

ICPD 15 Years On: Sri Lanka's Participation, Policy and Programme Initiatives

Dr. A.T.P.L. Abeykoon

Introduction

The International Conference on Population and Development (ICPD) can be considered as one of the most significant global conferences held in the 21st Century. It transformed the perceptions of policy makers and programme planners as to how population policies and programmes should be formulated and implemented in the future. The adoption of the broad based concept of reproductive health at ICPD by the international community was a landmark achievement.

As a person who represented Sri Lanka at all the important ICPD related meetings and conferences from the PrepComs to ICPD+10 and subsequently being responsible for the formulation of population policies and coordination of the implementation of post ICPD population activities in Sri Lanka up to 2006, I wish to present in the following sections, my views and impressions of these events as they unfolded over the past one and half decades.

Sri Lanka's Role at ICPD Meetings

Sri Lanka was represented at all important ICPD related meetings and conferences namely, ICPD Preparatory Committees Meetings (PrepComs), ICPD in Cairo, ICPD+5 in Hague, ICPD+10 in New York and in September 2009 the Asia and Pacific High Level Forum. At the PrepCom meetings, Sri Lanka took a common stand with the Group of 77 countries (G77). At PrepCom III Sri Lanka expressed support to the ideas presented in the conceptual framework in setting up a 20 year time frame for achieving specific goals.

At PrepCom III the Sri Lanka delegation also modified the para in the section on Children and Youth by adding the following sentence: "In particular, countries should take appropriate action to eliminate sexual abuse of children both within and outside their borders." Some delegates from Scandinavian countries informally contacted the Sri Lanka delegation to modify the sentence but Sri Lanka stood firm¹ and was formally passed at PrepCom III and finally adopted at the ICPD. It is reflected in para 6.9 of Chapter VI of the Programme of Action.

At ICPD in Cairo, where more than 180 countries took part, many country delegations were led by Heads of State or Ministers of Health. For instance, Pakistan delegation was headed by Prime Minister Benazir Bhutto, India by the Minister of Health and Family Welfare and the USA was led by the Vice President Al Gore. Sri Lanka could not be represented at the Ministerial level as a new Government had just assumed office and the delegation was led by the Presidential Advisor on International Affairs². The Sri Lanka's National Report on Population³ which was

¹ The PrepCom III decision was reported in the front page of the Sri Lanka Daily News of 19th May 1994 as follows: "Dr. A.T.P.L. Abeykoon the Lankan delegate at the ICPD Preparatory Committee Meeting said foreigners sometimes escape to their home countries and are beyond the reach of Lankan law we can at least bring up the issue bilaterally now, if the offender has got out of the country"

² Mr Bradman Weerakoon Presidential Advisor on International Affairs

tabled at the conference stated “Over the past two decades, Sri Lanka has successfully formulated and implemented population policies and programmes utilizing both domestic and international resources. Indeed, Sri Lanka’s population programme could be regarded as a success story among the low income countries. Sri Lanka would like to share the experience and knowledge gained in the process with countries striving to attain their desired population goals”

Sri Lanka with 179 other countries was a signatory to the adoption of the Programme of Action on Population and Development (ICPD PoA). The ICPD PoA reflected a global consensus to broaden and adopt a fresh mandate which reflects the linkages between population, poverty, the environment and human rights and woman’s equality (United Nations, 1995). Countries were stimulated to focus on population policies and programmes and move towards a more holistic reproductive health approach with family planning at its core.

Sri Lanka was represented at the Ministerial level at ICPD+5 in Hague in 1999. The conference recommended key actions to accelerate the momentum of programmes to meet the reproductive and sexual health needs of individuals and couples on a gender equal basis, and more particularly, youth and adolescents. The ICPD+5 review process emphasized three areas which needed further action. These were maternal mortality, adolescent reproductive health and HIV/AIDS.

The Sri Lanka delegation to the ICPD+10 in New York in October, 2004 was led by the Minister of Healthcare and Nutrition⁴ who noted that population and development issues are very much inter-related and that International developments that bring about ‘economic shocks’ which causes adverse effects on developing countries in turn affect the implementation of population and reproductive health programmes. He emphasized that the international donor community should increase their contributions to enable developing countries to mitigate such external shocks.

Initiatives Since ICPD

Sri Lanka adopted a number of initiatives responding to ICPD PoA. An important initiative was the formulation of the Population and Reproductive Health Policy in 1998 and subsequent development of an Action Plan based on the policy. Others included the development of an Advocacy Strategy for the promotion of population and development, information, education and communication (IEC) activities on population and reproductive health and the paradigm shift from family planning to the holistic approach of reproductive health in the service delivery programme. The structure of the national population and reproductive programme took the shape of a pyramid. At the apex was the national policy on population and reproductive health. At the next level was the advocacy programme followed by the IEC and school RH programme. What followed next at the base was the largest programme, namely the reproductive health service delivery.

³The Hon Nimal Siripala de Silva

a) Population Policy

The development and formulation of the Population and Reproductive Health Policy and Action Plan 1998, was initiated and supported by the Population Division of the Ministry of Health. The formulation of the policy was guided by a National Task Force which consisted of the following official and non - official members; Mr Bradman Weerakoon, former Secretary - General of the International Planned Parenthood Federation (IPPF) as Chairman, Dr Reggie Perera, Director General of Health Services Dr HMS Herath, DDG Public Health, Dr KCS Dalpathadu, DDG Planning , Dr Pat Alailima, Addl Director General National Planning, Dr ATPL Abeykoon, Director Population Division, (Secy/Task Force), Dr Kusum Wickremesuriya, Director FHB, Mr ES Liyanage ADG (Planning) NIE, Mrs N Mohattala Director Planning Ministry of Transport, Environment and Womens Affairs, Mrs Kanthi Wijetunga, Director Womens Bureau, Mr EH Premaratne, Director (Planning) UDA Mr Daya Abeywickreme, Executive Director FPASL Dr PPP Devapriya Deputy Director Population Division Dr KAP Siddhisena Director DTRU Mrs I Kariyawasam, Sarvodaya Movement and Dr Mrs S Goonesinghe, Dharmawijaya Foundation. The Population Division facilitated the work of the Task Force (which met monthly over a period of 12 months) in preparing draft policy documents for discussion and approval at meetings.

Stabilization of population was one of the prime goals of the Population and Reproductive Health Policy. The Preamble of the policy document stated that “The Population and Reproductive Health Policy for Sri Lanka for the next decade is presented at a defining moment in its demographic transition. While on the one hand, enlightened population policies and programmes have contributed to the reduction in the rate of population growth and improvement of the quality of life of the people, on the other, the changing demographic scenario has brought into focus a host of emerging issues that need to be addressed in the coming years”

The following eight Goals were spelt out in the Population and Reproductive Policy.

1. Maintain current declining trends in fertility so as to achieve a stable population size at least by the middle of the 21st Century
2. Ensure safe motherhood and reduce reproductive health system related morbidity and mortality
3. Achieve gender equality
4. Promote responsible adolescent and youth behavior
5. Provide adequate health care and welfare services for the elderly
6. Promote the economic benefits of migration and urbanization while controlling their adverse social and health effects
7. Increase public awareness of population and reproductive health issues
8. Improve population planning and the collection of quality population and reproductive health statistics at the national and sub national levels.

Under each goal the rationale and the strategies were outlined. The Cabinet of Ministers approved the National Population and Reproductive Health Policy on 27th August 1998. The same Task Force that guided the formulation of the National Policy continued to function to develop the National Action Plan to be implemented during the period 2000-2010. The

Action Plan further identified ‘Actions’ under each strategy. Each action was further sub divided into programmes of activities and relevant implementing agencies. The Population Division continued to provide all the draft documents for discussion and approval at the Task Force meetings.

b) Advocacy Strategy

The National Advocacy Strategy for Population and Reproductive Health developed by the Population Division of the Ministry of Health and finalized at a workshop by the relevant stakeholders identified the following key advocacy issues in the strategy document:

1. Inadequate reproductive health information and services for young people
2. Pockets of unmet need of RH services in urban slums, plantations, internally displaced populations and underserved rural areas
3. High incidence of unwanted pregnancies
4. Low coverage of population and RH issues in the mass media
5. High incidence of violence and sexual exploitation of women and children
6. Inadequate care and services for the elderly
7. Misconceptions on fertility differentials among sub-groups of the population
8. HIV/AIDS is not recognized as a social and development issue and is not supported by sectors other than health
9. Inadequate government, donor and private sector support for population and reproductive health activities

Under each of these issues, the strategy document identified the objectives, activities and the key stakeholders. Many of these advocacy issues were addressed by three programmes namely a) advocacy on population and development for parliamentarians and elected representatives at the sub-national level implemented by the Population Division. An important activity of this component was the revival the Sri Lanka Forum of Parliamentarians on Population and Development with the Minister of Health as the Chairperson and Minister of Women’s Affairs as Deputy Chairperson b) Advocacy activities for awareness creation regarding reproductive health issues and to promote gender equality among women leaders was implemented by the Women’s Bureau and c) Advocacy activities on population and reproductive health for media personnel was carried out by the Health Education Bureau. A key activity under this project was the establishment of a forum of journalists representing all media channels. The Director of the Population Division coordinated the entire advocacy programme.

c) IEC Programme and RH Education in Schools

In the post ICPD period there have been new initiatives and directions in the field of information, education and communication (IEC) on population and reproductive health. Many agencies began implementing IEC activities. The lead agency was the Health Education Bureau which implemented activities on improving awareness and knowledge on reproductive health in selected under-served Divisional Director of Health Services (DDHS) areas and estates. The introduction of reproductive health aspects to the existing training curricula of vocational

training programmes and enhancing capacity of trainers to promote RH education in vocational training courses were implemented by the Vocational Training Authority. The Labour Department provided appropriate reproductive health education inputs to female workers in the Free Trade Zones. The National Youth Services Council provided reproductive health education and counseling to youth in youth clubs/societies in selected districts. Most of the participants were out-of-school youth who were associated with these clubs. The University Grants Commission in collaboration with the universities implemented a course on reproductive health to fresh university entrants. In addition, counseling services were also provided to students. The Entire IEC component was coordinated by the Director, Health Education Bureau while the Director, Population Division functioned as a member of the coordinating committee.

To enhance knowledge of the school - going population on reproductive health issues and develop abilities in young people to take rational decisions regarding emerging problems associated with sexuality, gender and prevention of STDs and AIDS and drug abuse, the National Institute of Education implemented the reproductive health education programme in schools. This programme was coordinated by the Secretary Ministry of Education and the Directors of Population Division, Health Education Bureau and Family Health Bureau were members of the coordinating committee.

d) RH Service Delivery

Since the ICPD, Sri Lanka has broadened the maternal and child health and family planning services to include other elements of reproductive health through a network of already existing primary health care facilities. A life-cycle approach to women's reproductive health has been adopted. The new elements of reproductive health have been introduced building on the existing health infrastructure by the Family Health Bureau. Diagnosis and treatment for STDs and HIV/AIDS among pregnant women have been integrated with MCH/FP services.

In 1996, the Family Health Bureau established Well Women's Clinics (WWC) in the DDHS areas for screening of breast and cervical cancer and detection of hypertension and diabetes among women over 35 years of age. With the establishment of these clinics, screening and diagnosis of breast and cervical cancer have improved considerably. The present network of public health midwives, rural hospitals and maternity homes with referrals to higher level hospitals to provide reproductive health information and services have become almost universal according the Demographic and Health Survey of 2006/07.

There has been a renewed commitment on the need for reproductive health information, counseling and health care services for adolescents. A post of Director for Adolescents and Youth was created in the Ministry of Health in 1998. A policy on adolescent reproductive health has been formulated. The policy recognizes the need for responsible and caring behaviour among adolescents in order to prevent HIV/AIDS, STIs and teenage pregnancies.

In 2008, the Family Health Bureau formulated the National Maternal and Child Health Policy providing policy and strategic directions to meet the emerging challenges in the field of maternal and child health. The policy focuses on 12 Goals. Among them are: ensure safe outcome for

both the mother and newborn infant through the provision of quality pre and post natal care; enable couples to have the desired number of children with spacing and prevent unwanted pregnancies; promote reproductive health of women and men with gender equality; ensure effective monitoring and evaluation of programmes by generating quality information for effective decision making.

e) Mechanisms for Coordination and Monitoring

In the post ICPD period, the Government further strengthened the central institutional mechanisms to coordinate and monitor the national population and reproductive health programme. The National Coordinating Council on Population (NCCP) chaired by the Secretary, Ministry of Health continued to monitor the national programme. The representatives of various government and non-government organizations engaged in population and reproductive health activities were represented in the Council. The Population Division which functioned directly under the Secretary of the Ministry of Health acted as the secretariat to the NCCP. The Division⁵ assumed greater responsibility in population policy formulation, planning and monitoring of the national programme. It thus performed a dual function of providing technical support as well as coordinating and monitoring of operational activities

As the National STD/AIDS Control and Cancer Control programmes are parallel programmes to the MCH/FP programme, the coordination of the reproductive health activities was done by a Steering Committee chaired by the Deputy Director General of Public Health of the Ministry of Health.

Assessment of Population Policies and Programmes

A detailed assessment of population policies and programmes implemented in the post ICPD period is not possible in a short paper of this nature. However, a brief objective assessment is made here. The key population and reproductive health indicators have shown an impressive progress. The population growth rate has continued to decline from 1.5 per cent during early 1990s to 1.0 per cent in 2008. The prevalence of underweight children under 5 years of age has dropped from 37.7 per cent in 1993 to 21.6 per cent in 2006/07. The infant mortality rate has declined from 16.9 per 1000 live births in 1994 to 10.1 in 2006. The maternal mortality ratio has continued to decline from 92 per 100,000 live births to 39.3 in 2006. The coverage of antenatal care has increased from 90 per cent in 1993 to 99 percent in 2007. Females have lower mortality rates than males at all ages. Enrolment in primary education increased from 80 per cent in 1990 to 97 per cent during 2006/07 with no gender differences. The adolescent fertility rate has declined from 35 per 1000 population in 1993 to 28 in 2007. The contraceptive prevalence of modern methods has increased from 42.1 per cent in 1993 to 52.8 per cent in 2007. The unmet need for contraception has continued to declined from 12 per cent to 7.3 per cent during the same period.

Despite these commendable achievements, there remain some population and reproductive health issues concerning adolescents, women, displaced persons, migrant workers (both internal

⁴(Abeykoon, 1996).

and international) and the elderly population. These are addressed by the authors of respective papers in this publication.

Recommendations

The following recommendations are made to address some emerging issues that the country will face in the coming years.

- Incorporate population and development concerns into national development planning with focus on poverty alleviation, implications of changing population age structure, women's empowerment and effects of migration and urbanization.
- Strengthen the data base used for population and reproductive health planning at national and sub-national levels. This should include improving the births and death registration system and collection of data through periodic demographic and health surveys.
- Put in place an effective response to ageing of the population based on morbidity patterns, formal and informal social support networks and access to health care services.
- Improve the quality reproductive health service delivery including family planning based on an in-depth assessment of key issues.
- Develop age - appropriate behavior change communication approaches to influence the behavioural patterns of adolescents and in and out-of-school youth.
- Give priority to the improvement of logistics management and commodity security of contraceptives and drugs and the availability of equipment to improve quality of care.
- Advocate through government bodies and non-governmental and women's activist groups to promote higher representation of women in governance and decision making positions.

References:

Abeykoon, A.T.P.L. 1996. *Population Programme in Sri Lanka: The Environment, Strategies, Structure, Managerial Processes and Strategic Issues for the Future*, Research Paper Series -8, Population Information Centre, Colombo.

Daily News.1994. "UN group ayes trans-nation hunt for child pornographers", Page 1, 19th May, Colombo.

Department of Census and Statistics. 2009. *MDG Indicators of Sri Lanka: A Mid Term Review -2008*. Colombo.

Department of Census and Statistics .2009. *Sri Lanka Demographic and Health Survey*

2006-07. Colombo

Ministry of Health and Indigenous Medicine. 1998. *Population and Reproductive Health Policy 1998*. Democratic Socialist Republic of Sri Lanka.

Ministry of Health and Indigenous Medicine. 1999. *Sri Lanka's Population and Reproductive Health Policy: Action Plan to be implemented during the period 2000-2010*. Sri Lanka.

Permanent Mission of Sri Lanka to the United Nations. 2004. Statement by the Honourable Nimal Siripala De Silva, Minister of Healthcare and Nutrition of Sri Lanka at the Commemoration of the 10th Anniversary of the International Conference on Population and Development (ICPD), United Nations General Assembly, 59th Session, New York.

Population Division, 1994. *Sri Lanka National Report on Population*, tabled at the International Conference on Population and Development, 5-13 September 1994, Cairo Egypt. Ministry of Health and Social Services, Colombo.

Population Division, 2005. National Advocacy Strategy for Population and Reproductive Health in Sri Lanka, Ministry of Health, Colombo.

United Nations. 1995. Population and Development: Programme of Action adopted at The International Conference on Population and Development, Cairo, 5-13 September, 1994.

About the Author

Dr. A.T.P.L. Abeykoon is Senior Fellow at the Institute for Health Policy and former Director, Population Division, Ministry of Health. He has represented Sri Lanka in all important meetings and conferences connected with ICPD. He holds a Masters degree in population studies from Cornell University and Ph.D. in population planning from the University of Michigan, Ann Arbor. Dr. Abeykoon has contributed immensely to the field of demography in Sri Lanka and in the formulation and implementation of population policies and strategies. He has also served as a Population Expert to the Governments of Bangladesh and Vietnam and as Consultant to the Population Division of UNESCAP. He was recently elected to the post of Secretary General of the Asian Population Association.