care and family planning is expected to be pledged at the conference, just bringing attention to the issue is valuable, several participants say.

Representatives from some 50 nations are expected to attend the conference, along with the heads of the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA).

More maternal deaths occur in India in a week than in Europe in a year, according to WHO. Out of 100,000 live births worldwide, about 450 women die in poor nations. This compares with about 30 who die in developed nations, WHO says.

"Safe motherhood is an issue whose time has come," says Dr. Anthony Measham, a health adviser to the World Bank. "Almost all [the deaths] are preventable. There really are solutions. We believe maternal mortality can be cut in about half in 10 years" with more health care.

But solutions cost. Every life saved would cost about $6,000 in added health care services, Dr. Measham says.

"A poor country is not going to spend" that amount of money, says Nafis Sadik, an assistant executive director of UNFPA. But there are alternatives that cost less. Greater use of midwives and more training for existing staff would help. Greater use of family planning is also necessary, she adds. WHO reports unwanted pregnancies add to "maternal deaths ... through illegal induced abortion." **[An interview with Fatou Banja, a relief worker who helps Gambian villagers help themselves. Page 33.]**

Measham and World Bank colleague Barbara Herz, an adviser on women's issues, recommend:

- Greater use of nonmedical community health-care personnel to provide better care for pregnant mothers.
- Better staffed and equipped hospitals to handle serious cases and more vehicles to get serious cases to the hospitals quickly.
- More health, nutrition, and family planning assistance to pregnant women.

World Bank president Barber Conable is expected to announce in Nairobi that additional funds will be made available for research on maternal health care. US Agency for International Development (AID) officials are discussing possible commitment of more funding for research and help to governments to develop better heath services for maternity care.

This news item appeared on page of the Feb. 1, 1987 issue of:

LOS ANGELES TIMES (U.S.)

World Bank to Focus on Maternal Deaths

The World Bank next week plans to announce funding for projects in developing countries to reduce the high death rates among pregnant women, which are 50 to 200 times greater than in the developed world.

The current estimate of 500,000 annual maternal deaths could be cut at least in half within a decade by simply strengthening basic health services, said Barbara Herz, a World Bank adviser.

She said one focus will be on programs to reduce the most common causes of death at childbirth—such as hemorrhaging, infection and high blood pressure—by relying on non-physician health workers to identify pregnant women who are at high risk. Herz said the World Bank will announce at a "safe motherhood" meeting in Nairobi that it will substantially increase its funding of such health programs.

A spokesman for the World Health Organization said the disparity between maternal mortality rates in Third World nations and in developed countries is "greater even than the infant mortality rate," generally considered a telling health index.

According to the World Health Organization, mortality rates per 100,000 live births are approximately 640 in Africa, 270 in Latin America, 420 in Asia and 30 in the developed world as a whole.

This news item appeared on page of the Feb. 22, 1987 issue of:

ST. PETERSBURG TIMES (U.S.)

Working to save the lives of women in developing nations

■ Andrew Barnes

Development is a controversial word in urbanizing Florida, but to tens of millions of our world's poorest people development means food enough to eat and jobs and a regular roof to keep out the rain. Everybody wants certain basics. Nobody disagrees.

Then the complications start. This politician has an interest in his home city, that banker likes the rent from the slums. Change, even change entirely for the good, is disruptive.

Barber Conable, the former Republican congressman who is now the president of the World Bank, in a speech 10 days ago in Nairobi, Kenya, proposes that we cut through all this ambiguity with "a new commitment to common decency and common sense."

His particular topic is the role of women in the world's poorest countries. "Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children. And common sense tells us that those needless deaths waste not only precious lives but precious human resources."

He points out that of nearly a half million maternal deaths a year in the developing world, most are avoidable and the price would not be high. Women in these poor countries are 100 times as likely to die in pregnancy as women in developed countries.

Across much of Africa and Asia it is women who draw and carry water, till and plant and harvest, who carry fuel wood and children. "Their backs are bent over cookfires and looms and market stalls and sickbeds."

We who talk about the poor world in terms like macroeconomic policy "have assumed that the benefits of these programs would, in time, flow to men and women alike," Conable said. "But our assumptions have been imperfect; our results uneven. Macroeconomic planners have alighted the growth that comes from the bottom up."

Trickle down doesn't work very well in development aid, either, is what that says. More women have gone to school, yet six of ten school-age girls in the developing nations are still at home, not in school. "In many of the poorest nations, 80 percent of the women over 25 have had no schooling at all," Conable said.

Programs that make loans available to women do work. Conable cited an example from Bangladesh, where repayment rates from women are better than from men. When innovative ways of farming are taught to women, as in Kenya, they are quick to adopt them.

Then, in what sounds very much like a mandate for the World Bank's whole development program, Conable said: "Sustained development must . . . not only create opportunity, but expand access to it."

"We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts on their behalf have been uncertain. Frequently we have not even consulted them or included them in economic planning," Conable said.

In specific, he has ordered the bank to develop programs that "promote women's progress."

Further, "we will emphasize issues affecting women in our dialogues with member countries." The World Bank talks while holding firmly to the purse strings, which can cause listeners to pay closer attention.

The list goes on, including education, and ending with a promise to double lending for population, health and nutrition programs. By 1990 he anticipates projects in 50 countries, with lending for these activities of $500-million per year.

"We believe that through the joint efforts of the developing countries, the bank, other donors, nongovernmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000," Conable said. If that is not worth working for, what could be?

He concluded with an example from our own country, the Frontier Nursing Service, founded more than 50 years ago in backwoods Kentucky. The problems were those of developing nations. Mothers too young and too old. Bad diets. Distant hospitals.

As in the Kentucky program, the Bank's efforts will focus on stronger community-based health care, using nonphysician health workers and emphasizing screening of high risk women. Family planning and other education will be provided. There will be referral systems, so women at risk get to hospitals in time, and an "alarm" system to deal with emergencies. He estimates such a setup will cost no more than $2 per person per year in the developing world.

"We can, in short, be life savers, economically and effectively," Conable said. "The goal is modest. We can reach it. Together, let us begin."

■ Andrew Barnes is editor and president of the *St. Petersburg Times*. ■

TIMES-UNION
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A cheer . . .

. . . for World Bank President Barber Conable, our former congressman, who has pledged $1 million for a Safe Motherhood Fund to strengthen rural health care for pregnant women in Third World nations. The bank, he explained, recognizes the fundamental error in pushing big-budget projects while ignoring the economic role of rural women who, in Africa, produce as much as 80 percent of the food supply but earn little income and own even less property.

Not to denigrate the wisdom of Conable and the World Bank staff, but we see a hidden hand. These thoughts are very similar to the views expressed by the writer who described the U.N. Conference for Women in Nairobi for *Times-Union* readers last August, Charlotte Conable.

The following report was carried on the news at WTOP Radio, February 10, 1987 in Washington, D.C.

SUBJECT Campaign to Reduce Deaths of Women During Pregnancy

JOHN LINKLER: Health agencies from around the world launched a campaign today aimed at reducing the number of deaths of women during pregnancy and child birth.

The World Bank pledged a million dollars for the effort.

The Safe Motherhood Campaign, which seeks to cut in half the more than 500,000 deaths of young women each year, was launched at a conference of delegates from world health agencies meeting in Nairobi, Kenya.

THE STANDARD (U.K.)

Bank's £660,000 to save babies

£350

WASHINGTON, Tuesday. WORLD Bank president Barber Conable said the organisation will dedicate £660,000 for a global fight against the pregnancy and child delivery complications that kill 1400 women every day.

Conable said the World Bank will double its lending for population, health and nutrition activities over the next three years.

The bank's commitment will serve as the basis for a safe motherhood fund to be managed by the World Health Organisation.

Its goal is to halve by 2000 the number of women who die in pregnancy or childbirth.

"Common decency tells us that it is intolerable that 1400 women die every day in the process of carrying or delivering their children," said Conable.

"And common sense tells us that those needless deaths waste not only precious lives, but precious human resources."

THE TIMES (U.K.)
Feb. 14, 1987

African loans hope

The president of the World Bank, Mr Barber Conable, said yesterday that he hoped the Bank would soon be able to assist African countries with more easy-term concessional loans from the International Development Association (IDA). This would be possible as a result of a $12.5 billion (£8.22 billion) replenishment to IDA's resources negotiated recently with some donor nations, he said as he left Nairobi for Zambia. About $3 billion (£1.97 billion) would be in concessional lending.

He said the World Bank would try also to encourage the kind of economic adjustment that would attract direct private investment and the transfer of skills that could lead to an improved quality of life for people on the continent.

This news item appeared on page 17 of the Feb. 13, 1987 issue of:

FINANCIAL TIMES (U.K.)

Crusader at the World Bank

By Michael Prowse

IT IS probably fair to say that Mr Barber Conable's appointment as World Bank president last year was widely regarded as uninspired. Mr Conable had a record as a decent and competent US Congressman but no experience of running a large and complex organisation and little knowledge of either banking or development economics. In the Third World, the question on everybody's lips was "Barber who?"

Nearly a year later, it is still far too early to judge whether Mr Conable will be a good, bad or indifferent World Bank president. He has not produced a brilliant new plan to deal with the debt crisis — but then nobody suggested he was another Lord Keynes. On the other hand, he does seem to be bringing to development issues a passion that perhaps was lacking in his predecessor, Mr A. W. "Tom" Clausen. His inaugural address of last September and a speech delivered in Nairobi this week carry an emotional charge that would embarrass a run-of-the-mill speechwriter.

The Nairobi speech develops a theme referred to only fleetingly in the inauguration address: the role of women in development. It is rather striking that, when most economists are debating the relative merits of different types of financing facility and different recipes for macro-economic adjustment, Mr Conable should zero-in on a structural problem of vast proportions—so vast that it has never been properly tackled. Relief agencies have highlighted again and again the plight of children in the Third World. How often have they worried specifically about the mothers?

Mr Conable has not yet chained himself to railings on behalf of Third World women, but there is no doubting his outrage at their physical and economic subjugation. He points out that they face a risk of death in pregnancy that is 100 times as high as in the developed world and that about 1,400 women die every day in the course of carrying children or giving birth. The deaths are mostly unnecessary and could be averted by quite small investments in basic health care and nutrition.

Women's economic deprivation is almost as worrying. They do two-thirds of the world's work, produce 60-80 per cent of Africa's and Asia's food, yet earn only one-tenth of the world's income and own less than 1 per cent of the world's property. In Africa in particular women do the hardest work for the least pay, often for no pay.

The discrimination is not just bad in itself; it is holding back Third World development. Much aid money goes directly to men and never reaches the women who do the productive work. Mr Conable points out that when (as in Bangladesh) credit for small business or agriculture is available to women, they prove to be excellent risks with better repayment rates than men. When backed in agriculture, women have often adopted more efficient farming techniques.

How can Third World women be helped? To combat maternal deaths, the World Bank is helping to establish a Safe Motherhood Fund. The aim is to cut in half deaths in pregnancy and childbirth by the year 2000. Economic and social discrimination poses a deeper challenge. Women's conception of their own role is likely to change only gradually as a result of better education. Few people get a good education in the poorest countries, but women on average do much worse than men: 80 per cent of women over the age of 25 have had no schooling at all and six out of 10 school-age girls are still in the home instead of in class; only half of women in developing countries are literate compared with two thirds of men.

Mr Conable's rhetoric about development is encouraging. In the long run, however, he will be judged by his actions. He claimed in his inaugural address that in the World Bank he had found the thing Archimedes had dreamed of: a place from which to move the world. It is now just a matter of getting the lever into position.

This news item appeared on page of the February 16, 1987 issue of:

SCOTSMAN/EDINBURGH (U.K.)

Matters of life and death

SUE ARMSTRONG on the risks of maternity in the Third World

THERE is a popular belief that unsophisticated peasant women give birth as easily as shelling peas and get to work in the fields within hours. This is a complete myth. In fact poor women in developing countries often face fearsome risks in becoming pregnant, and an estimated half million of them a year die as a result.

A quarter of all deaths of women between the ages of 15 and 44 years in developing countries are maternal deaths, whereas in the West only one in 100 is attributed to pregnancy.

The biggest killers, responsible between them for 60 per cent of maternal deaths, are haemorrhage, infection of the reproductive organs, and eclampsia — fits brought on by high blood pressure in pregnancy. The tragedy is that all these conditions are eminently treatable, but the health services in developing countries are woefully inadequate. Few women receive regular antenatal care and hospital is often the distant and desperate last resort of a woman with problems she never anticipated. If she gets there at all, she may find overworked or incompetent staff, or the place lacking the most basic necessities for her treatment, such as drugs or blood, or even equipment for transfusion.

T. G. Price, a consultant obstetrician in the southern highlands of Tanzania, paints a poignant and all too familiar picture of conditions in the Third World. In Tanzania "there is seldom a reservoir of blood available in a hospital for emergency cases, yet haemorrhage in obstetrics is often sudden and catastrophic." Analysing the causes of 89 maternal deaths in hospital, he writes: "One woman who died from haemorrhage had arrived at hospital after walking 15 kilometres. No blood was available in the laboratory for an emergency transfusion and relatives were not available to give blood. She died of shock shortly after admission."

Sixteen other mothers in the sample had also needed transfusions that the hospital could not provide, and Dr Price explains: "The laboratory staff felt that blood could be obtained from the local population or police and army only if a reward, such as a pint of beer, were offered, but there was no money for this purpose as a rule."

The effect of a poor facilities at hospitals is compounded by the fact that wom en often arrive in such poor condition that any treatment might kill themm. They might, for instance, have been treated already by a traditional midwife with herbal remedies, or even crude surgery with dirty instruments, rendering them unfit for anaesthetic or modern drugs.

But narrowing the focus to a woman's final hours in hospital, or even village hut, will give the mistaken impression that her death was simply a tragic misfortune.

It is no coincidence that figures for maternal mortality are highest where women's lives are cheapest. Yet general poverty — which is presumed to put men, women and children at equal disadvantage in health terms — has tended to obscure the potent role of sex discrimination in this equation.

It is discrimination not poverty that causes little girls to be given less food than their brothers as they grow up, less care during sickness, less chance of going to school. And it is discrimination rather than poverty that burdens adult women with longer hours of work than their menfolk, that takes decisions about marriage and childbearing out of their hands.

For Nigerian doctor, Kelsey Harrison, working in the northern Region of Zaria, the links are clearr between wommen's low status and the risks they face in producing their families. "In Zaria many women are married in their very early teens. They will not have been to school or be trained in any skills at all, so outside of marriage there is *nothing*," he says.

"The husband has complete authority over his wife, so that even if she becomes ill while he is absent from the village, noone will be willing to make a decision to send her to hospital.

In the end, saving maternal lives in developing countries will depend as much on changing social attitudes as on improving the health services. This is one of the messages that WHO, the World Bank and the UN Fund for Population Activities stressed last-week, as they llaunched a campaign whose ultimate aim is to make motherhood as safe for Third World women as it is already for Westerners. It will be a long haul. As things stand at present, roughly 32 African, 28 South Asian, or 13 Latin American women lose their lives for every one Westerner.

ne) ont observé une grève générale

Offensive contre la mortalité maternelle

NEW YORK (Nations Unies) (AFP) — Trois agences spécialisées des Nations Unies — la Banque Mondiale, l'Organisation Mondiale de la Santé (OMS) et le Fonds pour les activités en matière de Population (FNUAP) — sont parties en guerre contre la mortalité maternelle, qui tue chaque année 500,000 femmes dans le monde, le plus souvent en Asie du Sud et en Afrique.

Pour mobiliser les gouvernements et Organisations non gouvernementales (ONG) sur ce problème, et mettre en place un programme d'action, elles organiseront le mois prochain une conférence internationale de quatre jours à Nairobi à laquelle devraient participer des représentants de plus de 50 pays en développement.

Si dans les pays développés les cas de décès à l'accouchement sont devenus un phénomène de plus en plus rare (entre 2 et 10 pour 100,000), ils restent en revanche fréquents (entre 800 et 1,000 pour 100,000) dans le Tiers monde et les trois quarts de ces décès sont essentiellement dus à cinq facteurs: hémorragie interne, infection sévère, toxémie, accouchement difficile et avortement (le plus souvent illégal).

Pour Mme Barbara Herz, expert de la Banque Mondiale, qui a pris une part prépondérante dans la préparation de la conférence de Nairobi, "le moment d'agir" est venu pour réduire les risques de la maternité et des efforts spécifiques pourraient produire des résultats tangibles rapidement.

Selon les études de la Banque Mondiale, la mortalité maternelle pourrait être réduite d'environ de moitié en l'espace de dix ans, en consacrant $2.70 can. par an et par habitant à des programmes d'éducation (y compris de planification familiale) et de soins maternels de base. Dans les pays les moins avancés les dépenses annuelles de santé s'élèvent environ à $12.15 par habitant pour atteindre cet objectif.

Depuis le début de l'actuelle décennie, la Banque Mondiale est d'ailleurs devenue l'une des principales sources de financement des programmes de santé dans le Tiers Monde, au côté des Etats Unis et du Japon, et elle entend continuer à développer ses activités dans ce domaine.

This news item appeared on page 55/56 of the February 18, 1987 issue of:

JEUNE AFRIQUE (France)

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MOURIR EN DONNANT LA VIE

« Problème secret ». On fait grand bruit des millions d'enfants qui disparaissent au cours de leurs premiers mois d'existence. Mais on garde le silence sur les décès qui sont liés, chez une femme, au fait de donner la vie. La mortalité maternelle, c'est-à-dire survenant durant la grossesse et dans un délai de 42 jours après l'accouchement, est de l'ordre de 10 pour 100 000 naissances en Europe du Nord.

Le chiffre est plus élevé en Europe du Sud... et en France : de l'ordre de 15 pour 100 000.

Au Sénégal, on déplore 1 800 morts maternelles pour 200 000 naissances environ. Un récent rapport de la Banque mondiale révèle que 500 000 femmes dans le monde décèdent chaque année à la suite d'une grossesse, la quasi totalité dans les pays du Tiers Monde.

« Aucun chiffre, a déclaré le Pr Emile Papiernick (Hôpital Antoine Béclère, Clamart, France) ne traduit le sous-développement avec plus de pertinence que celui de la mortalité maternelle. » Il a tenté d'en analyser les causes. En France, constate-t-il, l'apparition de la pénicilline, la mise en place de la Prévention maternelle et infantile, les progrès de l'anesthésie ont diminué les risques de mortalité liée à l'enfantement. Mais des progrès datent d'avant l'existence de cette triade.

Les chiffres sont brutalement passés de 200 à 50 décès pour 100 000 naissances entre 1918 et 1939.

Raison de ce succès ? La généralisation de la césarienne et le fait que les femmes se sont mises à accoucher dans des établissements appropriés. Des enquêtes réalisées en Amérique latine montrent qu'il n'y a baisse de la mortalité maternelle que quand un quart au moins des naissances se déroule dans une institution.

Dans la plupart des cas, ces décès ont des causes obstétriques directes (hémorragies de la délivrance, infections graves, etc.) ou sont dus à des avortements le plus souvent illégaux, pratiqués selon des méthodes primitives. Selon le Pr Papiernick, deux tiers des accidents obstétricaux (au cours de l'accouchement) sont évitables « avec des moyens modestes », c'est-à-dire en créant de petites unités où du personnel compétent puisse, dans les meilleurs délais, effectuer le geste thérapeutique qui sauve.

Le Pr Papiernick a assorti son propos de remarques ironiques sur les accoucheuses traditionnelles, tant vantées par l'OMS (Organisation mondiale de la santé), qui « tiennent la main » de la femme durant l'accouchement. Un autre orateur n'a pas hésité à qualifier la médecine traditionnelle de « cache-misère ».

Il n'en a pas fallu plus pour qu'un débat assez vif ne s'engage dans la salle. L'accouchement en institution, c'est bien, ont rétorqué plusieurs participants (pas tous africains), mais encore faut-il en avoir les moyens...

Dans l'état de dénuement où se trouve l'Afrique, il va de soi que les matrones traditionnelles et autres agents de soins de santé primaire ont leur rôle à jouer. Bien formés, ils peuvent :

- déterminer les grossesses à problème, qui vont nécessiter l'orientation de la femme vers un centre spécialisé ;
- mener à bien un accouchement de routine.

Mais il faut à ces « médecins aux pieds nus » un « filet de sécurité », une structure qui puisse prendre en charge les cas à haut risque et les problèmes imprévisibles. Ceci nécessite, bien entendu, la mise en place d'un système d'alarme et de transport.

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This news item appeared on page of the Feb. 18, 1987 issue of:

LA CROIX (France)

MATERNITÉ SANS RISQUE

UNE CONFÉRENCE DE L'OMS A NAIROBI DÉNONCE LES 500000 ACCOUCHEMENTS MORTELS ANNUELS, DONT 99 % DANS LES PAYS DU TIERS MONDE

De notre correspondante

Un demi-million de femmes meurent chaque année des suites de leur grossesse. Un demi-million dont 99 % dans les pays sous-développés. Ces chiffres accablants, les 120 délégués présents à Nairobi la semaine passée, qui se réunissaient sous l'égide de l'OMS, les ont dits et répétés, dressant un tableau détaillé de ce qu'on appelle désormais, dans les bilans statistiques, la « mortalité maternelle ». Principaux continents concernés : l'Afrique, l'Asie et certains États d'Amérique latine. Dans ces pays-là, « les taux de mortalité maternelle sont 200 fois supérieurs à ceux de l'Europe et de l'Amérique du Nord », précisera le directeur général de l'Organisation mondiale de la santé, le docteur H. Mahler.

La « découverte » de cette tragédie, massive et quotidienne, qui frappe les pays du tiers monde n'a été faite que récemment : « La plupart des pays ou la mortalité maternelle est élevée sont aussi ceux ou l'inscription des décès sur les registres d'état civil, sans parler d'un certificat indiquant la cause du décès, est souvent inexistante », explique encore le docteur H. Mahler. Ce n'est, en effet, qu'à partir de 1974 que les premières enquêtes sérieuses ont été réalisées, permettant « pour la première fois de voir le problème dans sa réalité ».

Au-delà de ce constat, cette Conférence de Nairobi « doit déboucher, non seulement sur des réflexions et des discours, mais sur une action concrète », a affirmé le président de la Banque mondiale, Barber B. Conable. « La Banque mondiale envisage de contribuer à la création, sous les auspices de l'OMS, d'un fonds pour la maternité sans danger. (...) Nous sommes prêts à y verser une contribution de 1 million de dollars dans le cadre du budget de trois ans dont le montant prévu est de 5 millions de dollars », a-t-il ajouté.

Selon lui, dix ans pourraient suffire pour réduire le taux de mortalité maternelle de moitié. Le coût d'une telle opération n'a rien, *a priori*, de faramineux : il s'agit avant tout de renforcer les systèmes de santé déjà existants.

Le fait, hélas, que des milliers de femmes (1400 par jour, exactement...) meurent des suites d'un accouchement, n'est pas une malédiction isolée. Pour améliorer les conditions de vie et de survie des mères, ce sont les conditions de vie et de survie des femmes tout court qu'il faudrait voir changer. Le seul exemple de l'Afrique en dit long : « Dans beaucoup de pays parmi les plus pauvres, 80 % des femmes de plus de 23 ans ne sont jamais allées à l'école. » Et, tandis que ce sont les femmes africaines qui produisent la quasi-totalité de la production alimentaire, ce sont elles les plus mal payées (quand elles le sont...).

Traitées en êtres humains de seconde zone dans tous les domaines – social, professionnel ou culturel –, pourquoi les femmes ne le seraient-elles pas aussi quand il s'agit de leur santé de mère?

« C'est intéressant, tout ce que vous dites..., lancera, lors d'une conférence de presse, une journaliste kenyane. Mais qu'est-ce que ça va donner au niveau des gouvernements? Les ministres vont lire le dossier. Eux aussi, ils trouveront ça intéressant! Et puis, comme d'habitude, ça finira dans un tiroir. » Pessimisme excessif? Sans doute. A la radio kenyane, le même jour où la Conférence s'achevait, un speaker racontait d'une voix neutre le drame d'une écolière, enceinte de son professeur, et qui est aujourd'hui en train de mourir dans un hôpital de Nairobi, des suites d'un avortement clandestin.

Catherine SIMON

Summary translation of news item appearing in LA CROIX (France) on February 18, 1987

Safe Motherhood

Half a million women die each year as a result of pregnancy, 99% of them in the continents of Africa, Asia and Latin America, where maternal mortality rates are 200 times higher than in Europe or North America. Speaking to the Safe Motherhood Conference in Nairobi, WHO Director General Mahler said that in most countries with high maternal mortality rates there were no official death records, let alone certificates showing cause of death. For this reason, this tragically high statistic had been discovered only recently. According to Barber Conable, the aim of the Conference was to boost affirmative action. He pledged $1 million in World Bank funds to a $5-million Safe Motherhood Fund to be sponsored by WHO. He foresaw a 50% reduction in maternal mortality within 10 years, at no great cost, since this would mainly involve strengthening existing health care systems.

To improve the living and survival conditions of mothers, it was necessary to improve the living and survival conditions of women in general. In many of Africa's low-income countries, 80% of adult women have never attended school. And while women are responsible for nearly all of the food production, they are the lowest paid (if paid at all). Since they are treated as second-class human beings in all areas -- social, political, and cultural -- why should their treatment be any different when they go through pregnancy and childbirth? (GSCLS)

This news item appeared on page 1/4 of the February 19, 1987 issue of:

LE MONDE (France)

Les risques de la maternité dans le tiers-monde

Enfanter dans la mort

Chaque année, près de 500 000 femmes du tiers-monde meurent en accouchant. Une conférence sur « la maternité sans risques » vient d'avoir lieu à Nairobi (1). Une action doit être entreprise pour que le nombre de décès au cours de la grossesse ou de l'enfantement soit réduit de moitié avant l'an 2000.

NAIROBI
de notre correspondant

« *Tu enfanteras dans la douleur* », dit Yahvé à Eve après que, dans le jardin d'Eden, elle eut croqué la pommme. Cette citation du livre de la Genèse, M. Halfdan Mahler, directeur général de l'Organisation mondiale de la santé (OMS), s'en est servi pour introduire la conférence sur « la maternité sans risques » et constater qu'« *à notre époque ni la grossesse ni la souffrance ne sont également réparties dans le monde* ».

Et M. Barber Conable, président de la Banque mondiale, de préciser : « *Les femmes des pays pauvres risquent cent fois plus de mourir au cours de leur grossesse que celles des pays industrialisés.* »

N'estime-t'on pas, en effet, que, chaque année, 500 000 femmes meurent de complications de la grossesse ou de l'accouchement dont 6 000 seulement dans les pays riches ?

Circonstance aggravante : le risque pour le nouveau-né de ne pas survivre à sa mère. Au Bangladesh, lorsqu'une femme meurt en donnant naissance à un enfant, la probabilité qu'a celui-ci de mourir avant l'âge de un an est de 95 %...

Comme la plupart des pays où la mortalité maternelle est la plus élevée ne possèdent pas de registres d'état civil à jour, la gravité de ce problème a ainsi, jusqu'à une date récente, échappé à l'attention des gouvernements. Il a donc fallu lancer des enquêtes méticuleuses pour découvrir l'ampleur du drame.

« *La mortalité maternelle est une tragédie que l'on a négligée parce que les victimes sont des pauvres, des paysannes et, surtout, parce que ce sont des femmes* », a remarqué M. Mahler. « *Depuis trop longtemps, les « dos courbés » des femmes du tiers-monde ne sont que trop négligés par les responsables de la planification*, a renchéri M. Conable. *Dans le monde, elles font les deux tiers du travail et ne gagnent qu'un dixième des revenus. Elles sont parmi les plus pauvres d'entre les pauvres.* »

Les femmes du tiers-monde sont, en effet, soumises à toutes les corvées – travail de la terre, ramassage du bois, collecte de l'eau, etc. Elles sont victimes de toutes les discriminations, scolaire et professionnelle, puisque les garçons ont presque toujours le pas sur les filles. On estime que les deux tiers au moins des femmes enceintes dans les pays en développement présentent des signes cliniques d'anémie. Ainsi, des femmes au bassin trop étroit finissent par mourir au cours d'un accouchement difficile. Affaiblies, elles sont plus facilement sujettes à des infections ou à des hémorragies.

La planification familiale est une arme indispensable dans la lutte contre la mortalité maternelle. Or dans les pays en développement, les femmes analphabètes ont deux fois plus d'enfants que les femmes instruites. Ainsi, la grande majorité des avortements illégaux – des millions par an – qui ont pour conséquences des milliers de décès par hémorragie et septicémie, sont imputables à l'ignorance de la contraception. Et que dire des adolescentes déjà mariées à l'âge de treize ans (70 % au Népal et 90 % au Bangladesh).

Comment ne pas compter aussi avec le poids énorme des traditions ? Dans certaines sociétés, l'accouchement est considéré comme impur et « polluant » et la femme en travail doit s'isoler. Dans certaines régions de la Papouasie-Nouvelle-Guinée, le fait que le personnel des postes de santé soit essentiellement masculin dissuade les femmes de lui demander conseil pour des problèmes obstétricaux.

Formation et dépistage

Reste le sous-développement lui-même. Manque de personnel compétent – plus de la moitié des femmes du monde entier accouchent sans l'assistance d'une personne qualifiée – et mauvaise répartition géographique : au Nigéria, dans les années 80, plus de 90 % des deux cents obstétriciens travaillaient à Lagos et dans les chefs-lieux de province. Manque de centres de santé, d'instruments et de médicaments, de moyens de transport aussi. Manque de moyens financiers enfin, car les soins ne sont pas toujours gratuits, qu'il s'agisse d'honoraires ou de... pots-de-vin.

Que faire ? « *Il ne s'agit pas de construire de grands hôpitaux ou de nouvelles écoles de médecine*, a insisté M. Mahler, *mais de former davantage de sages-femmes ou d'accoucheuses traditionnelles, de renforcer le réseau de soins de santé primaires au niveau du district et du sous-district.* » De manière à dépister systématiquement les grossesses. Une telle politique, accompagnée d'une vigoureuse campagne de planification familiale – au Mexique, plus de 40 % des utilisateurs de contraceptifs s'approvisionnent dans des boutiques et non auprès des dispensaires – « *pourrait*, selon le directeur général de l'OMS, *réduire de moitié ou des deux tiers, le nombre des complications pré ou post-natales dont l'issue peut être fatale* ».

« *Ces soins de santé maternelle ne devraient pas coûter plus de 2 dollars par an et par habitant, alors que 9 dollars sont actuellement dépensés en moyenne pour l'ensemble des soins de santé dans les pays à faible revenu* », a indiqué M. Conable. Or, de l'avis des experts, un investissement d'un seul dollar par an et par habitant devrait permettre de réduire la mortalité maternelle d'au moins 25 % en dix ans. A cet égard, le président de la Banque mondiale a proposé la création d'un fonds pour la maternité sans danger de 5 millions de dollars auquel la banque s'est engagée à verser 1 million de dollars.

La conférence de Nairobi a opté pour un « *appel à l'action* » qui sera transmis aux autorités concernées avec l'espoir que son message sera entendu. Que pouvait-on attendre de mieux de pareille réunion si ce n'est qu'elle ouvre les yeux des participants sur le drame de la mortalité maternelle et qu'elle les pousse à agir, « *avec enthousiasme, détermination et imagination* ».

JACQUES DE BARRIN.

(1) Du 10 au 13 février, sous les auspices conjoints de la Banque mondiale, de l'OMS et du Fonds des Nations unies pour les activités en matière de population.

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Summary translation of news item appearing in LE MONDE (France) on February 19, 1987

Death in childbirth

At the Safe Motherhood Conference in Nairobi, World Bank President Conable noted that women in poor countries are 100 times more likely to die during pregnancy than those in the developed world. An estimated 500,000 women die each year from complications of pregnancy or childbirth, a mere 6,000 of these in the wealthy countries. An estimated two-thirds of pregnant women in the Third World are anemic, hence highly susceptible to often fatal infection or hemorrhaging during labor. The death of the mother usually means the death of the newborn within a year. According to WHO Director General Mahler, this issue has been neglected because the victims are poor rural dwellers, and above all because they are women.

Family planning is essential to control maternal mortality and prevent illegal abortions. Traditions must also be overcome: in some societies, childbirth is considered dirty and a woman in labor must isolate herself from others. Women are also reluctant to ask male health personnel for advice. Other root causes are the shortage of health centers, equipment, medications and vehicles, patient inability to pay for health services, and uneven geographic distribution of obstetricians

According to Mahler, the solution is not to build huge hospitals or medical schools, but to train more midwives and strengthen local primary health care networks. Such a policy, combined with a vigorous family planning campaign, could reduce by half or more the number of fatal pre- and post-natal complications.

This maternal health care should not cost more than $2 per annum per inhabitant, said Mr. Conable. He proposed a $5-million Safe Motherhood Fund, pledging a $1 million contribution from the Bank. (GSCLS)

This news item appeared on page 54 of the February 13-19, 87 issue of:

L'EXPRESS (France)

46/3

Une peule du Burkina Faso.

MORTALITÉ MATERNELLE

De 1 000 à 1 500 femmes meurent chaque jour des suites d'une grossesse. 99 % d'entre elles sont originaires de pays en voie de développement. Pour lutter contre ce fléau, la Banque mondiale, l'O.m.s. et le Fonds des Nations unies pour les activités en matière de population viennent d'organiser à Nairobi une conférence internationale sur le thème de « La maternité sans risques ». Un plan d'actions concrètes a été proposé pour « réduire de moitié, en dix ans, le nombre de ces décès ». Coût de l'opération: 2 dollars par habitant et par an.

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This news item appeared on page 20 of the February 6, 1987 issue of:

DAGBLADET (Norway)

BARSEL-DØD RAMMER 500 000 KVINNER

En halv million kvinner dør årlig etter komplikasjoner i forbindelse med svangerskap og fødsel. 99 prosent av dem, eller 455 000, er kvinner fra u-land.

Av KRISTIN EGGEN

Å redusere dette tallet med halvparten ville ikke koste mer enn to dollar, eller 14 kroner pr hode, heter det i en rapport fra Verdensbanken og Verdens helseorganisasjon.

— Det er blitt vist en stor og positiv interesse for sultproblemet i Afrika den siste tida. Det faktum at komplikasjoner i forbindelse med svangerskap og fødsel er den fremste dødsårsaken blant kvinner i u-land, har dessverre ikke fått like mye oppmerksomhet, heter det i rapporten.

En kvinnes generelle helse er avgjørende for om hun skal kunne føre fram et sunt og sterkt barn, og for at hun selv skal klare påkjenningene ved graviditet og fødsel. I områder der helsetjenesten er lite utviklet, og der fattigdom og underernæring gjør at kvinnene er generelt svake, gir dette seg utslag i dramatisk høye tall på kvinner som døde i barselseng.

Dårlig kontroll

I Afrika dør 640 av 100 000 kvinner under graviditet og fødsel. Til sammenlikning er dette tallet bare 20 pr 100 000 i Europa og i USA. Bare 34 prosent av kvinnene i Afrika får jevnlig helsekontroll under graviditeten, mens tallet stiger til 100 prosent for Vest-Europa og Nord-Amerika.

Blødninger

Blødninger og infeksjoner før, under og etter fødselen kan være livstruende om man ikke får øyeblikkelig hjelp. I avsidesliggende landsbyer er det ofte så godt som umulig å få kvinnene til helsepersonell i tide, heter det i rapporten.

En annen faktor er at fødende kvinner i u-land ofte er unge, veldig unge. Får man barn det første året etter første menstruasjon, er man ikke utvokst selv, og fødselsveiene kan være for trange i forhold til babyenes hode. Dermed risikerer man skader som istykkerriving av vevet mellom livmor og urinblære, noe som kan føre til alvorlige infeksjoner, eller man får uforholdsmessig sterke blødninger.

Omskjæring

Dette gjelder også i de tilfellene der kvinnen er omskåret. Ved omskjæring blir vevet i kjønnsorganene skadd og lite elastisk, og risikoen for livsfarlig blodtap blir mye større enn ved en vanlig, sunn fødsel.

I rapporten heter det at selv om dette er dramatiske forhold, så stiller man seg optimistisk til mulighetene for løsning. Erfaringene fra Europa og Nord-Amerika viser at det er mulig å redusere antall barseldødsfall til det nesten ikke-eksisterende.

Man ønsker særlig å satse på opplæring av de tradisjonelle jordmødrene på landsbygda. Disse er ofte den eneste form for hjelp kvinnene har tilgang til under graviditeten og fødselen.

Man diskuterer også muligheten av å opprette såkalte «mødrestasjoner», bemannet med kvalifisert helsepersonell. Der kunne mødre med spesielle risikofaktorer kunne tilbringe tida før og etter fødselen. Dette har vist seg vellykket de steder man har prøvd det, for eksempel på Sri Lanka.

Rapporten advarer mot å se kvinners død i forbindelse med fødsler som noe isolert problem.

This news item appeared on page 1 of the February 6, 1987 issue of:

Daily Norwegian Journal

DEATH IN CHILDBIRTH KILLS 500,000 WOMEN

Half a million women die annually from complications caused by pregnancy and birth. 99 percent of these women, or 455,000 are from developing countries.

By Kristin Eggen

According to a joint World Bank and World Health Organization report, it would cost less than two dollars or fourteen (Norwegian) Kroner, per person to cut this figure in half.

The hunger problems in Africa have recently received a great deal of attention which is very constructive. But the fact that complications stemming from pregnancy and birth are the foremost cause of death among women in developing countries has not received an equal amount of attention, the report goes on.

The general health of a woman determines whether she is capable of carrying a strong and healthy child and whether she can handle the strain and stress connected with pregnancy and birth. In areas in which the health sector is only developed a little and in which poverty and undernourishment cause the women to be generally weak, the figures showing women dying in childbirth are dramatically high.

Poor Control

In Africa, 640 out of every 100,000 women die during pregnancy and birth. By comparison, these figures are only 20 out of every 100,000 in Europe and the United States. Only 34 percent of the women in Africa have their health checked during pregnancy, while the figures are 100 percent for Western Europe and North America.

Bleeding

Bleeding and infections which occur before, during and after birth may be life-threatening if help is not immediately available. According to the report, it is basically impossible that women who live in isolated areas be checked by medically trained personnel.

Another factor is that in many instances, women in the developing countries that give birth are often very very young. A woman who becomes pregnant within the year of her first menstrual period is not yet fully grown, and her birth canals may be too narrow to accommodate a baby's head. That may cause damage such as tearing of the tissue

located between the uterus and the bladder, which, in turn, can cause serious infections or heavy bleeding.

Circumcision

This also applies to situations in which the women have been circumcised. By circumcision, the tissue in the sexual organs is damaged; it becomes less elastic whereby the risk of life-threatening blood loss is more pronounced than by a normal, healthy birth.

Although these figures are quite high, the report indicates that there is reason to be optimistic when considering the chances of solving these problems. Experience from Europe and North America shows that it is possible to reduce the puerperal mortality rate and make it almost non-existent.

It is particularly important that investments be made to train traditional midwives at the village level because they are often the only help available to village women during pregnancy and birth.

The possibility of establishing the so-called "maternity stations" to be manned by medically trained staff is being discussed. Mothers in special risk groups could spend some time there before and after giving birth. Such stations have proven quite successful where tried, like in Sri Lanka.

The report warns against viewing the issue of women dying in childbirth as an isolated problem.

This news item appeared on page of the February 10, 1987 issue of:

Svenska Dagbladet (Sweden)

Oxfilén kryddas av u-länders nöd

Först serveras drinkar och redan vid förrätten, en utsökt fiskkomposition, får vi kännedom om problemets räckvidd. 500 000 kvinnor i de underutvecklade länderna dör varje år i havandeskap och barnsäng.

Det är Världsbanken som bjuder. Barbara Herz har kommit direkt från Washington för att informera svenska journalister. Hon talar med sådan glöd och inlevelse att kyparna otåligt börjar kretsa kring hennes orörda mat. De fyller på vin.

Inbjudan till lunchen med briefing, som betyder information, kom per telefon och brev från Paris och nu sitter vi i en festvåning i kajutaform på ett av Stockholms berömda hotell. Banken har sänt emissarier till många av Europas länder för att på det här viset förbereda pressen på ett storstilat projekt, som gäller just de döende barnaföderskorna i u-världen.

Ingmar Lindmarker

Den unga amerikanskan bläddrar fram en brutal statistik. 99 procent av dödsfallen inträffar i de fattigaste länderna. Risken för en havande kvinna att dö av barnafödande är hundratals gånger större i delar av Afrika och Asien än i Sverige eller USA. Varje minut dör en kvinna på det sättet, nu medan vi väntar på varmrätten dör någon så, och för varje kvinna som avlider dör ett barn, alltså en halv miljon eller mer varje år.

Hovmästaren beslutar sig för att måltiden måste fortsätta. Tallrikarna dukas av och följs av nya, alldeles heta.

Nu säger kvinnan från Världsbanken att de flesta mödrarna, de blivande mödrarna, dör därför att de är svaga av blodbrist och undernäring eller av dålig hygien. Det är tråkigt att tala om sådant över lunch, säger hon, för det påverkar vissa människor, men vanligen blöder kvinnorna till döds. Många är tonåringar som inte är mogna att få barn, andra har blivit med barn för många gånger och dukar under av infektioner.

Vi har fått var sin behändig informationspärm till våra kuvert. På ett nyhetsblad läser jag: "Föreställ er att var fjärde timme, dag ut och dag in, störtar en jumbojet och att alla ombord dödas. De 250 passagerarna är kvinnor, de flesta i sin bästa ålder, några av dem tonåringar. De är alla havande eller har just fått barn."

Oxfilén är mör och röd, med en mycket lyckad kryddsås. Nej tack, inget vin men gärna litet mer isvatten.

Bilder på näthinnan, är det Nigeria för så länge sedan? Kvinnor sittande i sanden, småbarn krälande omkring dem. En biståndsarbetare förklarar att det är vattnet som dödar dem och att vatten från en ny brunn skulle rädda deras liv.

Nu kommer isvattnet. Barbara Herz får frågan varför så litet har gjorts för mödrarna som dör och lämnar sina barn döende. Hon svarar dröjande att det kanske beror på att kvinnor alltid har dött så här. I många länder inträffar hälften av alla dödsfall bland kvinnor mellan 15 och 49 år i samband med havandeskap och födsel. Så har det alltid varit.

Det går inte att tacka ja till lunch och bara serveras fakta. Och den som tackar nej blir utan.

Just den här tisdagen, den tionde februari, lanserar Världsbanken på en internationell kongress i Nairobi ett program som på tio år skall kunna halvera antalet dödsoffer bland havande och födande kvinnor. Hur mycket banken kommer att anslå är en hemlighet tills i dag, men tanken är att denna livräddningsaktion för världens olyckligaste inte skall behöva kosta mer än tvådollar per capita i de berörda länderna.

Hur många capita är vi vid bordet? Till dessert är det glass, med en strimma av rom i vispgrädden.

Världsbankens satsning, om den nu går igenom, kommer att ge hundratusentals kvinnor möjlighet att se fram mot barnafödandet som en fest och högtid, inte en tragedi. Kliniker skall byggas, upplysningen och den förebyggande hälsovården förbättras, antalet läkare och ambulanser mångdubblas.

Det har varit en välkomponerad måltid. Kaffet måste vi skynda oss ifrån för nyheternas skull. Barbara Herz har ägnat sitt yrkesliv åt att hjälpa u-världens kvinnor. Hon är på väg till Afrika via Stockholm och har stor del i projektet som nu presenteras i Nairobi. För världens nödlidande är detta en dag att minnas. Det återstår bara att tacka för maten.

THE FILET MIGNON IS BEING SEASONED WITH THE MISERY OF UNDERDEVELOPED COUNTRIES

The drinks are served first and already with the hors d'oevres are we made aware of the magnitude of the problem. 500,000 women in the underdeveloped countries die each year during pregnancy and childbirth.

The World Bank is paying. Barbara Herz has come directly from Washington to inform Swedish journalists. She speaks with such fire and feeling that the waiters begin to circle impatiently around her untouched food. They top up the wine.

The invitation to the lunch "with briefing", which means information, came by telephone and letter from Paris and now we are sitting in a ball room designed as a stateroom in one of Stockholm's famous hotels. The Bank has sent emissaries to many countries in Europe in order to prepare the press for a grandiose project which relates precisely the dying child bearing women in the underdeveloped world.

The young American woman leaves produces brutal statistics. 99 percent of deaths occur in the poorest countries. The risk that a pregnant woman will die from child bearing is several hundred times as great in parts of Africa and Asia than in Sweden or the USA. A woman dies every minute in this fashion, somebody dies like that while we wait for the main course, and for each woman who dies a child also dies, in other words half a million or more every year.

The maitre d' decides that the lunch must proceed. The plates are removed and are replaced by new ones, hot ones.

The woman from the World Bank is now saying that most mothers, the expectant mothers, die because of anemia and malnourishment or because of poor hygiene. It is unpleasant to talk about such things over lunch, she says, because it affects some people, but the women usually bleed to death. Many are teenagers who are not sufficiently developed to have children, others have become pregnant too many times and succumb to infections.

We have been given a cute information folder each with our place settings. I read in a press release: "Imagine that a jumbo jet crashes every fourth hour day in and day out killing everyone on board. The 250 passengers are women, most of them in the prime of life, some of them teenagers. They are all pregnant or have just delivered."

The filet mignon is tender red, with a very successfully seasoned gravy. No thank you, no more wine but a little more ice water please.

Pictures on the retina, is it Nigeria a long time ago? Women sitting in the sand, babies crawling all around them. One assistance worker explains that it is the water that kills them and that water from a new well would save their lives.

The ice water is arriving now. Barbara Herz is asked why so little has been done for the mothers who die and leave their children dying. She answers reluctantly that may be it is because women have always died like this. In many countries half the deaths among women between the ages of 15 and 45 are related to pregnancy and child birth. This is the way it has always been.

It is not possible to accept an invitation to lunch and be served only facts. And those who decline will receive nothing.

Precisely this Tuesday, the tenth of February, at an international meeting in Nairobi, the World Bank is launching a program that could halve the number of deaths among pregnant and delivering women. How much the Bank will make available is a secret until today but the idea is that this rescue operation for the most miserable people in the world will not have to cost more than two dollars per capita in the respective countries.

How many capita are we at the table? The desert is icecream, with a dash of rum in the whipped cream.

The World Bank initiative, if it is accepted, will make it possible for hundreds of thousands of women to look forward to child bearing as a festive and solemn occasion instead of a tragedy. Clinics will be built, information and preventive health care improved, the number of doctors and ambulances increased many fold.

Its a well designed menu. We have to leave before the coffee because of the news. Barbara Herz has dedicated her professional life to help the women in the underdeveloped world. She is on her way to Africa via Stockholm and has played an important role in the project which is now being presented in Nairobi. This is a day to remember for the suffering in the world. All that remains is a thank you for the lunch.

Ms. Schwartz

This news item appeared on page of the February 8, 1987 issue of:

EXPRESSEN (Sweden)

En jumbojet med kvinnor kraschar var fjärde timme . .

■■ Tänk att en fullsatt jumbojet kraschar var fjärde timme, dygnet om, året runt. Tänk vidare att alla passagerare ombord är kvinnor som är gravida eller just har fått barn.

Så många kvinnor — en halv miljon om året — dör runt om i världen på grund av sjukdomar och ohälsa i samband med graviditeter och förlossningar.

Oftast är de täta graviditeterna och den vacklande hälsan hos undernärda mammor den dominerande dödsorsaken bland u-landskvinnor i fertil ålder. Värst är det i Västafrika och Sydasien. Mödradödligheten, mätt som antal döda kvinnor per 100 000 levande födda barn, ligger i de svårast drabbade områdena mellan 600 och 1 000. Motsvarande siffra för Sverige är 4.

■■ Om detta — det (o)säkra mödraskapet — arrangerar Världsbanken, Världshälsoorganisationen (WHO) och FN:s befolkningsfond en konferens i Nairobi nu på tisdag.

Syftet är att fokusera världens intresse på den hittills glömda, felande länken i utvecklingsarbetet: kvinnors hälsa och mödrarnas situation i den tredje världens länder.

Under mottot "Hälsa för alla år 2000" har en större andel av resurserna slussats till hälso- och sjukvård. På tjugo år har också den förväntade livslängden i de fattigaste länderna stigit från 43 till 52 år. Insatser har gjorts för barnen. Med tämligen enkla och billiga medel har man nu också börjat nå imponerande framgångar i kampen mot bl a uttorkning och spädbarnsdöd.

För kvinnorna — och mot mödradödligheten — har emellertid inte mycket hänt. Situationen i många u-länder är i dag densamma som för två decennier sedan. Kvinnor kommer i sista hand: de rankas lägst bland de lägsta, de är de fattigaste bland fattiga.

■■ Kvinnorna står för mellan 60 och 80 procent av Afrikas och Asiens hela matproduktion. Världens kvinnor utför två tredjedelar av allt arbete. Men de tjänar bara en tiondel av de samlade inkomsterna, och de äger mindre än en hundradel av de samlade förmögenheterna.

Kvinnornas oerhörda betydelse för u-ländernas ekonomier, deras nyckelroll i olika biståndsprojekt har länge negligerats — av givarländer liksom av mottagarländer.

Ändå är det ofta modern som drar det tyngsta lasset: det är hon som odlar jorden, som sliter hårdast för att familjen skall få mat. Samtidigt är det hon som får minst att äta och som drabbas hårdast av undernäring och sjukdomar; när det är ont om mat och pengar går det lilla som finns till männen och sönerna.

■■ En hög mödradödlighet är naturligtvis — liksom spädbarnsdödligheten, undernäringen och en låg förväntad livslängd — ytterst en fråga om landets ekonomiska resurser och utvecklingsstadium. Men det innebär för den skull inte att inget kan göras. Sri Lanka har till exempel samma låga BNP som Pakistan. På Sri Lanka är dock den kvinnliga utbildningsnivån högre, och där är mödradödligheten bara en femtedel så hög som i Pakistan.

Det handlar därför inte bara om en allmänt utbredd fattigdom, utan även om kvinnans villkor och ställning; om attityder och om vilken prioritet man lägger på mödrarnas utbildning, näringsstandard och hälsa.

Ju lägre status kvinnan har i ett samhälle, desto viktigare tycks hon dock vara för familjens försörjning. Ju fattigare områden, desto vanligare är det också att hon ensam har hela familjeansvaret.

Kampen för kvinnors hälsa och för deras överlevnad blir därmed även en kamp för barnens hälsa och möjligheter. Faller modern ifrån finns det sällan någon som kan ta över. I Bangladesh ges ett barn som förlorat sin mor bara 5 procents chans att överleva det närmsta året.

■■ Risken att dö i sjukdomar i samband med graviditeter hänger dels samman med ålder och ökar dels med antalet graviditeter. Fertiliteten kan också vara mycket hög: den kenyanska kvinnan föder i snitt 8 barn, den svenska bara 1,6.

Varje år utförs dessutom 25 miljoner illegala eller primitiva aborter med strumpstickor och vassa föremål, av okunnig personal eller av desperata kvinnor själva. 200 000 kvinnor dör av följderna, många fler lemlästas och skadas för livet.

Stora insatser kan därför även göras, med en effektivare familjeplanering. Med stöd och information om hur man kan förebygga oönskade graviditeter skulle, räknar man, mödradödligheten i vissa fall kunna sänkas med upp till 40 procent.

■■ Världsbankens budskap, framfört i en rapport av Barbara Herz, är dock inte enbart dystert. Mycket kan göras, också med begränsade medel.

Visst satsas det redan i dag på en del håll relativt mycket pengar på vården. Men inte sällan har det handlat om stora och högteknologiska sjukhusanläggningar i städerna, för den privilegierade och politiskt inflytelserika stadsbefolkningen.

Alternativet här heter i stället lokal- och förebyggande sjuk- och hälsovård, bättre kommunikationer och bättre larmsystem. Det är i byarna och på landsbygden som varje investerad krona gör mest nytta.

Världsbanken skissar i sitt program till Nairobikonferensen också på en konkretare plan för att minska mödradödligheten. Om man satsar två dollar per invånare och år skulle, beräknar man, mödradödligheten kunna sänkas med hälften inom tio år. På sikt skulle man därmed även kunna bryta fattigdomsspiralen och lägga grunden för mer produktiva ekonomier genom friskare kvinnor och färre, men starkare, barn att försörja.

■■ Situationen i u-länderna liknar i mångt och mycket den vi hade i våra länder för hundrahundrafemti år sedan. Den stora skillnaden i dag är dock att vi nu har medel och kunskap att sänka mödradödligheten: genom information om hygien, genom antibiotika och medicinska hjälpmedel, genom riskvärdering och familjeplanering, genom förebyggande mödravård.

Kvinnor har dött i barnsäng i långliga tider. Kanske är det därför som så litet har gjorts för u-ländernas kvinnor.

Nyheten är inte att kvinnor dör i samband med graviditeter utan att det egentligen inte alls behöver ske — om vi bestämmer oss för att förhindra det.

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EXPRESSEN 8th FEBRUARY, 1987

A jumbojet with women crashes every four hour.....

Imagine that a jumbojet crashes every four hour all the year round and that all the passengers aboard are pregnant women or women who have just given birth.

This is the number of women, half a million a year, who die around the world in illnesses in connection with pregnancy and confinement. The predominant reasons for deaths among women of fertile age are too many pregnancies, poor health and undernourishment. The most affected areas are West Africa and Southern Asia where mortality rates are between 600-1000 per 100 000 women, in Sweden 4 per 100 000.

The World Bank together with WHO arranges a Conference in Nairobi Tuesday 10th February about Safe Motherhood. The aim of the Conference is to focus interest of the world on the forgotten link in Development Aid: women's health and mothers' situation in the Third World. Under the motto "HEALTH FOR ALL YEAR 2000" has more resources been given to healthcare. During the last 20 years life expectancy in the poorest countries has increased from 43 to 52 years. With fairly simple and inexpensive methods advances have been made in the fight against dehyderation and infant mortality.

For women - and maternal mortality - very little has been done. The situation in many Developing countries is the same today as it was 20 years ago. The women come last: they are the lowest of the low and the poorest of the poor.

Women stand for 60 - 80% of food production in Africa and Asia, they carry out 2/3 of the world's work but earn only 1/10 of the collected income and they own less than 1/100 of the world's resources. Women's importance for the economy has been neglected for a long time both by aidgiving and receiving countries. But in the Third World it is the women who carry the heaviest load for the family, she grows the food but during hard times she is the one who suffers of under-nourishment, husbands and sons eat first she gets what is left. A high deathrate, infant mortality and malnutrition are depending on the economy, but even with bad economy something can be done, for instance Sri Lanka and Pakistan have the same GNP but in Sri Lanka educational standard for women is fairly high and deathrate during pregnancy is 1/5 as that of Pakistan.

It is therefore not only the poverty that counts but the attitude towards women and what priority is given to education and health for women. The lower the status the woman has the more important does she seem to be for the family's support and she is often the sole supporter of her family. To improve the health of the women is to improve the prospect of the children. A child in Bangladesh is given 5% chance to survive if the mother dies.

The risk to die during pregnancy increases with age and number of pregnancies. The fertility can be very high, the Kenyan woman gives birth to avarage 8 children, the Swedish 1,6. 200 000 women die each year due to primitive and illegal abortions, an even greater number are damaged for life.

Family planning is therefore very important and it is estimated that the death rate could be reduced with 40% with an effective family planning.

But the message presented by Barbara Herz of the World Bank is not completely gloomy. Much can be done even with limited resources. In some places big sums of money have been invested in high technology hospital for the priviledged in cities, the alternative is instead primary health care, prenatal care and better communications. It is in the villages in the rural areas where each dollar invested will come to good use.

The World Bank is outlining a concrete plan to reduce mortality rate amongst women. If a government invest 2 dollars per capita a year, it is estimated that the mortality rate could be reduced by 50% within 10 years.

The situation in the Developing countries can be compared to situation in the West 150 years ago.

Women have died in childbirth from time immemorial, maybe that is the reason so little has been done for women in Developing countries. The news is not that women die in connection with pregnancy but that it does not need to happen - if we make up our minds to prevent it.

BARSEL-DØD RAMMER 500 000 KVINNER

En halv million kvinner dør årlig etter komplikasjoner i forbindelse med svangerskap og fødsel. 99 prosent av dem, eller 455 000, er kvinner fra u-land.

Av KRISTIN EGGEN

Å redusere dette tallet med halvparten ville ikke koste mer enn to dollar, eller 14 kroner pr hode, heter det i en rapport fra Verdensbanken og Verdens helseorganisasjon.

— Det er blitt vist en stor og positiv interesse for sultproblemet i Afrika den siste tida. Det faktum at komplikasjoner i forbindelse med svangerskap og fødsel er den fremste dødsårsaken blant kvinner i u-land, har dessverre ikke fått like mye oppmerksomhet, heter det i rapporten.

En kvinnes generelle helse er avgjørende for om hun skal kunne føre fram et sunt og sterkt barn, og for at hun selv skal klare påkjenningene ved graviditet og fødsel. I områder der helsetjenesten er lite utviklet, og der fattigdom og underernæring gjør at kvinnene er generelt svake, gir dette seg utslag i dramatisk høye tall på kvinner som døde i barselseng.

Dårlig kontroll

I Afrika dør 640 av 100 000 kvinner under graviditet og fødsel. Til sammenlikning er dette tallet bare 20 pr 100 000 i Europa og i USA. Bare 34 prosent av kvinnene i Afrika får jevnlig helsekontroll under graviditeten, mens tallet stiger til 100 prosent for Vest-Europa og Nord-Amerika.

Blødninger

Blødninger og infeksjoner før, under og etter fødselen kan være livstruende om man ikke får øyeblikkelig hjelp. I avsidesliggende landsbyer er det ofte så godt som umulig å få kvinnene til helsepersonell i tide, heter det i rapporten.

En annen faktor er at fødende kvinner i u-land ofte er unge, veldig unge. Får man barn det første året etter første menstruasjon, er man ikke utvokst selv, og fødselsveiene kan være for trange i forhold til babyenes hode. Dermed risikerer man skader som istykkerriving av vevet mellom livmor og utblære, noe som kan føre til alvorlige infeksjoner, eller man får uforholdsmessig sterke blødninger.

Omskjæring

Dette gjelder også i de tilfellene der kvinnen er omskåret. Ved omskjæring blir vevet i kjønnsorganene skadd og lite elastisk, og risikoen for livsfarlig blodtap blir mye større enn ved en vanlig, sunn fødsel.

I rapporten heter det at selv om dette er dramatiske forhold, så stiller man seg optimistisk til mulighetene for løsning. Erfaringene fra Europa og Nord-Amerika viser at det er mulig å redusere antall barseldødsfall til det nesten ikke-eksisterende.

Man ønsker særlig å satse på opplæring av de tradisjonelle jordmødrene på landsbygda. Disse er ofte den eneste form for hjelp kvinnene har tilgang til under graviditeten og fødselen.

Man diskuterer også muligheten av å opprette såkalte «mødrestasjoner», bemannet med kvalifisert helsepersonell. Der kunne mødre med spesielle risikofaktorer kunne tilbringe tida før og etter fødselen. Dette har vist seg vellykket de steder man har prøvd det, for eksempel på Sri Lanka.

Rapporten advarer mot å se kvinners død i forbindelse med fødsler som noe isolert problem.

Om lag en halv million kvinner dør årlig som følge av komplikasjoner i forbindelse med svangerskap og fødsel. 99 prosent av dem bor i utviklingsland. *(Foto: NTB/AP)*

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Dagbladet, Oslo
6 February

Childbed-death Hits 500,000 Women

Lead: Each year half a million women die of complications related to pregnancy and birth. 99 per cent of them, i.e. 455,000, are women in developing countries

Subheadings: Insufficient control

Bleedings

Circumcision

Article deals with the main parts of the World Bank/WHO report

Halv miljon kvinnor dör i barnsäng

Av GUNILLA TENGVALL

Varje år dör en halv miljon kvinnor i barnsäng. Det är en kvinna i minuten. 90 procent av dödsfallen inträffar i tredje världen. I dag inleder Världsbanken, Världshälsoorganisationen och FN:s familjeplaneringsfond en konferens i Nairobi tillsammans med hälsoministrar från de berörda länderna.

Problemet är inte nytt. Men kvinnornas för tidiga död är förutom excesser i mänskligt lidande också ett ekonomiskt problem i hårt ansträngda länder. Kvinnorna sköter traditionellt merparten av jordbruksarbetet i tredje världen.

Enligt världsbankens rapport inför Nairobi-mötet utför kvinnorna "två tredjedelar av världens arbete. Deras arbete producerar 60-80 procent av Afrikas och Asiens mat, 40 procent av Latin-Amerikas. Ändå tjänar de bara en tiondel av inkomsterna och äger mindre än en tiondel av världens egendom."

Nu tänker världsbanken fördubbla lanen till hälso- och närings-projekt, säger Barbara Herz, bankens radgivare när det gäller utvecklingsprogram för kvinnor i tredje världen:

– 1985-86 satsade vi 250 miljoner dollar. 1990 ska vi vara uppe i 500 miljoner och vara verksamma i 50 länder.

Känslig fråga

- Intresset är störst från de afrikanska regeringarna i stater söder om Sahara, säger Barbara Herz. Där är kvinnorna mer synliga än i t ex Asien. Kanske är det därför.

Är kvinnlig omskärelse (av religiösa skäl i vissa afrikanska stater) en stark bidragande orsak till att kvinnor dör i barnsäng?

– Ja, det är det. Omskärelsen gör risken för komplikationer vid förlossningen större. Men frågan är för känslig att prata högt om. I de fall regeringarna vill starta program för att stoppa omskärelsen hjälper vi till.

Men de viktigaste punkterna, enligt Barbara Herz, är:

□ Att skapa en effektivare lokal hälsovård som kan undersöka vilka gravida kvinnor som befinner i riskzonen och remittera dem till bättre utrustade kliniker.

□ Att förbättra sjukhusens utrustning så att de bland annat har tillräckligt med sängplatser för att ta hand om kvinnor med akuta besvär kan få hjälp tillräckligt snabbt.

Undanskymd

Barbara Herz tror att det är möjligt att minska kvinnors barnsängsdöd med hälften på tio år om man följer programmet. Som det nu är löper kvinnorna i tredje världen 50-100 gånger större risk att dö i samband med graviditet än kvinnor i utvecklade länder.

Varför har då den höga barnsängsdödligheten i tredje världen inte uppmärksammats mer tidigare?

– Först och främst på grund av den allmänt undanskymda roll som kvinnor spelar i de flesta av de här länderna, säger Barbara Herz. Men också på grund av att det är lättare för hjälporganisationerna att nå resultat med t ex barnhälsovård, vaccinationsprogram osv. än att föra en graviditet lyckligt i hamn. □

Dagens Nyheter, Stockholm
10 February

Half a Million Women Die In Childbirth

Lead on the reasons for holding the Nairobi Conference, its organizers and participants.

Article quotes the World Bank report on women's considerable share of the world's work, that they earn only one tenth of the income and own less than one per cent of the world's property.

According to Ms. Herz, World Bank will double its lending for health and nutrition projects, planning to reach 500 million dollars in 1990, with activities in 50 countries.

In response to a question on circumcision, Ms. Herz confirms that this implies greater risks for complicated births. In countries where governments will start programmes to stop circumcision, World Bank is prepared to assist.

But the most important points of action are: to establish more efficient local health centres and to improve hospital equipment.

If this programme is followed, Ms. Herz believes it will be possible to reduce maternal mortality rates by 50 per cent over a period of 10 years.

To a question why this problem has not earlier been more in focus, Ms. Herz explains that it is first and foremost because of the hidden role women play in most developing countries. But also because it is easier for the relief organizations to achieve results in, for instance, health care programmes for children, vaccination programmes, etc. than to bring a pregnancy to a happy end.

500 000 kvinnor dör varje år i barnafödande

Stockholm (G-P): Minst 500 000 kvinnor dör varje år i barnafödande eller i komplikationer runt förlossning eller havandeskap. 60 procent av dödsfallen inträffar i Södra Asien, 30 procent i Afrika. Främsta orsaken till majoriteten av unga kvinnors död i u-länderna kan direkt relateras till barnafödande eller havandeskap.

På tisdag inleds en stor konferens i Kenyas huvudstad Nairobi anordnad av bl a Världsbanken och WHO (Världshälsoorganisationen) för att föreslå regeringarna förbättringar.

— Barn mår bättre om de har en mamma. Så drastiskt formulerade sig ekonomen Barbara Herz från Världsbanken när hon nyligen besökte Stockholm för att presentera konferensen som helt kommer ägnas kvinnohälsovård och då främst i tredje världen.

En av 25 gravida kvinnor dör i barnsäng eller under graviditeten i Afrika, 1 av 38 kvinnor i södra Asien, 1 av 1750 i i-länderna.

— Kvinnor utför två tredjedelar av världens arbete. Kvinnoarbete producerar 60—80 procent av all mat i Afrika och Asien och 40 procent av all mat i Latinamerika. Ändå tjänar de en tiondel av världens inkomst och äger mindre än en procent av världens tillgångar. Kvinnorna tillhör de fattigaste av världens fattiga, sade Barbara Hertz, frodig tvåbarnsmamma från Washington på snabbvisit i Stockholm.

☐ Två dollar

— Det skulle kosta två dollar extra per invånare för varje regering varje år att med kraft ställa sig bakom program för att bekämpa dödsfall bland gravida och nyförlösta kvinnor, sade Barbara Herz, som tillade att konferensen, som varar i tre dagar, attraherat politiker, beslutsfattare och hälsoministrar från de flesta länder — bl a Kina, Peru, Mexiko och Indonesien och de nordiska länderna.

I Världsbankens strategi ingår dels att ge räntefria lån till de värst utsatta länderna, dels ett konkret handlingsprogram i tre etapper; hälsovård på kommunalplan eller i byarna där gravida kvinnor ges råd, hälsokontroll och utbildning under graviditeten, ett utbyggt nät av sjukhus dit kvinnor snabbare kan föras vid komplikationer i samband med förlossningen och slutligen ett transportsystem som gör det möjligt att snabbförflytta högriskkvinnor till sjukstuga, barnmorska eller sjukhus.

Kvinnor utför två tredjedelar av världens arbete, påminde Barbara Herz om när hon besökte Stockholm.
Bild: LEIF SCHRÖDER

Safe Motherhood-konferensens mål är att sätta kvinnan och framför allt den fertila kvinnan i fokus genom debatt kring utbildning, analfabetism och hälsa.

— Allt sammanhänger — en outbildad, fattig, svältande, blivande mamma på 16 år är utomordentligt dåligt rustad, sade Barbara Herz och påpekade att för varje död kvinna finns i allmänhet också ett dött barn.

I södra Etiopien arbetar regeringen tillsammans med frivilligorganisation i ett program som innebär att tränade sjuksköterskor besöker den blivande mamman minst en gång i månaden, ger råd vid järnbrist och blödningar och följer därefter kvinnan till en klinik när förlossningen närmar sig. I Nigeria finns på vissa orter s k "födelsehus" med utbildad barnmorska dit den blivande mamman kan komma ett par veckor före nedkomsten.

☐ Ansvar

— Regeringarna måste ta större ekonomiskt ansvar. Kvinnan är viktig för alla samhällen — både för familjen och ekonomin. Trots detta har allt för litet uppmärksamhet riktats mot kvinnan — särskilt den fertila. Vi hoppas konferensen skall innebära konkreta länderåtgärder och åtaganden för kvinnans skull, sade Barbara Herz.

VIVEKA VOGEL

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GÖTEBORGS-POSTEN 10TH FEBRUARY, 1987

VIVEKA VOGEL

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500 000 women die each year during pregnancy and childbirth

At least 500 000 women die each year giving birth or in complications during pregnancy and confinement. 60% of deaths occur in Southern Asia, 30% in Africa. The main reason for deaths among young women in the Third World is related to pregnancy and confinement.

A Conference opens on Tuesday 10th February in Nairobi under the auspices of the World Bank and WHO to propose improvements to the Governments concerned.

Barbara Herz from the World Bank visited Stockholm to give information about the conference which will deal solely with women's healthcare in the Third World.

She opened her talk with "Children feel better if they have a mother" and she went on with her information:

- One in 25 pregnant women die in childbirth or during pregnancy in Africa, one in 38 women in Southern Asia and one in 1750 in industrialised countries.
Women carry out 2/3 of the world's work, produce 60-80% of the food in Africa and Asia and 40% of the food in Latin-America. Still they only earn 1/10 of the world's income and own less than 1% of the world's resources. The women belong to the world's poorest.
It would cost the governments 2 dollars extra per inhabitant each year to make a beginning to combat deaths among pregnant and newly confined women. The Conference will last for three days and is attracting politicians and health ministers from most countries including China, Peru, Mexico, Indonesia and the Nordic countries.
Part of the World Bank's strategy is to give interest-free loans to the most affected countries and to arrange a work programme; primary healthcare, prenatal care and more clinics where women can be taken in case of complications during confinements and lastly a better transport system which will make it possible for women to be moved to hospital, midwife or clinic.
The aim of the Safe Motherhood conference is to put fertile women in the limelight and introduce discussions about education, illiteracy and health. All problems are connected - an illiterate, poor, starving pregnant girl of 16 is very badly prepared for motherhood and with every dead women there is usually a dead child.
In Southern Ethiopia the government works together with a voluntary organisation on a programme of sending trained nurses to visit pregnant women at least once a month, she advises on how to cope with bleedings and lack of iron and accompanies the woman to a clinic when time for confinement approaches. In some places in Nigeria there are "maternity houses" where future mothers can come a couple of weeks before confinement.
Women are important to the community - both for the family and the economy. In spite of this too little notice has been taken of women - specially the fertile woman. We are hoping that governments in countries concerned will take on more responsibility for women's health. -

SWEDISH RADIO | BROADCAST: SUNDAY 8th FEBRUARY, 1987

"DAGENS EKO" | REPORTER: ANN PETREN

Mortality rate during pregnancy

The very old problem, death during pregnancy, has not lessened in our modern time. It is estimated that at least half a million women die each year during pregnancy, mostly in the Third World. The World Bank together with SIDA and other aid organisations is initiating several aid projects to combat this problem.

Barbara Herz of the World Bank says:

"The time has come to decrease deaths during pregnancies. Women have always been dying during pregnancy and in childbirth, because of heavy bleeding, high blood-pressure, attempted abortions and other causes. But these reasons for dying have not been taken as seriously as other causes of death despite the fact that one woman dies each minute somewhere in the world. At least half a million women die each year due to pregnancy and according to the World Bank every second woman gives birth without aid but now at last there seem to be a desire among aidgivers, organisations and governments of the receiving countries to imrpove maternity wellfare.

This help will consist of visits to villages and slums, via clinics and family planning as people must be healthy in order to benefit from other forms of aid granted. The World Bank will now double it's previous contribution. This will amount to billions in Swedish Crowns the aim being to halve mortality rate among pregnant women within 10 years. In Sweden four women in 100 000 die because of pregnancy. In Africa and Asia 4-5-6-700 women die per 100 000 births according to statistics by WHO, probably a low estimate. The reason for increased concern may be because women are being seen and heard more and are often the family's sole support. Why the mortality rate among pregnant women has not been taken into consideration earlier in the Developing countries may depend on the fact that men rule the world says Barbara Herz".

The attitude of men in the Third World is changing. The will among the Nordic countries to help is great. A conference opens on Tuesday in Nairobi about how to combat mortality rate among pregnant women, judging by the number of participants it would appear that keen interest is being shown.

MUSIC: UP, HOLD UNDER

VOICE: This is United Nations Radio from New York. SCOPE -- a programme about the United Nations and its related agencies.

MUSIC: HOLD UNDER

NARRATOR: Hello. I'm Geraldine Harris. This time, the arrival of the five billionth human being; the relationship between population growth and economic opportunities; and the Safe Motherhood Initiative.

MUSIC: UP, UNDER AND OUT

NARRATOR: World population will surpass five billion around the middle of 1987. As we approach this milestone, says Rafael Salas, Executive Director of the United Nations Fund for Population Activities, UNFPA, it is a time for both celebration and reflection. On the one hand, says Mr. Salas, the arrival of a child is considered a joyous occasion for a family:

CUT 1
SALAS
UN Population
Commission
24th session
28 Jan. 87
New York

There are reasons for joy and pride in the arrival of that five billionth human being. The quickening pace of the arrival of the billions in population history has been made possible by dramatic increases in life expectancy and the declines in infant and child mortality. Current life expectancy of the world as a whole is around 60 years, probably three times as long as it was when world population reached the half-billion mark in the middle of the eighteenth century. Similarly, infant mortality today is only a fifth of what it was in those days. While there are still substantial differences in the chances for survival -- for instance between the rich and the poor, the educated and the uneducated, city dwellers and villagers, and between developed and developing countries -- gains in life expectancy have been universal, benefiting millions and billions of people all over the world.

NARRATOR: But on the other hand, Mr. Salas notes that the birth of the world's five billionth baby demands the serious attention of the world community. The last one billion people were added to the earth's population in just 13 years. The next one billion, bringing the population to six billion, will be born before the year 2000. Here again is Mr. Salas:

CUT 2
SALAS
Ibid.

Population growth has been a mixed blessing. What kind of a world will it be when the five billionth child grows up -- when there will be six billion people on our planet, in the year 2000? More people than ever before live in conditions which deny them the full exercise of their rights as human beings: the right to education, the right to work and to a fair return for work; the right to food, clothing, medical care and social services; the right to found a family and raise it to maturity in peace; the right to dignity, justice and political freedom. Meeting these needs would be in any conditions a monumental task; but its difficulty is compounded in many countries by the pace of population growth. An increasing number of governments have concluded that development programmes cannot succeed in conditions of rapid population growth and are taking determined steps to redress the balance. Prominent among supporters of this concept are African governments faced with the prospect of a long and hard struggle to recover from the effects of many years of drought and shortage in their countries. UNFPA welcomes these initiatives and pledges its support for their efforts in 1987 and in the years to come.

NARRATOR: UNFPA finds the birth of the world's five billionth baby significant enough to suggest that countries commemorate it in a special way:

CUT 3
SALAS
Ibid.

This year's State of World Population Report will be devoted to the theme, and we are proposing that 11 July be designated this year as "The Day of Five Billion", a day on which it can plausibly be held that world population may actually have passed five billion.

NARRATOR: Rafael Salas, Executive Director of UNFPA, the United Nations Fund for Population Activities. Other commemorations of the birth of the world's five billionth child may include addresses by local and national leaders, discussions on the implications of continued population growth and even cultural shows celebrating family or national life.

**** MUSIC BRIDGE ****

NARRATOR: Coming up next, we look at population growth from a slightly different angle.

MUSIC: UP AND OUT

NARRATOR: Rafael Salas, Executive Director of UNFPA, the United Nations Fund for Population Activities, says that population growth between now and the end of the century will radically change existing patterns of business activities and will create new economic opportunities. Here are Randy Cline-Thomas and Helen Shaskan of United Nations Radio with more:

CLINE-THOMAS: Speaking recently on the relationship between population growth and economic opportunities, Mr. Salas said that although population growth has slowed from the record rates of the 1960's, world population today is growing at the rate of 156 persons per minute. Annual additions, around 80 million in this decade, will be 90 million towards the end of the century. Total population, at nearly five billion now, is expected to stabilize at 10.5 billion around the year 2100, according to United Nations statistics.

Mr. Salas cited several examples of how changes in population affect business. In developed countries, the baby-boom generation, born in the decade following World War Two, first created enormous demand for child-care products, entertainment and education, then -- as they became young adults -- drove up the market for consumer durables. Early in the next century, he says, they will contribute to the increasing numbers of elderly people in the developed countries and therefore expand the demand for health care and retirement housing.

SHASKAN: In the developing countries, the most important current phenomenon is the predominance of youth. This is creating a bigger demand for goods and services, and is increasing demand for education and employment. In the market, adds Mr. Salas, this is a sign of a potential increase in consumer demand.

Mr. Salas said that population growth will be uneven, and its effects on business will be varied. Rapid population growth in the developing world will create a new affluent market of 500 million or more, and a huge labour force. At the same time, slower growth in the industrialized

SHASKAN (Cont'd.)

world will cause the shrinking of its population from one-quarter to one-tenth of global population by the year 2000.

Because of their responsiveness to economic trends, free enterprise economies will stand to benefit most from recognition of the linkages between business and population. Mr. Salas added that business leaders need to be aware of such linkages so they can plan rationally for the changes needed.

NARRATOR: Helen Shaskan and, before her, Randy Cline-Thomas of United Nations Radio in New York.

**** MUSIC BRIDGE ****

NARRATOR: Next, bringing a leading cause of death among young women under control.

MUSIC: UP AND OUT

NARRATOR: Maternal mortality is one of the leading causes of death among young women in the developing world, where one woman dies every minute of every day. The World Bank, in cooperation with the World Health Organization, the United Nations Fund for Population Activities and many developing countries, has launched a new campaign -- the Safe Motherhood Initiative -- designed to improve maternal health in poor countries. Barbara Herz, adviser of women and development for the World Bank, gives us a glimpse of the scope of the problem:

CUT 1
HERZ
World Bank
Press Briefing
28 Jan. 87
New York

About half a million women die every year from causes related to pregnancy. That means things like hemorrhage; or severe infection in childbirth; or abstructed labour; toxemia of pregnancy which is the high blood pressure that causes convulsions; or botched, primitive and usually illegal abortion. Now, this means that in fact maternal mortality is one of the leading causes of death to young women in the third world. In many countries it is <u>the</u> leading cause.

NARRATOR: However, Ms. Herz sees the issue of safe motherhood as a manageable problem for which something can be done:

CUT 2
HERZ
Ibid.

It's a question of providing more effective prenatal care, more effective help in childbirth and more effective family planning services and information. This, in turn, requires better community-based health care -- village health workers, for example, who can go around and identify women who are at high risk when they are pregnant. For example, young women -- fourteen, fifteen-year-old girls having their first children; or older women having their fifth or sixth child; or other women who are at high risk. They can also provide family planning, some help with child health problems and so on. The second key thing we need is referral facilities -- some kind of clinic or health center where a woman can go if she has difficulty or where she can go, in fact, to begin with if she looks to be at high risk. And finally, we need a system of alarm and transport, so that we can move women who are trying to deliver at the community level but who get into trouble into the facilities in time. Maternal health problems have to be dealt with swifly in many cases if they are to be dealt with successfully.

NARRATOR: And in fact, many countries have been able to significantly reduce maternal deaths from childbirth. Anthony Meesham is a health adviser for the World Bank:

CUT 3
MEESHAM
Ibid.

In Canada the rate is two per one hundred thousand live births. In the United States, nine per hundred thousand. And we can compare this with Somalia and Nigeria where the rate is one thousand women out of every hundred thousand live births. On the other hand, if one looks at many developing countries, it's clear that they are already well on the way to solving the problem. For instance, in Costa Rica the rate is 26 per hundred thousand; in China it's 44 per hundred thousand live births. We think basically there are two sets of actions that are needed to resolve these problems in developing countries. First, the indirect and longer-term needs, better nutrition, health care and education for female children throughout their lives. One cannot start with this when they reach the reproductive

CUT 3
MEESHAM
(Cont'd.)

age groups. And also higher status, better opportunities and higher incomes for women.

NARRATOR: The Safe Motherhood Initiative can be seen as part of a wider effort on the part of the World Bank to give greater attention to the issue of women in general:

CUT 4
HERZ
Ibid.

We think that by involving women in development more effectively, we can make our own development programmes -- those that we support -- more productive. For example, women grow three-quarters of the food in Africa, so it cannot be sensible to leave them out of agricultural extension or credit programmes. Secondly, we think we can make development programmes more responsive to the poor because after all, women and children are disproportionately represented among the poor. Third, we can help to slow population growth because birth rates come down naturally when you provide women with some education and income-earning opportunities, and also when you extend family planning and health care. Finally, we can even work a bit on the environment because it's, after all, women who seek and who use most of the water and fuel wood in the third world. And it's women who get stuck with the outdated and unproductive agricultural technologies that lead most easily to overuse of the land.

NARRATOR: Barbara Herz, an adviser on women and development for the World Bank. Programmes such as the Safe Motherhood Initiative are designed to bring women into the mainstream of development activities.

This is Geraldine Harris reporting.

MUSIC: UP, HOLD UNDER

VOICE: This has been SCOPE -- a look at the worldwide activities of the United Nations. The programme was produced by the international staff of United Nations Radio in New York.

MUSIC: OUT

32A

This news item appeared on page 9 of the February 6, 1987 issue of:

THE STANDARD, Kenya

World Bank boss due in Nairobi

By Kul Bhushan

THE recently appointed President of the World Bank, Mr Barber Conable, is expected to visit Nairobi next week to attend an international conference on Safe Motherhood.

The World Bank, UN Fund for Population Activities, World Health Organisation are jointly sponsoring this conference hosted by Kenyan Government. President Daniel arap Moi, is due to address the opening session.

Among other major speakers will be Mr Conable, Dr H. Mahler WHO director general, Mr R. Salas, UNFPA director and Mr W. Draper, UNDP administrator.

Ministers and officials from 50 developing countries are expected to attend this meeting.

Women do two-third's of the world's work, said Mr Conable in his first address to the World Bank annual meeting last October.

Women produce between 60 and 80 per cent of Africa's food, yet they earn only one-tenth of the world's income and own less than one per cent of the world's property, he said.

Women are amongst the poorest of the poor in the world, Mr Conable said, and called for greater efforts to open up development opportunities for women to equip them to respond and to enable them to share in the progress achieved.

As part of this effort, Mr Conable suggested that more training should be provided to women to determine their productive and reproductive lives.

The aim of this conference is to develop a strategy and launch an initiative to reduce maternal mortality and morbidity and promote women's health through stronger health and family planning services," said Mr G.L. Pennacchio, resident representative of UNDP in Nairobi.

Safe Motherhood conference will draw the attention of governments, internatinal agencies and non-governmental organisations to women's health needs, especially in the developing world.

This news item appeared on page 3 of the February 10, 1987 issue of:

THE STANDARD (Kenya)

KENYA URGED TO CURB POPULATION GROWTH

THE RAPID population growth in Kenya is one of the major challenges facing the Government, the President of the World Bank, Mr Barber B. Conable, said in Nairobi yesterday.

By Otieno-Awiti

Mr Conable was speaking during a luncheon organised to welcome him by the Minister for Finance, Professor George Saitoti.

The World Bank boss, who earlier held a meeting with Kenyan officials, is in Nairobi to attend the opening of an international conference on safe motherhood.

Mr Conable said Kenya had been successful in stabilizing its financial situation since the beginning of this decade. Kenya, he said, had successfully combated the devastating effects of the 1984 drought and per capita growth had been restored in the last two years, he said.

Mr Conable said the impressive recovery in 1986 across all the sectors in the economy was due to the major role which Professor Saitoti and his team played in the economic management.

Mr Conable said that population was an area of concern for Kenya which is said to have the highest population growth rate in the world.

Mr Conable said President Daniel arap Moi had personally demonstrated strong and consistent leadership on this issue. The President's willingness to encourage open and public debate on the matter has created an opportunity for great progress to be made, he said.

"Though still high — perhaps still the highest in the world — fertility levels are now gradually beginning to decline, but not yet at rates fast enough to significantly affect the overall population growth rate," he said.

Mr Conable said while targets had been set and the policy framework was largely in place "in the World Bank's opinion much remains to be done in the implementation of comprehensive and well-managed family planning programmes".

He said the bank was ready to provide whatever outside help and assistance Kenya needed.

Another challenge facing the Government concerned the industrial sector, he said.

Industrial investment would be essential for sustaining economic growth, he said.

"In our view, streamlining the present incentive and administrative framework could play a significant role in stimulating the sector," he added.

Mr Conable said that he had been informed that the budget deficit this year would probably turn out to be substantially higher than budgeted.

This news item appeared on page 6 of the February 11, 1987 issue of:

THE STANDARD, Kenya

Motherhood needs help

THE World Bank-sponsored International Safe Motherhood Initiative Conference opened in Nairobi yesterday. This is one of the major international conferences whose deliberations will have a bearing on the welfare of the underprivileged people of the world.

Health has been one of the main concerns of the developing nations. All developing countries recognise that people are a rich asset for development. The asset cannot be utilised as a resource unless it is healthy.

President Daniel arap Moi, officially opening the conference, brought this point to the attention of the listening world, whose delegates were among the representatives at the conference. He spoke of the expansion of health facilities in Kenya and noted that today, two-thirds of the Kenyan population is within walking distance of a health facility.

This is indeed a remarkable advance towards the goal of providing health services for all by the year 2000. The task is not easy and the President clearly spelt out the framework for better health.

Women, as child-bearers, are the first ones in the developing world to be affected in the absence of proper health services. As President Moi noted in his speech, half a million women die every year of pregnancy-related ailments in the world.

It is gratifying that the World Health Organisation is aware of this global problem and its Director-General, Dr. Halfdan Mahler, joined the World Bank President, Mr Barber Noble, to listen to a leading representative of the Third World spell out the need for concerted efforts to save women in motherhood.

President Moi told the delegates: "Many governments recognise the vital role mothers play in national development. All of us appreciate the fact that the full potential of women can only be realised if safety in motherhood is improved and ensured".

Improved maternal health services require substantial investments. And yet, as the President noted, the developing countries which require these services more are the ones experiencing difficult economic times.

Thus it befalls on the rest of the world to take the initiative, or to advance the cause of good maternal health in developing nations.

Some of the factors endangering safe motherhood, as clearly pointed out by President Moi, are early marriages, adolescence pregnancies and single mothers with inadequate incomes. These are socio-economic problems.

They have a direct bearing on the other major problem in the developing world; and that is uncontrolled population growth. It is more like the case of which came first, the hen or the egg. Time is past for a debate on which came first. Now is the time to deliberate on solutions.

Women in motherhood are suffering. They need immediate help. That can only be provided by the availability of resources from the world community and their applicability by the receiving nations.

Basic primary health should be made available. Kenya, as the world delegates will note while here, has started well on the provision of this asset by promoting primary health from the district level. The basic primary health approach will provide the needed service to women. This will in turn ensure safe motherhood, and at the same time bear in mind the need for population growth control.

We support President Moi in his statement that "humanity will judge the success of this conference by the impact it will make in improving the health of child-bearing women".

The world is awaiting the good tide.

11.2.

107/5

THE STANDARD - 11TH FEBRUARY, 1987

Rally round mothers, Moi tells conference

By CHRIS MUSYOKA

President Moi yesterday urged the international community to strive to improve safety in motherhood to help realise women's full potential.

He said that due to their role as mothers, women had common health problems which must be tackled seriously and urgently if nations — particularly developing ones — were to develop faster and enjoy a high standard of living.

President Moi was officially opening a three-day Safe Motherhood Conference at the Kenyatta International Conference Centre, Nairobi.

Attended by over 120 delegates from 30 countries — including Ministers and representatives of 25 donor agencies — the conference will try to identify the causes of death in pregnancy and childbirth and to outline the key strategies for combating this problem.

The opening session was also addressed by the president of the World Bank, Mr Barber Conable, the Director-General of the World Health Organisation, Dr Halfdan Mahler, the Administrator of the United Nations Development Programme, Mr William Draper III, and the Deputy Director of the UN Fund for Population Activities, Dr Nafis Sadik.

President Moi identified some of the factors endangering the safety of mothers, including early marriages, adolescent pregnancies and unwed mothers with inadequate incomes.

"Other factors," he said, "include the non-availability of maternal and childcare services and unfavourable working conditions for women, both of which contribute significantly to the increasing risks in childbirth."

Saying safe motherhood required easily accessible and

PAGE 11 — Col. 1

President in rallying call

FROM PAGE 1

well-equipped health-care services — which were expensive — the President urged the conference to address themselves to "the need for an appropriate combination of type, quality and costs of the (safety) initiatives to be pursued".

He thanked the World Bank, UNDP, WHO and UNFPA for taking the safety motherhood initiative and choosing Kenya to host "the important conference".

He thanked the World Bank for showing a great interest in the problems of mothers over the last three years.

President Moi said Kenya had, since independence, achieved remarkable success in health services by increasing the number of facilities, hospital beds, personnel and other areas despite Kenyan population is within walking distance of a health facility," he told the conference.

He asked the participants to discuss the concept of safe motherhood alongside that of population, saying: "I believe an effective population management programme will considerably improve the quality of life for women and thereby ensure safe motherhood."

He said Kenya had taken various measures to slow down the rapid population growth rate through the National Council for Population and Development, which had been active in creating awareness of the problem and informing the public and leaders about the methods by which to reduce fertility.

He said the country had decided that the district be the locally-based primary health approach by June, 1988.

President Moi said that in the quest to improve the people's living standards, the Government and the ruling party had invested heavily in health services.

Said he: "I trust that there is the resolve and expertise in this conference hall to find practical ways through which governments in the developing nations can place more emphasis on maternal health."

President Moi arrived at the KICC shortly after 10 a.m. escorted by the Nairobi Provincial Commissioner, Mr Fred Waiganjo. He was met by the Minister for Health, Mr Peter Nyakiamo, and two Assistant Ministers for Health.

(- Editorial — Page 6.

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This news item appeared on page 24 of the February 11, 1987 issue of:

THE STANDARD, Kenya

CHILDBIRTH DEATH 'CAN BE REDUCED

WORLD Bank president, Mr Barber Conable, said in Nairobi yesterday it was possible to reduce by half the number of women who die in pregnancy or childbirth by the year 2000.

Standard Reporter

Mr Conable told the opening session of the Safe Motherhood Conference that the number of such deaths was now around 500,000 a year.

"Sometimes people forget that the development is the work of women as well as men", he aid, calling for an immediate safe motherhood action programme Mr Conable outlined the key features of a major new strategy for women in development for the bank.

He said all over the world women were the sustaining force of families, communities, and nations. In the third world, women were also full, forceful partners in sustaining development, he said.

The conference is sponsored by the bank, the World Health Organisation (WHO), the United Nations Fund for Population Activities (UNFPA) and several foundations.

Mr Conable said the conference had been called not just to publicise the critical problems of safe motherhood, but "to attack the problems and to save lives and to build better ones".

He called for a five million dollar safe motherhood fund and pledged that the World Bank would provide one million dollars.

He also said the bank planned to double its lending for population, health and nutrition activities over the next three years.

His three-tier approach to reduce maternal mortality are:

- Stronger community-based health care, utilising non-physician health workers to identify pregnant women at high risk and refer them for help. Women at less risk would be provided good prenatal care and assistance for safe delivery.
- Stronger referral facilities, hospitals and health conteres to cope with complicated deliveries and obstetrical emergencies.
- An alarm and transport system to bring within a survivable time frame, pregnant women at risk to the referral facilities.

This news item appeared on page 24 of the February 11, 1987 issue of:

THE STANDARD, Kenya

Painless childbirth 'still only a dream for some'

Standard Reporter

THE director-general of the World Health Organisation; Dr H. Mahler said yesterday more than 50 per cent of women in the world do not have the assistance of any trained person during childbirth.

"Not only are such women exposed to grave dangers such as sepsis, or in case of complications, they have no means whatever for relieving pain," Dr Mahler said.

He told the opening session of the Safe Motherhood Conference that for those women, obstetric analgesia was a remote dream.

They are exposed to the full rigours of the agonising labour pains, the existence of which their fortunate sisters in the developed countries have by now almost forgotten," he said.

Dr Mahler said among the many underlying causes of maternal mortality, the contribution made by the unregulated fertility was particularly important.

The WHO's policy on family planning was based on the recognition that family planning was an integral and inseparable part of maternal and child-health programme, he said.

"Family planning is indispensable in the struggle to prevent maternal deaths. Apart from the high-risk groups mentioned earlier, we would be wilfully blind if we failed to acknowledge the millions of illegal abortions carried out every year," Dr Mahler said.

Since the majority of abortion arise from lack of knowledge of contraception, or failure to use it, or inability to obtain the means, family planning was the obvious way to save these thousands of pitifully-wasted lives, he said.

"We face tragedy of multiple causes and we must confront the challenge with a multiple strategy," the WHO boss told the conference.

He said there was need for a more determined effort to end female illiteracy.

This news item appeared on page of the February 13, 1987 issue of:

THE STANDARD, Kenya

Babies determine the fate of nations

THE major division in the world is not between East and West, or even between the industrialised North and the developing South, claims a new report.

It is between the countries which have slowed population growth so that there is a balance between births and deaths, and those where the babies are still booming.

This week's Nairobi conference on Safe Motherhood and the visit of top World Bank officials to Kenya has again focused on matters of population growth. Rapid population growth is leading to environmental catastrophe, which in turn interacts with economic decline and political instability, resulting in social disintegration, warns a new report. Daniel Nelson of Gemini News Service looks at the latest broadside from the international family planning movement.

The division is crucial, says the Washington-based Worldwatch organisation, because the baby-boomers are being pushed into ecological deterioration, economic decline and political instability, leading to social disintegration.

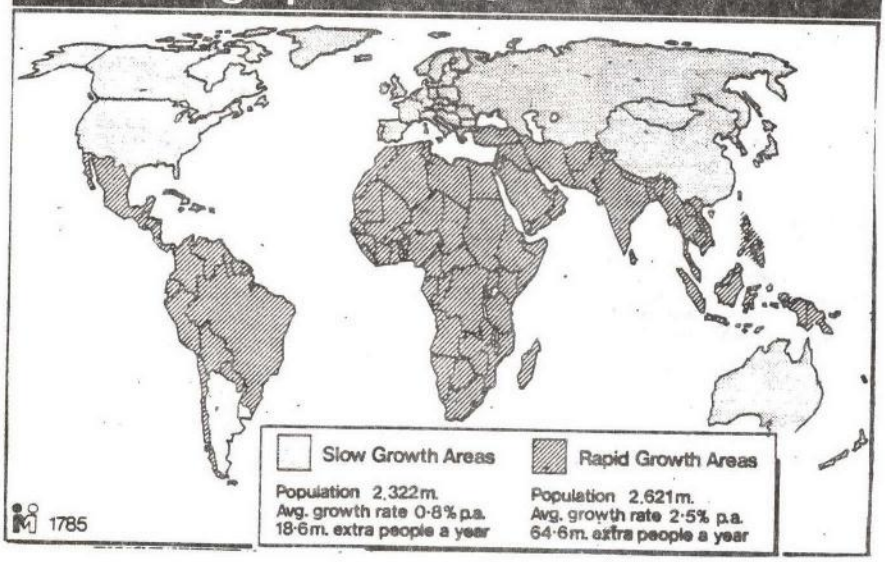
Stopping the process, says Worldwatch, "now rivals in importance nuclear disarmament in the international agenda".

On this analysis, Western Europe, China, Japan and a handful of other countries are moving slowly but surely into a better dawn, while the other half of the world's population is heading for disaster.

The report suggests that rapid population growth will lead to falling living standards and a consequent rise in death rates. Decades of development effort would be rendered bankrupt "a spectre growing uncomfortably close".

The argument is important because it runs counter to the Reagan Administration's current thinking, which equates effective family planning programmes with "socialistic"

The demographic divide



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overnment control and therefore supports freewheeling population growth.

The new Reaganomics reverses years of US-led birth control drives when the answer to the world's problems appeared to be the distribution of contraceptives.

TRANSITION

The Worldwatch report is part of the family planners response to the new line, an attempt to win back the ideological high ground in order to stop further cutbacks to internationally-funded birth control programmes.

The argument takes as its basis the "theory of demographic transition" which links births and deaths to one of three stages of economic development:

- Traditional agricultural societies: High birth rates and high death rates, so population grows slowly.
- Developing countries: Death rates fall as public health measures improve and food production expands, but the birth rate remains high, so population grows rapidly.
- Industrialised countries: s economic gains reduce ie demand for large families, birth rates fall, and births and deaths again reach equilibrium but at a lower level than in stage one.

Worldwatch suggests, however, that unlike the experience of the industrialised countries of Europe, developing countries may get trapped in the second stage, unable to achieve the economic and social gains that are counted on to reduce births for stage three.

Inexorably, economic stresses begin to generate social stresses: "Ethnic and tribal tensions are exacerbated, and governments become preoccupied with instability. More and more of their time and energy is required merely to stay in power. Dozens of countries in Africa, Latin America, the Middle East and South Asia are already enmeshed in this demographic trap".

The report says that unless countries act to slow and halt population growth, perhaps on an emergency basis, they face social disintegration. Inevitably, it is argued, death rates start to rise again and society goes back to the equilibrium of the first stage, of high birth rates and gh death rates, probably ough disease, famine or war:

REGRESSION

"Such a regression is already evident in Africa, where famine has raised death rates twice since 1970".

The report warns that during the 1970s Africa became the first region since the Great Depression of half a century ago to experience a decade-long decline in per capita income during peacetime.

It is likely to be joined by Latin America, where average income in 1986 was noticeably lower than in 1980:

"Barring a miracle, Latin America, like Africa, appears likely to end the decade with a lower per capita income than that which it started".

DECLINE

The billion people of the Indian Sub-continent are also said to be at risk: "Whether India can slow its population growth before deforestation, soil erosion and desertification undermine its economy remains to be seen.

"There has been essentially no decline in growth rates over the past decade. Severe regional shortages of water and food within India are likely in the not-too-distant future if population growth is not arrested."

Worldwatch says that continuation of India's current population growth rate could lead to a decline in food availability, as happened in Africa.

Analysing countries which have achieved sharp reductions in the birth rate — including Cuba and South Korea, Canada and Thailand — the report says the common denominators are a committed leadership and locally designed programmes.

The document is full of questionable statements and dubious assumptions but it is surely right to conclude that "the issue is how — not whether — population growth will eventually be slowed. Will it be humanely, through foresight and leadership, or will living standards deteriorate until death rates begin to rise?"

This news item appeared on page 4 of the February 13, 1987 issue of:

THE STANDARD, Kenya

KENYA WOMEN 'LEAD IN FERTILITY RATE'

THE AVERAGE number of babies born to each woman in Kenya is eight, which represents the highest fertility rate in the world, says a paper by the World Health Organisation (WHO).

By Ngumo wa Kuria and Otieno Awiti

The paper entitled: "The Status of Women, Maternal Health and Maternal Mortality", says the average fertility rate for Africa as a whole is 6.5, Asia 4.1 and Latin America 4.3 compared to 1.9 for the developed countries.

"However, averages mask huge variations and it is not uncommon to meet village women in India, Brazil or Burkina Faso who have born ten or more children", the paper, presented to the Safe Motherhood International conference states.

The conference, taking place at the Hotel Inter-Continental, is sponsored by the World Bank, the WHO and the United Nations Fund for Population Activities (UNFPA).

The paper says contrary to popular belief that childbirth gets easier with each experience of it, the risks involved in the endless child bearing are many.

Safest

The second and third births are the most trouble-free while the risk of serious complications such as haemorrhage, repture of the uterus whereas and infection rises steadily from third birth onwards, says the WHO paper."

It adds that the years from 20 to 30 are the safest period of a woman's life for child bearing, though between 10 per cent and 20 per cent of babies born in developing countries are born to women in their teens who may be little more than children themselves.

Because their bodies are not yet fully prepared for the demands of childbirth, teenagers stand and an excess risk of death compared with women aged between 20 and 24 years; the paper notes.

Another cause of high fertility directly associated with the status of women is the high value accorded to male children compared with female: which encourages women to go on bearing children until they have the desired number of sons.

Though sons preference is primarily an attitude of mind, it is both encouraged and reinforced by the patterns of society. In some parts of the world, son preference is reinforced by the practice of "dowry" in which a daughter estensibly takes with her at marriage her portion of the family's wealth.

The sense that a daughter is a burden is enhanced by the fact that her duty will be to her marital home eventually, and she will not even contribute to the support of her parents when they are old, says the paper.

Sons on the other hand are seen as an asset in such societies because they are expected later to find work that will benefit their families and strengthen the family unit through marriage.

This news item appeared on page 4 of the February 13, 1987 issue of:

THE STANDARD, Kenya

Care of women 'a vital obligation'

Standard Reporter

ASSISTANCE to women's health programmes is vital in any nation in the world, Dr J. A. Pinotti of the State University in Brazil said in Nairobi yesterday.

Dr Pinotti, who is professor of obstetrics and gynaecology, was addressing the Safe Motherhood Initiative Conference. He said the subject deserved priority from conscientious political leaders to avoid the so-called street children.

He pointed out that more than 500,000 children were estimated to be living in his country.

The idea that governments' obligation towards the child was limited only to the formal education between seven and 14 years of age was erroneous, he said.

The idea, he said, had contributed to other countries' higher infant mortality and malnutrition rates, and revealed an outrageous insensitivity to the misery of such children.

VITAL

He told the conference that the causes of abandonment of children depended mainly not only on extreme poverty but also in the distorted educational system.

"It is therefore important to put emphasis on the integral child development and assistance to women's health programme because they are vital to any nation in the world," Dr Pinotti said.

The programme aims at bringing about a more efficient, ethical, humane view of how to assist women for their better health, he added.

Dr Inonge Lewanika of Unicef emphasised the importance of child-care which she said should be given priority.

This, she went on, could be successfully done if the women were accorded a lot of health programme facilities and opportunities to take care of the children.

This news item appeared on page 4 of the February 13, 1987 issue of:

THE STANDARD, Kenya

Press 'dominated by men'

Standard Reporter

WOMEN's issues are not being effectively articulated by the Third World mass media because they are dominated by males.

The Third World media is also largely under the control of governments making it difficult for them to generate public debate on such issues as corruption in governments.

The Editor-in-Chief of the *Weekly Review*, Mr Hilary Ng'weno, made these observations at the on-going international conference on Safe Motherhood at a Nairobi hotel yesterday.

He said the media, like other institutions in the Third World, was a male-dominated one with its male chauvinism.

Mr Ng'weno said this male-bias had resulted in women's issues being treated as second rate and were not accorded the importance they deserved.

Mr Ng'weno said the Thid World mass media also had the problem of being weak with few poorly trained staff who tended to misinterpret technical issues.

He urged those in the medical profession to make a sustained effort to educate the media "so that what they report represents remotely what they intended to say.

"The medical practitioners take pride in dealing with exact sciences and have adopted an aggressive attitude towards the press which they feel is not too well endowed in science", Mr Ng'weno added.

MATERNAL DEATH RISK 'TOO HIGH'

Standard Reporter

WHEN a woman in a developing country becomes pregnant, her chances of dying can be 100 to 200 times higher than that of a pregnant woman in an affluent society.

According to a press release by the World Health Organisations there are between 5 and 30 maternal deaths per 100,000 live births in developed countries while the figure ranges from 50 to over 800 deaths for 100,000 live births in developing countries.

It is against this background that the World Bank, WHO and the United Nations Fund for Population Activities (UNFPA) have co-sponsored the ongoing four-day conference on Safe Motherhood in Nairobi.

An estimated 500,000 women die each year from causes related to pregnancy and childbirth and only 6,000 of these are in the developed world.

While in Europe a woman has a life-time risk of one, in several thousand, of dying from maternal causes, the average risk for a woman in Africa is about 1 in 25, the press release says.

Aid for health projects

Standard Reporter

THE World Bank has approved health, population and nutrition projects costing more than $100 million in each fiscal year since 1982, a paper compiled by the bank's health adviser, Dr. Anthony R. Measham, says.

Entitled, "Health and Development: The Bank's Experience," the paper, presented to the on-going Safe Motherhood Conference, says the bank lent $1,010 million for 35 projects during the fiscal years 1981-1986.

Dr Measham notes that initially, and especially in the early 1970s, the bank financed health activities within population projects but in 1974 the bank adopted a formal policy for such investments.

On the basis of accumulated experience, the bank's executive board approved the beginning of direct lending for health projects in 1980. "Within three years of that decision, the bank became the largest lender for developing country health projects," Dr Measham says.

He further notes that the shift from lending for health components to direct lending for health projects signalled a change in the bank's approach to a broader role in health sector planning.

The bank initiated direct lending to use its experience in country programming and sector analysis, and help countries to design effective national health systems. It was also aimed at helping to mobilise international financial resources and technical expertise in support of primary health care.

The bank supports the concept of primary health care which entails the provision of essential and appropriate health care at the community level as enunciated by the World Health Organisation and UNICEF at the 1978 Alma Ata conference, says the paper.

The 35 health projects financed by the bank over the 1981-86 period have a number of common features: All except one project in Sao Paulo, Brazil, are primarily rural projects.

This news item appeared on page 6 of the February 15, 1987 issue of:

THE STANDARD, Kenya

Family planning will check mortality

THE four-day safe Motherhood Conference in Nairobi last week came up with important suggestions the governments, particularly in developing nations, need to consider if child-birth associated mortality is to be controlled.

The conference, sponsored by the World Bank, World Health Organisation (WHO), United Nations Fund for Population Activities (UNFPA) and other foundations agreed in principle that safe motherhood requires easily accessible and well-equipped health care services.

The experts gathered in Nairobi were more concerned with the plight of women in developing countries and the inherent dangers associated with motherhood.

But one very sad point which emerged is that most deaths associated with child-bearing are preventable and opportunities exist to bring necessary and appropriate technologies to prevent such deaths within the reach of those in need. Resources are the major constraints because majority of the affected countries are poor.

The conference identified a high toll of deaths caused by female illiteracy, national and individual poverty, low-status of women and ill-health in developing nations.

This made the World Bank President Barber Conable propose a 5 million dollars Safe Motherhood Fund and pledged the bank's one million dollars. The bank would also increase its lending for population, health and nutrition activities to 58 countries in the next three years amounting to 500 million dollars.

Still the whole problem of safe motherhood revolves around one major issue: family planning.

Health promoters and those running the family planning programmes need to devise methods of approach to educate the population and communities on the value of contraceptives and the need to limit the number of children a couple can have.

We are aware the main obstacle in some developing countries is traditional beliefs and taboos associated with child-bearing. The moment this obstacle is overcome, maternal health programmes will go along way in saving lives that could be lost.

The WHO clearly states that its policy on family planning is based on its recognition as an integral part of maternal and child health programmes. It is inseparable from the fight against maternal deaths.

In Kenya, one of the tasks taken by the government at the time of independence is provision of health care for all. This has been achieved to a large extent.

The outcome of the conference, as President Moi said when he opened the talks, would be judged on the impact it would make in improving the health of the child-bearing women during the remaining years and beyond.

Governments represented in the conference should implement the resolutions, especially Third World countries, where population growth outstrips resources. Funding agencies like the World Bank, UNFPA and WHO should direct financial assistance towards promoting maternal health programmes and alleviate the sufferings women undergo at child-birth.

Equally the governments in the Third World countries require to have political commitment and allocate funds for maternal health and family planning programmes. They should not wait for international assistance to run programmes affecting their own populations. The initiative should start at home.

This news item appeared on page 2 of the February 7, 1987 issue of:

DAILY NATION (Kenya)

SA countries' future gloomy—World Bank

GABORONE, Saturday

The world bank told Southern African countries today that their long-term economic outlook is gloomy and they must increase productivity urgently.

Jochen Kraske, the World Bank Director of country programmes for East and Southern Africa, was speaking on the second and final day of the nine-nation Southern African Development Co-ordination Conference (SADCC) annual meeting.

Kraske told the meeting that an economic crisis was gripping Africa as a whole. "It is in many ways more acute in this region because of the political and economic crisis in South Africa, the largest economy in the region," he added.

SADCC groups Angola, Botswana, Lesotho, Malawi, Mozambique, Swaziland, Tanzania, Zambia and Zimbabwe and was formed in 1980 with the principal aim of reducing its members' economic dependency on white-led South Africa, whose border lies only 15 km (10 miles) from Gaborone.

The World Bank representative continued: "It is now urgent to achieve a higher level of economic activity and growth in the region. For this purpose SADCC countries will need to:

- Increase investment in their own economies.
- Develop new export markets.
- Ensure that productive activity is directed toward labour intensive and resource-based enterprises.
- And raise skills levels."

Kraske said there had been encouraging developments in the region last year, such as the end of a severe drought, a slight rise in per capita income, increased food production and improved terms of trade helped by a fall in oil prices and a sharp increase in the price of coffee.

"These advances provide a breathing space for African governments and people, but no more than a breathing space, for the long term scenario is daunting."

He added that African countries on average were poorer today than they were 25 years ago.

"In many countries, malnutrition is common place as per capita food production has experienced a prolonged decline. Rapid population growth threatens to overwhelm the noteworthy accomplishments in education, health and other public services."

"And with rising oil prices and falling coffee prices, terms of trade are expected to resume their decline following their recent bouyancy," he said.

The meeting is being attended by several hundred delegates from the nine members, 34 donor or co-operating nations and 17 international organisations.

Yesterday the United States announced it would provide 93 million dollars in new funds to assist SADCC's wide-raging portfolio of development projects. (Reuters)

This news item appeared on page 11 of the February 11, 1987 issue of:

DAILY NATION (Kenya)

Govts that misuse funds to be struck off bank's list

Government that fail to use money given to them by the World Bank for specified projects may be disqualified from getting any, the World Bank president, Mr. Barber Conable, said yesterday.

He was addressing a press conference at the Kenyatta International Conference Centre after the official opening of the Safe Motherhood Conference.

Mr Conable said the bank's staff normally "oversee projects" that the bank had financed. "If the money does not reach the projects we've financed, that government does not get any more money from the World Bank," he said.

The World Bank boss said women were "partners" with men in development and said the Bank was interested in useful financial and human allocation of resources.

Mr Conable said a mothe

Mr Conable said a mother's health when delivering was important. "Many mothers die during child birth and the situation has reached alarming proportions particularly in he developing countries," he said.

He said the World Bank had donated about $2 million for the programme.

Safe motherhood was an idea conceived during the 1985 United Nations Women's Decade Conference in Nairobi.

Barbara Herz, a World Bank adviser on women and development said at the time that most women felt strongly that too many women in the developing world were dying during child birth and that something ought to be done.

The present conference is a result of this concern.

During the opening of the conference, Mr Conable said the World Bank planed to lend out Sh8 billion for population, health and nutrition activities.

He said the bank hopes to have approximately 14 new operations in about 50 countries by 1990.

According to Mr Conable, the Safe Motherhood Fund will be managed by the World Health Organisation (WHO). It will support research leading to programmes and projects in the maternal health field.

He added: "It is possible, to reduce by half the number of women who die in pregnancy or childbirth by the year 2000 through the joint efforts of the developing countries, the bank, non-governmental organisations and private groups.

The bank wants a low-cost system that provides basic health care built on the existing services.

Mr Conable said what was needed was better community-based health care, efficient referral hospitals and health centres and an alarm transport system to transfer high-risk pregnancies from community to referral institutions.

"Such maternal health care should cost no more than $2 per capita a year compared to an average of $9 now being spent for all health care purposes in slow income countries," he added.

In China, Sri-Lanka and Costa Rica, Mr Conable went on, such health services had reduced the number of deaths in childbirth and unwanted pregnancies.

The bank will prepare action plans for lending to women in selected countries to boost the agricultural, industrial, educational and health programmes the bank is undertaking. (By NATION Reporter and KNA)

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This news item appeared on page 1 of the February 11, 1987 issue of:

DAILY NATION (Kenya)

Rally round mothers, Moi tells conference

By CHRIS MUSYOKA

President Moi yesterday urged the international community to strive to improve safety in motherhood to help realise women's full potential.

He said that due to their role as mothers, women had common health problems which must be tackled seriously and urgently if nations — particularly developing ones — were to develop faster and enjoy a high standard of living.

President Moi was officially opening a three-day Safe Motherhood Conference at the Kenyatta International Conference Centre, Nairobi.

Attended by over 120 delegates from 30 countries — including Ministers and representatives of 25 donor agencies — the conference will try to identify the causes of death in pregnancy and childbirth and to outline the key strategies for combating this problem.

The opening session was also addressed by the president of the World Bank, Mr Barber Conable, the Director-General of the World Health Organisation, Dr Halfdan Mahler, the Administrator of the United Nations Development Programme, Mr William Draper III, and the Deputy Director of the UN Fund for Population Activities, Dr Nafis Sadik.

President Moi identified some of the factors endangering the safety of mothers, including early marriages, adolescent pregnancies and unwed mothers with inadequate incomes.

"Other factors," he said, "include the non-availability of maternal and childcare services and unfavourable working conditions for women, both of which contribute significantly to the increasing risks in childbirth."

Saying safe motherhood required easily accessible and

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well-equipped health-care services — which were expensive — the President urged the conference to address themselves to "the need for an appropriate combination of type, quality and costs of the (safety) initiatives to be pursued".

He thanked the World Bank, UNDP, WHO and UNFPA for taking the safety motherhood initiative and choosing Kenya to host "the important conference".

He thanked the World Bank for showing a great interest in the problems of mothers over the last three years.

President Moi said Kenya had, since independence, achieved remarkable success in health services by increasing the number of facilities, hospital beds, personnel and other areas despite hard economic times.

"Today, two-thirds of the Kenyan population is within walking distance of a health facility," he told the conference.

He asked the participants to discuss the concept of safe motherhood alongside that of population, saying: "I believe an effective population management programme will considerably improve the quality of life for women and thereby ensure safe motherhood."

He said Kenya had taken various measures to slow down the rapid population growth rate through the National Council for Population and Development, which had been active in creating awareness of the problem and informing the public and leaders about the methods by which to reduce fertility.

He said the country had decided that the district be the focus for development policy and that all districts would adopt locally-based primary health approach by June, 1988.

President Moi said that in the quest to improve the people's living standards, the Government and the ruling party had invested heavily in health services.

Said he: "I trust that there is the resolve and expertise in this conference hall to find practical ways through which governments in the developing nations can place more emphasis on maternal health."

President Moi arrived at the KICC shortly after 10 a.m. escorted by the Nairobi Provincial Commissioner, Mr Fred Waiganjo. He was met by the Minister for Health, Mr Peter Nyakiamo, and two Assistant Ministers for Health.

Moi, bank boss in talks

President Moi held discussions with the President of the World Bank, Mr Barber Conable, at State House, Nairobi, yesterday.

He urged the World Bank to increase the inflow of funds to Kenya, through budget support.

The President told Mr Conable that despite the many difficulties Kenya had undergone, it had managed to cut budget deficits and reduce the rate of inflation, thus stabilising the economy.

President Moi reiterated that Kenya welcomed foreign investors, adding that the country had very favourable conditions for that investment.

Kenya, he said, was centrally situated and had a well developed telecommunications system to link with the surrounding markets and overseas countries.

Mr Conable said the bank was discussing with Kenya economic support for the transport sector and other areas.

He further said the bank would mobilise other donors to raise sufficient resources in those areas.

Mr Conable expressed confidence in President Moi's leadership and pledged the bank's economic support to the Government's economic policies.

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Delegates call for action against maternal deaths

By CONSTANTINE OWUOR

Delegates to the Safe Motherhood Conference in Nairobi yesterday asked the international community to help stop millions of women from dying in pregnancy and childbirth.

They said maternal mortality was a critical problem that needed to be recognised by all.

"Only recently has serious attention been paid to the full and tragic scope of this problem," said Dr Fred T. Sai, a World Bank population adviser, in a summary statement of the conference which ended yesterday at a Nairobi hotel.

"We have said that half a million maternal deaths take place every year; 99 per cent of these occur in the developing world," he said.

In the developed world, there were only 2-9 maternal deaths per 100,000 live births; in developing countries the figures ranged from 800 to 1,000 or more, he added.

Thus, women in developing countries run 80 to 100 times the risk of dying in pregnancy and child birth than do women in the developed world, he said.

Dr Sai said illegal abortion caused 25 to 50 per cent of the deaths.

This was simply because women did not have access to the family planning services they so much wanted and needed, or had no access to safe procedures or to human and humane treatment for the complications of abortion.

He called for commitment to stop these deaths. "We need to mobilise the political will, to mobilise community involvement among men and women, and to implement specific programmes to stop these tragedies from taking place," he said.

He said: "We must do this for common humanity, because among human rights, the first is the right to life itself.

"We must do this also because women are a major resource to any nation, to any community, and above all to any family."

Women make a crucial contribution to the productivity and well-being of their families and communities, he stated.

"When a woman dies in childbirth, the death sentence of the child she carries is almost certainly written", Dr Sai told the delegates.

Often, the children a woman leaves behind suffer the same fate, and the family stands a good [illegible]

"For all these reasons, it [illegible]

seriously — about whether we as individuals and as a group should remain silent after this meeting," he said.

He told the gathering that the causes of this problem were deeply rooted in the adverse social, cultural, political, and economic environment of societies, and especially the environment that societies create for women.

Dr Sai said women were discriminated against in terms of legal status, access to education, access to food and nutritional status and to financial resources, among other things.

"This discrimination begins at birth and continues through adolescence and adulthood, where women's contributions and roles are ignored and undervalued."

And he stressed the need for dedication and action by the international community to reverse these trends.

"We need to generate the political commitment to re-allocate resources to implement the available strategies that can reduce maternal mortality by an estimated 50 per cent in one decade."

"We need to reach decision-makers in family and government to change laws, attitudes, and improve the legal and health statues of women generally, especially in areas [illegible] on health care delivery," he said.

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Delegates told of death syndrome

A pregnant woman's chances of dying in a developing country are up to 200 times higher than those of her contemporary in an affluent society, the conference bulletin says. An article in the bulletin says adolescent mothers run the greatest risk due to complications during pregnancy and childbirth.

In developed countries there are between five and 30 maternal deaths for every 100,000 live births while in developing countries there were between 50 to more than 300 deaths for 100,000 live births.

The article also says that up to 200,000 women died every year from illegal abortions.

Countless more are permanently injured, it says, and decries the escalation of dangerous abortions worldwide. The blame is laid squarely on failure by couples to have effective contraceptive methods.

The bulletin says that about 45 per cent of Kenyan women are married by the age of 18; in Africa 28 per cent give birth at that age.

Fifteen per cent of the maternal deaths in Kenya could have been prevented, the article says, if all women who say they do not want any more children were using effective contraceptives.

Illiteracy

Other reasons for the "appallingly high toll of deaths are grounded in female illiteracy, national and individual poverty, low status of women and ill-health."

The United Nations Development Fund administrator, Mr William Draper III, told the participants that the low economic status of women and social customs which consign them to repeated child-bearing also explain the high maternal deaths in developing countries.

Mr Draper outlined the legacy of neglect as underlying maternal deaths. Most deaths were preventable, he said, and opportunities existed to bring the necessary and appropriate technologies within the reach of those in need.

Infrastructure to deliver higher quality health care to all parts of most countries have been neglected. Women have also been denied access to credit, income and purchasing power.

Mr Draper said women were major priority of the UN. He praised the World Bank for its commitment to expand its lending programme for its objective and for the creation of an international safe motherhood fund.

"We must ensure greater visibility for maternal problems in the developing world," he said.

The Director-General of the World Health Organisation, Dr Halfdan Mahler, said discrimination against women was one of the defects of modern society.

Discrimination

He said women planted, harvested and carried food, processed and preserved it, cooked, fetched water and fuelwood. "All this in addition to child bearing, feeding and caring for the children," he said. He linked maternal deaths to the discrimination.

Causes of maternal death, Dr Mahler said, receded as far back as infancy in some cases. Nutritional deficiencies, for instance, continued into childhood through adolescence leading to contracted pelvis and eventual death from obstructed labour.

Commitment by world governments to the health for all strategy offers a ray of hope.

On abortion, he said: "We would be wilfully blind if we failed to acknowledge the millions of illegal abortions carried out every year, and the resulting scores of thousands of deaths from haemorrhage and septicaemia (infection)."

Dr Mahler said illiteracy among women must end as a long-term step towards social and economic development. (By NATION Reporter and KNA)

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This news item appeared on page 4 of the February 13, 1987 issue of:

DAILY NATION, Kenya

Role of the aged given

Communities should involve grandparents more in the stimulation and care of young children, Unicef's senior programme officer in Kenya, Dr Inonge Lewanika said yesterday.

Dr Lewanika said grandparents were good child minders and their participation in the upbringing of children would relieve mothers of some burden.

He was contributing to a session on additional resources for improved maternal health during the ongoing Safe Motherhood conference which was opened by President Moi on Tuesday.

She said mothers had no time for themselves, not even time to eat adequately yet they spent so much energy in the agricultural fields, collecting water and firewood and handling other household chores.

Dr Lewanika said safe motherhood was a result of safe childhood. If the health of children was ensured during development into adulthood, chances were that there would be more healthy mothers, and fathers.

Dr Lewanika said initiatives should be made to give children practical information for safe motherhood, particularly the school going children, scouts and girl guides.

Many aspects of community life offered opportunities for improving the health of mothers and these should be exploited, she said.

Dr Lewanika singled out social services, housing and planning departments, labour, water and sanitation, agriculture and food production sectors.

She said labour laws need to give more attention to working hours for women, the distances they have to walk to work, breast feeding time, and marternity

Women run high risk in poor states

The chances of pregnant women in developing countries dying can be 100 to 200 times higher than those of their counterparts in the wealthy countries, the World Health Organisation (WHO), says.

A WHO press release says there are five to 30 maternal deaths in 100,000 live births in the developed countries, while in the poor nations, there are between 50 and 800 deaths in 100,000 live births.

For this reason, the press release says, WHO and the United Nations Fund for Population Activities (UNFPA) have sponsored the conference.

It says about 500,000 women die every year from causes related to pregnancy and child-birth, only 6,000 of these in the developed world.

The high death toll among pregnant women at child-birth has been mainly attributed to individual and national poverty.

Other contributory factors are illiteracy, ill health and malnutrition, inadequate primary health care, unregulated fertility and poor communication in rural areas.

The press release says the world has the human resources, the technology and funds to help reduce the death rate.

The conference intends to forge a strategy and launch an initiative to reduce maternal deaths and morbidity and to improve women's health through stronger health care and family planning services.

This news item appeared on page 4 of the February 13,1987 issue of:

DAILY NATION, Kenya

The happily married 'are more safe'

Single, divorced and separated women stand a higher risk of dying from causes related to childbirth than those in stable marriages, the Safe Motherhood Conference was told yesterday.

And the major cause of such deaths is illicitly induced abortion, according to a paper titled "Prevention of Maternal Deaths in Developing Countries — Programme Options and Practical Considerations".

The paper's authors are Deborah Maine, Allan Rosenfield, Marilyn Wallace and Ann Marie Kimball of Columbia University, New York, Barbara Kwasi of the World Health Organisation (WHO), and Emile Papiernik and Sharon White of Hospital de la Communaute Evangelique en Ubangi-Mongala, Kerewa, Zaire.

"For women in some of these groups (single or divorced), an unwanted pregancy would have particularly negative social consequences," the authors say.

Poor women, maids, servants and students are in the group of women most likely to suffer maternal death.

Illicit abortion is one of the seven obstetric factors leading to maternal death.

The authors prefer the term "illicit" to "illegal" abortion because induced abortion is a major cause of maternal deaths not only in countries where it is forbidden by law but also in countries where is legally accepted.

In the poor nations death from abortion occurs because safe procedures are "largely unobtainable", authors say.

Any abortion — legal or illegal — carries the risk of over 200 complications, both immediate and long-term.

Expert reporters lacking

Press coverage of many professional fields in developing countries is often inadequate due to a shortage of specialist journalists, the editor-in-chief of the *Weekly Review*, Mr Hilary Ng'weno, said.

Mr Ng'weno singled out the medical profession as requiring effective communication. medical professionals shared the needed qualified media people to effectively convey their messages.

Despite accusations of misreporting, sensationalisation and mischief against the Press, most medical professionals shared the blame because they were unwilling to write for the media.

Doctors, Mr Ng'weno said, found it demeanig to write for newspapers and magazines. "They would rather write for journals and are hard to convince to change their attitudes."

Mr Ng'weno praised Unicef and UNDP for their yearly Press kit releases, but cautioned that a campaign should go on for a year rather than being given a different meaning every year.

He said the media were willing to participate in such campaigns but should be supplied with information.

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KENYA TIMES 11th FEBRUARY

World Bank to aid women

By KAULI MWEMBE

THE World Bank President, Mr Barber B. Conable, said in Nairobi yesterday that development is the work of women as well as men.

Addressing the Safe Motherhood Conference, Conable noted that all over the world, women are the sustaining force of families, communities and nations.

In the Third World, he noted, women must also be full, forceful partners in sustaining development.

He said the conference had been called not just to publicise the critical problems of safe motherhood, but to attack these problems and to save lives and to build better ones.

"We can reduce by half the number of women who die in pregnancy or childbirth by the year 2000," said the World Bank chief at the opening session of the conference. He said the number of such deaths is now about 500,000 a year.

The president also called for an immediate safe motherhood action programme and, at the same time outlined the key features of a major new strategy for women in development for the World Bank.

"Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face ... only a small investment in basic health care and improved nutrition can bring larger returns in survival, strength and progress," he observed.

He also called for a $5 million Safe Motherhood Fund and pledged that the World Bank would provide 1 million, and that the bank would double its lending for population, health and nutrition activities over the next three years, so that by 1990 the Bank might be directly assisting projects in 38 countries with expenditures of upto $500 million a year.

For too long, he asserted, the "silent backs" of the women of the Third World have been "too little visible" to macroeconomic development planners.

Frequently, these women have not been consulted in such planning, he said, thus making it difficult to focus on the obstacles they face and to enhance their productivity and the quality of life for entire families.

"The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women," he said.

Action plans will be prepared so that landing programmes in selected countries will promote women's progress along with other development goals in a wide range of sectors.

Another step is that issues affecting women will be emphasised in the Bank's dialogue with member countries.

Development policies will be designed to provide appropriate incentives for women and to ensure that they have the means to respond.

Programme initiatives in agricultural extension and credit will be directed to women and training and credit expanded to improve employment prospects for women outside agriculture.

Formal and informal education for women and girls will be promoted, said Conable.

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The real meaning of safe motherhood

When he opened the safe motherhood conference in Nairobi yesterday, President Moi listed some of the enduring problems afflicting our women. They included early marriages, adolescent pregnancies, single mothers without adequate incomes, shortages of childcare services and unfavourable working conditions.

Any objective look at these and other social problems that beset women reveals at their root centuries — even millenniums — of gross underprivilege, discrimination and oppression.

If women so often rushed into marriage they had little choice in it. Even today newspapers carry numerous reports of young schoolgirls forced to marry rich men old enough to be their grandfathers.

If adolescent women become pregnant and there are hundreds of single mothers without an income, the tendency in society — especially among the menfolk — is to blame the women. The boys — nay, the "sugar daddies" — responsible get away with impunity.

If there is a shortage of childcare services and if women work in environmental conditions far worse than those of men, what is to blame for it? Nothing else but the fact that few of our mothers and sisters are as well prepared — mentally as well as physically — to compete with their male counterparts in industry, commerce, agriculture, politics, the civil bureaucracy, anywhere.

The reason is obvious. Even in this day and age, many parents are not fully committed to the education of their daughters. There are far more male graduates than female. So, although our official policy discourages discrimination on the basis of sex, discrimination must take place since not enough women are educated enough to man — nay, to "woman" — certain positions adequately.

On top of that, there are many men in key situations today who would rather give that job to a man, bypassing a woman with equal or better training. The result is our females continue to languish on the peripheries of policy making and policy implementation.

Their demonstrably immense mental propensities continue to lie fallow. So do their physical abilities. Physically as much as mentally, our women waste untold energy in the anguish of annual pregnancy and delivery. It was to this dehumanising condition that President Moi referred when he said women's difficulties have much to do with our runaway population rate of growth.

A social group whose total energy is consumed in overly frequent childbirth, but has no say as to how to take care of the children and no access to the instruments of doing so — education or social decision-making — cannot contribute much to the development of its society.

As mothers, they remain private means of reproduction, and have little opportunity to give adequate thought even to the subject of discussion at the present conference, safe motherhood. They are so steeped in the ignorance of their own self-interest that they support certain male-fancied causes that can only continue to tie them to the distaff side.

For instance, how many Kenyan mothers are familiar with the simple techniques of child survival which Unicef has been promoting for a decade now? How many have availed themselves of Gobi — Growth charts, Oral rehydration therapy, Breastfeeding and Immunisation?

We suspect that few have heard of the primary health care campaign which Unicef, the World Health Organisation and other UN agencies are conducting. In a word, if we do not deliver our women from this kind of ignorance — if we do not liberate them from their present mental and physical disuse — really safe motherhood may elude us for a long time to come.

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KENYA TIMES
COMMENT

Motherhood: Why Kenya must act!

SOVEREIGN Kenya was the first country in sub-Sahara Africa, way back in 1967, to adopt an official national family planning programme and a great deal more could by now have been achieved had so many human follies and biases not been impeding the noble crusade.

Regrettably, by the early 1970s, the country's population was menacingly growing at the rate of 3.3 per cent and has since substantially increased, making it one of the highest in the world. And there is, therefore, a call now for the launching of a factual propaganda campaign nationwide with a view to enlightening wananchi on the dangers inherent in a population explosion.

Winding up their important deliberations and consultations in Nairobi last week, at the international Safe Motherhood Conference they were attending, all the delegates unanimously counselled the international community to help save millions of women from dying in pregnancy and childbirth.

One of the key participants, Dr Fred T. Sai, a World Bank population adviser, noted that illegal abortion caused about 25 to 50 per cent of the number of women who die during pregnancy.

Calling for commitment to stop these deaths, Dr Sai told the conference: "We need to mobilise the political will, to mobilise community involvement among men and women, and to implement specific programmes to stop these tragedies from taking place."

Luckily, in respect of Kenyan women, they do not suffer from any of the misdeals and injustices alluded to by Dr Sai in another part of his address. He said women were discriminated against in terms of legal status, access to education, access to food and nutritional status and to financial resources, among other things.

In an interview with "Sunday Times", a leading Kenya gynaecologist, Dr Yusuf Eraj, rightly said at the weekend that the main causes of deaths during pregnancy and childbirth could be classified as direct, indirect and coincidental. As Kenya does not lack the necessary local expertise, resources and will to tackle the triple menace, positive action should be taken NOW — and not during the year 1999 when mankind expects to realise a crop of Utopian dreams.

Having proved, in 1967, and even much earlier in 1957, when the Family Planning Association of Kenya was first formed, that we Kenyans had the political will and maturity with which to wrestle with these delicate problems, all that remains to be achieved now is mobilisation of community involvement among men and women. Let's regard it as a national crusade and give up that arrogant mentality of each man for himself and the devil take the hindmost.

KENYA TIMES
COMMENT

Motherhood: Let us give up wrong notions

A SERIES of important recommendations on how mankind can ensure safe motherhood and, in the process, significantly reduce the alarming number of women who lose their lives during or before giving birth, will be made by the delegates who are attending the present conference on the subject in Nairobi, which is an important and historic forum jointly sponsored by the World Bank and the UN.

Opening the conference on Tuesday, President Daniel arap Moi noted with regret in his keynote address that an estimated 500,000 women worldwide at present lose their lives every year due to pregnancy and childbirth. His Excellency observed that these fatalities were taking place early during the lives of the affected women.

The delegates, among whom are many eminent specialists and scholars, listened attentively as the Kenyan leader counselled them that as they embarked on their deliberations, they should bear in mind that humanity will judge the conference's success on the impact it will make in improving the health of childbearing women during the remaining years of this century and beyond.

According to conference sources, the assembled delegates are doing just that. They are exchanging notes and ideas on an important and many-sided subject which calls for as many solutions, since its delicate handling and purview can no longer be confined to gynaecological approaches alone.

Having become markedly affluent, Kenya's post-Independence society has been benefiting by the enormous resources the Government has invested in the health of the people. These resources and the ruling Party's and Government's concerted efforts and commitment to the common weal of every Kenyan, were alluded to by President Moi in his address to the present conference.

It is seldom realised, but the point featured in the same presidential address, that nearly two-thirds of the Kenyan population is within walking distance of a health facility, and that all districts will have adopted the district-based primary health approach by June, this year.

With all these and other facilities and, of course, coupled with the country's imaginative planned parenthood crusade which has been going on for many years now, surely, Kenyans are not faring too badly — but more remains to be done and achieved.

The mistaken notion that every adolescent woman must produce a child should henceforth be widely discouraged. Slanted and misunderstood by some of the country's youth as a "traditional" taboo of sorts, this retrogressive attitude has thus far been responsible for many of the births out of wedlock one sees.

If we are to ensure the safety of Kenyan motherhood we, too, must accept the world's relevant precautions and devices — and keep a sharper eye on the popula-

This news item appeared on page 4 of the February 13, 1987 issue of:

DAILY NATION, Kenya

How traditional beliefs influence women's health

Taboos are a major factor in maternal health, according to a report presented at the meeting.

The document by the "world health organisation says fear of contamination by menstrual blood, for instance, necessitates separate latrines for men and women in some communities.

In others men and women were prohibited from bathing in the same water.

The document says that among some people, the need for privacy and the shame surrounding defaecation was greater for women than men.

In South Asia, women tend to defacate at night only in order not to be seen practising a retention which is difficult and unhealthy. Women in other areas only eat after sunset to avoid going to the toilet at the wrong time.

In certain parts of the Middle East, the document says, women observe such strict *purdah* (seclusion) that is not unusual for them to defacate on roof tops. They are not allowed to use latrines in places where people can see them enter or if the door-latch is not secure.

The paper entitled "Women, Water and Sanitation", says men and women have varying opinions on water quality. Decisions on acceptance often depend on smell, taste and colour. But it is primarily women who make choices about where to get water and how to use it.

"It is women's time, women's energy and women's convenience which are critical," says the report.

Women and men also use their time differently. The former work longer hours and have more and different task to perform throughout the day.

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1047/84

DAILY NATION 13TH FEBRUARY, 1987

Women run high risk in poor states

The chances of pregnant woman in developing countries dying can be 100 to 200 times higher than those of their counterparts in the wealthy countries, the World Health Organisation (WHO), says.

A WHO press release says there are five to 30 maternal deaths in 100,000 live births in the developed countries, while in the poor nations, there are between 50 and 600 deaths in 100,000 live births.

For this reason, the press release says, WHO and the United Nations Fund for Population Activities (UNFPA) have sponsored the conference.

It says about 500,000 women die every year from causes related to pregnancy and child-birth, only 6,000 of these in the developed world.

The high death toll among pregnant women at child-birth has been mainly attributed to individual and national poverty.

Other contributory factors are illiteracy, ill health and malnutsition, inadequate primary health care, unregulated fertility and poor communication in rural areas.

The press release says the world has the human resources, the technology and funds to help reduce the death rate.

The conference intends to forge a strategy and launch an initiative to reduce maternal deaths and morbidity and to improve women's health through stronger health care and family planning services.

Spacing 'vital for mothers'

The conference has stressed the importance of family planning and use of contraceptives to ensure the mother's safety.

A Ghanaian doctor and advisor to the World Bank, Dr Sai, told a press brefing at a Nairobi hotel on Wednesday that research had shown that mothers with fewer births risked their lives less than those with many births. The use of contraceptives, including condoms, is absolutely necessary, he said.

Dr Sai said one of the methods used to reduce child births was for a mother to use family planning devices. This way, a mother has fewer pregnancies, hence less risks of death during child birth.

The conference, said Dr Sai, has continuously asked women to seek medical advice at maternities and other health clinics during their pregnancies.

He said it was very important for women, mid-wives, nurses and traditional birth attendants to be clean during child birth. Everything they use should also be clean, he said.

(KNA)

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This news item appeared on page 18 of the February 13, 1987 issue of:

THE WEEKLY REVIEW (Kenya)

Towards Better and Safer Motherhood

THE fact that 500,000 women die each year from causes related to child-bearing is no doubt a serious problem. But it was only in the early Seventies, after the World Health Organisation (WHO) carried out community-level surveys in several countries where the registration of deaths was deficient that the problem became a cause of grave concern. It has now been established that pregnancy-related complications are the leading cause of death among young women in developing countries. The Safe Motherhood Conference that opened in Nairobi on Tuesday of this week is therefore aimed at drawing the attention of governments, international agencies and non-governmental organisations to woman's health needs, particularly in the developing world by devising strategies and launching effective and affordable programmes.

Sponsored by the World Bank, WHO and the United Nations Fund for Population Activities (UNFPA), the importance of the conference, which was officially opened by President Daniel arap Moi, was underlined by the presence of prominent international personalities, who included the World Bank president, Mr. Barber B. Conable, the WHO director-general, Dr. Halfdan Mahler, the United Nations Development Programme administrator, Mr. William Draper III and the assistant executive director of UNFPA, Dr. Nafis Saki. The conference, was also attended by over 100 delegates, who included 40 government ministers and representatives from 25 donor agencies.

When opening the conference, President Moi said that given the available statistics, the task of recommending practical measures which will make child-bearing safer for women in developing countries will not be an easy one. He said that women all over the world, by virtue of their natural role as child-bearers, have common health problems. And among the factors that endanger safe motherhood are early marriages, adolescence pregnancies and single motherhood with inadequate income, he said. Other factors, he said, include the non-availability of maternal and childcare services and unfavourable working conditions for women, both of which contribute significantly towards increasing the risk of childbirth.

The president told the conference that Kenya has since independence achieved remarkable success in providing health services to the people by having managed to increase the number of health facilities, hospital beds and health personnel, despite the difficult economic times that the country has experienced. Almost two-thirds of the Kenyan population is within walking distance of a health facility, he said, which was a reflection of the enormous resources the government has invested in the health of its people and its commitment to the goal of health for all by the year 2000. The president also urged the participants to bear in mind the population problem because a conference on safe motherhood cannot avoid reference to population issues. "This is too great a cost for humanity to bear," he said, "and I am glad we have all gathered here today to do something about it. I urge you to bear in mind that humanity will judge the success of this conference on the impact it will make in improving the health of child-bearing women during the remaining years of this century and beyond."

In his address, Conable said that the conference had been called not just to publicise the critical problems of safe motherhood but to attack the problems and to save the lives and to build better ones". Conable declared that "we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000" and called for immediate safe motherhood action programmes. He said that women's health is basic to women's advancement in all fields of endeavour and as a mother's health is the bulwark of the family, it is the foundation of community and social progress, whereby working for safe motherhood will be working for steady development on all fronts. Conable outlined a series of broad actions that can be taken by governments and international organisations to make motherhood safer. The World Bank, he said, plans to establish a safe motherhood fund under the management of the WHO to undertake operational research that will support the development of country programmes and projects in the maternal health field in which the bank will make a contribution of US$1 million towards the proposed three-year budget of $5 million. He announced that the bank plans to double its lending for population, health and nutrition activities over the next three years so that by 1990, the bank

might be directly assisting projects in 50 countries with expenditures of up to $500 million a year.

Conable lamented the fact that women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face, adding that only a small investment in basic health care and improved nutrition can bring large returns in survival, strength and progress. He outlined a three-tiered approach to reduce maternal mortality, which included community-based health care, utilising non-physician health workers to identify pregnant women at high risk and referring them for help and providing women at less risk with good parental care and assistance for safe delivery.

The WHO director-general told the conference that the most striking fact about maternal health in the world today is the extraordinary difference in maternal death rates between industrialised and developing countries. Developing countries, he said, commonly have maternal mortality rates 200 times higher than those of Europe and North America, the widest disparity in all public health statistics. He said, however, that the commitment by all governments of the world to the health for all strategy gives a ray of hope, adding that the only approach which can succeed in taking a combination of preventive and therapeutic care to the most peripheral level possible is that of primary health care. Mahler said that WHO's policy on family planning is based on the recognition of family planning as an integral and inseparable part of maternal and child health programmes as it is indispensable in the struggle to end maternal deaths.

The World, he said, is faced with a tragedy of multiple causes and the challenge must therefore be confronted with a multiple strategy and under the umbrella of the health for all strategy. He outlined four elements that are needed in fighting the problem. These included adequate health care and an adequate share of the available food for girls from infancy to adolescence and family planning being made universally available to avoid unwanted or high-risk pregnancies. After pregnancy begins, he advocated good parental care, including nutrition, with efficient and early detection and referral of high risks; the assistance of a trained person for all women during childbirth at home as in hospital and finally, women at higher risk and those in dire emergency of pregnancy, childbirth and related problems must all have effective access to the essential elements of obstetric care.

Mahler told the conference that what was being sought was not some kind of supra-national campaign, but an initiative, the beginning of renewed emphasis and more intensive effort to make pregnancy and childbirth as safe for all women in the future as it is for the minority today. "It is an international initiative," he said, "for what I am convinced can become a long-term, self-sustaining part of national development. It could be done; it ought to be done; and in the name of social justice and human solidarity, it must be done". ■

This news item appeared on page of the February 14, 1987 issue of:

TANZANIA DAILY NEWS, Tanzania

WHO to continue services without US funding

Nairobi, Friday.

THE World Health Organisation (WHO) and the United Nations Fund for Population Activities (UNFPA) will continue their programmes in sub-Saharan Africa this year despite the refusal of the United States to fund the organisations, *Inter Press Service (IPS)* reported.

"The United States, which is a major donor to the WHO, has not paid and other countries are slow, but we have to maintain our programmes in Africa while we reduce elsewhere." Robert Cook, a WHO official, told the Conference on Safe Motherhood being held here.

Cook noted that Africa was going through economic problems beyond its control and because of this, the two organisations had no alternative but to reduce their funding in other regions of the world.

A UNFPA Deputy Director, Nafis Sadik, said the withdrawal of US funding had caused financial problems, but "we are getting other donors, and most of this money is going to our sub-Saharan Africa programmes."

UNFPA will spend 30 million dollars (about 1.5 billion/-) this year in sub-Saharan Africa alone, Sadik said. She, however, expressed concern that some African governments had reduced their health investment from four per cent to two per cent of their national budgets at a time when there was "the greatest need to train and retrain" medical personnel.

Fred Said, a World Bank advisor on population told the meeting that Africa was suffering from an acute shortage of trained medical personnel.

It was for this reason that in some countries, midwives had been trained to perform caesarean operations, he said.

"Many African countries are genuinely short of doctors, and the ones they have are not evenly distributed, all being in the urban areas leaving the rural areas with no doctors." Said said.

He said governments should give incentives to doctors working in the rural areas to reverse the trend.

The four-day conference, which is sponsored by the World Bank, WHO and UNFPA, is aimed at drawing attention to women's health needs.

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This news item appeared on page of the February 13, 1987 issue of:

TANZANIA DAILY NEWS, Tanzania

UNDP health care save millions

Nairobi, Thursday.

PRIMARY health care programmes supported by the UN Development Programme (UNDP) have saved millions of lives worldwide, the UNDP Administrator, William Draper, has said here.

The UNDP is engaged in primary health care projects "which affect women, their health, nutrition status and productivity and which reach down to the village level", Draper told the Safe Motherhood Conference being held here.

According to *Inter Press Service (IPS)*, Draper disclosed that the UNDP currently supports 54 such projects in Africa and Asia with an additional 28 projects specifically focussed on maternal health.

In the Central Africa Republic, where the population growth rate is about the highest on the continent, the UNDP is behind the creation of the country's integrated maternal and child health and family planning programme.

Under the scheme, 100 midwives, 40 health assistants and 40 statistical personnel have been trained.

The project now provides prenatal care to about 3,500 expectant mothers each year and delivers post-natal care to some 33,000 infants annually.

Among the projects in Kenya the UNDP is involved in, is the Afridev Handpump which now provides clean water in Kwale District south of the coastal city of Mombasa.

Draper said the health of the people in the district — where in the past 70 to 80 per cent of the people suffered from cholera, bilharzia and other diseases — had improved "drastically" since the introduction of the water pump.

The Afridev Handpump which was designed with the support of the UNDP and the World Bank is simple to operate and can be maintained by village women.

On global level, Draper said the UNDP, the World Health Organisation (WHO) and the World Bank were supporting research on major tropical diseases such as malaria and bilharzia — diseases which pose the greatest threats to maternal health.

"Recently, the UNDP and WHO have launched a new effort to intensify primary health care at district level and maternal health will be a major aspect of this joint effort," the UNDP chief told the conference.

Draper called on the organisations attending the conference — the World Bank, the UN Fund for Population Activities (UNFPA) and WHO — to look more seriously into the issue of maternal health.

"If we do so, this conference will go down in history as a new point of departure in our campaign to bring health within reach of all", he said.

The four-day conference which opened on Tuesday is being attended by delegates from 50 countries.

This news item appeared on page 8 of the January 30, 1987 issue of:

EHUZU (Benin)

La Banque Mondiale, l'O M S et le FNUAP partent en guerre contre la mortalité maternelle

New York (Nations Unies). — Trois Agences spécialisées des Nations Unies — la Banque Mondiale, l'Organisation Mondiale de la Santé (OMS) et le Fonds pour les Activités en Matière de Population (FNUAP) — sont parties en guerre contre la mortalité maternelle, qui tue chaque année 500.000 femmes dans le monde, le plus souvent en Asie du sud et en Afrique.

Pour mobiliser les gouvernements et Organisations Non Gouvernementales (ONG) sur ce problème, et mettre en place un programme d'action, elles organiseront le mois prochain une conférence internationale de quatre jours à Nairobi à laquelle devraient participer des représentants de plus de 50 pays en développement.

Si dans les pays développés les cas de décès à l'accouchement sont devenus un phénomène de plus en plus rare (entre 2 et 10 pour 100.000), ils restent en revanche fréquents (entre 800 et 1.000 pour 100.000) dans le Tiers monde et les trois quarts de ces décès sont essentiellement dus à cinq causes : hémorragie interne, infection sévère, toxémie, accouchement difficile et avortement (le plus souvent illégalement).

Selon les études de la Banque Mondiale, la mortalité maternelle pourrait être réduite d'environ de moitié en l'espace de dix ans, en consacrant 2 dollars par an et par habitant à des programmes d'éducation (y compris de planification familiale) et de soins maternels de base. Dans les pays les moins avancés les dépenses annuelles de santé s'élèvent environ à 9 dollars par habitant pour atteindre cet objectif.

Depuis le début de l'actuelle décennie, la Banque Mondiale est d'ailleurs devenue l'une des principales sources de financement des programmes de santé dans le Tiers monde, aux côtés des Etats-Unis et du Japon, et elle entend continuer à développer ses activités dans ce domaine.

Summary Translation: Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood in Nairobi on February 10-13. Since the beginning of this decade, the World Bank has become one of the leading donors in health programs in the Third World, along with the United States and Japan.

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This news item appeared on page 6 of the February 9, 1987 issue of:

CAMEROON TRIBUNE (Cameroon)

SANTE

UNE CONFERENCE SUR LA MATERNITE SANS RISQUE ORGANISEE PAR LES NATIONS UNIES

Un demi-million de femmes environ meurent chaque année de causes liées à une grossesse. Soixante pour cent de ces décès se produisent en Asie du Sud et 30 en Afrique subsaharienne. La mortalité maternelle est la principale cause de mortalité chez les jeunes femmes d'un grand nombre de pays en développement et la grossesse cause un nombre anormalement élevé de maladies et de décès chez les femmes aux faibles revenus ainsi que dans leurs familles.

Les préoccupations que leur inspire la santé maternelle ont amené la Banque mondiale, l'Organisation mondiale de la santé (OMS) et le Fonds des Nations unies pour les activités en matière de population (FNUAP) à organiser conjointement une conférence sur la maternité sans risque qui aura lieu sous l'égide du gouvernement du Kenya, à Nairobi, du 10 au 13 février. M. Barber Conable, président de la Banque mondiale, le Dr Halfdan Mahler, directeur général de l'OMS, M. Rafael Salas, directeur exécutif du FNUAP et M. William Draper, administrateur du programme des Nations unies pour le développement prononceront des discours de grande portée. M. Daniel Arap Moi, président du Kenya, souhaitera la bienvenue aux participants lors de la séance inaugurale.

La conférence sur la maternité sans risque a pour objet d'appeler l'attention des gouvernements, des institutions internationales, sur les besoins des femmes en matière de santé, particulièrement dans les pays en développement ; de mettre au point des stratégies visant à améliorer la santé des femmes et d'entreprendre des programmes efficaces et d'un coût abordable. Des ministres et personnalités de 50 pays en développement et de hauts responsables du développement participeront à la conférence.

Les programmes de la Banque mondiale accordent une importance accrue aux femmes en ce qui concerne les questions de développement et de santé. Comme l'a dit M. Conable dans son premier discours à l'occasion de l'assemblée annuelle des conseils des gouverneurs de la Banque mondiale et du Fonds monétaire international, « les femmes font les deux tiers du travail dans le monde. Leur travail produit de 60 à 80 pour cent des aliments en Afrique et en Asie, 40 pour cent en Amérique latine. Et partant ne gagnent qu'un dixième des revenus du monde. Elles sont parmi les plus pauvres d'entre les pauvres.» Il a demandé instamment que l'on redouble d'efforts pour créer des possibilités de développement en faveur des femmes et de leur donner les moyens d'en profiter et de tirer parti des progrès réalisés. Dans le cadre de cet effort, il a indiqué combien il était important par la formation, de «mettre les femmes en mesure de déterminer leur vie productive et reproductive.»

La presse est invitée à assister à la séance inaugurale de la conférence le 10 février à 09h30, à l'amphithéâtre du Kenyatta International Conférence Center. Les directeurs des trois organisations internationales co-parrainant la conférence tiendront une conférence de presse immédiatement après la séance inaugurale. Une dernière conférence de presse aura lieu le 13 février dans la Turkana Room de l'hôtel Intercontinental.

Les représentants de la presse procéderont aux formalités d'usage le 9 février dans le hall de l'hôtel Inter-continental entre 8 et 18 heures. Durant la conférence, le personnel de la conférence leur apportera son concours dans la Turkana Room de l'Hôtel Intercontinental.

Summary translation of news item appearing in CAMEROON TRIBUNE (Cameroon) on February 9, 1987.

Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood in Nairobi on February 10-13.

The Safe Motherhood conference is aimed at drawing the attention of governments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world; devising strategies to improve women's health; and launching effective and affordable programs.

This news item appeared on page 3 of the February 17, 1987 issue of:

CAMEROON TRIBUNE

World Bank President urges action on safe motherhood

— *Announces IBRD development strategy for women*

We can reduce by half the number of women who die in pregnancy or childbirth by the year 2000, declared World Bank President Barber Conable at the opening session of the Safe Motherhood Conference in Kenya. He noted that the number of such deaths is now around 500,000 a year.

Noting that sometimes we forget that development is the work of women as well as men, the bank's president called for an immediate Safe Motherhood Action Program and, at the same time, outlined the key features of a major new strategy for women in development for the World Bank. He made his remarks in Kenya before the Safe Motherhood Conference, co-sponsored by the bank, the World Health Organization (WHO), the United Nations Fund for Population.

Mr. Conable said that all over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development. He added that this conference has been called not just to publicize the critical problems of Safe Motherhood, but to attack these problems and to save lives and to build better ones.

In his speech the President outlined a series of broad actions that can be taken by governments and international organizations to make motherhood secure. He called for a five million dollar Safe Motherhood Fund and pledged that the World Bank would provide one million dollars. He announced that the bank plans to double its lending for population, health and nutrition activities over the next three years, so that by 1990 the bank might be directly assisting projects in 50 countries with expenditures of up to 500 million dollars a year.

Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face, he said, adding that only a small investment in basic health care and improved nutrition can bring large returns in survival, strength and progress. He outlined a three-tiered approach to reduce maternal mortality: (1) - stronger community-based health care, utilising non-physician health workers to identify pregnant women at high risk and refer them for help. Women at less risk would be provided good prenatal care and assistance for safe delivery. (2) - stronger referral facilities - hospitals and health centers to cope with complicated deliveries and obstetrical emergencies. (3) - an alarm and transport system to bring, within a survivable time-frame, pregnant women at risk to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, he told the delegates, compared to an average of nine dollars now being spent for all health care purposes in low-income countries.

For too long, he asserted, the bent backs of the women of the Third World have been too little visible to macroeconomic development planners. Frequently, these women have not been consulted in such planning, Mr. Conable said, thus making it difficult to focus on the opportunities and obstacles they face and to enhance their productivity and the quality of life for entire families. The World Bank will do its best.

He pledged, we have already started intensifying staff involvement in issues affecting women. He outlined some specific steps the bank will take: (1) - action plans will be prepared so that lending programmes in selected countries will promote women's progress along with other development goals in a wide range of sectors. (2) - issues affecting women will be emphasized in the bank's dialogue with member countries. (3) development policies will be designed to provide appropriate incentives for women and to ensure that they have the means to respond. (4) - program initiatives in agricultural extension and credit will be directed to women and training and credit expanded to improve employment prospects for women outside agriculture. (5) - formal and informal education for women and girls will be promoted. (6) throughout the developing, women aspire to become full partners with men in creating strong and productive societies, Mr. Conable observed. Development programs must help realize this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater.

This news item appeared on page 2 of the February 17, 1987 issue of:

MIDI MADAGASCAR (Madagascar)

MIDI-VISION

Maternité sans risque : Un facteur de développement

Que les femmes se rassurent, elles mourront désormais de moins en moins lors de l'accouchement. Un fonds de la « maternité sans risque » va être créé pour combattre les conditions précaires du suivi de la grossesse et de l'accouchement. C'est du moins, entre autres résultats, ce qui ressort de cette grande conférence tenue à Nairobi, il y a quelques jours, sous l'égide de la Banque Mondiale, le Fonds des Nations Unies pour les Activités en matière de Population (FNUAP), et l'Organisation Mondiale de la Santé (OMS).

Il était temps en effet que les organismes internationaux se penchent sur ces questions que posent la grossesse et son corollaire direct, dans les pays pauvres, la mortalité maternelle. D'aucuns n'ignorent, même si on préfère le taire que de le crier, que bon an mal an, des dizaines de milliers de femmes meurent au cours de leur grossesse, faute de soins de santé et d'infrastructures d'accouchement adéquates, vérifiant les propos de M. Barber O Conable, Président de la Banque Mondiale que, « les femmes des pays pauvres risquent cent fois plus de mourir au cours de leur grossesse que celles des pays industrialisés ».

Une comparaison, on ne peut plus instructive, qui justifie la prise de conscience actuelle. Il faut reconnaître en effet que la question des femmes a toujours été, soit, considérée comme secondaire, soit, complètement négligée. Sans doute, cette attitude reflète-t-elle cet orgueil masculin qui ne veut qu'au crédit des hommes, la construction de ce monde; toutefois, les statistiques et la réalité sont telles que l'on ne peut plus cacher le rôle et l'importance de la participation des femmes dans le développement. Ce sont les femmes qui portent et élèvent les enfants. Ce sont encore elles qui se lèvent de bonne heure et qui se couchent tard pour préparer la nourriture, pour aller chercher de l'eau, pour ramasser du bois de chauffe, et pour s'occuper d'autres activités comme le bétail et les cultures. Bref, c'est par elles qu'une bonne part du progrès social et économique se conçoit.

Et pourtant, en contrepartie, qu'a-t-on fait pour les protéger ? Qu'a-t-on fait pour leur assurer des conditions de travail meilleures ? Mais surtout, qu'a-t-on fait pour les préserver de la mortalité maternelle ?

Sans doute, a-t-on construit des maternités bien pourvues en matériels et en spécialistes, mais la plupart se trouvent dans les villes alors que dans les zones rurales, les conditions de santé sont restées au stade précaire. La grossesse y est encore placée sous la responsabilité des « matrones traditionnelles ».

Pour toutes ces raisons, l'intérêt de cette conférence de Nairobi ne fait plus de doute. En tirant la sonnette d'alarme, son objectif est de réduire de moitié la mortalité maternelle d'ici l'an 2000.

La stratégie proposée pour atteindre ce but ainsi que les importantes enveloppes de 5 millions de dollars pour la création du fonds et de 500 millions de dollars par an, pour des projets en ce sens dans cinquante pays de la part de la Banque Mondiale, contribueront certainement à accroître l'espérance de vie des mères.

Seules, en effet, des contributions aussi importantes sur le plan financier permettront de vaincre efficacement cette situation... Aussi, dorénavant, fort de cette perspective, on peut compter sur une participation plus active de « l'autre moitié » dans le développement.

Summary translation of news item that appeared in the February 17, 1987 issue of MIDI MADAGASCAR

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Safe Motherhood: A Factor in Development

This report on the World Bank/UNFPA/WHO-sponsored Safe Motherhood conference in Nairobi highlights the expectation that fewer women in the Third World will in future be exposed to risk of death in childbed. A $5 million Safe Motherhood Fund is to be set up, and the World Bank has promised to earmark $500 million a year for projects in this area in fifty countries throughout the world.

In his address to the Conference, Mr. Conable stressed that women in poor countries run a hundred times greater risk of dying during pregnancy than do women in the industrial countries. In the writer's opinion, this comparison shows how women's concerns have historically been viewed as secondary at best, and have frequently been ignored.

Well-equipped maternity hospitals have, it is true, been built in the capital cities, but the level of care available in the countryside remains primitive, with untrained "traditional birth attendants" responsible for deliveries. The program announced at the Conference aims at cutting the maternal death rate in half by 2000. Even more important, it signals recognition of the importance of securing more active participation by women in development. (GSCLS)

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This news item appeared on page 2 of the February 1, 1987 issue of:

LE SAHEL (Niger)

Maternité sans risque

La Banque Mondiale, l'OMS et le FNUAP organisent une conférence

«La Banque Mondiale, l'OMS et le FNUAP organisent une conférence sur la maternité sans risque.

Un demi million de femmes environ meurent chaque année de causes liées à une grossesse. Soixante pour cent de ces décès se produisent en Asie du Sud et 30 pour cent en Afrique Subsaharienne. La mortalité maternelle est la principale cause de mortalité chez les jeunes femmes d'un grand nombre de pays en développement et la grossesse cause un nombre anormalement élevé des maladies et de décès chez les femmes aux faibles revenus ainsi que dans leurs familles.

Les préoccupations que leur inspire la santé maternelle ont amené la Banque Mondiale, l'Organisation Mondiale de la Santé (OMS) et le Fonds des Nations Unies pour les activités en matière de population (FNUAP) à organiser conjointement une conférence sur la maternité sans risque qui aura lieu sous l'égide du gouvernement du Kenya, à Nairobi, du 10 au 13 février 1987. M. Barber Conable, président de la Banque Mondiale, le docteur Halfdan Mahler, directeur général de l'OMS, M. Rafael Salas, directeur exécutif du FNUAP et M. William Draper, administrateur du Programme des Nations Unies pour le Développement prononceront des discours de grande portée. M. Daniel Arap Moi, président du Kenya, souhaitera la bienvenue aux participants lors de la séance inaugurale.

La conférence sur la maternité sans risque a pour objet d'appeler l'attention des gouvernements, des institutions internationales et des organisations non-gouvernementales, sur les besoins des femmes en matière de santé, particulièrement dans les pays en développement; de mettre au point des stratégies visant à améliorer la santé des femmes, et d'entreprendre des programmes efficaces et d'un coût abordable, des ministres et des personnalités de 50 pays en développement et de hauts responsables du développement participeront à la conférence.

Les programmes de la Banque Mondiale accordent une importance accrue aux femmes en ce qui concerne les questions de développement et de santé. Comme l'a dit M. Conable dans son premier discours à l'occasion de l'Assemblée annuelle des conseils des gouverneurs de la Banque Mondiale et du Fonds Monétaire International, «les femmes font les deux tiers du travail dans le monde. Leur travail produit de 60 à 80 pour cent des aliments en Afrique et en Asie, 40 pour cent en Amérique Latine. Et pourtant, elles ne gagnent qu'un dixième des revenus du monde. Elles sont parmi les plus pauvres d'entre les pauvres.» Il a demandé instamment que l'on redouble d'efforts pour créer des possibilités de développement en faveur des femmes et leur donner les moyens d'en profiter et de tirer parti des progrès réalisés. Dans le cadre de cet effort, il a indiqué combien il était important, «par la formation, de mettre les femmes en mesure de déterminer leur vie productive et reproductive».

Summary Translation: Women in development and health issues are receiving greater emphasis in the World Bank's development programs. Concern over maternal health has led the World Bank, the World Health Organization, and the United Nations Fund for Population Activities to co-sponsor a conference on Safe Motherhood hosted by the Government of Kenya in Nairobi on February 10-13.

This news item appeared on page 1 of the February 8, 1987 issue of:

THE SUNDAY MAIL (Zimbabwe)

Nairobi talks to focus on safe motherhood

Sunday Mail Reporter

ZIMBABWE is among 50 African and Asian countries meeting in Nairobi, Kenya, for the first Safe Motherhood conference expected to produce a breakthrough on methods of enhancing the quality of life of women in developing countries.

The major impetus intended to improve maternal health is likely to emerge from the key address by the World Bank president Mr Barber Conable. It is widely believed that the statement would serve to reaffirm the World Bank's commitment to women's health.

The Safe Motherhood conference is being co-sponsored by the World Bank, the World Health Organisation and the United Nations Fund for Population Activities. It starts in Nairobi on Tuesday and essentially it is a reflection of the concern, by the three organisations, over maternal health.

Zimbabwe will be represented by Dr Ephraim Minya, the acting principal medical director in the Ministry of Health, who said that most of the health problems in Zimbabwe related to mothers and their children, especially mothers in their child-bearing stage.

The Government's strategy for the achievement of Health for All by the Year 2000 places more priority on mothers in their child-bearing age and people in the 0-60 year age group, who constitute 70 percent of the country's population.

with women in mind

Dr Minya is expected to discuss the reasons for the success of the Zimbabwe Community-Based Delivery Programme, which involves the training of women community leaders by the Zimbabwe National Family Planning Council in educating and distributing contraceptives.

The Nairobi conference takes place against the background of reports that estimate up to 500 000 maternal deaths occurring in the Third World each year — the result of inadequate nutrition, health care education, facilities and staff for prenatal care and a lack of emergency delivery facilities contributing to this high incidence.

The conference, understands The Sunday Mail, is aimed at drawing the attention of governments, international agencies, organisations to women's health needs, devising of strategies to improve women's health and launching effective and affordable programmes.

And the reason why women's development and health issues seem to be getting greater emphasis in the World Bank's development programmes is found in Mr Conable's first address to the Joint Annual Meeting of the Boards of Governors of the World Bank and the International Monetary Fund in Washington last October.

"Women do two-thirds of the world's work. Their work produces 60 to 80 percent of Africa's and Asia's food, 40 percent of Latin America's. Yet they earn only one-tenth of the world's income and own less than 1 percent of the world's property. They are among the poorest of the world's poor," Mr Conable said.

Urging greater efforts to open up development opportunities to women and to equip them to respond and to enable them to share in the progress achieved, he stressed: "We must provide training to give women the skills to determine their productive and reproductive lives.

"We cannot provide leadership for sustained development without providing leadership, as well as, to restrain over-population, to balance growth with environmental protection, and to match the contributions women make with contributions to their welfare.

"We must integrate these concerns into our overall development strategy or risk the ultimate failure of our finest work. Fortunately, the bank has already accumulated much of the experience necessary to weave population, environmental, and women's issues into a tighter fabric of development assistance. Now we must put our knowledge vigorously to work."

The causes of the high rate of death and disease among mothers in developing countries are seen as basically falling into four main categories: the poor health and nutritional status of women in these countries; their high fertility — too many pregnancies often too closely spaced; a lack of good community-level care during their pregnancies; and absence of back-up care for complications and emergencies.

And the reason why such a situation has been allowed to go on for so long can be explained in two ways: firstly there is the general disadvantage women face in many societies; and the other is that it is easier to deal with some of the problems affecting children's health, than to carry a pregnancy to a healthy outcome.

There are three main reasons for the World Bank's leading role in organising the Nairobi conference. Safe motherhood is a major neglected problem; it remains a problem for bank member countries in sub-Saharan Africa and South Asia. "and we sense that countries and other donor agencies are ready to do more in this area. The bank is contributing a strategy paper which we hope will be the basis for debate and extensive discussions as to the 'how' of making motherhood safer," says the World Bank.

President Daniel arap Moi of Kenya is expected to welcome the conference participants at the opening session, also expected to be attended by the WHO director-general, Dr Halfdan Mahler, the UNFPA executive director, Mr Rafael Salas and the UNDP administrator, Mr William Draper.

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This news item appeared on page of the February 16, 1987 issue of:

THE NEW NATION, Bangladesh

MATERNAL MORTALITY

Eve's travails following her inquisitiveness and subsequent sojourn into this earth are known to most of mankind. What is denied due attention is the fact that curiosity and knowledge which are believed by many to be the rationale behind the loss of paradise by humankind also hold the key to regaining it mystifying though it may sound. "Thou shalt bear children n sorrow" –it was said to Eve during the beginning of human life on earth, goes the Biblical record and ever since she has been doomed to labour for prolongation of the species. But medical science has been able to take away much of the pain and risk of child-bearing in advanced countries while pregnancy in the backward countries continues to pose a high risk of fatality.

Statistics revealed at the recent conference on Save Motherhood held in Nairobi under the joint auspices of the World Bank, the World Health Organisation and the United Nations Fund for Population Activities go to establish the unpleasant fact that pregnant women in developing and underdeveloped countries are a hundred times more at risk of death than those in advanced countries. In developing countries there are 50 to 800 deaths for 1 lakh live births while the figure ranges from only 5 to 30 in advanced countries. Out of an estimated 5 lakh maternal deaths in the world each year only 6 thousand fall to the share of the developed world.

These figures are enough to establish that knowledge, economic well-being and primary health care can act as effective safeguards against the risk of death of conceiving women. On the other hand, poverty, ignorance and inadequate primary health care account for most of the deaths during pregnancy and child birth. In a developing country like ours pregnant women are often found to suffer from anaemia and oedema. Insufficient blood haemoglobin and passing of albumen in urine are common indicators of the risk of death at child birth due mostly to bleeding oneself white. ecalempsia and tetanus. Timely test of blood and urine and administration of necessary curative medicines along with other nutrients may save most of the high-risk expectant mothers. But this much of care is still a far cry in our socio-economic situation.

This brings us to the problem of poverty and ignorance which lie at the basis of many of our ailments—physical and otherwise, But a problem like maternal mortality may not have to wait till the achievement of economic self-sufficiency or hundred per cent literacy. Some knowledge of the 'do's and don't's' during pregnancy and gearing up our primary health care programmes including the population control one a little can go a great distance in eliminating much of the risk of maternal deaths. Our country has won U. N. recognition for success in the drive for population control the growth rate having been brought down to 2.4 per cent this year from the 3.2 per cent of 1982. This is an encouraging piece of news no doubt. But it remains to be seen that population control programme which is vitally linked with primary health care comes to the aid of fertile women, Unregulated fertility and frequent child births are two of the major causes of death of pregnant women here. The health assistants and population control personnel who are found to visit most of the homes as a matter of routine can render valuable service both against unwarranted conception and death at child birth.

THE BANGLADESH OBSERVER
(February 26, 1987)

Safe Motherhood

The decade of Health for all has, paradoxically, turned out to be one more for men than women. The latter's case for health care, education and other socio-economic benefits and rights goes by the wayside. Needless to say, this is almost wholly a third world phenomenon. A greater sense of democracy and of women's rights, among numerous other advantages such as those of education, information, communication and state-provided health service facilities, has reduced to the minimum the rate of maternal mortality during pregnancy or from childbirth in most developed countries. In the United States, for instance, a maternal mortality rate of 56.8 deaths in 1936 has been reduced to 3.6 per 10,000 live births. In some of its states it has come down to 1.3.

Against this western background of 50 to over 800 deaths for 100,000 live births the collosal death rate in developing societies is a chilling contrast. An estimated 5,00,000 women die each year from causes related to pregnancy and childbirth, and only about 6,000 (six thousand) of these are in the developed world. This leaves the third world, with an appalling toll of 4,94,000 deaths in childbirth.

For Afro-Asian third world societies the problem is basically one of poverty and of malnutrition generally, and for childbearing mothers in particular. Among other problems accounting for a higher rate of maternal mortality is illiteracy, specially among rural women, and ignorance of even elementary health rules. Against such a lethal combination of circumstances the wonder is that there are safe deliveries at all. The safety is therefore more an exception. Compared with this an English or American mother with child receives the best possible prenatal care provided by Public Health Service in her country. Nothing is left to chance as happens in our part of the world. According to the U.S. Children's Bureau reports (1960) 96% per cent of births were attended by physicians in hospitals, 1.5 per cent by physicians in the home, 2.5 per cent by midwives and other unprofessional attendants. By now maternal morbidity and mortality is as good as wholly controlled. Which shows that pregnancy problems and child-birth deaths are among the most avoidable calamities. Our public or private health care seems criminally innocent of its obligations to so many so direly in need of health services. Family planning, while it is matter of control of births, must take as seriously the health and safety of mothers.

It is worth noting that pregnancy brings on tremendous change in the metabolism of the mother. Her need for energy derivable from nutrients like carbohydrates, fats, proteins, vitamins and minerals almost trebles. But living below the poverty line few, if any, in the poor countries can afford even a fraction of the needed calories. There is a positive correlation between the mother's diet during pregnancy and her health and the health of her new baby. No wonder, with a nutrition deficiency of the above rate, infant mortality and maternal mortality go hand in hand—apart from stillbirths, and premature births as well as the incidence of toximias and other serious pregnancy complications.

The greater pity is that even organisations like WHO or U.N. Fund for Population Activities (UNFPA) and World Bank have only lately risen to this menace ravaging Africa and South Asia. And the piece of good news is that the World Bank has launched a major international strategy to reduce by half the number of women's deaths within ten years. Under this programme the World Bank, by 1990, will be directly assisting projects in 50 countries with an annual expenditure of up to $ 50 million. This was revealed at a global conference on 'Save Motherhood' held in Nairobi early this month. If, as stated, it includes stronger community-based health care, more hospitals and health centres dealing with obstetric emergencies and an 'alarm' and transport system for pregnant women, quite something will have been done to provide relief where it has been long overdue. But, most important, the same institutions will have to see to it that the funds so deployed are used so as to achieve the results aimed at. This caution is necessary in view of the record (not always known) of waste of such funds in most of the developing world.

DAILY NEWS (BANGLADESH)
(FEBRUARY 1, 1987)

World conference on Safe Motherhood

WASHINGTON: Each year about 500,000 women die from causes related to childbearing. Sixty percent of these deaths occur in South Asia and 30 percent in sub-Saharan Africa. Maternal mortality is the leading cause of death among young women in many developing countries, and illness and death from childbearing afflict poor women and their families disproportionately.

Concern over maternal health has led the World Bank, the World Health Organization (WHO), and the United Nations Fund for Population Activities (UNFPA) to co-sponsor a conference on Safe Motherhood which will be hosted by the Government of Kenya, in Nairobi on February 10-13. World Bank President Barber B. Conable, WHO Director-General Dr. Halfdan Mahler, UNFPA Executive Director Rafel M. Salas, and United Nations Development Programme Administrator William Draper III will deliver major addresses. The President of Kenya, Daniel arap Moi, will welcome the conference participants at the opening session.

The Safe Motherhood conference is aimed at drawing the attention of governments, international agencies, and non-governmental organizations to women's health needs, particularly in the developing world: devising strategies to improve women's health : and launching effective and affordable programs. Minister and officials from 50 developing countries and leaders in the development field will participate in the conference.

Women in development and health issues are receiving greater emphasis in the World Banks Development Programs. Mr. Conable, in his first address to the Joint Annual Meetings of the Boards of Governors of the World Bank and the International Monetary Fund in Washington last October, said that "women do two-thirds of the world's work. Their work produces 60 to 80 percent of Africa's and Asia's food, 40 percent of Latin America's. Yet they earn only one-tenth of the world's income and own less than one percent of the world's property. They are among the poorest of the world's poor." He urged that greater efforts be made to open up development opportunities to women, to equip them to respond, and to enable them to share in the progress achieved. As part of this effort, he emphasized "we must provide training to give women the skills to determine their productive and reproductive lives."

—World Bank News

DAILY NEWS (February 13, 1987)
DAILY NEWS (BANGLADESH) Feb. 13, 1987

Safe motherhood

Call for effective action

Address of Mr. Barber B Conable, President, The World Bank and International Finance Corporation to the Safe Motherhood Conference at Nairobi in Kenya on February 10, 1987.

SOMETIMES we forget that development is the work of women as well as men.

We meet today to reaffirm that simple truth and to act on it.

The Safe Motherhood Conference recognizes a reality so basic that it has been easy to overlook. We have come together to remedy that oversight.

But we are not here just to publicize a problem. We are here to attack it, to save lives and to build better ones.

Thanks to the vision and hospitality of our host, the Government of Kenya, we can put our shared resources of knowledge and experience to the service of women's health.

Thanks to the support of the World Health Organization, the United Nations Fund for Population Activities, the U N. Development Program and all the other donors, we can make this Conference the beginning of a new commitment to common decency and common sense.

Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children. And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

All over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development.

It is appropriate that we acknowledge this truth in Africa. For somewhere on this continent, sometime between 140,000 and 280,000 years ago, some biologists believe there lived a woman whom they call Eve and see as a common ancestor of all humanity. If so, her chromosomes are the shared inheritance of everyone living today.

They link us each to one another. They make us not just "riders on the earth together, brothers on that bright loveliness in the eternal cold," but brothers and sisters with a single family history and a single destiny. We can take charge of that destiny. We can take steps today to ensure that millions of women live to see tomorrow and live to make their families' futures and their nations' futures more secure.

The first step is toward better health for childbearing women, a life-saving step toward safe motherhood, a life-giving step toward sustained human development.

We all know the statistics : almost half a million maternal deaths a year in the developing world, 80 per cent of them in South Asia and sub-Saharan Africa. Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face.

They begin childbearing much earlier, and later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength in progress.

Those findings can be our guides to action. Those statistics must prompt us to act. For statistics, an English physician has said, only represent people with the tears wiped off. Let us look, dry-eyed, at the people behind the numbers.

The women of the Third World are the poorest of the poor, but their work can make the difference between poverty and hope.

It is their backs that are bent in the fields to till and plant, to weed and fertilize and harvest.

Their backs are bent at the well to draw water and to carry it home.

Their backs are bent under loads of fuelwood and the weight of young children.

Their backs are bent over cookfires and looms and market stalls and sickbeds.

For too long, those bent backs have been too little visible to those who plan development in terms of macroeconomic policy of roads and power lines, of schools and hospitals, of factories and ports and irrigation projects.

We have assumed that the benefits of these programs would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven. Macroeconomic planners have slighted the growth that comes from the bottom up.

In developing nations—but not in those nations alone—too many women are at the bottom. Their arms hold the family together. Their hands build the foundation of stable, growing communities.

But development efforts have not lent enough strength to those arms, have not entrusted enough resources to those hands. And, along with women, development itself has suffered. To sustain itself, development must help women up.

It already has. Only not far enough or fast enough. At the end of the United Nations Decade for Women, the World Conference here in Nairobi recorded satisfying advances. But those, like my wife, who attended that meeting, left it conscious of how much remains to be done to equip women to participate effectively in development and share in its rewards.

Female enrollment in school has quadrupled since 1950, but in the developing nations, six out of every ten school-age girls are still at home, not in class.

Female literacy has roughly doubled since 1960, but where more than two-thirds of the men in developing nations are now readers and writers, only half the women have the same skills. And in many of the poorest nations, 80 percent of the women over 25 have no schooling at all.

It is in those regions, as well, that women do the hardest work for the least pay. Often, for no pay.

While women all over the world have made significant gains in the job market—both in absolute and qualitative terms—farm and village women in the Third World and the urban poor remain overworked and underrewarded. In Africa, women produce as much as 80 percent of the food supply but earn little income and own even less property.

When, as in Bangladesh, credit for small business or agriculture is available to women, they have shown themselves to the excellent risks, with better repayment rates than men. Where, as here in Kenya, they can get agricultural extension services, such women have readily adopted improved farming methods.

But the resources they have to invest—in seed, livestock, tools and household technology, for example—are so minimal that women's productivity remains low. Their earnings may be enough to make the difference between starvation and subsistence, but not to pay the passage from disadvantage to opportunity.

Sustained development must bridge that gap. It must not only create opportunity, but expand access to it.

We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts on their behalf have been uncertain. Frequently we have not even consulted them or included them in development planning. This makes it difficult to focus on the opportunities and the obstacles women face, to enhance women's productivity and thus improve the quality of life for entire families.

The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women. Through the Bank's advisory, lending and research efforts, we will place far more emphasis on the role of women in development. In cooperation with our member countries, we will make that emphasis operational.

(To be Continued)

DAILY NEWS (Bangladesh)
(February 14, 1987)

Safe Motherhood

Call for effective action-II

Barber B. Conable

LET me mention a few specific steps the bank will undertake.

o We will prepare action plans on women in development for our lending programs in selected countries, so that our agricultural, industrial, educational and health programs promote women's progress along with other development goals.

o We will emphasise issues affecting women in our dialogues with member countries.

o We will encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond.

o We will develop program initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.

o We will help promote both formal and informal education for women and girls.

o And we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $500 million per year, about twice our level in 1984/85.

Women's health is basic to women's advance in all fields of endeavor. And as a mother's health is the bulwark of her family, it is the foundation of community and social progress. Working for safe motherhood, we will be working for steady development on all fronts.

Maternal health care—improved nutrition, early warning of likely difficulties in pregnancy, more effective help during childbirth and improved family planning—is an investment in development. It is an affordable and productive investment.

A low-cost system that provides basic health care in communities and timely transportation to more advanced medical help at regional health centers can save thousands of mothers and children. We know that such measures can succeed, particularly in conjunction with other development programs to improve women's incomes, food supplies and education.

A few hundred miles from my birthplace, a privileged young American woman set out some 50 years ago to bring health to the impoverished, isolated mothers of backwoods eastern Kentucky. In 1925 Mary Breckinridge, who had lost a child of her own at birth, founded the Frontier Nursing Service, sending midwives on horseback over the hilly trails of one of America's poorest regions.

The problems she faced would be familiar to most mothers and to most medical personnel who treat them in developing nations: women too young and too old to have children safely, too poorly fed, too far from hospitals, too vital to the support of their families to die in childbirth. The Frontier Nursing Service faced all those challenges and overcame them.

After 58 years and 20,000 births with only 11 maternal deaths, its success also included the counseling that helped cut the area's birth rate dramatically. "The glorious thing about it," Mrs. Breckinridge wrote, "is that it has worked."

Imaginative health care can also work in the Third World. The World Bank believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach:

First, stronger community based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition.

Second, stronger referral facilities—a few hospitals and health centers to act as a back-up network for complicated deliveries and obstetrical emergencies.

Third, an "alarm" and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunization and child care. We can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the numbe of deaths in childbirth and th number of unwanted pregnancie

We can, in short, be lif savers, economically and effe tively. But development is also life-giving enterprise, and ou maternal health programs mus enrich the quality of life, as we as prolong it.

Safe motherhood initiative should be a means and a spur t the education that fits women t earn an income and improv family well-being-education i work skills, education in nutri tion, education in timing an spacing pregnancies, educatio in family health care. Thes efforts should express and rein force the involvement of wome in community self-help associa tions.

Example and instruction co come from outside—from loc and national leaders, from wo men's groups and civic organ zations, from the news medi schools and universities, eve from the theater. But the effo that poor women make them selves to take charge of the productive and reproducti lives is what will matter t most.

Throughout the developi world, women aspire to becoc full partners with men in cre ting strong and productive s cieties. Development progra must help realise this aspiratio by supplying the tools to he women help themselves. Throu education, better opportunitie higher earning capacity and co rol over their own earnings, can ensure greater dignity a productivity for women, thus f tering sensible decisions abo child-bearing and health co

See Col. 1

DAILY NEWS (Bangladesh
(February 15, 1987)

Steps for safe motherhood in LDCs iterated

NAIROBI, Feb 14 (AFP): The first ever international conference on safe motherhood ended here Friday with the adoption of a "call to action" document detailing efforts to be undertaken to reduce the number of Third World women dying from childbirth or from complications during pregnancy.

The four-day conference was sponsored by the World Bank, the World Health Organisation (WHO), the United Nations Development Programme (UNDP), the U.N. Family Planning Association (UNFPA) and several other foundations.

Child bearing is now estimated to kill around 500,000 women each year in the developing countries.

For the thousands of women who die in pregnancy and childbirth, millions more are permanently disabled, while many are ostracized by their families and communities, the document said.

It called for action to be taken to generate the political commitment to reallocate resources to implement the available strategies that could reduce maternal mortality by an estimated 50 per cent in one decade.

It also called for the mobilisation and involvement of the community, particularly women themselves, in planning and implementing policies, programmes and projects so that their needs and preferences are explicitly taken into account.

"The most important contribution to this safe motherhood initiative will be to call attention to the problems related to it and to create an awarness that something can, should indeed must be done, starting with the commitment of head of state and governments the call the action document pointed out.

In his key address to the conference on Tuesday, World Bank President Barber Conable announced a series of measures to be undertaken by the World Bank "to reduce by half the current number of women who die in pregnancy by the year 2000".

The included doubling World Bank lending for population, health and nutrition activities over the next three years by 1990, the bank will be spending about 500 million dollars a year to aid projects in 50 countries, he said.

He also called for a five-million-dollar safe motherhood fund for research, to be managed by the WHO of which the World Bank contributions to the fund.

The conference was attended by representatives of more than 30 countries and officials of many international organistions.

THE DAILY NEWS (Bangladesh)
(February 26, 1987)

Population stabilisation 'survival issue' for Bangladesh

Jeremy Hamand

DHAKA : Bangladesh's rapid population growth rate is the country's "worst enemy," President Hussain Muhammad Ershad said at a Press conference in December. Speaking to an international group of journalists who were on a study tour sponsored by the Washington-based Population Institute. President Ershad said he tells his ministers to try to convince people of this at every opportunity.

"If we cannot keep our population growth under control, will not survive as a nation. It must come from every minister, every government official, so that people hear it every day, and get motivated," he added.

Bangladesh's present population of around 100 million is growing at over 2.5 per cent per year. The Government has an ambitious target of reducing fertility to replacement level by the end of the century. In this case, Bangladesh would enter the next century with a population of 130 million. If the present high fertility continued the country could have an additional 30 million people in 2000. To achieve population stabilisation "is a question of survival for Bangladesh", said the President.

Bangladesh failed to meet an earlier target of reducing the birth rate to 31.6 by 1985, and postponed its target of replacement fertility by 1990 to 10 years later. But as an example of the progress being made, President Ershad said that if a man in a Bangladesh village was asked how many children he had, he would feel embarrassed if he had to admit to having more than two. "Having more than two children has come to be seen as a crime. That awareness is a great achievement for us, in a society so backward and a society which suffers from religious troubles."

Asked whether Islamic fundamentalism was likely to have an effect on the family planning programme in a country where 90 per cent of the population are Muslims, the President replied that Bangladeshis were "basically very liberal Muslims". He admitted that there might be some opposition from the mullahs in some quarters; but the Government has introduced courses for religious teachers on population issues and family planning.

"We tell them: 'Let us survive first, then religion will come". At a recent seminar on 'Family Welfare in Islam' organised by the Bangladesh Family Planning Association, the country's Vice-President and Minister for Law and Justice Judge Nurul Islam, called on Muslim religious leaders to promote family planning, and an Islamic research centre has recently been opened to conduct research into the role of Islam in promoting family planning.

Obstacles

The President admitted that the low literacy rate, especially of women, and the low standard of living were obstacles impeding the wider acceptance of family planning. But he was encouraged by the greater numbers of women now working in paid employment outside the home in factories and offices. He said his Government was committed to combatting the social oppression under which so many Bangladeshi women still suffered. Laws had been enacted to abolish the dowry system and to punish jilted men who assaulted their former fiancees. The quota of women employed in government service had been raised from 10 to 15 per cent, although in some sectors, such as family planning and primary schoolteaching, it was already much higher.

President Ershad took the journalists to his operations room, where family planning targets and statistics were displayed alongside trade and budget figures. "If targets are not met, I always ask for an explanation", said the President who in November had shown his political confidence by lifting the martial law restrictions which had been in force since he came to power in 1982.

High infant mortality was another impediment to family planning acceptance. The Minister for Health and Family Planning, Mr. Salahuddin Quader Chowdhury, told the visiting journalists that 850,000 children died in Bangladesh every year—250,000 from identifiable diseases, and the rest from diarrhoea, chest complaints, and similar treatable illnesses. Infant mortality in 1985 was 125 per 1,000, and the Government aims to reduce it to 100 by the end of the decade.

"It is a delicate tightrope walk to conduct family planning in a country such as ours", said Minister Chowdhury, answering a question on accusations of coercion in the sterilisation programme made a year ago. "The history of Bangladesh shows that Bengalis are resistant to all coercion. No government would last 24 hours if it sanctioned coercive sterilisation—it is just not on", he said. The concept of voluntarism was a vital part of the family planning programme.

Under government regulations, female sterilisation acceptors are paid Taka 175 (about $ 5) to help defray the costs of loss of earnings and transport. Most women bring their youngest child and a relative with them when they come for the minilaparotomy operation.

The contraceptive prevalence rate in Bangladesh is now around 30 per cent. Of these acceptors about 10 per cent are sterilised, as against over 30 per cent in some states of India, 28 per cent in South Korea, 25 per cent in China and 40 per cent in the United States.

—People News/Features

This news item appeared on page 3 of the Feb. 1, 1987 issue of:

THE ECONOMIC TIMES (INDIA)

Safe motherhood

By Barbara Herz

Governments throughout the world have adopted the goal of "Health for All by the Year 2000." Considerable progress has been made toward that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

Maternal Mortality: The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies. for women with certain pre-existing health conditions; for poor, malnourished, and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from haemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

Improving Maternal Health: A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth, and the postpartum period. Her capacity to produce a strong, healthy baby, and to nurse and care for her baby are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education, and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances: the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complications, routine care, and backup for high-risk and emergency cases.

Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk, and good pre-natal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably haemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile, and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services plus programme to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and earning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach is required.

Stronger community-based health care: Relying on non-physician health workers, to screen pregnant women, identify those at high risk, and refer them for help; provide good pre-natal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

Stronger referral facilities: Hospitals and health centers with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgical family planning methods.

— An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organisations' (NGOs) primary health care programms. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of service, which affect costs.

Cost and Impact of Maternal Health Care: The table below shows the approximate cost and the impact of two safe motherhood program models: a limited and a moderate effort.

The two models above illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than US$2 per capita per year compared to average annual health expenditures of US$9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than US$1 per capita a year, and it

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SUNDAY Magazine, India

Safe motherhood- a programme for action

Barber B Conable, (World Bank President)

Sometimes we forget that development is the work of women as well as men. The Safa Motherhood Conference " of Nairobi (February 10, 1987) recognizes a reality so basic that it has been easy to overlook. We have to attack the problem to save lives and to build better ones. Thanks to the support of the World Health Organization. the United Nations Fund for Population Activities, the U.N. Development Programme and all the other donors, we can make the Nairobi Conference the beginning of a new commitment to common decency and common sense.

Common decency tells us that it is intolerable that 1,400 women die avery day in the process of carrying or delivering their children. And common sense tells up that those needless deaths waste not only precious lives but precious human resources. All over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development. We can take steps today to ensure that millions of women live to see tomorrow and live to make their families' futures and nations' futures more secure. The first step in toward better health for childbearing women, a life-saving step toward safe motherhood, a life-giving step toward sustained human development.

Almost half a million maternal deaths occur a year in the developing world, 80 percent of them in South Asia and sub-Saharan Africa. Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face. They bagin childbearing much earlier, and later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength in progress.

Poverty and hope

The women of the Third World are the poorest of the poor, but their work can make the differnece between poverty and hope. It is their backs that are bent in the fields to till and plant, to weed and fertilize and harvest, to draw water and to carry it home, and their backs are bent under loads of fuelwood and the weight of young children.

For too long, those bent backs have been too little visible to those who plan development in terms of macroeconomic policy, of roads and power lines, of schools and hospitals, of factories and ports and irrigation projects. We have assumed that the benefits of these programmes would, in time, flow to men and women alike. But our Assumptions have been imperfect, our results uneven. Macroeconomic planners have slighted the growth that comes from the bottom up. In developing nations--but not in those nations alone--too many women are at the bottom. Their arms hold the family together. Their hands build the foundation of stable, growing communities.

But development efforts have not lent enough strength to those arms, have not entrusted enough resources to those hands. And, along with women, development itself has suffered. To sustain itself, development must help women up. It already has. Only not far enough or fast enough.

Mach remains to be done to equip women to participate effectively in development and share in its reward, female enrollment in schools has quadrupled since 1950, but in the developing nations, six out of every ten school-age girls are still at home, not in class. Female literacy has roughly doubled since 1960, but where more than two-thirds of the men in developing nations are now readers and writers, only half the women have the same skills. And in meny of the poorest nations, 80 per cent of the women over 25 have had no schooling at all. It is in those regions, as well, that women do the hardest work for the least pay. Often, for no pay..

While women all over the world have made significant gains in the job market--both in absolute and qualitative terms--farm and village women in the Third World and the urban poor remain overworked and underrewarded. In Africa, women produce as much as 80 per cent of the food supply but earn little income and own even less property. When, as in Bangladesh, credit for small business or agriculture is available to women, they have shown themselves to be excellent risks, with better repayment rates than men. Where, as here in Kenya, they can get agricultural extension services, such women have readily adopted improved farming methods. But the resources they have to invest--in seed, livestock, tools and household technology, for example--are so minimal that women's productivity remains low. Their earnings may be enough to make the difference between starvation and subsistence, but not to pay the passage from disadvantage to opportunity. Sustained development must bridge that gap. It must not only create opportunity, but expand access to it.

Great potential

We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts on their behalf have been uncertain. Frequently we have not even consulted them or included them in development planning. This makes it difficult to focus on the opportunities and the obstacles women face, to enhance women's productivity and thus improve the quality of life for entire families.

The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women. Through the Bank's advisory, lending and research efforts, we will place far more emphasis on the role of women in development. In cooperation with our member countries, we will make that emphasis operational. Let me mention a few specific steps the Bank will undertake.

* We will prepare action plans on women in development for our lending programmes in selected countries, so that our agricultural, industrial, educational and health programmes promote women's progress along with other development goals.
* We will emphasise issues affecting women in our dialogues with member countries.
* We will encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond.

- We will develop programme initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.
- We will help promote both formal and informal education for women and girls.
- And we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries, with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $500 million per year, about twice our level in 1984/85.

Women's health is basic to women's advance in all fields of endeavor. And as a mother's health is the bulwark of her family, it is the foundation of community and social progress. Working for safe motherhood, we will be working for steady development on all fronts. Maternal health care--improved nutrition, early warning of likely difficulties in pregnancy, more effective help during childbirth and improved family planning--is an investment in development. It is an affordable and productive investment. A low-cost system that provides basic health care in communities and timely transportation to more advanced medical help at regional health centers can save thousands of mothers and children. We know that such measures can succeed, particularly in conjuction with other development programmes to improve women's incomes, food supplies and aducation.

Feasible

Imaginative health care can also work in the Third World. The World Bank believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach: First, stronger community-based health care, relying on non-physician health workers to screen pregnant woman, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and rutrition. Second, stronger referral facilities--a few hospitals and health centers to act as a back-up network for complicated deliveries and obstetrical emergencies. Third, an "alarm" and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that other such medical support as immunization and child care. We can train and equip more community health workers: add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths in childbirth and the number of unwanted pregnancies. We can, in short, be life-savers, economically and effectively. But development is also a life-giving enterprise, and our maternal health programmes must enrich the quality of life, as well as prolong it.

Safe motherhood initiatives should be a means and a spur to the education that fits women to earn an income and improve family well-being--education in work skills, education in nutrition, education in timing and spacing pregnancies, education in family health care. These efforts should express and reinforce the involvement of women in community self-help associations.

Example and instruction can come from outside--from local and national leaders, from women's groups and civic organizations, from the news media, schools and universities, even from the theater. But the effort that poor women make themselves to take charge of their productive and reproductive lives is what will matter the most.

Throughout the developing world, women espire to become full partners with men in creating strong and productive societies. Development programmes must help realise this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater dignity and productivity for women, thus fostering sensible decisions about childbearing and health care and guaranteeing that the next generation will be a happier, healthier one.

Unhappily, the reverse is also true. Families where mothers die in childbirth are families that disintegrate. Communities where women are treated as expendable are communities that waste vital resources. Families, communities and nations that help provide for women's health are providing wisely for their own future.

New investments

The World Bank wants to help spread that knowledge and the resources to put it to work. That knowledge-- its dissemination and application--is our new investment in the strength and progress of women.

Development is women's work. Like women's work, it is never done. The World Bank has presented a programme for action. In addition, we plan to help establish a Safe Motherhood Fund under the management of the World Health Organization to undertake operational research that will support the development of country programmes and projects in the maternal health field. We plan a contribution of $1 million toward the proposed three-year budget of $5 million. We believe that through the joint efforts of the developing countries, the Bank, other donors, non-governmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000. We believe that this initiative will advance the health, the dignity and the productivity of women in the developing world and the coming generations that depend on them. We urge you to join in this campaign to save lives..to offer hope.

The goal is modest. We can reach it. Together, let us begin.

(Based on text of conable's address of SAFE MOTHERHOOD CONFERENCE of Nariobi, Kenya, on February 10, 1987.)

This news item appeared on page 6 of the Feb. 8, 1987 issue of:

INDIAN EXPRESS (INDIA)

Women, work and the World Bank

THE World Bank is funding a conference on women. After 40 years of directing third world governments and their development projects, the world's largest lending agency has suddenly realised that millions of women in these countries are dying at childbirth.

Its President has flown to Nairobi, where, after spending a million dollars he and his international colleagues of the World Health Organisation (WHO) and the UN population fund will initiate a safe motherhood initiative which proposes to address this just-discovered problem.

Much of this new-found concern, however, is expressed through theories, unsupported by any researched evidence, and put in a language which is an insult to the intelligence and fortitude of these women. One example of this is the massive 51 page background paper, which gingerly puts out some not-so-new facts about this latest interest group.

With all the caution of a veteran collector, unsure about the full worth of a newly-acquired item, yet forced to examine it because competition is tough, the World Bank has reluctantly begun to peer into the issue of women's health. It is still too early and certainly not yet cost productive for the bank to spend time, talent and resources examining a problem which has persisted with such consistency throughout the developing world.

Still, you don't ignore a giant's stirrings. So let it be noted that none other than the bank has stated that 500,000 women in South Asia and Africa die from causes related to childbearing. In India, for instance, whereas general life expectancy has risen to 60 years, women run 500-1000 times greater risk of dying during pregnancy than their sisters in the developed world.

And it is young women who are dying. The figures represent young 13 to 16-year-old teenage mothers, not fully grown themselves but hurtled into motherhood. Elsewhere those who are dying are young women who are too anaemic to survive the haemorrhage that often follows childbirth, or too weak to fight severe infection like sepsis which sets in when filthy farm instruments or dirty hands are used at such times. Others are simply too malnourished to survive the fourth childbirth.

Take action, it's bad economics not to do so, says the World Bank. These women are dying "at the height of their productivity and family responsibility". Women at childbearing age, it is suggested, make strong, obedient servants. For they "prepare and preserve food, provide water and fuelwood, care for the aged and generally knit their family together". Young women support their families through 12-15 hours of "remunerative work". In Africa, most food is raised by women. In urban areas of most regions, young women work in service occupations and in small-scale industry.

Maternal and child survival are intimately linked. Women who die in their childbearing period leave behind, on an average two or more children. In many instances these children's fathers may have abandoned them or may be working in the cities. The older children either become beggars or are left to fend for themselves. The younger ones may just die. In Bangladesh, for instance, of the live children born to mothers who died, 95 per cent also died within one year.

And did you know, investment in women may be sometimes even more productive than investment in men? Because women bear more of the responsibility, they tend to use more of whatever resources they have to benefit the family, or simply because they have been "comparatively disadvantaged". So, give women better health services.

Like the American black who a decade ago had to literally argue, in courts across the country that segregation in schools and the workplace was not upholding cherished American values, the document suggests it has to be literally argued that a State must not only be concerned with the welfare of its male citizens but must provide women with basic health needs because women too contribute to the national kitty. Equality is not seen here as a basic human right, its expression is not described as a basic duty of State.

Little wonder then, that in many countries, similar arguments to the above are used to justify the poor attention given to maternal health care and family planning. Most health budgets allocate less than 20 per cent to maternal and child health care and the bulk of this goes to child health. Children and men deserve more and better attention than women.

The document also suggests that women need to be "educated" about maternal mortality. In other words, a woman who struggles to survive each childbirth or those who see others dying at such times "do not understand" the hazards and costs of childbearing. "Women may not understand that the hazards of childbearing are higher in the teenage years or over age 35, with first birth or after several, or with certain health or nutritional problems." What else do these poor ignorants not "understand"? That the risks and costs increase for infants and young siblings when pregnancies are too closely spaced.

Like the arrogant Indian employer lecturing the servant girl to stop producing babies, or the Kiplings of the world groaning under the white man's burden of educating the brown savages, women of the developing world have now to be insulted with this pitying, new found concern for their illiteracy.

Yet ask anyone who has worked and lived with poor women, be they in the cities or the villages of most developing countries and they will tell you some simple facts. Women do not want to either die to have a child, nor as providers and managers of meagre food and shelter, do they "yearn" to produce a string of mouths to feed, in quick succession.

Women are not empowered to make these choices. Their bodies are not their own, they belong to their male keepers. Wives obey their husbands because not to do so may mean a living death. Women push their tired bodies into repeated childbirth because if they do not produce males they will be cast aside for more fecund bodies. Others dare not refuse husbands their "right" because otherwise the latter will stray elsewhere. The reasons go on and on. An organisation which prides itself on its research data base, offers no researched evidence to support such outrageous positions.

What it does provide are a series of self-contradictions. The document notes that "widespread clandestine abortion is dramatic evidence of potential demand for family planning". It also notes that abortion deaths account for maternal deaths in developing countries.

It also adds that when safe, acceptable and affordable family planning services are available, one-fifth to two-thirds of women or their partners use them. If "unmet need" for family planning were met and all unwanted pregnancies avoided, one-fourth to two-fifths of maternal mortality would be avoided. Yet less than one-third of couples in developing countries outside China have regular access to such services.

Even where modern health services are available, women do not use them. Why? Because they cannot make a decision like this without the consent of their male relatives or have little voice in such vital decisions or find it an unjustified expense.

Women who cannot even use a hospital when they need its services to survive are supposed to need "education", not power, to decide when to have children.

So how will all this change? Again, through education. Educate women to use health services, never mind if they simply are not there, or if they are prevented from using them. Build women's self esteem, increase their econo-

(continued)

mic base, "make it easier for women to take or to influence appropriately decisions about childbearing and health care". Any takers?

There must be. Because here is the promise of a bright new dawn – "as women's contributions and standing improve, society and they themselves may be more willing and better able to do what is necessary to reduce maternal mortality and morbidity".

Similar noises were made to the American blacks some decades ago. Yet today, in spite of some spectacular success stories, blacks living in America's inner cities are poorer than the white American poor; they have fewer employment avenues even if they are equally talented and less than half a dozen black politicians have been elected to the US Congress or Senate to date. Why?

The immediate solution provided here, is improved community health care. Build more maternal and family planning services into existing or planned primary health care systems. Include facilities for high risk deliveries and obstetrical emergencies into district hospitals. Transport high risk and complicated deliveries to referral facilities. The costs would be less than $ 2 per capita per annum in countries that now spend an average of about $ 9 on health care.

But who will inform the development pundits of the state of primary health services in India? The number of such primary health centres could not be more than 11,500 across the entire country. And where there are centres they are without qualified medical staff, or equipment. Where there is some of both, the staff supplement their meagre salaries by selling what should be provided free or else are too busy enlarging their clandestine private practices to be available when needed. And there are still sections in the country which will not have their women examined by a male doctor.

Volumes have been written about the state of primary health care in India. None of this has reached the bank's offices. Nobody will argue with a solution which will provide basic health care to the poor at affordable prices and within easy reach. The problem is, the infrastructure simply does not exist. Are we to believe that a State which cannot provide such facilities for millions of its citizens will spruce them up for women?

Will things change because the giant has stirred? Perhaps. More funds will be available in projects which have some of these above components. Clearly one reason why the document has failed to analyse the gender bias in health care is because its writers are concerned with working along with the men who form the governments of the third world. None of these men will take kindly to a document which outlines the origins of women's oppression or the enormous interests at stake in perpetuating it. Nor are development planners equipped or able to tackle the roots of the problem. Women, despite poverty and the struggle for survival, are organising themselves to demand change or to create the facilities the State will not provide.

Whatever the reasons and however excellent they are, nothing justifies the repitition of myths that degrade women whose sheer grit holds together the fabric of an unjust society.

A 51-page paper on women in the third world brought out by the World Bank recently indicates that little thought or research has gone into formulating the policies that will be discussed at a conference on women soon. SHAHNAZ ANKLESARIA AIYAR examines the contents of the document.

This news item appeared on page 20 of the February 8, 1987 issue of:

THE HINDU, India

The emphasis is on maternal health

The "Safe Motherhood Conference" is being held in Nairobi, Kenya, from February 10 to 13, 1987, co-sponsored by the World Bank, the World Health Organisation and the United Nations Fund for Population Activities. It is aimed at drawing the attention of government, international agencies and non-governmental organisations to women's health needs, particularly in the developing world; devising strategies to improve women's health and launching effective and affordable programmes.

GOVERNMENTS throughout the world have adopted the goal of "Health for all by the year 2000." Considerable progress has been made towards that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

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About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from hemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth and the post-partum period. Her capacity to produce a strong, healthy baby and to nurse and care for it are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances; the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complication, routine care and backup for high-risk and emergency cases. Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk and good prenatal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably hemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services, plus programmes to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and learning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach, is required. Stronger community-based health care, relying on non-physician health workers, to screen pregnant women, identify those at high risk and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

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The "Safe Motherhood Conference" is being held in Nairobi, Kenya, from February 10 to 13, 1987, co-sponsored by the World Bank, the World Health Organisation and the United Nations Fund for Population Activities. It is aimed at drawing the attention of government, international agencies and non-governmental organisations to women's health needs, particularly in the developing world; devising strategies to improve women's health and launching effective and affordable programmes.

GOVERNMENTS throughout the world have adopted the goal of "Health for all by the year 2000." Considerable progress has been made towards that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual woman. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies; for women with certain pre-existing health conditions; for poor, malnourished and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from hemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth and the post-partum period. Her capacity to produce a strong, healthy baby and to nurse and care for it are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Precisely what is needed depends on individual country circumstances; the pattern of maternal mortality and morbidity, their underlying causes, existing health care, and resource constraints. However, the three essential elements of such efforts are prevention of complication, routine care and backup for high-risk and emergency cases. Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk and good prenatal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably hemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

Experience in developed countries and in China, Chile and Sri Lanka shows that most maternal deaths and lasting disability need not happen. In most countries with high maternal mortality, basic maternal health services, plus programmes to strengthen women's opportunities, can probably reduce the number of deaths by half or more at relatively moderate cost within about a decade. These same measures would simultaneously improve women's productivity, strengthen family health, with resulting gains in productivity and learning capacity, and reduce birth rates.

To provide the necessary preventive, routine, and backup or first referral-level care, a three-pronged approach, is required. Stronger community-based health care, relying on non-physician health workers, to screen pregnant women, identify those at high risk and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

Stronger referral facilities. Hospitals and health centres with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgi-

	No programme	Limited effort	Moderate effort
Annual cost per capita population	U.S. $0	U.S. $0.46	U.S. $1.50
Approximate annual cost per maternal death averted	U.S. $0	U.S. $4,800	U.S. $6,200
Annual cost per death averted (incl. children)	U.S. $0	U.S. $2,400	U.S. $3,100
Annual cost per birth averted	U.S. $0	U.S. $60	U.S. $100
Percentage of fertile-age couples using contraception	0-9	16	40
Maternal mortality rate per 100,000 live births	600-1,000	980	400
Percentage reduction in maternal deaths	not applicable	20%	66%
Associated birth rate	46-6	42	30

cal family planning methods.

An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

These maternal health services would normally be built into governmental or non-governmental organizations' (NGOs) primary health care programmes. Their cost to governments will depend on what services are made available and how widely the services are spread. Management, logistics, and clients' or communities' ability to help pay for services, through cash or in-kind contributions, will also affect costs. The principal costs may often be in the referral system. Community-based services and "alarm" and transport systems can also vary considerably by type and extension of services, which affect costs.

The table below shows the approximate cost and the impact of two safe motherhood programme models: a limited and a moderate effort. (One dollar is approximately Rs.13).

The two models illustrate the three-pronged approach to stimulate country-specific planning for promoting safe motherhood. They reflect experience in Africa and Asia but are not meant to fit any specific country situation. The moderate-effort model indicates a cost of less than U.S. $2 per capita per year compared to average annual health expenditures of U.S. $9 per capita in low-income developing countries. Even this level of expenditure, though modest, is not yet affordable in all countries. The limited-effort model costs less than U.S. $1 per capita a year, and it could be used to begin the process of improving maternal health.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditures on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care.

The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required: political commitment to and higher priority for safe motherhood; allocation of the necessary resources to maternal health and family planning services; and supportive activities in other sectors.

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial assistance to developing countries on request. — The World Bank

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This news item appeared on page 8 of the February 21, 1987 issue of:

THE HINDU, India

Critical indicators of a community's health

AMONG THE GLARING disparities that exist between the rich and the poor countries in the demographic and health spheres, the focus is generally turned on such indicators as the rates of birth, death and infant mortality—the last being the most telling of the parameters. No less disquieting, but perhaps not truly appreciated, is the fact that 99 per cent of some 500,000 women who die every year as a result of complications in pregnancy and childbirth are from the developing countries. According to the World Health Organisation maternal mortality rates are around 640 (per 100,000 live births) in Africa and 420 in Asia, while the average for the developed world is 30. Overall, the chances of women dying in pregnancy or childbirth are placed at between 50 and 200 times greater in the Third World and at particular risk are teenage mothers, those above 35 years of age and those who have already borne five times. At the root of all this is of course a constellation of causative factors that indeed constitute the formidable challenge of "development"—as for example, economic deprivation, social and educational backwardness and explosive population growth. In fact, the picture of maternal mortality and morbidity in the Western hemisphere less than a century ago, when the spectre of poverty was stalking its surface, was very much the same as seen now in the less developed countries, but with this vital difference: many of the tools and procedures for obstetric care available today were not known then and as such the chances of successfully combating the maternity related complications were very much less. That this tremendous advantage which scientific advance has placed in the hands of planners remains practically untapped, particularly in those communities which need them most, is what renders the present situation very tragic. The WHO says the means to cut the MMR by half over a decade is available and, more important, at a cost affordable by most LDCs—a message it sought to put across at a conference it co-sponsored with the World Bank and the United Nations Fund for Population Activities at Nairobi recently.

Whether it is due to the absence of facilities or lack of access to them or as in some cases their non-utilisation, fewer than half the births in developing countries are attended by trained personnel. Almost invariably, the traditional birth attendant (TBA) is the first and frequently the only health care worker with whom pregnant women in villages have contact, and at the grassroots level the strategy has therefore to be to upgrade her skills in recognising the risk factors, in using the antiseptic techniques and in first aid procedures. The other two components of the three-pronged approach suggested are: a two-tier referral backup network (health centres and hospitals) to handle obstetrical emergencies, and an efficient transportation system to minimise the distance between the pregnant woman and the specialised facility. What it amounts to is a replication of the primary health care structure as is functioning; for example, in India and the set up can be—and should be, if synergistic benefits are to flow—built into it. According to official data, over 5.30 lakh "dais" (traditional birth attendants) have been given training and by 1990 every village is expected to have a trained "dai". At the next higher rung will be a qualified midwife for a population of 5,000, when the phased expansion of sub-centres (taking the number to 1.30 lakhs) is completed by the Seventh Plan end. In terms of numbers, what is envisaged seems to answer the WHO model. But it is doubtful whether the content and standard of training imparted to "dais" measure up to the norms the WHO would recommend. The shortcomings and lapses are even more pronounced in respect of the referral and transportation services. Although the primary health centres have emerged as a focal point for delivery of health and family welfare services, they are known to be seriously debilitated by chronic absenteeism and low motivation of the staff, inadequacy of medicine and other essential supplies, and want of transportation. Clearly, by reordering priorities in the policy formulation and in the parcelling of funds in favour of the rural health services, by toning up the health delivery system and by possible integration of the maternal health and ICDS outlets, it should be possible to make a much greater impact on the maternal and infant mortality rates, which are by far the two most critical indicators of a community's health.

*** February 27, 1987 ***
Development News
. Weekly Supplement .

This news item appeared on page 7 of the Feb. 13, 1987 issue of:
THE ECONOMIC TIMES (India)

Safe motherhood

Mr. Barber B. Conable's address on Tuesday (February 10) at the Nairobi conference on 'safe motherhood' has shown a concern for the plight of women in poor societies. This was backed by an impassioned plea for reaching out to them at the base level with medicare in the first instance. The staggering fact of death at childbirth (half a million a year in the developing countries, of which 80 per cent in South Asia alone) was highlighted by the World Bank president, ever as he underlined that women of the third world are "the poorest of the poor". He said: "we have assumed that the benefits of macro-economic development programmes (roads, power transmission, schools, hospitals, factories and ports) would, in time, flow to men and women alike. But our assumptions have been imperfect, our results uneven". Mr. Conable's focus is on maldistribution based on sex discrimination. One can raise several issues in this context, including the structuralist one, but the fact of discrimination against women in societies like ours cannot be denied nor can we ignore its cruel impact on the poorest of the poor. This calls for an immediate response. Mr. Conable's proposition, that working for safe motherhood is an affordable and productive investment, will, therefore, be widely endorsed. Among other things, he promised a lending of $500 million annually by 1990, double that for 1984-85, for population control, health and nutrition. Presumably, the governments of the concerned countries could raise much more by way of counterpart local resources. Equally important was Mr. Conable's assertion that the World Bank will prepare action plans for women in developing countries in its lending programmes and encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond. Beyond the alleviatory strategy of improved nutrition, effective help during childbirth and improved family planning, Mr. Conable wants to foster development at the base level. While an alleviatory strategy can be directed at the beneficiaries, a meaningful development strategy for women will have to be one that will promote growth all round. Put another way, for the results to be worthwhile for women, the productivity of their occupations will have to be raised and this will be possible only with a rise in productivity all round. To go beyond an alleviatory strategy, we will need more growth, more resources, domestic and foreign.

This news item appeared on page 4 of the February 11, 1987 issue of:

THE ECONOMIC TIMES, India

IBRD plans 'Safe Motherhood Fund'

By Our Special Correspondent

NEW DELHI, Feb. 10.

The World Bank plans to establish a Safe Motherhood Fund under the management of the World Health Organisation to undertake operational research that will support the development of country programmes and projects in the maternal health field.

Disclosing this, the World Bank President Mr. Barber B. Conable said that the Bank plans a contribution of U.S. $ 1 million towards the proposed three-year budget of U.S. $ 9 million for this Fund.

Addressing the Safe Motherhood Conference in Nairobi, Kenya, today, Mr. Conable hoped that through the joint efforts of the developing countries, the Bank, other donors, non-governmental organisations and private groups, "we can reduce by half the number of women who die at pregnancy or childbirth, by the year 2000".

He said throughout the developing world, women aspire to become full partners with men in creating strong and productive societies. Development programmes must help realise this aspiration by supplying the tools to help women to help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, "we can ensure greater dignity and productivity for women, thus fostering sensible decisions about child-bearing and health care and guaranteeing that the next generation will be a happier, healthier one", he added.

He said families communities and nations that help provide for women's health are providing wisely for their own future.

Mr Conable said that the Bank believes that it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. This calls for a three-tier approach.

First, stronger community-based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services and generally encourage better family health and nutrition.

Secondly, stronger referral facilities—a few hospitals and health centres to act as a back-up network for complicated deliveries and obstetrical emergencies.

Thirdly, an 'alarm' and transport system to transfer within a survival time frame women with high-risk pregnancies and emergencies from the community to the referral facilities.

Mr Conable said that such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that offer such medical support as immunisation and child care. One can train and equip more community health workers, add and upgrade referral facilities, and augment their staff to prevent far more deaths at pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths at childbirth and the number of unwanted pregnancies.

He said while women all over the world have made significant gains in the job market—both in absolute and qualitative terms—farm and village women in the Third World and the urban poor remain overworked and under-rewarded. In Africa, women produce as much as 80 per cent of the food supply but earn little income and own even less property. "Sustained development must bridge that gap. It must not only create opportunity, but expand access to it," he added.

The President said that the Bank will take a few specific steps towards this end, like preparing an action plan on women in development for the Bank lending programme in selected countries, so that the agricultural, industrial, educational and health programmes promote women's progress along with other development goals. It will emphasise issues affecting women in the dialogue with members countries; encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond; develop programme initiatives in agricultural extension and agricultural credit targeted for women and expand credit and training for women to improve their employment prospects outside agriculture and help promote both formal and informal education for women and girls.

He said "we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries, with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach U.S. $ 500 million per year, about twice our level in 1984-85".

This news item appeared on page 3 of the February 11, 1987 issue of:

FINANCIAL EXPRESS, India

World Bank-aided plan for women

From A Correspondent

NAIROBI, Feb 10 — Mr Barber B. Conable, President of the World Bank, has unfolded a bank-aided action plan to enable women to play greater role in development efforts.

The plan includes, among others:

@New lending programmes in selected countries, so that Bank's agricultural, industrial, educational and health schemes promote women's progress along with other development goals.

@Emphasis on issues affecting women in the Bank's dialogues with member countries.

@Encouraging development policies that provide appropriate incentives for women and ensuring that women have the means to respond.

@Developing programme initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.

@Promoting both formal and informal education for women and girls.

@Plans to double the bank's lending for population, health and nutrition activities. By 1990 we expected to have projects in about 50 countries, with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $ 500 million per year, about twice our level in 1984-85."

Addressing the "safe Motherhood conference" here on Tuesday, Mr Conable said that almost half a million maternal deaths a year occurred in the developing world, 80 per cent of them in South Asia and sub-Saharan Africa. "Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face. They begin childbearing much earlier, end till much later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength, in progress."

He said: "common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children. And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

Mr Conable said that the World Bank "believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-pronged approach."

First, stronger community-based health care, relying on non-physician health workers to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at low risk; provide family life education and family planning services; and generally encourage better family health and nutrition.

Second, stronger referral facilities — a few hospitals and health centres to act as a back-up network for complicated deliveries and obstetrical emergencies.

Third, an 'alarm' and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

He also said that in addition to the action plan, the Bank plans to help establish a safe motherhood fund under the management of the World Health Organization to undertake operational research that will support the development of country programmes and projects in the maternal health field. The Bank would contribute $ 1 million towards the proposed three-year budget of $ 5 million.

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This news item appeared on page 3 of the February 11, 1987 issue of:

PATRIOT, India

Call to reduce maternal mortality

Washington, Feb 10 (PTI)— World Bank president Barber B Conable today called upon the international community to reduce, by the year 2000, to half the number of women who die in pregnancy or childbirth.

This could be done through the joint efforts of developing countries, the Bank, other donors, non-governmental organisations and private groups, he said addressing the "safe motherhood" conference in Nairobi.

"Common decency tells us that it is intolerable that 1400 women die every day (80 per cent of them in South Asia and sub-Saharan Africa) in the process of carrying or delivering their children. And common sense tells us that these needless deaths waste not only precious lives but precious human resources".

The conference was co-sponsored by the World Bank, the World Health Organisation and the United Nations fund for population activities.

Presenting an action programme, Mr. Conable announced the Bank plans a contribution of one million dollars to the proposed three-year budget of five million dollars to help establish a safe motherhood fund under the management of WHO. It will undertake operational research that will support development of country programmes and projects in maternal health field.

He also announced that the World Bank plans to double its lending for population, health and nutrition activities over the next three years, so that by 1990 the Bank may be directly assisting projects in 50 countries with expenditures up to 500 million dollars a year.

Pointing out that women in poorer countries often face 100 times the risk of death in pregnancy than women in developed countries, he said only a small investment in basic health care and improved nutrition can bring large returns in survival, strength and progress.

Mr Conable outlined a three-tiered approach to reduce maternal mortality:

Stronger community-based health care, utilising non-physician health workers to identify pregnant women at high risk and refer them for help. Women at risk would be provided good prenatal care and assistance for safe delivery: Stronger referral facilities—hospitals and health centres—to cope with complicated deliveries and obstetrical emergencies: An "alarm" and transport system to bring, within a survivable timeframe, pregnant women at risk to the referral facilities.

Such maternal health care, he said, should cost no more than two dollars per capita a year compared to an average of nine dollars now being spent for all health care purposes in low-income countries.

Mr Conable said for too long the "bent backs" of women in the third world had been "too little visible" to macroeconomic development planners. Frequently, the women had not been consulted in such planning, thus making it difficult to focus on opportunities and obstacles they faced and to enhance their productivity and the quality of life for entire families.

He outlined specific steps that the Bank will take: Action plans will be prepared so that lending programmes in selected countries will promote women's progress along with other development goals in a wide range of sectors: Issues affecting women will be emphasised in the Bank's dialogue with member countries: Development policies will be designed to provide appropriate incentives for women and to ensure they have the means to respond: Programme incentives in agricultural extension and credit will be directed to women and training, and credit expanded to improve employment prospects for women outside agriculture: And formal and informal education for women and girls will be promoted.

The Times of India (2/11) also carried this report.

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This news item appeared on page of the Feb. 13, 1987 issue of:

ECONOMIC TIMES, India

Safe motherhood

Mr Barber B. Conable's address on Tuesday (February 10) at the Nairobi conference on 'Safe Motherhood' has shown a concern forthe plight of women in poor societies. This was backed by an impassioned plea for reaching out to them at the base level with medicare in the first instance. The staggering fact of death at childbirth (half a million a year in the developing countries, of which 80 per cent in South Asia alone) was highlighted by the World Bank president, even as he underscored that women of the Third World are "the poorest of the poor". He said: "We have assumed that the benefits of macro-economic development programmes (roads, power transmission, schools, hospitals, factories and ports) would, in time, flow to men and women alone. But our assumptions have been imperfect, our results uneven". Mr Conable's focus is on maldistribution based on sex discrimination. One can raise several issues in this context, including the structuralist one, but the fact of discrimination against women in societies like ours cannot be denied, nor can we ignore its cruel impact on the poorest of the poor. This calls for an immediate response. Mr Conable's proposition, that working for safe motherhood is an affordable and productiveinvestment, will, therefore, be widely endorsed. Among other things, he promised a lending of $ 500 million annually by 1990, double that for 1984-85, for population control, health and nutrition, Presumably, the governments of the concerned countries could raise much more by way of counterpart local resources. Equally important was Mr Conable's assertion that the World Bank will prepare action plans for women in developing countries in its lending programmes and encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond. Beyond the alleviatory strategy of improved nutrition, effective help during childbirth and improved family planning, Mr Conable wants to foster development at the base level. While an alleviatory strategy can be directed at the beneficiaries, a meaningful development strategy for women will have to be one that will promote growth all round. Put another way, for the results to be worthwhile for women, the productivity of their occupations will have to be raised and this will be possible only with a rise in productivity all round. To go beyond an alleviatory strategy, we will need more growth, more resources, domestic and foreign.

This news item appeared on page 3 of the February 22, 1987 issue of:

SUNDAY Magazine, India

Safe motherhood- a programme for action

Barber B Conable, (World Bank President)

Sometimes we forget that development is the work of women as well as men. The Safa Motherhood Conference " of Nairobi (February 10, 1987) recognizes a reality so basic that it has been easy to overlook. We have to attack the problem to save lives and to build better ones. Thanks to the support of the World Health Organization. the United Nations Fund for Population Activities, the U.N. Development Programme and all the other donors, we can make the Nairobi Conference the beginning of a new commitment to common decency and common sense.

Common decency tells us that it is intolerable that 1,400 women die avery day in the process of carrying or delivering their children. And common sense tells up that those needless deaths waste not only precious lives but precious human resources. All over the world women are the sustaining force of families, communities, nations. In the Third World women must also be full, forceful partners in sustaining development. We can take steps today to ensure that millions of women live to see tomorrow and live to make their families' futures and nations' futures more secure. The first step in toward better health for childbearing women, a life-saving step toward safe motherhood, a life-giving step toward sustained human development.

Almost half a million maternal deaths occur a year in the developing world, 80 percent of them in South Asia and sub-Saharan Africa. Women in poorer countries often face 100 times the risk of death in pregnancy that women in developed countries face. They bagin childbearing much earlier, and later, and have on average several more pregnancies. We all know how avoidable most maternal deaths are, how small an investment in basic health care and improved nutrition is needed to bring large returns in survival, in strength in progress.

Poverty and hope

The women of the Third World are the poorest of the poor, but their work can make the differnece between poverty and hope. It is their backs that are bent in the fields to till and plant, to weed and fertilize and harvest, to draw water and to carry it home, and their backs are bent under loads of fuelwood and the weight of young children.

For too long, those bent backs have been too little visible to those who plan development in terms of macroeconomic policy, of roads and power lines, of schools and hospitals, of factories and ports and irrigation projects. We have assumed that the benefits of these programmes would, in time, flow to men and women alike. But our Assumptions have been imperfect, our results uneven. Macroeconomic planners have slighted the growth that comes from the bottom up. In developing nations--but not in those nations alone--too many women are at the bottom. Their arms hold the family together. Their hands build the foundation of stable, growing communities.

But development efforts have not lent enough strength to those arms, have not entrusted enough resources to those hands. And, along with women, development itself has suffered. To sustain itself, development must help women up. It already has. Only not far enough or fast enough.

Mach remains to be done to equip women to participate effectively in development and share in its reward, female enrollment in schools has quadrupled since 1950, but in the developing nations, six out of every ten school-age girls are still at home, not in class. Female literacy has roughly doubled since 1960, but where more than two-thirds of the men in developing nations are now readers and writers, only half the women have the same skills. And in meny of the poorest nations, 80 per cent of the women over 25 have had no schooling at all. It is in those regions, as well, that women do the hardest work for the least pay. Often, for no pay..

While women all over the world have made significant gains in the job market--both in absolute and qualitative terms--farm and village women in the Third World and the urban poor remain overworked and underrewarded. In Africa, women produce as much as 80 per cent of the food supply but earn little income and own even less property. When, as in Bangladesh, credit for small business or agriculture is available to women, they have shown themselves to be excellent risks, with better repayment rates than men. Where, as here in Kenya, they can get agricultural extension services, such women have readily adopted improved farming methods. But the resources they have to invest--in seed, livestock, tools and household technology, for example--are so minimal that women's productivity remains low. Their earnings may be enough to make the difference between starvation and subsistence, but not to pay the passage from disadvantage to opportunity. Sustained development must bridge that gap. It must not only create opportunity, but expand access to it.

Great potential

We who work in development cannot advance far if we leave women significantly behind. Their potential is great. Our efforts on their behalf have been uncertain. Frequently we have not even consulted them or included them in development planning. This makes it difficult to focus on the opportunities and the obstacles women face, to enhance women's productivity and thus improve the quality of life for entire families.

The World Bank will do its part. We have already started intensifying staff involvement in issues affecting women. Through the Bank's advisory, lending and research efforts, we will place far more emphasis on the role of women in development. In cooperation with our member countries, we will make that emphasis operational. Let me mention a few specific steps the Bank will undertake.

- We will prepare action plans on women in development for our lending programmes in selected countries, so that our agricultural, industrial, educational and health programmes promote women's progress along with other development goals.
- We will emphasise issues affecting women in our dialogues with member countries.
- We will encourage development policies that provide appropriate incentives for women and ensure that women have the means to respond.

- We will develop programme initiatives in agricultural extension and agricultural credit targeted for women, and expand credit and training for women to improve their employment prospects outside agriculture.
- We will help promote both formal and informal education for women and girls.
- And we plan to double our lending for population, health and nutrition activities. By 1990 we expect to have projects in about 50 countries, with approximately 12-14 new operations per year. Lending for population, health and nutrition could reach $500 million per year, about twice our level in 1984/85.

Women's health is basic to women's advance in all fields of endeavor. And as a mother's health is the bulwark of her family, it is the foundation of community and social progress. Working for safe motherhood, we will be working for steady development on all fronts. Maternal health care--improved nutrition, early warning of likely difficulties in pregnancy, more effective help during childbirth and improved family planning--is an investment in development. It is an affordable and productive investment. A low-cost system that provides basic health care in communities and timely transportation to more advanced medical help at regional health centers can save thousands of mothers and children. We know that such measures can succeed, particularly in conjuction with other development programmes to improve women's incomes, food supplies and aducation.

Feasible

Imaginative health care can also work in the Third World. The World Bank believes it is feasible to strengthen basic health systems enough to reduce maternal mortality by about half within a decade. What is required is a three-tiered approach: First, stronger community-based health care, relying on non-physician health workers to screen pregnant woman, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally encourage better family health and nutrition. Second, stronger referral facilities--a few hospitals and health centers to act as a back-up network for complicated deliveries and obstetrical emergencies. Third, an "alarm" and transport system to transfer within a survival timeframe women with high-risk pregnancies and emergencies from the community to the referral facilities.

Such maternal health care should cost no more than about two dollars per capita a year, compared to an average of nine dollars now being spent for all health care purposes in low-income countries. In many countries we can build on existing networks of basic health services that other such medical support as immunization and child care. We can train and equip more community health workers: add and upgrade referral facilities, and augment their staff to prevent far more deaths in pregnancy and childbirth. In countries as diverse as China, Sri Lanka and Costa Rica, such health services have already reduced the number of deaths in childbirth and the number of unwanted pregnancies. We can, in short, be life-savers, economically and effectively. But development is also a life-giving enterprise, and our maternal health programmes must enrich the quality of life, as well as prolong it.

Safe motherhood initiatives should be a means and a spur to the education that fits women to earn an income and improve family well-being--education in work skills, education in nutrition, education in timing and spacing pregnancies, education in family health care. These efforts should express and reinforce the involvement of women in community self-help associations.

Example and instruction can come from outside--from local and national leaders, from women's groups and civic organizations, from the news media, schools and universities, even from the theater. But the effort that poor women make themselves to take charge of their productive and reproductive lives is what will matter the most.

Throughout the developing world, women espire to become full partners with men in creating strong and productive societies. Development programmes must help realise this aspiration by supplying the tools to help women help themselves. Through education, better opportunities, higher earning capacity and control over their own earnings, we can ensure greater dignity and productivity for women, thus fostering sensible decisions about childbearing and health care and guaranteeing that the next generation will be a happier, healthier one.

Unhappily, the reverse is also true. Families where mothers die in childbirth are families that disintegrate. Communities where women are treated as expendable are communities that waste vital resources. Families, communities and nations that help provide for women's health are providing wisely for their own future.

New investments

The World Bank wants to help spread that knowledge and the resources to put it to work. That knowledge-- its dissemination and application--is our new investment in the strength and progress of women.

Development is women's work. Like women's work, it is never done. The World Bank has presented a programme for action. In addition, we plan to help establish a Safe Motherhood Fund under the management of the World Health Organization to undertake operational research that will support the development of country programmes and projects in the maternal health field. We plan a contribution of $1 million toward the proposed three-year budget of $5 million. We believe that through the joint efforts of the developing countries, the Bank, other donors, non-governmental organizations and private groups, we can reduce by half the number of women who die in pregnancy or childbirth by the year 2000. We believe that this initiative will advance the health, the dignity and the productivity of women in the developing world and the coming generations that depend on them. We urge you to join in this campaign to save lives..to offer hope.

The goal is modest. We can reach it. Together, let us begin.

(Based on text of conable's address of SAFE MOTHERHOOD CONFERENCE of Nariobi, Kenya, on February 10, 1987.)

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This news item appeared on pages 27-28 of the Feb, 21-27, 1987 issue of:

THE COMMERCE, India

Safe motherhood initiative: Proposals for action

GOVERNMENTS throughout the world have adopted the goal "Health for All by the Year 2000." Considerable progress has been made toward that goal, particularly in improving child health. Over the past twenty years, life expectancy in low-income countries other than China and India has increased from 43 years to 52 years; including China and India, life expectancy has reached 60 years. Yet maternal death and ill-health still represent grave threats to the survival and well-being of women, at the height of their productivity and family responsibility, in much of the developing world. In poor countries, women often run 50-100 times greater risk of dying in pregnancy than do women in developed countries.

Some 500,000 women throughout the world die each year from causes related to pregnancy. Almost 99 per cent of these deaths occur in the developing countries, principally in South Asia and Sub-Saharan Africa. At least as many infants and young children do not long survive their mothers. As for the women who do survive, many millions of them suffer lasting ill-health and disability.

Maternal mortality

The extent of maternal mortality reflects the risk of death that a woman faces each time she becomes pregnant (the "maternal mortality rate") and her exposure to those risks (how many pregnancies she has during her lifetime). This risk varies, of course, for an individual women. Generally the risk is higher for very young women or those over 35 years; during the first pregnancy or after four pregnancies; for women with certain pre-existing health conditions; for poor, malnourished, and uneducated women; and for women beyond the reach of adequate health care.

About three-fourths of maternal deaths in developing countries are direct obstetric deaths, largely from hemorrhage, severe infection (sepsis), toxemia, obstructed labour, and abortion (particularly illegal or primitive abortion).

Improving maternal health

A woman's health and nutritional status substantially affects her capacity to withstand difficulties during pregnancy, childbirth, and the post-partum period. Her capacity to produce a strong, healthy baby, and to nurse and care for her baby are also directly related to her own health and nutrition. Most pregnant women in developing countries are anaemic. Many teenage mothers are not yet fully grown. Women could help themselves if they had basic information about nutrition and health, but many often lack both the information and the resources to use it. Improving the income, education, and health and nutritional status of women, therefore, can help to reduce maternal mortality and morbidity substantially.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies. Experience from diverse settings indicates that when safe and acceptable family planning services are provided, between one-fourth to two-thirds of couples choose to use them.

Specific efforts to reduce maternal death and illness can have swift and substantial results. Much maternal death and illness can be prevented by pregnancy risk-screening, referral care of women at high risk, and good prenatal care for all. Current evidence, though limited, suggests it is possible to identify the approximately one-fourth of pregnant women who have three-quarters of the life-threatening complications from pregnancy. With risk screening and selective referral, scarce health resources can be focused on those in greatest need.

Family planning information and services can also improve maternal health by enabling women to time and space their pregnancies. In many countries, between 25 per cent and 40 per cent of maternal deaths could be prevented by avoiding unwanted pregnancies.

Adequate care for women with supposedly routine pregnancies is equally essential. Traditional birth attendants and other health workers can be taught improved techniques to do routine deliveries more effectively, provided that they have an emergency backup system. A first referral-level care for backup is required for high-risk cases and unpredictable problems. Some problems, notably hemorrhage, are genuine emergencies. Others, like infection or complications of primitive abortion, are far easier to deal with successfully at early stages.

To provide the necessary preventive, routine, and backup or

Excerpts from the summary of the World Bank Paper by Barbara Herz; Adviser and Anthony R. Measham, Health Adviser, prepared for the Safe Motherhood Conference in Nairobi, Kenya on February 10-13, 1987.

first referral-level care, a three-pronged approach is required.

— Stronger community-based health care, relying on non-physician health workers, to screen pregnant women, identify those at high risk, and refer them for help; provide good prenatal care and ensure safe delivery for women at less risk; provide family life education and family planning services; and generally promote better family health and nutrition.

— Stronger referral facilities—hospitals and health centres with beds to act as a backup network for complicated deliveries and obstetrical emergencies and to provide clinical and surgical family planning methods.

— An "alarm" and transport system to transfer women with high risk pregnancies and emergencies from the community to the referral facilities in time.

Financing even basic health services remains a challenge in countries facing severe resource constraints. Many countries do already have health facilities that can be upgraded at modest cost to deal more effectively with maternal health care. Most could strengthen community-based health and family planning care. Moreover, many communities would willingly contribute time and resources for better maternal health and family well-being. Private expenditure on curative health care in poorer countries demonstrate the willingness to pay for services if the investment promises results.

Other measures

Measures outside the health system, including increases in formal and non-formal education and in women's income, attention from the news media, and support from national and local leaders, can also improve maternal health by encouraging women to seek health care and generally improving their well-being and self-esteem, and by encouraging local communities to give greater priority to maternal and health services.

Call for action

The time is ripe to launch an initiative to improve maternal health. In the developing countries themselves, three things are required.

(1) political commitment to and higher priority for safe motherhood;

(2) allocation of necessary resources to maternal health and family planning services; and

(3) supportive activities in other sectors.

Clear policy on the priority of safe motherhood should accompany effective national action in the health sector. Multilateral and bilateral development agencies must give safe motherhood higher priority and stand ready to provide technical and financial assistance to developing countries

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THE INDONESIAN OBSERVER, Indonesia

WB Dedicates US$ 1 M For Pregnancy Complication

Washington (Agencies) -- World Bank President Barber Conable said the organization will dedicate dlrs 1 million for a global fight against the pregnancy and child delivery complications that kill 1,400 women every day.

Conable, in prepared remarks to be delivered at the opening of a conference in Nairobi, Kenya, on safe motherhood, also said the World Bank will double its lending for population, health and nutrition actives over the next three years.

His groups dlrs 1 million commitment will serve as the basis for a safe motherhood fund to be managed by the world health organization. Its goal is to help by the year 2000 the number of women who die in pregnancy or childbirth.

"Common decency tells us that it is intolerable that 1,400 women die every day in the process of carrying or delivering their children," Conable said in prepared remarks. "And common sense tells us that those needless deaths waste not only precious lives but precious human resources.

The safe motherhood conference, which continues through Friday, is expected to focus on ways to prevent those 500,000 deaths annually.

It features leaders from the World Bank, the World Health Organization, the U.N. fund for population activities and more than 40 government representatives, most of them health ministers.

Anthony Measham, a World Bank health adviser, said in a paper prepared for the conference that 800 to 1,000 women die for every 100,000 live births in undeveloped nations.