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INSAH

**POPULATION AND SUSTAINABLE DEVELOPMENT
IN THE SAHEL**

Plan of Action of Ouagadougou

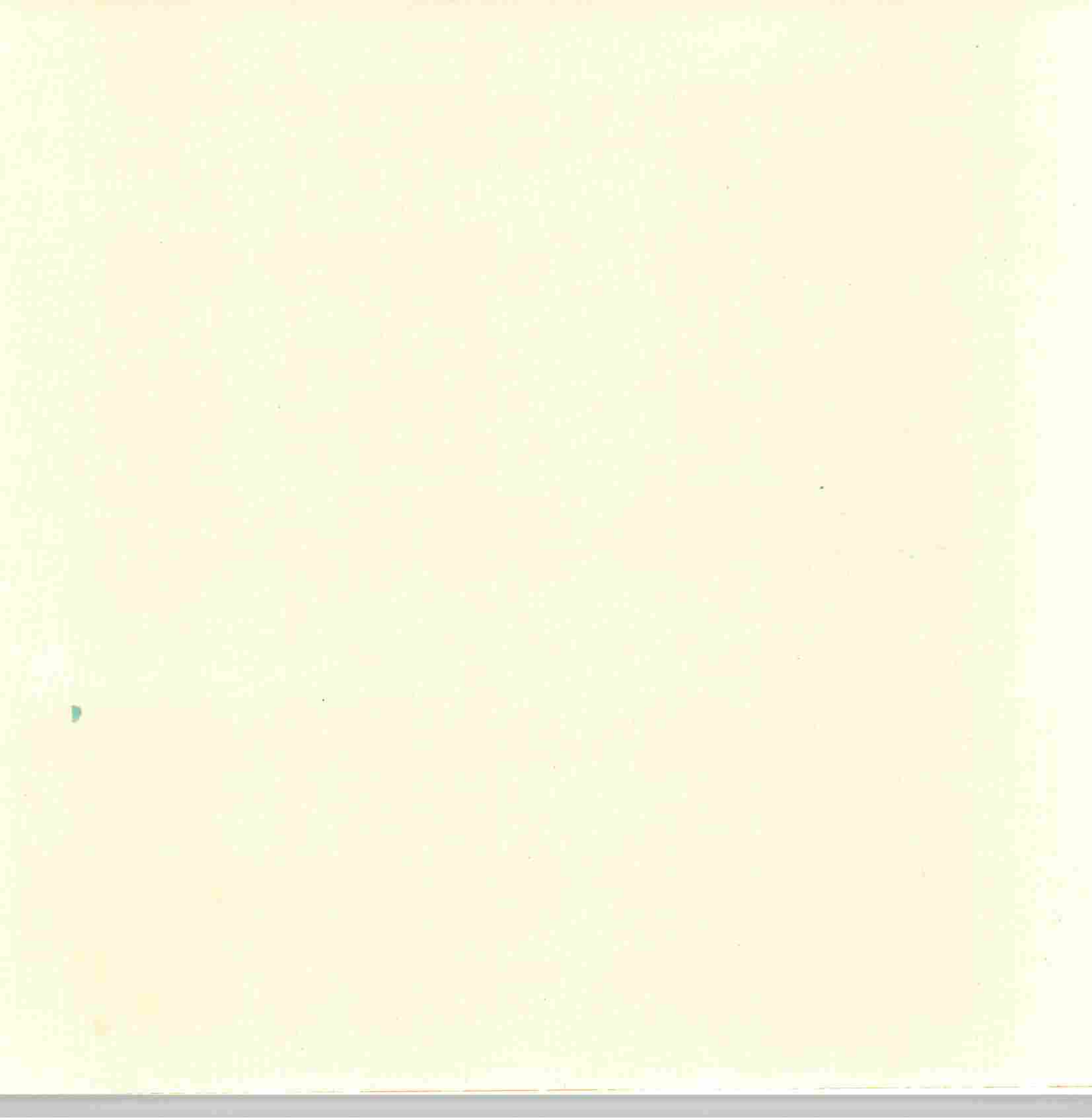
**Major Programme Population and Development
(CERPOD)**

Population and Sustainable Development in The Sahel



Plan of Action of Ouagadougou

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PREAMBLE

Population issues at large, their effects on development strategies and programmes in particular, have always been a major preoccupation for the Member-States of the Permanent Inter-States Committee for Drought Control in the Sahel (CILSS). This preoccupation has been re-affirmed at the end of the process which led saheliens for the first time in their history to develop a vision on the future of Sahel in the 21st century. The vision in the future should be that of "A federated, democratic, peaceful physically and morally fit, productive and competitive Sahel". Absolute priority, according to saheliens, should be given to the development of human resources, as man and woman should be at the centre of development issues.

In 1988, CILSS member countries adopted the Plan of Action of Njamena on population and development in the Sahel (PAN). This plan of action was reviewed in 1992 during the second Conference on population policies in the Sahel. These sub-regional conferences as well as other regional and international meetings have also emphasised the role of human resources in development.

These international meetings include the following :

- The United Nations Conference on

Environment and Development (Rio, June 1992);

- The Regional African Conference on Population, Family and Sustainable Development (Dakar, December 1992);

- The International Conference on Population and Development (Cairo, September 1994);

- The World Summit on Social Development (Copenhagen, March 1995);

- The World Women Conference (Beijing, September 1995);

- The Habitat Conference (Habitat II, Istanbul, June 1996).

- The Rome World Food Conference (1996)

In pursuance of the commitments made at these different fora, population policy declarations were adopted by almost all CILSS Member-States, and implementation programmes were developed and executed or are being executed. Countries, however, are still faced with constraints in the development of their human resources.

GENERAL PRINCIPLES

The Plan of Action for Population and Sustainable Development in the Sahel is based on the following general principles:

Each State freely determines, in consideration of its international commitments and the required sub-regional consultation, the direction and content of its national population and development policies and programmes.

The implementation of population and sustainable development policies and programmes should be based, among others, on Information, Education and Communication (IEC) to obtain the commitment of the population.

National population and development policies and programmes should be based on respect for the fundamental rights of individual, couples and families as stipulated in international charters and conventions.

As population problems are development problems, they can be solved efficiently only in a global vision of sustainable development.

The Plan of Action for population and sustainable development should be considered and used as a global framework for the development, implementation, monitoring and evaluation of national policies and programmes in population and development.

GENERAL BACKGROUND

The demographic economic situation of the Sahel is marked by a number of unsatisfactory trends that are still persisting in spite of the progress achieved during the recent years.

A summary review of some key-indicators could give an idea of the challenges confronting the sahelian States.

❖ Demographic situation

♦ Fertility is still high

A woman at the end of her reproductive life had in 1995 an average of 6.5 children (1), against 5.8 (1) for Africa as a whole, 2.9 (1) for Asia, 3.1 (1) for the world as a whole. Cape Verde with an average of 5.3 (1) had the lowest index, and Niger (7.4) (1), the highest index. Mauritania has a total fertility rate of 6.4 in 1995 (2).

Significant fertility decline is not foreseeable in most sahelian countries, although in some places fertility has slightly declined with the index declining from 6.3 in 1960 to 5.3 in 1995 in Cape Verde (4), from 6.6 in 1986 to 6.0 in 1992 in Senegal and 5.7 in 1996 (5), and from 6.4 in 1983 to 6.0 in 1993 in The Gambia.

Persistent high mortality, especially infant and maternal mortality, despite the progress achieved during the last 30 years:

With infant mortality rate of 111 per 1000 (1), as against 90 (1) for Africa as a whole, and child mortality rates of 134 per 1000 (1), the Sahel is in an unacceptable situation compared to that of developed countries. In some sahelian countries, about one out of three children born alive dies before reaching five years of age.

Maternal mortality is estimated between 800 and 1000 maternal deaths per 100 000 live births in Chad (2), 700 in Niger (CF EDSN 1992), 576 in Burkina Faso (2), 577 in Mali (2) and 510 maternal deaths for 100 000 live births in Senegal (2). Whilst in The Gambia the maternal mortality was estimated at 1050 deaths per 100,000 live births in 1990.

♦ The population is young

The age distribution of the sahelian population shows a high proportion of youth: 47% are less than 15 years old while only 4% are more than 60 years old. This age pattern leads to a high dependency rate.

♦ Important international migrations

International migrations are an important factor in sahelian demography. A considerable number of sahelians, most of whom are looking for a job, migrate each

year to other countries in the continent, Europe and elsewhere. The main destination countries are Côte d'Ivoire, Gabon, Europe and more recently the United States of America. Due to the complexity of migration movements, the extent of flows and their consequences on places of origin are still poorly known in some countries. However, it appears that the net migration with the outside world is at the detriment of Sahel since there are more sahelians leaving than immigrants coming in.

The preliminary results of the Network of Surveys on Migrations and Urbanisation in West Africa (NESMUWA) co-ordinated by CERPOD show that from 1988 to 1992, about 1.8 million migrations were made between 7 countries of the network: Niger, Burkina Faso, Côte d'Ivoire, Mali, Guinea Conakry, Senegal and Mauritania; data for Nigeria (the eighth and last country in the network) are not yet available.

More than 420 000 migrants were registered coming from the other countries in the world to the 7 network countries and about 690 000 in the reverse direction. It appears a negative migration growth with the rest of the world.

Rapid urbanisation and mass rural urban drift: the sahelian population is essentially rural with three quarters of the population living in rural areas. The rate of urbanisation differs from one country to another. With an urbanisation rate of 45% in 1993 (6), Senegal

and Mauritania (3) are the most urbanised countries in the Sahel. The least urbanised countries are Burkina Faso (13%), Niger (18%) and Mali (25). For The Gambia (37%) of the population live in urban areas. During the recent past, sahelian countries have experienced a rapid growth in urban population due partly to rural-urban drift which deprives rural economies of their productive labour force and contribute to the development of "shanty towns" in urban centres.

♦ A population gradually increasing in the future

The doubling time of the sahelian population is on average 22 years (1), as against 25 for Africa as a whole; it is 19 years in Mali, 20 years in Niger (the lowest points), and 36 years in Guinea-Bissau. The doubling time is 43 years in Asia and 116 (1) in North America.

According to a publication made by CERPOD "The challenges of rapid population growth" (1988), sahelian population has increased rapidly during the last decades. In one generation, its total number virtually doubled, increasing from 29 million inhabitants in 1960 to 40 million in 1988. In 1996, Sahel counted 52.2 million inhabitants. According to the conclusions of many relevant studies and researches carried out by CERPOD research institutions specialised in population and development, CILSS Member-States will see the numbers of their populations grow rapidly

in the future. Referring to the demographic perspectives made by CERPOD for the Sahelian region, it is noted that whatever be the considered scenario, the population of Sahel will more than double by the year 2020. It will increase to 53.8 million in 1997, 72 million in 2010, to reach between 95 and 115 million inhabitants in 2020. At that date, the population of West Africa will also have doubled, and increased from 220 million in 1995 to 430 million in 2020, for a world population estimated to 8.1 billion inhabitants in the same period (Sahel 21). This Sahelian population is distributed over an area of 5.343 million square kilometers. It covers 4 countries having each one less than 3 000 000 inhabitants (Cape Verde, The Gambia, Guinea-Bissau, Mauritania), and 3 countries whose population is comprised between 6 000 000 and 10 000 000 inhabitants.

❖ Health situation

Despite the improvement of life expectancy at birth and the development of public health, health conditions in the Sahel remain well below international standards. Infectious and parasitic diseases such as malaria, measles, neo-natal tetanus and diarrhea continue to be endemic there. The majority of the population has no access to adequate medical care. Children and women of reproductive age in particular experience the highest morbidity and mortality rates and, as

a consequence, need more care from the health system.

♦ The health coverage still remains insufficient

1 physician for 29 250 inhabitants and 1 nurse for 8143 inhabitants in Burkina Faso, while the WHO standards are 1 physician for 10 000 inhabitants and 1 nurse for 5000 inhabitants; 69 per cent of the rural population in Niger have no access to health services since they live in a ray of more than 5 kms from any health facility.

Between 1983 and 1993 (1), only 15 per cent of births were attended by a medical staff in Niger, 27 per cent in Guinea-Bissau and 46 per cent in Senegal (3). Thus, more than one birth on 2 occurred in the Sahel without any medical supervision .

Health indicators have very much improved in a number of cases. In Cape Verde for example, 80 per cent of the population have access to a health centre, but the concentration of the medical staff in urban centres (62 per cent of doctors and 52 per cent of nurses (4) at Praia and São Vicente) often remains a major problem.

♦ Low immunisation coverage of children

For the period 1990-1993 (3), the percentage of children immunised against measles was

19 per cent in Chad, 20 per cent in Niger, 51 per cent in Mali, 46 per cent in Guinea-Bissau and Senegal, 49 per cent in Mauritania, 87 per cent in The Gambia and 95 per cent in Cape Verde.

♦ Low prevalence of modern contraceptive

The sahelian average of 3.7 (1) per cent as against 17 (1) per cent for Africa as a whole hides profound differences between Mauritania, Niger and Chad which have a prevalence lower than 3 per cent, and Cape Verde which is at 18.5 per cent, for 1995 (3).

The spread of AIDS in the sub-region is important, even if the levels remain lower than those of Central and East Africa. Thus, in 1993, the AIDS prevalence rate was 0.5 for 100 000 inhabitants in Mauritania, 1.4 in Niger, 18.7 in Cape Verde as against 86 in Zimbabwe, and 239.3 in Zambia (3).

The health situation could be more degraded due to the increase of population; the only population of children of less than 5 years of age is estimated to be between 15-25 for the year 2020.

❖ Education and literacy

The school enrollment rates remain very low, and, in some cases, they have decreased during the 1985-1995 decade.

Except for Cape Verde which has a gross enrollment rate of 100 per cent with almost complete parity between girls and boys, the situation is preoccupying, with rates oscillating between 23 per cent (Niger), 40 per cent (Mali) and 56 per cent in Senegal.

The proportion of illiterate people is particularly high (1); only 23 per cent of the sahelian population aged 15 years and more were literated in 1995.

Burkina Faso is far behind Cape Verde (47 per cent) and Senegal (32 per cent).

The education crisis could be amplified in the years to come as a consequence of the presence of a more and more numerous and demanding youth. In the year 2020, the population of schooling age is projected between 14 million and 20 million people.

❖ Agriculture and natural resources

After serious degradation of its performances until the middle of the eighties, sahelian agriculture recovered notably in the recent period. This positive evolution is explained by the improvement of rainfall and economic environment following the devaluation of the CFA franc which came to crown in 1994 a decade of structural adjustment. Thus, most of the traditional products of sahelian countries have increased sensitively (dry crops, cotton, groundnuts, livestock products). In addition, products such as

market gardening and tree products are developing rapidly.

Despite this increase of response capacities to market signals, sahelian agriculture is still facing structural constraints such as :

- its mining lays primarily on the use of natural resources by consuming them at a higher rythm than they can regenerate. As a consequence, the progress made in production is reflected by an increase of cultivated surfaces and degradation of natural resources (water, land, pasture lands);
- the strong dependency from rainfall which is marked by very wide variability in space and time;
- not resolving problems relating to land tenure laws, modernisation of service facilities, agriculture facilities;

There results from this series of constraints that only three countries out of the nine have a positive balance of their agricultural and food elements.

Cuttings made for herds, cultivation and fuelwood needs designed to satisfy an increasing number of men and women are increasingly exceding the regeneration capacities of plant and soil resources. The rapid degradation of the forest cover which reduces the hydric balance and speeds up soil sterilisation is especially preoccupying. It is translated by a 3% annual reduction of the

fertility of soils cultivated under traditional crops.

This deficit of the production of plant biomass for only the fuelwood demand of sahelian countries has quadrupled during the eighties, and the rythm was since then probably intensified despite the implementation of nature conservation and wood-energy substitution policies.

As priorities to achieve the vision of the sub-region for the 21st century, Sahelians consider that in the economic field, " it remains fundamental to ensure rapid and sustainable development of agricultural, animal, forest and fish productions". Strategic axes were defined to this end; however, their application in efficient conditions could be facilitated by reducing the important weaknesses that still prevail in the knowledge of :

- the dynamics of biophysical environments at sub-national and local levels;
- the respective role of anthropic and natural factors in the noted evolutions; and finally
- the adaptation strategies of populations to changes of biophysical environments.

❖ Pollutions

The deterioration of the quality of resources necessary to life (water, air, soil) and sometimes their becoming scarce may be

noted both in rural and urban areas. The causes are consumption levels and patterns, technologies and demographic density effects. The rapid growth of goods and services demand, the reduction of the response capacities of central and municipal administrative institutions, because of the financial crisis, the fragilisation of industrial units are as many factors which contributed to increase pollution, and simultaneously, reduce the capacities of sahelian societies to face them.

High levels of chemical pollution of waters and soils in rural areas are recorded that most often result from cultural practices (bad use rather than excess quantity of fertilisers, herbicides and insecticides) in peasants' farms or technologies used in large agro-industrial units.

State capital cities experience the most difficult situations due to the great amount of solid waste produced by populations, industrial companies and to air pollution and the volume of disposed water and chemical products issued by various activities. In general, industrial technological devices are greatly water consuming and waste producing. Also, factories have no solution to pre-treat their residual waters to reduce their toxicity if not eliminate them. No country has a factory to treat solid waste or pre-treat liquid waste before shedding them into bays, estuaries or river branches or natural basins in neighbouring areas.

It is generally noted that the level of access to basic services such as the connection to water, and electricity supply networks is low. Except in old designed districts, access to the sanitation network is very marginal. In the case of coastal sahelian countries, over-exploitation of underground waters was so strong that severe drought and extended urbanisation modified conditions to refuel them. Cities went to search for water at longer distances and thus entered into competition with the other human settlements and their agricultural-industrial activities.

Air pollution results from particle (dust, micro-particles) and gas emissions in the combustion of firewood or car fuel. The first factor is still the major source of energy in Sahel urban areas while the motor traffic tends to develop in response to the needs of urbanisation pace. As early as the beginning of the next century, air pollution by car traffic can be at the origin of major problems of public health, maternal and child health (psycho-motricity, respiratory diseases) especially.

In conclusion, urban area pollution is reflected by food contamination, degradation of home or professional life environment; hence harmful effects on individuals' health (respiratory, lung, diarrheal diseases), the value of their goods and the wealth of the society as a whole. Its potential effects on the development of human resources and the value of wealth can be important. It is

therefore important to refine the knowledge of these impacts, estimate economic and social costs with appropriate decision-making help tools and develop sensitising decision-makers and population.

❖ Status and condition of women

The living conditions, the condition and social status of the sahelian woman do not currently correspond to the ambitions proclaimed by the CILSS States in respect of development.

In the field of education and literacy, the variations between boys and girls, between men and women remain high :

- 19 per cent of the sahelian women aged 15 years and more, as against 41 per cent of men of the same age group can write and read.

- the proportion of girls in elementary education was 17 per cent, as against 63 per cent for boys), in Niger in 1995/96 (2) , while in Chad, female students represent 2 per cent of the total number of students at the University of Njamena, in 1992/93 (see Declaration of population policy, 1994.)

The representation of women in decision-making bodies is still low:

- 4 minister women out of 29 in Burkina Faso, 3 out of 33 in Senegal in 1997, 6 out of 33 in Mali the same year;

- 9 women members of parliament out of 111 in Burkina Faso, 14 out of 120 in Senegal, 18 in Mali out of 147 in 1997.

Women and girls continue to be victims of harmful traditional practices such as genital mutilations or discriminating practices which in some countries affect more than 60 per cent of women. The fact that some States had not ratified all Conventions on discrimination made against women, the lack of existence of a Family Code in some countries are as many factors that can prevent a sensitive improvement of the status of the sahelian woman.

❖ Employment

In the whole Sahel, unemployment and under-employment are problems becoming more and more acute. Under-employment in rural area is due mainly to the seasonal nature of jobs with the addition of the consequences of drought. Urban unemployment is exacerbated by the mass arrival of young graduates on the labour market, rural exodus and staff squeezes resulted from the re-structuring of public and private services and enterprises.

Urban unemployment and under-employment have become chronic because the modern sector does not get developed rapidly enough to compensate the effects of the rapid growth of the population of working age.

During the recent period, the formulation of employment policies was focused on the resorption of youth's unemployment, especially through inserting them into the informal sector or creating small and medium concerns (SMC) or cooperative groupings. However, the implementation of these policies is confronted with, on the one hand, the very nature of the informal sector and sahelian economies (limited savings, narrow markets etc.) and on the other hand, with the effects of the crisis or some aspects of adjustment policies (liberalisation of external exchanges and problems of the competitiveness of national production).

❖ The economic situation

CILSS countries have been experiencing for many years an economic crisis accentuated by a more and more important difference between the increasing demand of goods and services induced by the strong demographic growth, and the very limited supply of an economy in bad growth. The evolution of the Gross Domestic Product (GDP) has often been very erratic, marked by important declines.

- the per capita GDP declined by 9 per cent between 1988 and 1994, in Burkina Faso, it went from 108 000 CFA F in 1982 to 78 200 CFA f in 1992 in Niger, while in Chad, the GDP per capita went from 190 US dollars in 1990 to 136 US dollars in 1995.
- Senegal saw its GDP go down from an

average growth of 3.8 per cent a year, between 1970 and 1983, to 2.6 per cent between 1984 and 1988 before falling to 2 per cent in 1994 (2).

Poverty developed importantly in the recent years in all CILSS countries:

- 33 per cent of the Senegalese people lived under the poverty line, according to the 1993 Senegalese Survey on Priorities in Burkina Faso, 44 per cent of the population are affected by poverty and 22.8 per cent by extreme poverty with an annual income lower than 31 749 CFA F (2).

CILSS Member States have developed some strategies to solve these problems. The actions undertaken often target a re-activation of the economy and a better control of demographic growth.

❖ Re-activation of the economy

Global or sectoral programmes of economic adjustment have been implemented in all CILSS countries.

At macro-economic and financial level, the objectives aimed at re-establishing balances, a reduction of public deficits, a better allocation of budget resources. The concern for a better control of public expenditure led the States to make financial arbitrations which did not often benefit social services such as education and health.

The devaluation of the CFA franc, the currency of 5 of the 9 CILSS countries, performed in January 1994, was also presented as a tool of adjustment policy.

Following a period of adjustment which will have often lasted for a decade, sahelian economies seem to have renewed with growth. Thus, in 1995, the growth rate of the sahelian economy in general and of the countries of the franc zone in particular often exceeded the rate of population growth. However, the status of the majority of the population was not much improved.

The national planning systems were re-activated, and the frameworks for long term policies such as orientation plans backed on prospective studies are gradually set up in the States.

The growth limits aimed at in this new framework are 5 to 10 per cent at the beginning of the next century.

❖ The control of demographic growth

High fertility levels, rapid population growth and the large needs resulting therefrom preoccupied the Governments, in particular since the end of the eighties. Thus, Declarations of population policies were adopted in eight CILSS countries, between April 1988 (Senegal) and July 1995 (Mauritania). The diagnosis backing up these policies presents, from one country to

another many similarities and the objectives set forth aim all the improvement of the level and quality of life.

Implementation programmes for these policies are applied in a number of countries, but, everywhere, national population programmes are executed with the support of development partners.

Definitely, beyond the need to control demographic growth regarded not as a finality, but as a policy tool, the preoccupation of the Governments is to reach a better adequation between demographic growth and economic growth.

At sub-regional level, CILSS successively adopted the Plan of Action of Njamena on Population and Development in the Sahel (PAN) and the Declaration of Dakar, prepared by the 1st and 2nd Conferences on population policies in the Sahel held in Njamena in December 1988 and in Dakar in July 1992.

The PAN is designed to be a global reference framework which served to formulate national population policies and programmes, and the Declaration of Dakar has updated the PAN by incorporating in it some new sectors such as Environment and AIDS.

Some important successes were noted in many fields since the adoption of the PAN, but the international background has very

much changed, and the extent of challenges still to take up is tremendous. Therefore, it is important to set objectives that although being ambitious, are however realistic, and to determine the priority measures and actions to be carried out in order to lift the constraints to sustainable development in the Sahel.

To this end, Sahelian Governments commit themselves to implement the following recommendations, and call upon their partners to get more involved by their side.

CHAPTER I

POPULATION POLICIES

1-1 OBJECTIVES

1.1.1. To formulate or review and implement population policies adapted to national specificities for sustainable development. These policies developed as an integrant part of development strategies, should take into consideration the commitments made during the Regional and International Conferences on population and development, with special reference to the Conferences of Dakar/Ngor, Cairo, Copenhagen and Beijing, Habitat II.

1-2 ACTIONS TO TAKE

1.2.1. States commit to evaluate, in the light of the conclusions of the different Conferences on population and development held since 1992, their adopted population policy.

1.2.2. States commit to take into consideration in the implementation of their population policies, the basic rights of individuals, couples and families as well as the national cultural values.

1.2.3. States commit to incorporate in their strategies and policies of sustainable development their population policies whose ultimate goal is to improve the quality of life of their citizens. In this respect, population policies should be developed while seeking synergy with the other efforts being made or planned in the other sectors.

1.2.4. States commit to establish or strengthen agencies in charge of the implementation, follow-up and evaluation of population and development policies and programmes.

1.2.5. States commit to fully involve the regional and local levels in the formulation, implementation, follow-up and evaluation of population and development policies and programmes. The regionalisation of population policies and programmes should be backed upon viable structures and trained and sufficient human resources.

1.2.6. States commit to strengthen partnership with national non governmental organisations in the formulation, implementation, monitoring and evaluation of population policies and programmes.

1.2.7. States commit to define the role of the volunteer and commercial private sector in the implementation of population policies and programmes, in order to optimise the contribution of these sectors.

CHAPTER II

DEMOGRAPHIC FACTORS AND SUSTAINABILITY OF DEVELOPMENT

2.1. OBJECTIVES

2.1.1. To promote a sustained economic growth for a sustainable human development in the Sahel.

2.1.2. To control demographic growth in order to improve the level and quality of life of the sahelian population.

2.1.3. To harmonise demographic growth with the demands of sustainable human development in the Sahel.

2.2. ACTIONS TO TAKE

2.2.1. States commit to take steps to incorporate demographic variables into development strategies and programmes by laying emphasis on the strengthening of social sectors in order to influence human development and tend to the resolution of population issues while setting quantified national objectives in terms of reduction of demographic growth, so as to take back the

natural increase rate of the population to levels compatible with the objectives of sustainable human development..

2.2.2. States commit to strengthen industrialisation strategies at national level so as to stimulate economic growth, create jobs and reduce poverty by 50% by the year 2010.

2.2.3. States commit to further emphasise issues such as food security, marketing services, adapted techniques of agricultural mechanism, research and extension services, more efficient use of lands and agricultural production systems, the development of livestock and programmes for small farmers and the set-up of an agricultural loan system.

POPULATION AND FOOD SELF SUFFICIENCY

3.1 OBJECTIVES

3.1.1. To develop productive and sustainable agriculture

3.1.2. To guarantee to the general population, and especially target groups food in sufficient and accessible quantity and quality.

3.1.3. To promote better consideration of population, its movements and evolution in developing population policies.

3.2 ACTIONS TO TAKE

3.2.1. States commit to, while developing or reviewing population policies, take more consideration of actions that can contribute to achieve food security.

3.2.2. States commit to promote diversification of agriculture to increase the share of sahelian producers in regional and international markets.

3.2.3. States commit to develop agriculture, livestock, fishery as well as fire wood and other forestry products.

3.2.4. States commit to strengthen agriculture modernisation programmes and speed up peasants professionalisation.

3.2.5. States commit to develop water control to reduce agriculture dependency from climatic hazards.

3.2.6. States commit to facilitate access conditions to production inputs, agricultural services and to set up production areas serving facilities.

3.2.7. States commit to develop and implement policies and programmes guaranteeing food security for all the population. These policies and programmes should take in to account the evolution of the population and the specific needs of the different target groups.

3.2.8. States commit to promote appropriate technologies for the conservation and marketing of local food products under the control of nutritional deficiencies.

CHAPTER IV

**POPULATION,
ENVIRONMENT AND
SUSTAINABLE
DEVELOPMENT**

4.1. OBJECTIVES

4.1.1. To strengthen actions to control desertification and environmental degradation.

4.1.2. To promote development programmes and projects based on the integration of environment trends, demographic factors and economic factors.

4.1.3. To reduce health risks related to non viable technologies and consumption patterns originating pollution.

4.2. ACTIONS TO TAKE

4.2.1. States commit to control poverty and promote ecologically viable production and consumption systems.

4.2.2. States commit, for the development and review of population policies, to give more consideration of ecosystems trends addressing demographic dynamics and

production systems.

4.2.3. States commit to renew and protect soil fertility in places where they are over exploited and increase crop and cattle protection.

4.2.4. States commit to promote technologies for the intensification and efficient use of natural resources.

4.2.5. States commit to continue or promote and implement sub-regional and national programmes for the identification, control and management of home and industrial waste presenting risks for public health.

4.2.6. States commit to organise protection, efficient management of wealth still not too degraded while favoring control and recovery of degraded areas.

4.2.7. States commit to protect human settlements from coastal erosion and develop alternatives to mining exploitation of coastal resources.

4.2.8. States commit to consider in their national and local policies all relevant results of these research programmes on environment.

4.2.9. States commit to involve non-governmental organisations in the development, implementation and monitoring-evaluation of policies and programmes in population-environment-

4.2.10. States commit to support households and communities in their efforts directed to sanitation of home life both in rural and urban areas.

4.2.11. States commit to define, adapt and/or implement legal reforms and institutional changes required to securise exploitations and promote ecologically viable and socially acceptable practices and techniques.

4.2.12. States commit to promote consideration of relevant results from research conducted on environment in formal and non formal education programmes and projects.

MORBIDITY AND MORTALITY

5.1. OBJECTIVES

5.1.1. By the year 2010 to increase life expectancy to 65 years, reduce infant mortality to 40 per 1000 and child mortality to 50 per 1000

5.1.2. To improve nutrition, access to drinking water, health and immunisation coverage of the population in rural and urban areas of the Sahel.

5.1.3. To strengthen national HIV/AIDS control programmes. malaria and the other major causes of morbidity and mortality in the Sahel.

5.2. ACTIONS TO TAKE

5.2.1. States commit to strengthen health education programmes and those designed for environment sanitation and hygiene and integrate them in training programmes for social and health workers and in all social and health facilities.

5.2.2. States commit to implement programmes for full immunisation of children in order to reach universal and total coverage in the year 2001, and maintain that level in the following years.

5.2.3. States commit to take appropriate measures to give access to drinking water to at least 60% of their populations in 2010, do as to reduce water related morbidity and mortality risks.

5.2.4. States commit to promote oral rehydration therapy (ORT) and increase by 10% annually the use of oral rehydration salts (ORS) so as to reduce diarrheal diseases, one major cause of infant mortality.

5.2.5. States commit to strengthen programmes for the control of malaria and acute respiratory diseases in order to reduce the current levels of infant and child morbidity and mortality.

5.2.6. States commit to encourage exclusive breast feeding as a method to promote birth spacing and improve mother and child health.

5.2.7. States commit to implement programmes of social mobilisation and sensitisation of decision-makers through Information, Education and Communication in order to save children, as part of immunisation campaigns.

5.2.8. States commit to take steps to promote exclusive breast feeding and continue efforts to ensure access to safe water by increasing by 10% per year the number of clean wells and piped running waters.

5.2.9. States commit to undertake actions to educate populations on micro-nutriments, emphasise the control of anemia and

promote the consumption of local products in order to improve the nutritional status and reduce malnutrition in children in particular.

5.2.10. States commit to improve emergency obstetrical care in order to reduce maternal and infant mortality.

5.2.11. States commit to recognise as harmful to women's and girls' health practices such as early marriage, genital mutilations and take measures to eradicate them.

REPRODUCTIVE HEALTH, FAMILY PLANNING AND SEXUAL HEALTH CARE

6.1. OBJECTIVES

6.1.1. To make available to any couple or individual the means and information necessary for them to be able to choose freely the number and spacing of their children.

6.1.2. To promote the use of contraceptive methods, including traditional methods and natural methods, in order to double the contraceptive prevalence rate by the year 2005 and quadruple it by 4 by the year 2010.

6.1.3. To reduce unwanted pregnancies, infecundity and infertility, illegal and unsafe abortions and high risk pregnancies, by producing quality reproductive health that are affordable accessible and acceptable by all those who need them. Special efforts should be made to discourage early marriages.

6.1.4. To strengthen communication between men and women on issues related to reproductive health, family planning, sexual health and STD/HIV/AIDS so as to ensure responsible parenthood.

6.1.5. To strengthen communication between adults and adolescents on issues related to adolescents' reproductive health.

6.1.6. To promote communication between parents and children, adults and adolescents on issues related to sexual and reproductive health and make accessible to adolescents information and services on sexual and reproductive health.

6.1.7. To promote adolescent health and make accessible to the adolescents services related to reproductive health.

6.2. ACTIONS TO TAKE

6.2.1. States commit to take appropriate steps to enable couples or individuals to decide freely and without coercion on the number and spacing of births by emphasising Information, Education and Communication.

6.2.2. States commit to take relevant actions to improve access to reproductive health care and essential drugs in rural areas, and to increase by 10 per cent annually the number of family planning service delivery points and distribution/sale of contraceptives and essential drugs.

6.2.3. States commit to implement appropriate training and supervision programmes in order to improve the quality of the delivery of reproductive health and child survival services.

6.2.4. States commit to take appropriate steps in order to better integrate reproductive health services, including family planning and sexual health into a minimum package that will be offered in all national, regional and local health facilities in order to increase from 5 to 10% the number of health facilities with the targeted technical health package.

6.2.5. States commit to take measures to enable family and communities to access to reproductive health and family planning services by implementing appropriate community participation policies.

6.2.6. States commit to incorporate population and family life education into formal and informal training programmes.

6.2.7. States commit to promote or strengthen community based distribution and social marketing of contraceptives by ensuring to make them available geographically and economically.

6.2.8. States commit to promote the integration of reproductive health in the curricula of health training schools.

6.2.9. States commit to ensure that all the staff of reproductive health, including family

planning and sexual health care receive appropriate training.

6.2.10. States commit to take steps in order to set up a continuous supply system for contraceptives, equipments and other essential material to avoid disruption of delivery of reproductive health and family planning services.

6.2.11. States commit to take actions to improve data collection, analysis and information on reproductive health and family planning, by taking into account gender differentials and establish research programmes to identify innovative methods.

6.2.12. States commit to incorporate into reproductive health, family planning and sexual health programmes actions and interventions designed to address infertility and sub-fertility.

6.2.13. States commit to develop and intensify programmes for the control of sexually transmitted diseases, female genital mutilations by laying special emphasis on the prevention and control of HIV/AIDS.

6.2.14. States commit to take steps aimed at increasing age at first marriage, in view of the risks connected with early pregnancies.

6.2.15. States commit to take adequate measures to provide adequate antenatal

care (at least a minimum of three visits for each pregnancy). In this regard, consultation standards should be developed.

6.2.16. States commit to take steps in order to increase by 15% each year the percentage of births/ deliveries conducted by trained personnel.

6.2.17. States commit to adopt measures in order to make universally available the essential drugs of pregnancy and childbirth by adequately planning drugs needs and using relevant national data to determine the number of childbirths to cover.

6.2.18. States commit to reduce maternal and peri-natal mortality through appropriate Information, Education and Communication actions in reproductive health, family planning and sexual health.

6.2.19. States commit to take steps to reduce offering the practice of clandestine and unsafe abortion by conducting vigorous post-partum and post-abortion family planning programmes.

6.2.20. States commit to adopt measures to discourage all harmful traditional practices including female genital mutilations that are harmful to girls and women.

6.2.21. States commit to take appropriate measures to improve the management of

reproductive track infections in all ages.

6.2.22. States commit to take appropriate measures to meet the reproductive health needs of marginalised and those in difficult circumstances including the refugees.

6.2.23. States commit to take steps in order to promote the use of contraceptives so as to bring the rate of contraceptive prevalence to a minimum of 15 per cent in 2005 and 30 per cent in 2010, and 40 per cent in 2015.

6.2.24. States commit to take the appropriate steps to increase universal availability of contraceptives by improving their procurement/distribution systems and including them in essential drug list to avoid stock shortages. States are requested to set up a programme of "Zero Tolerance of Shortages".

6.2.25. States commit to set up costs recovery systems and promote social marketing of contraceptive products while taking into consideration the social conditions of the population.

6.2.26. States commit to take measures in order to sensitise decision-makers, families and youth by all customary/traditional communication means while continuing to support IEC efforts made to promote responsible parenthood.

6.2.27. States commit to take steps in order to ensure good quality services by adopting

appropriate standards, training staff at all levels before they assume service, encouraging continuous training at all levels and strengthening technical supervision capacities.

6.2.28. States commit to expand the choice of available modern contraceptive methods in order to allow a larger number of individuals and couples to find a suitable method.

6.2.29. States commit to encourage responsible sexual behaviours and parenthood through Information, Education and Communication in reproductive health, family planning and sexual health.

6.2.30. States commit to take steps to address the consequences of early sexual activity among youth by educating them as early as in primary school and by making condoms easily accessible for all the sexually active youth, so as to reduce the occurrence of unprotected sex.

6.2.31. States commit to take appropriate steps to facilitate sound marketing of condoms, in order to better inform and sensitise their populations.

6.2.32. States commit to intensify coordination efforts at national, sub-regional and regional levels to control the spread of HIV/AIDS pandemics.

6.2.33. States commit to set up appropriate services to address effectively post-abortion complications and ensure access and availability of post-partum family planning services.

6.2.34. States commit to improve availability of services by increased access of reproductive and health services to adolescents and youth.

6.2.35. States commit to support efforts of NGOs and the private sector in reproductive health and consider them as partners.

6.2.36. States commit to develop and implement family life education and sexual health policies for adolescent and youth

6.2.37. States commit to promote the right to information and education designed to ensure the health and well being of persons and their families. Emphasis should be put on information and advice on health and rights in sexuality and reproduction.

6.2.38. States are urged to protect children from sexual exploitation, sexual abuse, rape, sexual harassment and all forms of violence.

GENDER, POPULATION AND DEVELOPMENT

7.1 OBJECTIVES

7.1.1. To promote equality and equity between sexes, ensure the promotion of women and elimination of all forms of violence directed against women and girls.

7.1.2. To promote dialogue inside couples to make the two partners participate in the decision-making relating to family welfare in general, and fertility in particular.

7.1.3. To improve the socio-economic status of sahelian women and strengthen their participation in the management of public affairs at national and sub-regional levels.

7.2 ACTIONS TO TAKE

7.2.1. States commit to develop, harmonise, apply and strengthen the internal legal instruments designed to ensure equality between sexes and protect women against all discriminations, professionally, economically, culturally, socially and politically.

7.2.2. States commit to review their national legislations to ensure gender equal rights and harmonise their constitutional and customary laws in order to avoid disputes.

7.2.3. States commit to ratify and apply all the international conventions relative to discriminations made to women. The relevant provisions of these conventions should be translated in the internal legal order of States.

7.2.4. States commit to facilitate women's, men's and adolescents' access to information and delivery of reproductive health and family planning services.

7.2.5. States commit to strengthen women literacy and young girls school enrollment programmes. Efforts should be made to increase women's literacy rate to 40% by the year 2006 and girl's school enrollment rate to 40% by the year 2001 and to 5% by the year 2006.

7.2.6. States commit to adopt and implement family life education programmes in schools as early as elementary school designed for boys and girls, in order to promote responsible sexuality and parenthood and equality between sexes.

7.2.7. States commit to support and promote efforts to establish women's groups and production systems at all levels, especially in rural areas. Women's groups should benefit from government and private sector support, and have access to credit facilities from funding agencies.

7.2.8. States commit to pay special attention to the needs of women, especially those in the rural areas, to ensure their security of tenure, modern agricultural techniques, financial credit and water management techniques.

7.2.9. States commit to strengthen measures and actions designed to increase women's access to jobs at all decision levels.

7.2.10. States commit to strengthen measures for the promotion of female employment with the aim of reducing their difficult access to jobs (particularly young girls) to enhance their empowerment.

7.2.11. States commit to institutionalise the gender approach in all their development policies and programmes.

CHAPTER VIII

HUMAN RESOURCES AND SUSTAINABLE DEVELOPMENT

8.1. OBJECTIVES

8.1.1. To promote human resources development in order to improve the capacity of the sahelian population and that of the institutions they service.

8.1.2. To expand basic education in order to attain universal school enrollment in the Sahel by the year 2010.

8.2 ACTIONS TO TAKE

8.2.1. States commit to take measures or strengthen those currently being applied, in order to reach an enrollment rate of 50% in the year 2000 and 100 % in the year 2010. Special attention should be paid to the school enrollment of the girl child so that the current imbalances between sexes regarding enrollment are gradually resolved at national and regional levels.

8.2.2. States commit to take relevant steps in order to create new jobs in sufficient number in all the priority sectors so as to

address unemployment and under-employment problems and reduce poverty in rural and urban areas in the Sahel.

8.2.3. States commit to pay sustained attention to women's employment while implementing their employment, income and poverty alleviation policies.

8.2.4. States commit to take steps to promote rural development and to allow women and poor farmers to have access to credit and agricultural inputs.

8.2.5. States commit to strengthen their training programmes in the field of literacy and to intensify the illiteracy control campaigns at all levels.

8.2.6. States commit to take steps to improve the social and legal status of sahelian women and ensure that the current gender imbalances in most fields, are fully addressed by the year 2010.

8.2.7. States commit to promote or strengthen good governance as a management strategy of public affairs, through the promotion of competence and merit (to encourage retention), and the modernisation of public institutions to enhance their efficiency by seeking equality among sexes.

8.2.8. States commit to freely and responsibly develop their human resources.

8.2.9. States commit to develop programmes promoting the maintain of their trained personnel within the sahelian region.

8.2.10. States commit to promote technical cooperation in the Sahel as a more efficient strategy for human resource development.

**INFORMATION,
EDUCATION AND
COMMUNICATION/
ADVOCACY IN
POPULATION AND
SUSTAINABLE
DEVELOPMENT**

9.1 OBJECTIVES

- 9.1.1. To sensitise the population on population and development issues in order to increase their awareness of these issues..
- 9.1.2. To persuade the population in adopting practices that will curb population growth while enhancing sustainable development.
- 9.1.3. To initiate and support measures on IEC/Advocacy activities aimed at supporting the various programmes for all specific target populations.

9.2 ACTIONS TO TAKE

- 9.2.1. States • commit to develop and implement specific programmes of information, education and communication designed for each target group : decision-makers, religious and traditional leaders, youth, men and women with their full participation.
- 9.2.2. States commit to ensure mass and rapid dissemination of information on population issues by using all means available, especially traditional communication channels, in order to educate the general public and involve communities in the decision-making process on these issues.
- 9.2.3. States commit to support and facilitate the work of Population and Development networks, especially the Network of Sahelian Journalists on population information and training.
- 9.2.4. States commit to support sensitisation programmes in population undertaken in partnership with non-governmental organisations and the private sector.
- 9.2.5. States commit to create the right environment to facilitate attitudinal changes and the adoption of practices that will curb the population explosion in the Sahel.

CHAPTER X

MIGRATION, URBANISATION AND SUSTAINABLE DEVELOPMENT

9.2.6. States commit to include IEC curriculum in all institutions of higher learning and to establish institutions for such learning where ever they are absent in respective states.

9.2.7. States commit to facilitate the training and retraining of IEC personnel both locally, regionally and internationally to ensure their proficiency.

9.2.8. States commit to ensure that National Population Commissions / Councils in Member States should optimally support and use the network of Sahelian journalists to disseminate information on population concerns and other IEC/Advocacy activities that they embark upon.

10. OBJECTIVES

10.1.1. To ensure population spacial distribution favourable to economic and social development by implementing appropriate land management plans.

10.1.2. To study the in-depth causes of migration, especially that linked to environment, poverty.

10.1.3. To strengthen cooperation and dialogue between migrants' countries of origin and countries of destination so that migrants and their families and each of the countries affected by migration can take the maximum advantage of migration for their economic and social development.

10.1.4. To better take into account the phenomenon of migration and urbanisation in population policies and programmes.

10.2 ACTIONS TO TAKE

10.2.1. States commit to take the necessary steps to implement appropriate land management plans and programmes in order to promote regional growth towns able to fix the population and reduce rural-urban drift and internal migrations.

10.2.2. States commit to implement or strengthen relevant de-centralisation policies in order to contribute to the success of development plans and strategies, especially in rural areas in order to curb rural-urban drift and anarchic expansion of shanty towns.

10.2.3. States commit to implement measures to promote or strengthen the emergence of regional growth centres and medium towns, in order to reduce imbalances between towns and the countryside.

10.2.4. States commit to take steps to strengthen inter-state cooperation in migration and the effects on the economic and social development of the countries of destination and of origin of migrants.

10.2.5. States commit to take steps to inform and sensitise migrants and potential migrants on entry and stay conditions in destination countries and on the need for them to comply with the legislation in force in those countries.

10.2.6. States commit to establish a network on migration within the sub-region in order to effectively address the movement of their population across borders.

10.2.7. States commit to take steps to promote the establishment of research networks in migration in order to study international population movements.

CHAPTER XI

COLLECTION, ANALYSIS, STUDIES AND RESEARCHES ON POPULATION AND SUSTAINABLE DEVELOPMENT

11.1. OBJECTIVES

11.1.1. To collect, analyse and disseminate data necessary for the formulation, implementation, monitoring, evaluation, and coordination of population and sustainable development policies and programmes.

11.1.2. To carry out relevant studies and research in population and sustainable development in support of population policies and programmes in the Sahel.

11.1.3. To promote the integration of population policies and programmes in the different sustainable development policies and strategies in the Sahel.

11.2. ACTIONS TO TAKE

11.2.1. States commit to institutionalise demographic censuses and carry out every ten years general censuses of their population and periodical inter-censal surveys while ensuring that the results thereof are quickly analysed and disseminated.

11.2.2. States commit to disseminate research results to beneficent populations so as to raise their awareness of population issues.

11.2.3. States commit to valorise data available in population and sustainable development through in-depth analyses using appropriate methodologies.

11.2.4. States commit to ensure that the results of population and development research are taken into consideration in the formulation, implementation, monitoring, evaluation and coordination of development plans, projects and programmes.

11.2.5. States commit to strengthen research capacities in population and development through pre-service and in-service training of demographers and other specialists in the social sciences of their countries, as well as through the establishment or strengthening of units in charge of research and training in population and development of universities

and other national institutions.

11.2.6. States commit to take steps to improve the knowledge of users of data on population through short term training programmes.

11.2.7. States commit to take steps to set up data bases by taking sex into account, in order to incorporate gender consideration in project and programme management and to monitor and evaluate the implementation of the present plan of action.

11.2.8. States, with the support of CILSS specialised institutions, especially CERPOD of the Sahel Institute, commit to carry out basic and applied studies and research of direct help for population policies and programmes on the one hand, and for the search for sustainable human development in the Sahel on the other hand.

11.2.9. States commit to promote or strengthen the consideration of demographic factors in economic and social development plans, programmes and strategies.

11.2.10. States commit to give the highest priority to the conclusions of studies and research on reproductive health, including family planning, sexual health care and the control of HIV/AIDS in the formulation and implementation of their sustainable development policies and strategies.

11.2.11. States commit to strengthen their

collaboration in training and research on population and sustainable development, to strengthen the support and use of regional resources and institutions such as CERPOD of the Sahel Institute.

11.2.12. States commit to take steps to improve the coverage of the registration of vital events and ensure its completeness. Populations should be sensitised on the importance of the systematic recording of vital events for themselves and for the nation.

11.2.13. States commit to process, analyse, publish and disseminate data coming from the recording of vital events.

11.2.14. States commit to carry out research on traditional contraceptive methods.

11.2.15. States commit to promote multi-disciplinary research programmes valorising available data and whose results can be rapidly disseminated to decision-makers and operators at national and local levels.

11.2.16. States commit to set up/strengthen national and sub-regional capacities in collection, exploitation and analysis of land tenure data.

11.2.17. States commit to maintain and multiply research-action pilot projects, in order to evaluate the causes of success/failure of projects for the natural

resources management and desertification control.

11.2.18. States commit to implement research projects on inter-relations between population, natural resources and development in countries at local level.

11.2.19. States commit to create/develop national and sub-regional capacities for research and definition of policies designed to reduce pollutions, especially in urban areas.

11.2.20. States commit to support national and sub-regional research programmes on air pollution in urban area, its causes and effects on populations' health.

CHAPTER XIII

FUNDING OF THE PLAN OF ACTION

13.1. OBJECTIVES

13.1.1. To increase substantially the international financial assistance in population and development field to enable the sahelian states to achieve the objectives set in the present plan of action.

13.1.2. To promote macro-economic policies designed to promote sustained economic growth and sustainable development in the sahelian region, so as to increase their local funding capacities.

13.1.3. To increase the share of national budgets allocated to the funding of population programmes and programmes for the alleviation of poverty and make them available in due time.

13.1.4. To increase the share of national budgets designed to fund health programmes in accordance with the standards recommended by WHO.

12.2 ACTIONS TO TAKE

13.2.1. Development partners commit to continue to increase their financial and technical contributions to the population policies and programmes of sahelian countries.

13.2.2. Sahelian states commit to take steps to ensure that international financial assistance for population and development are effectively utilised to achieve national objectives, so that new donors can be more easily mobilised.

13.2.3. Sahelian states commit to increase national resources devoted to the implementation of population policies and programmes.

13.2.4. Sahelian states, non-governmental organisations, the private sector and local communities whom the international community would bring its support to at their request, should try to mobilise the required resources to better ensure achievement of the objectives set in social development, especially to fulfill the commitments governments made by adopting plans of action of CAIRO (1994), BEIJING (1995), ROME (1996) and other relevant international instruments.

13.2.5. Sahelian states, international organisations and non-governmental organisations commit to collaborate closely in order to mobilise resources and ensure the

SUB-REGIONAL COOPERATION

effective implementation of the present plan of actions.

13.2.6. Partners in development are urged to support facilities of coordination, monitoring and evaluation of population programmes in fulfilling their mission.

13.2.7. International financial institutions are encouraged to increase their financial assistance to sahelian states in population and development at large, and especially in the field of population policies and programmes, reproductive health, including family planning, sexual health care, control of HIV/AIDS, gender, IEC/advocacy and make them available in due time.

13.2.8. In the framework of the programme approach for investment in the population / development and population/health sectors, the United Nations Population Fund, the other United Nations agencies, the multi-lateral and bi-lateral financial institutions and development partners are invited to harmonise their funding policies in order to facilitate effective implementation of this plan of action.

14.1. OBJECTIVES

14.1.1. To strengthen sub-regional cooperation in the field of population and sustainable development.

14.1.2. To strengthen sahelian institutions capacity to plan, execute and evaluate population and sustainable development programmes.

14.1.3. To strengthen partnership between public powers, international institutions, NGOs and the private sector in order to identify new fields of mutually beneficial cooperation.

14.1.4. To identify and implement new fields of sub-regional cooperation.

14.2 ACTIONS TO TAKE

14.2.1. Sahelian states commit to strengthen their cooperation and exchange their experiences in the field of population and sustainable development.

14.2.2. Sahelian states commit to promote technical cooperation including the execution of joint sub-regional programmes in the fields of research, training, follow-up, evaluation and coordination of population policies and programmes, training and protection of the environment.

14.2.3. Development partners of CILSS commit to give positive and respond more to the requests for aid and funding of priority activities and projects included in national and regional population programmes of sahelian countries and to help them strengthen their cooperation.

14.2.4. Sahelian states commit to improve and strengthen consultation and coordination on programmes and activities focused on population and development undertaken at sub-regional level.

14.2.5. Sahelian states and donors commit to ensure that NGOs and their networks can remain autonomous and that more resources are allocated to them to allow them to execute relevant projects and programmes in population and sustainable development.

14.2.6. Sahelian states commit to strengthen their cooperation in fields such as prevention and control of HIV/AIDS, migrations, training and research in reproductive health, family planning and sexual health care.

**MONITORING,
EVALUATION AND
COORDINATION OF
THE PLAN OF
ACTION****15.1. OBJECTIVES**

15.1.1. To make effective the application of the Plan of Action through the formulation, adoption, implementation, monitoring, evaluation and coordination of relevant policies and programmes in population and sustainable development at national, sub-regional and regional levels, while providing countries with sufficient and adequate means.

15.1.2. To provide the sahelian sub-region with relevant mechanisms for monitoring, evaluation and coordination of the Plan of Action on population and sustainable development.

15.1.3. To strengthen national institutions in charge of the coordination and monitoring evaluation of the Plan of action.

15.2. ACTIONS TO TAKE

15.2.1. Sahelian states commit to implement appropriate measures in order to reach the goals and objectives put forward in the present Plan of Action.

15.2.2. Sahelian states commit to set up relevant mechanisms for monitoring, evaluation and coordination of activities to implement the Plan of Action at national and sub-regional level, including NGOs, the civil society, development partners and provide them with adequate means in order to make them more operational.

15.2.3. CILSS and its specialised institutions, especially the Sahel Institute through the Centre for Applied Research on Population and Development (CERPOD) commit to ensure the widest possible dissemination of the present Plan of Action and ensure at sub-regional level the coordination of its implementation, evaluation and monitoring.

15.2.4. The United Nations Specialised Agencies, especially UNFPA, bilateral and multi-lateral donors, the World Bank, the African Development Bank, NGOs and other development partners are urged to help CILSS States organise in an efficient way the monitoring activities at national and sub-regional levels, as well as the strengthening of coordination and evaluation mechanisms of the present Plan of Actions.

15.2.5. To encourage the civil society to constantly remind states of the commitments they have made for the effective implementation of the present recommendations.

NOTES AND DATA SOURCES

Most of the data used in this document are taken from national reports prepared for this Conference and from CERPOD publications.

(1) Population du Sahel 1995, CERPOD, Bamako 1996 ;

(2) Information taken from National Population Reports ;

(3) Human Development Report 1996, UNDP;

(4) Summary analysis of the demographic situation in Cape Verde, Ministry of Economic Coordination, Praia 1996 ;

(5) Demographic and Health Survey (DHS 1992) ;

(6) First analysis report of the first economic and social development plan 1996-1997, Dakar, october 1997.



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FIRST CILSS MINISTERIAL CONFERENCE ON POPULATION ISSUES

DRAFT DECLARATION

We, Ministers in charge of Population issues in member countries of the Permanent Interstate Committee for Drought Control in the Sahel (CILSS) meeting in Ouagadougou (Burkina Faso) on October 16-17, 1997

Considering the conclusions of the forum of Sahelian Societies held on September 4-5, 1997 in Banjul (Gambia)

Considering the Banjul Declaration in which the Heads of States and Government of CILSS member countries requested CILSS to find ways and means to effectively implement the recommendations of the Forum of Sahelian Societies;

Considering the need to harmonize actions to be undertaken in the area of Population and Sustainable Development both at the national and sub regional levels following the adoption of Action Programmes by the international conferences of Cairo (1994), Copenhagen (1995), and Beijing (1996);

Noting with appreciation the efforts made in taking into account the demographic factors in national and sub regional development policies and programmes;

Convinced of the necessity of having, for the two forthcoming decades, a framework that defines for the Sahelian sub-region specific population and sustainable human development objectives and strategies;

ADOPT

The draft Action Programme on Population and Sustainable Human Development in the Sahel proposed by the Experts meeting;

UNDERTAKE

♦ To implement a policy of human resources promotion that is focused in priority on :

1. Improvement of general health conditions of the population and reproductive health in particular;
2. Improvement of school enrolment rates for all school age children especially child girls;
3. Development and/or strengthening of national and sub-regional skills in research on population/development interrelations and the preparation, implementation, monitoring and evaluation of population policies and programmes;

REITERATE

The member states commitment to strengthen sub-region technical capacities by making CILSS-through its Major Programme on Population/ Development (CERPOD) whenever possible the implementing agency of population programmes and projects at national or sub-regional levels;

REQUEST

- ♦ CILSS -through CERPOD- to support member states in the implementation of the Action Programme on Population and Sustainable Human Development in the Sahel;
- ♦ International organizations and institutions and development partners and to pursue and strengthen their cooperation with the States in the preparation and implementation of their population programmes;
- ♦ To pursue and intensify their technical and financial support to CILSS and to states.

**Ouagadougou
October 17, 1997
The Conference**