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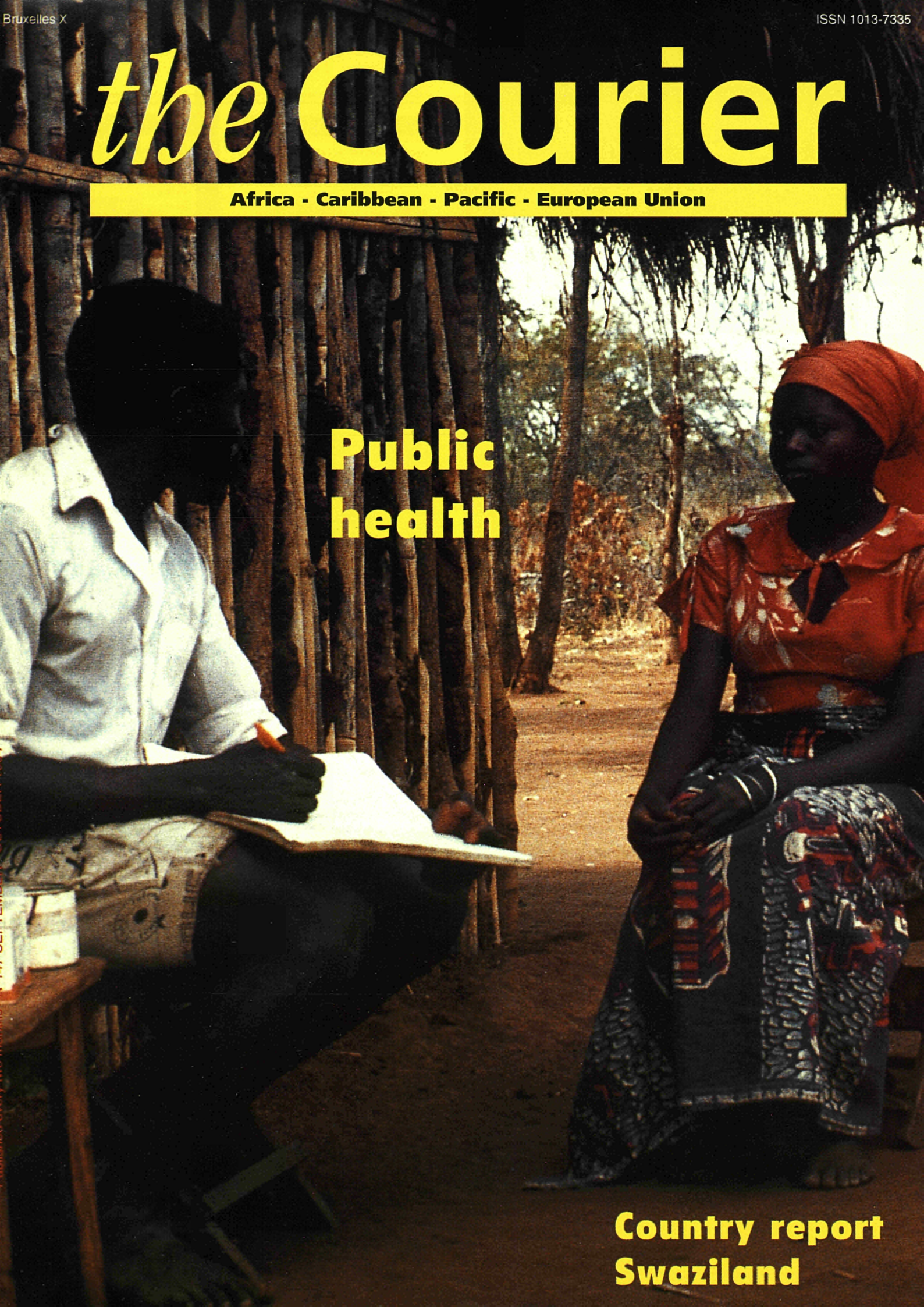
Africa - Caribbean - Pacific - European Union



Public health

Country report Swaziland

THE EUROPEAN UNION

Belgium
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Greece
Ireland
Italy
Luxembourg
Netherlands
Portugal
Spain
United Kingdom

France

(Territorial collectivities)
Mayotte
St Pierre and Miquelon
(Overseas territories)
New Caledonia and dependencies
French Polynesia
French Southern and Antarctic Territories
Wallis and Futuna Islands

Netherlands

(Overseas countries)
Netherlands Antilles
(Bonaire, Curaçao, St Martin, Saba, St Eustache)
Aruba

Denmark

(Country having special relations with Denmark)
Greenland

United Kingdom

(Overseas countries and territories)
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British Antarctic Territory
British Indian Ocean Territory
British Virgin Islands
Cayman Islands
Falkland Islands
Southern Sandwich Islands and dependencies
Montserrat
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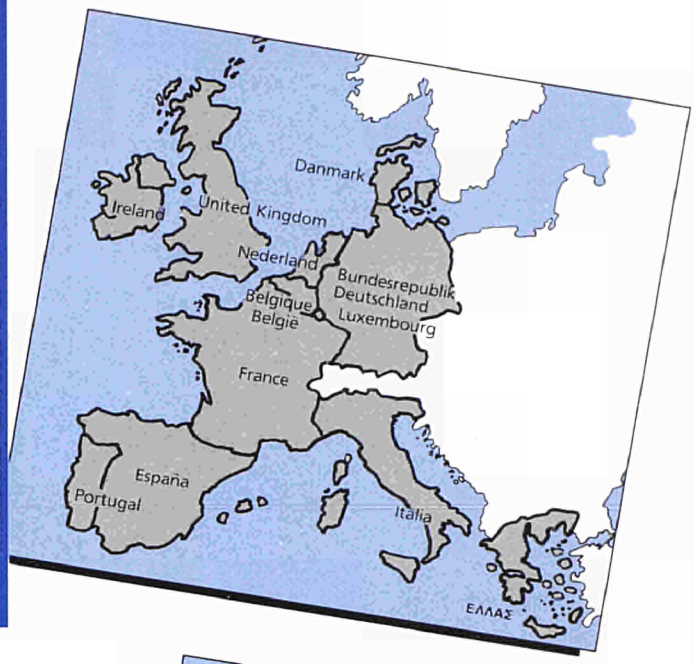
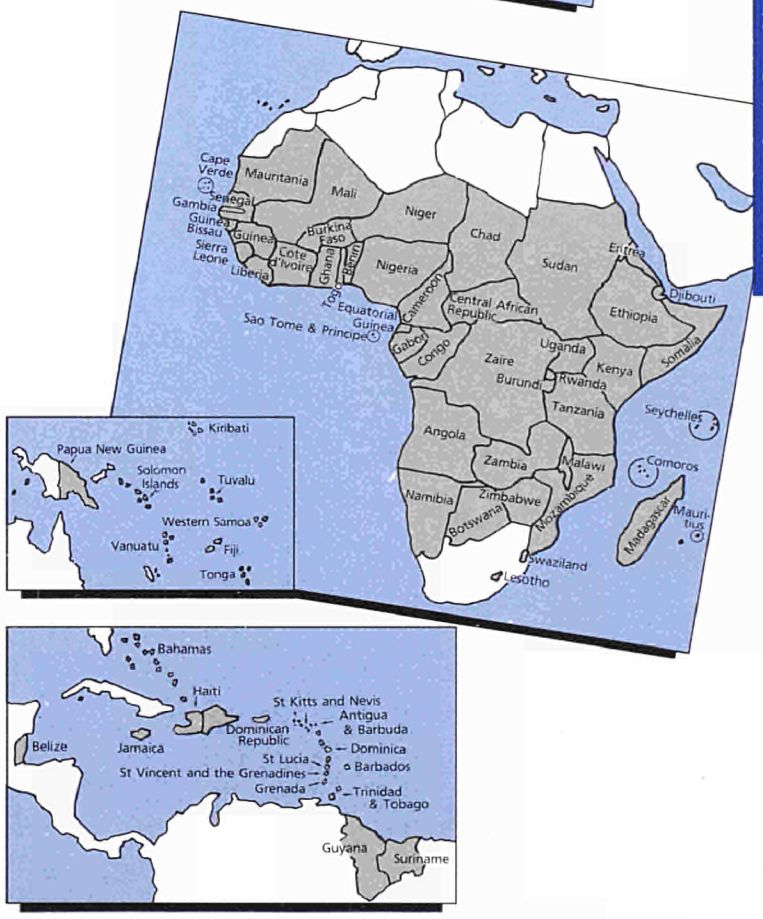
St Helena and dependencies
Turks and Caicos Islands





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Cameroon
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Cover page:
Despite the serious problems affecting many developing countries, particularly in sub-Saharan Africa, there has been a general improvement of the health situation in most parts of the world
(Photo CWDE)

This list does not prejudice the status of these countries and territories now or in the future.
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the Courier – Africa-Caribbean-Pacific – European Union

MEETING POINT

Dr Hiroshi Nakajima, Director-General of the World Health Organisation

Dr Hiroshi Nakajima has held the post of WHO Director-General since July 1988. He has had the doubtful privilege of managing the organisation at a time when past policies have been increasingly questioned, and also when the world has been faced with a political and economic crisis. This crisis has had serious implications in terms of the choices made by states in the public health domain. Can health continue to be 'public' when 'privatisation' is now the buzzword in so many areas? And what is to be done for the 'have-nots', whether states or individuals?

Pages 3 to 7

EUROPE

New leaders for EU institutions

July saw a heatwave in Europe — and a lot of heat being generated in the meeting rooms of Brussels — as EU leaders and MEPs grappled with the thorny question of Jacques Delors' successor. In fact, all three of the Union's main institutions saw changes at the top, although the new Commission President will not assume office until January. We report on these changes with a particular focus on the composition of the newly-elected Parliament, and on the events leading to the choice of Luxembourg's Prime Minister, **Jacques Santer**, as President-elect of the Commission.

Pages 39 to 41

COUNTRY REPORT

SWAZILAND

The emergence of a new South Africa on the international scene has changed the economic outlook for Swaziland which, for over two decades, has maintained steady economic growth, thanks largely to the Republic. Receipts from the Southern African Customs Union, which up till now have accounted for nearly 50% of the annual budget, are threatened and the country faces stiffer competition for foreign investments.

Pages 18 to 38

DOSSIER

Public health

In most parts of the world, health indicators have improved. The stark fact remains, however, that in the developing countries, particularly in Africa, people are still dying of the same old maladies — infectious diseases for which effective remedies exist. There certainly seems to be a link between health and development.

In the Dossier, which also deliberately contains a few lighter touches, we look at some areas that have been relatively neglected, such as new approaches to sexual relations engendered by the AIDS crisis.

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CONTENTS

EDITORIAL

The Community approach to health *and* development

Health is simply the manifestation of development in the human body. It covers all aspects of life and is not merely a question of tackling medical problems.

In the development context it is becoming increasingly clear that it is not possible to operate health and development policies separately in a way that is effective.

It is clear from the history of the developed countries that better health standards are linked just as much with progress in development as with the great medical advances.

In almost all of the developing countries (in other words, three-quarters of the planet), it is not surprising to discover that health indicators have improved.

However, in many of these countries, and in particular in Africa, the 'old' diseases still kill many people. The grave problem of AIDS must not be allowed to distract attention from the resurgence of other illnesses.

Why does such a situation exist ? It may be that while the answers suggested hitherto are right, they are in response to the wrong questions. So what is the question ? — in simple terms, it is one of development.

Nowadays, development involves the strengthening, both of the human resources of countries receiving aid, and of the capacity of donors to listen to and understand the problems.

These are the essential lines of the European Commission's thinking on this issue, which began a number of years ago.

From the starting point that a correlation exists between health and development, it has become clear that there is a need to go beyond the mere building of health infrastructures and the provision of equipment and pharmaceutical products.

Since 1990, in response to the crisis in health systems, and the recurrent costs 'syndrome', a more comprehensive sectoral approach has been put in place. Its ambitious objectives include :

— to contribute to the creation of an environment that favours health ;

— to help countries to define and implement their health policies ;

— to ensure that the health dimension is taken into account in the definition of development policies and ;

— to correct the structural disequilibrium that has emerged in health systems.

Faced with enormous needs, realism must prevail. There is neither a simple solution nor a universal model that can be applied.

The reform of health systems overall, and more specifically, the strengthening of institutional capacity, do not simply depend on the professionals or indeed the users. They are matters of policy to be tackled by society as a whole.

The EU's Development Council, for its part, has recently restated a number of principles, two of which deserve a special mention. First, there is the general observation that health is an essential element if one is to exploit human resources to the full. As such, it is one of the 'motive forces' of development. Second, the role of external assistance must be to fit in with the national health policies defined by the beneficiary countries themselves.

We may not have all the answers yet, but perhaps the right questions are now being asked.

Dominique David

Dr Hiroshi Nakajima

Director-General of the World Health Organisation

'Economists want to reduce state spending. Any reduction in health budgets will affect all aspects of life in the developing countries.'

Dr Hiroshi Nakajima has been the Director General of the World Health Organisation since 1988. He entered the organisation in 1974 as a scientific specialist in charge of the evaluation and monitoring of drugs and became head of the policy and pharmaceutical management unit in 1976. In 1979, he was promoted to Director General for the Western Pacific, a post in which he was maintained for a second five-year term, which he did not complete. A year before this term came to an end, he became head of the World Health Organisation, appointed by the World Health Assembly, a sort of WHO parliament.

Dr Nakajima is a neuropsychiatrist specialised in neuropsychopharmacology, which he studied in his own country and in France. Before entering the WHO, he was head of research at the Nippon Roche Centre, Tokyo, and then an international expert in the service of his government. It was in this capacity that he first worked with the WHO in 1967.

As the fourth Director General of the UN health agency, Dr Nakajima has the painful privilege of managing the organisation at a time of questioning of its past choices, and at a time when the world is plunged into a crisis as much political as economic, which is not without major repercussions on state public health choices. Can health remain public when the watchword is privatisation in all areas? And what should be done for the outcasts, states and individuals alike? How, in these conditions, should the WHO adapt its objectives? These are the questions which Dr Nakajima was kind enough to answer, fairly briefly, but with warmth and commitment.

■ *Dr Nakajima. In 1987, the WHO fixed the objective of health for all in the year 2000. Now that this seems unachievable, how do you define your priority?*

— The WHO's priority is still health for all in the year 2000. Within this major priority, there are many objectives. In terms of disease, we need to step up the fight against cholera and plague, for example. We accord special importance to the poorest regions, within regions to the most underprivileged zones and in given zones to the most vulnerable groups of the population, who may be pregnant women, children etc. We have recorded a major decline in perinatal deaths, but the situation is very uneven from one region to another. In 20 years of effort, we have managed to eradicate diseases such as smallpox and we are on the point of conquering poliomyelitis and leprosy. We hope that polio will no longer exist in the year 2000. In Africa, onchocerciasis is under control.

Our main concern at the moment is political responsibility. There is not enough commitment to health at the highest political level. So far, health has been the affair of technicians and health ministers, whereas it ought to come into every sphere of political management.

Often, the economists mechanically apply the values of the developed countries to the developing countries and they want to reduce state spending on a pro rata basis in the various ministries. Since, in the developing countries, health and education are the first headings in the budget, after the army perhaps, they are in danger of suffering swingeing cuts. But any reduction in the developing countries' health budgets will greatly affect all sectors of life there.

■ *The WHO is sometimes accused of lacking efficiency because there is too much red tape in the organisation. Do you go along with this?*

— The WHO is completely decentralised. It is organised by region. All the operations for a particular country are studied at regional level. The various health ministers are involved in these regional offices. The efficiency of the WHO depends on the efficiency of the health ministers and thus on the governments in any given region. The WHO is not like an NGO. It does not have a workforce. It is not visible. It cannot go and care for the sick. It depends on the implementation potential of the nationals. This is a problem not just for the WHO, but also for the other UN agencies. How, with this structure, should we unify a programme such as the AIDS campaign within the framework of the United Nations? The executive council of the WHO and those of other agencies, such as UNESCO, have approved an education and AIDS programme. And in the United Nations, this harmonisation of the programmes of the different agencies is currently being discussed.

■ *What happens when governments manifestly fail in their duties?*

— Obviously that is problematic. But unlike the political level, for which the Security Council exists, the WHO does not

have a body able to impose its will on countries which have failed. The countries would object to it probably. Having said that, the WHO associates itself with the decisions of the Security Council and, in doing so, it acts without going through the local powers. That is the case in the zones of Iraq, Yugoslavia and Haiti. It is the WHO which is then the direct guarantor of a health mission.

When it comes to the verticality of the directorates of the WHO, which we sometimes hear about, I think that, if efficiency is what is wanted, then some degree of verticality is necessary. But, in each situation, there has to be horizontal action too. In the case of the campaign to eradicate leprosy or poliomyelitis or in the anti-malaria strategy, the executive council lays down the guidelines for the regional offices. From the point of view of verticality, we have two combined roles. They involve enhancing the capacity for health management in the developing countries and providing these countries with technical backing in the execution of certain projects. We now have more and more cohesion in our programmes, for example in the vaccination programmes, in the family health programme and in the health promotion programme. We have formed a programme management board, a sort of WHO policy council, with all the regional directors, so as to have as much cohesion and coordination as possible. But we cannot achieve convergence.

■ *Is convergence desirable?*

— In some cases, yes. But convergence would sacrifice many staff.

■ *You spoke about an even greater commitment to the poorest countries. Can you tell me about it?*

— The WHO has set up the ICO (Intensified Cooperation with countries) programme. It is for the poorest countries, which are forced, in accordance with the demands of the international financial institutions, to undertake health policy reforms in relation to economic and political reforms. When it comes to cooperation and assistance, there is a school of thought which believes that, if you are a good pupil, you will be given more money and if you are not, too bad, you will be ignored. So the gap between the countries is widening constantly in the world today. Even among the developing countries, there are those which emerge from poverty and take off and there are others which become poorer and poorer. And the health situation follows the economic deterioration. The political situation in many cases is worsening in these countries. It is happening in Burundi and Rwanda, for example. We had done a great deal in Sierra Leone and in Somalia. But as soon as political problems and war occur, there is a complete decline on the health front. We selected five countries for the clinical testing of new AIDS vaccines. Rwanda was

PHOTO OMS

Dr Hiroshi Nakajima, Director-General of the WHO.
Out main concern at the moment is political responsibility. There is not enough commitment to health at the highest political level

one of them. We trained people, supplied equipment and clinical laboratories etc. Now we have to start all over again and choose another country. That is just one example.

■ *The WHO insists on community participation. But such participation is often impeded by the shortcomings of the state. Would it not be wise for aid for health to be closely linked to aid for democratisation?*

— Not necessarily, according to what I have observed. You know, community participation is often used by dictators and the political oligarchy. The president, in some cases, can address the local communities directly without going via the legal structures. It happens above all in the field of education. The government dictates. Community participation could be used as a political means, but it has to be a social movement based on a spirit of democracy. Should aid for health start with aid for democracy? Indeed it should, but that does not apply just to health. That was the big discussion at the African development conference in Tokyo. The first item on the agenda was: should political reform and economic reform go hand in hand? Can economic development be achieved to the detriment of certain political reforms? This second option has been applied several times in Asia and Latin America.

■ *What do you think about the consequences of structural adjustment?*

— It depends on the way in which the country develops economically and on its commitment really to helping itself. It is also a major subject which is to be discussed next year as part of the next UN conference on social development. The rules of the game in the developed countries cannot be applied everywhere. Do you realise that, even in Japan, with all the development of medical technology, if there were no social security, 80% of Japanese would be unable to pay their health bills with their income or their savings? In developing countries, people cannot even pay their social security contributions. There is a great deal of unemployment and there are also employers who do not pay their share of social security contributions. The organisaton of social security and sickness insurance in these countries is a distant objective. Meanwhile, there are sections of the population which could be considered vulnerable, young mothers, children etc... There are also preventive activities, the control of endemics and epidemics. That is the state's job.

■ *What you are saying there, Dr Nakajima, is not completely in line with the current thinking whereby the state should be more and more efficient.*

— This contradiction is the subject of a major debate. As head of an intergovernmental agency, I am forced to stress good governance, sound management by governments for development, despite the fact that the private sector is important. But complete liberalisation would not be, could not be realised in the health sector or the education sector, anywhere in the social sphere. We are forced to look to a mixed system.

■ *Let us move on to a specific subject, if you will. With everyone impatiently awaiting a vaccine against the scourge of malaria, Dr Patarroyo's vaccine, which is being tested with financing from the WHO, has given rise to a small argument in scientific circles, which could trouble the general public. What do you think about it?*

— There is no argument about the anti-malaria vaccine. You know that this parasite goes through various stages. The problem is the point at which the attack is to be made. There is a vaccine which blocks development from one phase to another. Using different approaches, two or three types of vaccine have been produced. The clinical testing of the vaccine discovered by a Colombian, Dr Patarroyo, is going on at the moment. We shall see what the results are. There is another vaccine which has been tested with the collaboration of the American army. The first stage was not a success and the situation is now under review, but there are no arguments. When it comes to developing the vaccine, experts from all over the world will judge. Our groups of experts have been chosen carefully and I am convinced that they have always given a neutral opinion to avoid this type of polemical argument, but, obviously, they may all express their opinions and then the media put in their oar.

■ *Dr Nakajima, apparently you are very interested in the question of ethics in relation to health for development. How would you sum up your thinking on the subject?*

— For years now, we have been hearing a ɔt about human rights and human rights as a universal value. We know the dilemmas which have always existed over this universality of human rights. There are those who consider it to be a relative value. I believe that this dispute over the interpretation of human rights is ethical in origin, ethics as a cultural value. It would be wise to stress the parallel of responsibility and ethics — the government's responsibility and the individual's ethics. For example, a current manifestation of ethics in the health sector is access to health care. We ran a survey of representatives of the World Health Assembly, asking them to name what in their opinion was the essential health priority, and they all said universal access to care. So the individual considers he has a right of access to the health service and, so far, governments, the community that is to say, have been unable to give it to him. If the question is approached from the point of view of ethics, a consensus will always be possible. The ethics of organ transplant, or procreation, involve relative values based on cultural considerations — which leads to conflict. It may well even be man's right to prostitute himself. Today, a great deal is said about the right to prostitution, to take drugs, to marry someone of the same sex. But what about the ethical point of view? The sex trade is counter to ethics. Using illegal drugs which stimulate the black market and the international drug trade is not ethical either. Marrying someone of the same sex goes against culture, even against some religions. Sodomy is condemned in the Bible. Freedom to abort, freedom to choose whether to bear or not to bear a child is an ethical problem, but is it also a question of rights? This type of questioning can produce a clash of civilisations. Will that clash happen or will we have civilisations in harmony? It is a challenge for the next century. ■

Interview by Hegel Goutier

The WHO responds to criticism

Dr Michel Jancloes, head of the ICO (Intensified Cooperation with countries) division, gives a straight response to one or two classic criticisms of the World Health Organisation's strategy and the lack of coordination of its aid operations for the developing countries.

— Making out a case against the past is a delicate matter. All the (UN) agencies have made efforts of varying quality. None of them currently can pride itself on its approaches and its strategies. Personally, I believe that the past 15 or so years have seen a deterioration, even in the quality of aid. Aid has become more fragmented. In the health sector, for different reasons, it is fragmented by disease, by age, by sex and by subject. It is very upsetting to see the way in which international aid is supplied. One example is Mali, where senior doctors spend more than 120 days per year in the capital attending workshops organised by various agencies, inluding the WHO, sometimes even for problems which do not exist in their districts. Thus the agencies encourage bad management, because the approach is a medical, technical, fragmentary approach. Personally, I find this approach inhuman, because it leads to situations in which there are programmes with services for babies from birth to 11 months and others with other services for children of 11 months to two years. If, in the same family, one child has diarrhoea and a small baby has measles, they must be able to be treated together by the same personnel.

Another example is the way in which some anti-AIDS campaigning is envisaged and condoms are distributed almost mechanically. Do you know that, in some parts of the world, helicopters bombard the people with containers full of condoms? I am happy to see the United Nations organising a summit on integrated social development in Copenhagen next year, because what the agencies are doing is disintegration. Here at the WHO, we are seeing a gradual will, which is going to be hard and going to take time, to get back to basics, starting with the countries which have the biggest problems. That is why the ICO division was set up. They way in which the WHO is organised, at least the way of the past few years, has not been sufficiently geared to a country-by-country approach. So we started from scratch. There was no budget. We started with Guinea and, today, we are working with more than 25 countries and a dozen more have applied, although, given our limited capacities, we have not yet given them an answer. When a country asks us to intensify its cooperation with the WHO, we visit that country, we collect all the information which exists at the WHO, at the World Bank and at UNICEF, without running any additional surveys. We do not restrict ourselves to a dialogue with the health minister. Something new for the WHO is that we also see the people from planning, finance, sometimes the presidency and sometimes the local government ministers. We also visit all the other agencies to find out what they are doing and see their diagnosis and concerns. At the end of this mission, we emerge with a flexible, dynamic plan of action. For if we had to follow the WHO's usual budget and planning procedures, we would have to prepare four or five years in advance.

Here, straight away; we can commit ourselves to a plan of action and it can start as soon as the mission is over, once we have come to an agreement with the government. The ICO's three fields of operation are the development of systems of financing, the management of external aid and the improvement of management on the periphery. In the first of these, we stress that financial problems are a basic constraint and that most governments today cannot even pay staff salaries, let alone manage all the health services. So privatisation was unavoidable and operators were decentralised. We are asked to improve the development of new methods of financing, including sickness insurance, not in the European meaning of the term, but involving the sharing of risks and costs through solidarity systems. When it comes to management, there is a paradox. In all countries, very large sums are potentially available but not used. I have seen a country of 7 million inhabitants with $50 million on the table, frozen for years, unable to state clearly what it wanted or convince the donors that the money would be put to good use. That is no exception. It is practically the rule. Furthermore, a very large proportion of aid does not go to the people. It either stays with the donor, who finances his researchers and cooperation officers, or it is used in the capital to pay the salaries of project leaders, run planning and training sessions and purchase vehicles. A very small part gets to the people. They, generally speaking, agree to pay. And they already pay far too much for what they get in return. Many basic medicines are much cheaper in Europe than in the villages of Africa, Latin America or Asia.

— The lack of coordination of the different WHO units is at the very centre of our concern, not just for the ICO, but for all the decision-makers. We have not managed to solve this problem yet, but efforts are being made. Just before being interviewed by you, I was at a joint meeting of two WHO divisions, the ICO and mother and child health, for Uganda. I said a joint meeting and not a concomitant mission. We shall go to see the minister and other partners together and we shall study the problems of mother and child health in a district together, so our action plan will be an integrated action plan. It is only a first step. When it comes to preparation for the world social development summit, for some countries, we shall have several WHO divisions run a joint analysis so as to integrate our action better. Those divisions are the ones dealing with mother and child health, protection and prevention, improvements to health services, intensified cooperation with countries and humanitarian emergencies, because — and this may be the answer to a question you are asking implicitly — we should also like to find some coherence in time between emergency schemes and the prospect of national reconstruction, rehabilitation and long-term development. ■

Interview by H.G.

An inside view of the WHO reorganisation

Dr Anthony Piel, who is Director of the WHO Director-General's Cabinet, spoke recently to The Courier about the current restructuring of the World Health Organisation. He began by explaining the background to the proposed reforms and described how the WHO aims to adapt to the changing global environment.

— In 1978, the WHO sponsored a major conference in Alma Ata on primary health care. It was agreed there that this approach, based on 'people participation', is the most effective and lowest cost method of tackling health problems. But since 1978 the world has seen enormous changes. The economic situation has worsened and despite health improvements — people are living longer and infant mortality has fallen, for example — there are still marked, and sometimes widening inequalities between rich and poor. Another big change has been the end of the cold war. Under the communist system, efforts were made to offer equality in health service delivery and the model was adopted in a number of other countries. But that model has now gone. Nor is an approach involving unregulated market forces entirely successful. It does not, for example, conform to the concept of equality and it is difficult to talk of a fair and balanced market. There is also a lot more violence and social unrest — particularly in smaller countries — than was the case 20 years ago. The crisis in places such as Bosnia, Somalia and Rwanda impose new and unprecedented demands on WHO. Both the Organisation and individual countries face new challenges as they seek to advance further on the health front.

One of our main purposes must be to become more adaptable to the changing demands of member states. We are now restructuring at headquarters, consolidating programmes so that we can be more efficient and economic. We are asking our six regional offices to undertake similar reforms. We have set up various mechanisms to help make this happen. Internally, we have what we call a global policy council. The regional directors are members and they come to Geneva to discuss major policy issues, so as to ensure that the WHO speaks with a single voice throughout the world. We are also setting up a management executive committee, bringing together the executive managers from each region, together with the assistant directors-general here at HQ, to discuss ways of improving and streamlining management and to take collective managerial decisions.

Six tasks

We have, in addition, identified six specific tasks to be undertaken by 'development teams' within a limited timescale. These are; to restate the WHO's mandate and mission in the light of the changes I have just mentioned; to redefine our managerial structures and processes; to define a new public information and communications policy; to outline a new management information network that exploits computer and satellite technology in linking the regions with the HQ; to redefine our personnel policies, with a re-examination of the technical expertise we need, and to look at our operations at country level.

On this last point we are considering what form the WHO presence should take and what should be the minimum of staff needed to run a representative office. We are also looking at links with specific projects and programmes, at the interface with governments, at work undertaken at various levels within the country, and at how all this fits in with a more unified UN system.

■ *Is the fact that the extra budgetary resources of the WHO are higher than the regular budgets a concern for you?*

— Resources are always a concern. I personally think it is right that extra budgetary resources should be more than the regular core budget. The important thing, however, is that when there are extra demands — in other words voluntary contributions on top of the basic payments to the budget — the donors, whose generosity we appreciate of course, do not dictate the priorities to be addressed within a particular country. No-one knows better than the Haitians, for example, what the health priorities of Haiti are. So the issue of extra budgetary resources only becomes a problem if donors try to use them to control the priorities or the means of action.

Attracting voluntary financing

Some WHO activity, such as our work in standard-setting or developing model primary health care systems, is not particularly attractive to donors. Other areas, however, lend themselves more naturally to extra budgetary contributions: things such as tuberculosis immunisation, human reproduction, tropical disease research and AIDS. So we tend to focus our regular budget on areas where there is limited donor interest while turning to the donor community for voluntary financing to operate other major programmes. Take the example of AIDS. We put about $1 million of our core money into this each year and attract about $80m in voluntary contributions. Without that money, the WHO's work would be greatly reduced.

So there are two answers to your question: yes, we are worried about too much influence being brought to bear where extra resources are concerned, but on the whole, we rely on voluntary contributions to address specific and major health issues such as AIDS.

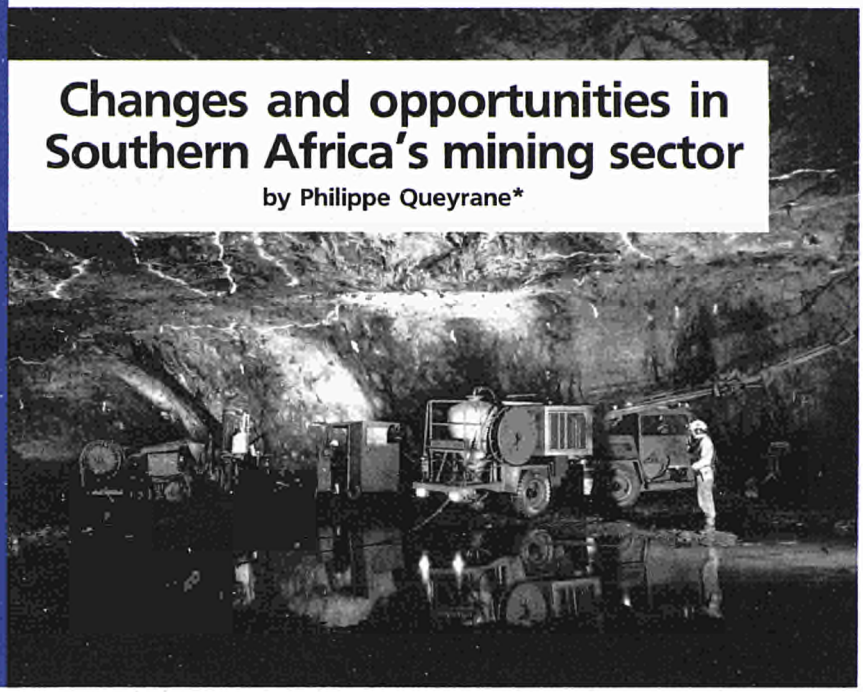
■ *What about your research policy?*

— Initially, I don't think WHO was particularly strong in this field but, from the late 1960s onwards, we built up several important research areas. The biggest of these was in tropical diseases, partly because we realised that the industrialised world was becoming less interested in this and because we wanted to emphasise the development of new drugs, vaccines and other products. The second big research field was human reproduction, looking for new means of fertility regulation that could be made available to families and were acceptable within their cultural context. Now we have an advisory committee on health research that includes some of the top scientific people, in the world. It meets at least once a year and sets out the broad guidelines of the WHO's research policies. ■

Interview by H.G.

Changes and opportunities in Southern Africa's mining sector

by Philippe Queyrane*



The spectacular changes which have recently taken place in the Republic of South Africa (RSA) are not the only ones being observed in the Southern Africa region. By the time this article is published, the 10 Southern African Development Community (SADC) countries — the former 'front line' states — will have welcomed the RSA as a full member. This augurs well for future cooperation between the 11 SADC countries, not least in the mining sector, which is of particular importance to the area. Most SADC countries are endowed with exceptional mineral resources, still largely untapped for want of local capital and foreign investment. It is against this promising background that SADC and the European Union are sponsoring the first Mining Forum where European investors and Southern African project sponsors will have an opportunity to hold one-to-one business meetings and to be updated on mining policies and opportunities. The Forum is to be held in Lusaka, Zambia from 7-9 December 1994.

The Southern African mining sector

An unbiased look at the Southern African mining sector offers some good surprises. The first is that, contrary to what many people have come to think, Africa is relatively unexplored. As pointed out by the World Bank recently, Africa has attracted less than 5% of the total exploration and capital investment ($2.5 bn and $40 bn respectively) made by mining companies worldwide each year. With 21% of the world's landmass, Africa accounts for little more than 1% of the value of mineral production. In spite of this low level of investment, mining generates more than 20% of total exports from sub-Saharan Africa and over 33% of non-oil exports. In SADC alone (excluding the RSA), annual mineral production is valued at $4 billion and represents an average of 11% of GDP. Mining is generally an even greater contributor to foreign exchange earnings for the major producing countries: 95% in Zambia, 87% in Botswana, 40% in Zimbabwe. The sector is also a large employer (15% of total paid employment in Zambia) and a significant contributor to inland revenue. For at least five SADC countries, in addition to the RSA, mining is the key economic sector: Angola (mainly an oil producer), Botswana and Namibia (diamonds), Zambia (copper) and Zimbabwe (gold, coal and chromite). World Bank surveys indicate that no fewer than seven SADC countries — Angola, Botswana, Mozambique, Namibia, Tanzania, Zambia and Zimbabwe — 'have attractive mineral potential warranting increased exploration expenditures by the private sector [1]. Nor should the other three original SADC members (Lesotho, Malawi and Swaziland) be ignored, as the accompanying table shows.

Another pleasant surprise is the extent of the positive changes taking place in the SADC area with regard to the legal framework of mining activities. In the wake of major political changes towards largely democratic rule, governments are advocating market economies and introducing more liberal and transparent policies. Mining laws or regulations have recently been, or are being reviewed or changed, in all SADC countries but Botswana which already has a policy open to foreign investment. Encouraged by the IMF, governments are taking practical steps to foster private sector initiatives, to privatise state mining companies and to introduce more flexible exchange rate policies and competitive corporate taxation. Signs of commitment to free enterprise and of encouragement of private investment are reported almost daily by the press agencies. To quote only President Chiluba of Zambia, speaking in London recently; 'What ZZCM (the state copper mining company) must realise is that just

* Consultant.

[1] Strategies to attract new investment for African mining, John Strongman, World Bank, June 1994.

SADC-EU Mining Forum, Lusaka, 7-9 December 1994

For further information on the Forum, the following organising consultants for the countries concerned can be contacted:

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Table: SADC mineral production, 1989-1993

Country	1989	1990	1991	1992	1993
ASBESTOS (thousand tonnes)					
Swaziland	27	36	14	32	34
Zimbabwe	187	161	142	150	159
Total	214	197	156	182	193
COAL (thousand tonnes)					
Botswana	663	794	784	901	890
Malawi	42	41	49	42	53
Mozambique	620	62	51	13	1
Swaziland	165	153	123	100	50
Tanzania	46	51	33	22	40
Zambia	395	382	345	422	301
Zimbabwe	4 680	4 978	5 274	4 168	4 617
Total	6 611	6 461	6 659	5 668	5 952
COBALT (tonnes)					
Botswana	220	210	208	208	205
Zambia	4 488	4 410	4 634	4 699	4 212
Zimbabwe	100	123	105	100	113
Total	4 808	4 743	4 947	5 007	4 530
COPPER (thousand tonnes)					
Botswana	23	21	21	20	22
Namibia	38	33	32	38	35
Zambia	451	426	367	442	403
Zimbabwe	16	15	14	10	8
Total	528	495	434	510	468
ZINC (thousand tonnes)					
Namibia	80	72	68	69	
Zambia	13	10	6	7	
Total	93	82	74	76	

Country	1989	1990	1991	1992	1993
DIAMONDS (thousand carats)					
Angola	1 320	1 133	961	1 220	90
Botswana	15 250	17 351	16 506	15 946	14 730
Lesotho	20	10	10	15	2
Namibia	930	673	1 187	1 549	1 141
Swaziland	60	40	57	51	62
Tanzania	80	90	111	67	41
Zimbabwe	—	—	—	41	44
Total	17 660	19 297	18 832	18 889	16 110
GOLD (kilogrammes)					
Botswana	67	500	200	163	192
Mozambique	—	72	394	296	149
Namibia	340	1 454	1 709	2 072	1 954
Tanzania	10	1 710	3 073	3 155	3 370
Zambia	149	129	124	218	266
Zimbabwe	16 000	16 900	17 820	18 278	18 565
Total	16 566	20 765	23 320	24 182	24 496
NICKEL (thousand tonnes)					
Botswana	21	19	19	19	20
Zimbabwe	12	11	11	10	11
Total	33	30	30	29	31
LEAD (thousand tonnes)					
Namibia	44	35	33	32	31
Zambia	4	4	3	2	2
Total	48	39	36	34	33
CHROMITE (tonnes)					
Zimbabwe	627	573	564	522	252

asking for help may not be the best way out of (its) problem. It's better to invite people to invest in copper mining.'

On the more technical side, new geological surveys and mapping have been conducted and data bases on mineral deposits developed recently in several SADC countries. There has also been increasing interest in mineral exploration and mining development by both local and foreign companies.

The SADC-EU Mining Forum

Convened by the SADC Mining Coordination Unit (MCU) and the European Commission, the first SADC-EU Mining Forum will be held in Lusaka where the MCU has its headquarters. No fewer than 21 consultants (14 from Southern Africa and seven from Europe) have been involved in preparing this major event. It is expected that some 100 European investors and 100 SADC promoters will participate.

The Forum is designed to deliver three key benefits to participants. First, there will be a series of *private one-to-one* meetings between EU and SADC operators in the mining sector. It is anticipated that some 500 such meetings will be held during the three-day event, taking up two-thirds of the Forum time. Second, *information on mining policy issues* will be presented by ministers and high-ranking officials of SADC countries. Finally, *updates on mining potential* in each of the original ten SADC countries will be provided.

The business meetings will focus on specifically identified mining projects and opportunities. About 200 projects will be presented in Lusaka. The 164 already identified at mid-August 1994 range across the entire spectrum of minerals and raw materials: coloured gemstones (46 projects), industrial minerals (29), precious metals (23), dimension stone (22), base metals (12), clay and clay products (9), diamonds (7), energy minerals (7), minor metals and rare earths (5) and ferro-alloys (4).

In addition, at least three 'Interest Group Discussions' will be organised, on mining finance, mining law and dimension stones respectively. The last-mentioned is organised with the support of the ACP-EU Centre for the Development of Industry. Panel members of the mining finance workshop will include the European Investment Bank, Sysmin, the Commonwealth Development Corporation, the Multilateral Investment Guarantee Agency of the World Bank Group and a number of private mining finance houses. The Commonwealth Secretariat is assisting in organising the discussion group on mining law.

To maximise the effectiveness and business-like character of the Forum, participation is limited to selected and invited companies demonstrating compatible investment and cooperation interests. An extra feature is that, in addition to the 12 present EU Member States, invitations are being sent to partipants from the four European countries — Austria, Finland, Norway and Sweden — that are proposing to join the Union on 1 January 1995. All of these countries have important mining sectors. To satisfy strong demand, a limited number of participants from third countries will also be invited.

A potential success story

With favourable changes taking place in SADC, real investment opportunities, attractive project proposals and participants from at least 27 countries (11 SADC, 16 European), the Forum could well turn out to be a major event in the mining world and will certainly be a turning point in EU-ACP business relations. It is also a challenge for the European mining industry, which, in the past, has lost some ground to investors from other countries. Perhaps they should be reminded that the legendary land of Punt, the main source of Pharaonic gold, was situated in the heart of what is now SADC! ■ P.Q.

ACP

The CFA franc zone

What is the aim — external markets, or the internal market?

We have certainly not heard the last of the devaluation of the CFA franc which took place on 12 January 1994. A second devaluation is already being mentioned. The French cooperation minister dubbed this idea as 'folly' on television recently as he sought to reassure an African head of state who had asked him about it. It may indeed be foolish to make such a conjecture, but one can hardly discount altogether the possibility of a further change in parity at some point. After all, the devaluation which occurred in January took ten years in coming. Such a step was proposed, with some insistence, as early as 1983-84. Since the change was implemented, the governments and people concerned have more or less been coming to terms with the new situation — often less rather than more.

Changes in currency alignments are a reflection of specific policies and their outcomes. They reflect an economic verdict about a particular situation but they can also give rise to social injustices. The consequences of devaluation are not the same for all economic operators. But, before looking at what the practical effects of the change will be on African economies, it is useful to look at the historical background to the CFA franc and at its role in the development and current state of the economies of the countries in the franc zone.

How the CFA franc was born

The French colonial franc (CFAF), like the Pacific franc (CFPF), emerged following the devaluation of the French franc at the end of 1945. This was provoked by France's high inflation rate in the immediate post-war period. In fact, the Bank of France had considerably increased the number of notes in circulation over the previous four years, in order to finance military spending. Because of price controls and, in particular, the shortages linked to the wartime economy, this large-scale creation of cash did not immediately lead to inflation. Large sums, therefore, went unspent. Hoarded in enforced savings, this mass of money was released at the end of hostilities and fuelled rapid price increases.

In colonies cut off from the metropolis, the people took part in the war effort alongside France, but there were virtually no inflationary tendencies although the same currency was in circulation. Accordingly, there were real price disparities between France and its colonies that were not fully ironed out after the liberation of the metropolis. In those countries where prices had not risen so much, there was naturally no need for such a large-scale devaluation.

Thus it was that in 1945, the CFA franc was born. The franc used in the colonies was devalued by less and, therefore, in effect, revalued in relation to the currency of the metropolis. The rate was fixed at one CFAF to 1.7 FF. This became a parity of 1:2 when the French franc underwent a further devaluation in 1948. The issuing of the new or 'heavy' franc in France in 1958 did nothing to change the situation. One French franc simply became one centime and prices and values were divided by 100. The CFA franc was not affected by this change and the parity was accordingly translated into CFAF 1 = FF 0.02 (two centimes). In relation to the French franc, the value of the CFA franc therefore remained constant between 1948 and January 1994. Hence the (incredibly misleading) myth of the stability of the CFA franc — a myth that effectively served as a substitute for economic and monetary policy and that was finally shattered for many people, in particular Africans whose economies are weak, with the events of January this year. In fact, although there were no devaluations of the CFAF against the French currency — trends and prices in the African economy precluded this — the former always followed the latter when it was devalued, which was not uncommon. So the CFAF was indeed devalued against the main international currencies such as the dollar and the Deutschmark. But, because of the economic and commercial connections between France and the African countries in the franc zone, according to the author, Gaud, 'the French franc had, for many, become the only reference, a situation which largely masked the unremitting depreciation of the CFAF.' [1] This explains why the African countries were largely unprepared for currency management and the traumas of January's devaluation, although it can hardly have come as a surprise. It has to be said that the automatic linking of the two currencies began to pose problems as soon as the countries in the franc zone became independent in the early 1960s. 'The African governments', Mr Gaud pointed out, 'tended to be presented with the devaluation of the French franc as a *fait accompli*, despite the rules of the zone providing for consultation, and as a result, their sensibilities were offended. Furthermore, the countries which export outside the zone feel penalised, since devaluation of the franc does not translate into a revaluation of the CFA franc counterpart of their external reserves', which normally and automatically should have increased the rate of devaluation of the reference franc, particularly since the basic principle underlying the creation of the franc zone was the idea that a common currency encouraged the development of trade in the zone, to the benefit of all the members. But this basic principle was only possible if certain conditions were met. On the one hand, there had to be genuine, mutually supportive economic and political cooperation

[1] Writing in the January-March 1994 edition of *Afrique Contemporaine.*

between the signatory countries of Africa, but this hardly ever worked, despite the structures set up for the purpose and the commitments made by the states. On the other hand, the free movement of banknotes, and hence of individuals and goods, had to be assured within the zone. In practice, free movement for individuals and goods only worked in one direction from France to the franc zone countries with banknotes going in the other direction. So the only condition properly to be fulfilled was the one which related to the unlimited transferability of CFA and French francs.

A difficult reversal

Relative price levels in the African countries of the franc zone and in France changed significantly with the passage of the years. Despite a stringent policy aimed at restricting the money in circulation, African prices rose faster than those in France. Between 1960 and 1980, it was generally considered normal for something priced at FF 1 in France to cost CFAF 100 (ie FF 2) in the franc zone ; in other words, for prices in the latter to be twice as high. One of the main consequences of this overvaluation of the CFA franc (by now, the franc of the financial community of Africa), which the Franco-African monetary authorities were unwilling to tackle, was the excessive rise in the cost of factors of production in the franc zone countries, in relation to other, comparable countries. This held back productive investments and facilitated the expansion of imports and enabled trading houses to operate on large profit margins. As a French businessman from Senegal acknowledged to the AFP Daily Bulletin on 17 January (shortly after the devaluation), 'for 30 years we had a profit margin that was twice what would have been possible in France.' From a purely African point of view, the increased tax and customs revenue generated by imports did little to help the few local economic sectors capable of import substitution. Instead, it merely boosted the unproductive spending of bloated state and parastatal bodies. It also gave an enormous advantage to city dwellers, the main consumers of imported products, to the detriment of people in the countryside, many of whom were thus indirectly induced to move to the urban areas. With this combination of economic euphoria and what was essentially political thoughtlessness, the decline began to set in at the end of the 1970s. The crisis of the 1980s saw the basic indicators of the African economy undergoing a fundamental change. This crisis, regarded by some as unparalleled, was characterised by external events which administered a triple blow to the system. The three elements of this were a deterioration in the terms of trade (a 20%-50% drop in the prices of cotton, cocoa and coffee), a decline in the value of the dollar (the leading exchange currency outside the franc zone) which amplified the reduction in export revenue, and competition from countries such as Ghana and Nigeria, which were in a position to operate exchange rate policies to suit their economic ambitions, rather as the Asians could. There was also a revelation, within the African countries, about the profound structural weakness of their economies. Hitherto this reality had been largely ignored, masked by the considerable amount of aid from Europe in the good years and by the unexpected boost to resources resulting from the oil price increases of 1973-75.

The franc zone countries therefore saw their export income drop for reasons other than those associated with their monetary position. Virtually all African exports are raw materials whose prices are determined in foreign exchange on the world markets. These prices are relatively independent of the costs of production in a given currency zone. There is also, of course, the fact that elasticity of demand to prices is minimal and this, in the longer term, also depends on structural factors, in particular the techniques of production. These considerations have prompted some analyses, such as one by the Paribas bank, suggesting that the advantages to be expected from devaluation of the CFA franc, in terms of competitiveness and market share, may be seriously limited. The competitiveness of South-East Asia (notably, Indonesia and Malaysia) and of South America has sharpened the competition in traditional African products such as coffee, cocoa, bananas and minerals, not so much because of exchange rate advantages but because of economic performance. This is the basic message of the Paribas economists. For example, Malaysia produces two tonnes of cocoa per hectare as against only 450 kilogrammes per hectare in Côte d'Ivoire or Cameroon. On the other hand, the currency factor has no doubt directly damaged the competitiveness of local food products and manufactures in the franc zone's own markets. Leaving aside eating habits, which encourage chains of shops selling imported goods and an industry producing beverages from imported raw materials, the absence of promotion and support, and the only very tiny improvement in product quality have resulted in the absence of import substitution industries in the food and agriculture sectors. This in turn has accentuated the monetary aspect of the franc zone countries' decline in competitiveness. In 1992, for example, Mali imported 120 000 tonnes of Asian rice and had to put 180 000 tonnes of its homegrown rice — more than enough to meet local needs — into storage. Not only are there no genuine national economies in the franc zone, but the international agreements and producers' accords laying down quotas for each country are difficult to alter without creating serious problems by upsetting the market.

The other major handicap of the franc zone countries is the chronic weakness of formal trade both between and within the groups of states concerned. The free movement of individuals and goods, laid down in the treaties, is more theory than reality, except as regards individuals in ECOWAS. Official, inter-regional trade, which is vital to make the CFA franc zone a genuine economic area, is virtually non-existent. Instead, there has been a large-scale development of the informal economy, typified by trade in contraband. The CFAF is the 'relay' currency, used for such transactions, although it is not considered to be a reserve currency. 'Africa has very little confidence in itself — and what is more important than confidence in monetary matters', is how Mr Gaud put it. The greatest advantage of the CFA franc is its free convertibility into French francs and the attendant ease with which it can be exchanged for other international currencies. So cases full of banknotes leave by different routes for the financial centres of Europe. The Bank of France, and then the Banks of West Africa (BCEAO) and Central Africa (BEAC) are forced to buy them back. There was a currency drain over a long period, accentuated in 1993 by rumours of

a possible devaluation. According to BCEAO, in the first quarter of 1993 alone, the capital drain approached CFAF 100 billion (FF 2 billion at that stage).

The drop in export revenue, leading to a decline in government income and the resulting insolvency of states, also provoked severe losses among businesses, turning economic activity in the private sector into a game of chance. Activity was curtailed further in some cases by national economic policies, the (unforeseeable?) consequences of which included a loss of enthusiasm and creativity among businesspeople. Despite the difficulties, there was only a partial effort to adjust the public finances of the countries in question and this was undertaken late in the day. This can be explained by the cumbersome nature of what was a largely immobile 50-year old economic and monetary policy based on the fixed parity of the CFA franc, and on the illusion that the convertibility and stability of the currency would suffice to give it the same economic and financial role as other convertible currencies. As a result, there was more than a decade of worsening crisis, the response to which was a policy of so-called competitive deflation or real adjustment, aimed at improving the competitive position of businesses in the franc zone countries by lowering the price paid for the factors of production. Obviously, although inflation was brought under control, the process was accompanied by a real economic recession, resembling the current situation in the states of the European Union, where the harnessing of inflation has not yet led to a clear and strong revival of production.

Faced with over-indebtedness and lower aid commitments, most franc zone countries were given help to survive, in particular since, for several years, the Bretton Woods institutions made changing the parity of the CFA franc the prerequisite for the resumption of their financing. In addition, there was a gradual decline in the commitments from France which, according to the Minister of Cooperation, could no longer 'tide the African civil servants over'. This, according to Mr Gaud, was despite its concern with 'defending its national policy and the interests of national companies sited in or exporting to the franc zone' and its long-maintained refusal to see devaluation as a remedy for the structural problems of the African economies. So the nominal anchoring policy attacked by the IMF and the World Bank failed. The logical outcome, devaluation, finally came about on 12 January when the CFA franc lost 50% of its value in relation to the reference currency, the French franc. The reduction was uniform, except in the Comores (where it was only 30%) and considered to be on the high side, with some experts doubting whether it was economically necessary. However, the question of the rate was less of a central issue than the objectives that lay behind the devaluation, after a long and often stifled debate. And what of the situation today?

Back-up measures

As soon as it was taken and announced in Dakar, the decision to devalue the CFA franc triggered two types of reactions. Some countries, with Côte d'Ivoire in the lead, wanted to turn the page rapidly and bring in major measures as quickly as possible. Others continued to grumble about France, claiming that their European ally had 'dropped' them. However, the franc zone's leading partner informed the African countries of the so-called back-up measures designed to enable them to withstand the immediate consequences of the operation, which included, in particular, an increase in the prices of the imports of staple goods. The measures consisted, *inter alia*, of France writing off some FF 25 billion of the FF 80 billion debt of the 14 countries in the franc zone. All of the countries also had to sign new agreements with the IMF — which they did, at least as far as letters of intent were concerned — and, in 1994, the World Bank was to release direct aid of some $1200 million to reduce these countries' balance of payments deficits. Seven months after the change in parity, some $600 million had already been released and also during 1994, the World Bank is to finance projects worth $850 million, more than $155 million of which has already been allocated. But although the figures testify to the efforts of the funders, the optimism in official circles about the initial economic and social results of the devaluation and the back-up measures is not fully shared by the people. Rising inflation still lies in wait for most of these countries. On average, inflation has reached 35%, a more or less automatic effect brought about by the increase in the price of imported goods. But this is only an average, and some countries have performed worse. Even in those cases where some degree of price restraint has been noted in comparison with what was forecast, this is due to a significant contraction in wages. People' purchasing power has been damaged, engendering a relative decline in 'African' prices as compared with those prevailing in Europe.

External markets or internal market?

In theory, devaluation makes it possible to increase state revenue in national currency terms, improve the income of the rural population, enhance the profitability of the export sectors and make it easier to regain both external and internal markets. It should make it possible to compensate for the deterioration in the terms of trade by restoring competitiveness abroad and hence improving the current balance of payments account. That may be the theory, but there is far more to the franc zone issue than a good rate of exchange. The composition of the raw material exports which are the basis of the country's cash economy, the weakness of a limited industrial sector with an ill-diversified output of poorer quality goods than those they are designed to replace, and free convertibility at a continuing fixed rate against the French franc (the pivot of the whole system), make the effects of devaluation on external accounts uncertain. Indeed, generally speaking, imports do not contract significantly unless foreign exchange runs short, or unless governments display greater stringency towards management in their everyday behaviour. But the franc zone countries work less as organised structures than sets of small businesses undergoing monetary policy. The differences and inequalities of structure in these countries, and their divergent, even contradictory general policies, are going to make it difficult to master and organise a large enough economic area to sustain gradual industrialisation, on which a real conquest of the internal market depends. These structures, which are inadequate in relation to the objectives of devaluation and the overall development of the economy, will also be undermining the countries of the franc

zone further in relation to their external partners — major economic powers, including France which maintains its right to veto all important decisions on the expansion of the money in circulation by virtue of its presence on the administration boards of the BCEAO and the BEAC. So how is it possible to reconcile the monetary policy of an economy — France's — which is structurally strong and which inevitably has a hold over weak national economies, with the policy of the franc zone countries, which logically should be different, to attain the objectives which lie behind the change in parity of the CFA franc?

Devaluation could well only provide a short-lived respite and the franc zone countries may soon find themselves back in the situation which led to the change of parity in the first place. This is perhaps the analysis which prompted the Cooperation Minister's rejoinder reported at the beginning of this article. But the prospect cannot be ruled out, particularly since France, if its recent declarations are anything to go by, will be doing less and less to underwrite the so-called untimely deficits of its partners in the franc zone. The arrangement, furthermore, does not have the characteristics of a conventional monetary union. Trade among the countries of the zone is poor (7.5 % of their total trade as against a 1993 figure of 35.4 % within the European Union, for example) and the mobility of the factors of production is extremely limited. There are more and larger barriers to the movement of individuals and goods between the countries of the franc zone than there are between these same countries and Europe. For the African countries, it is as if they were entrusting their economic and monetary policy to an outside agency in exchange for greater credibility, but with no greater trust nor better reputation for them or their economies.

What reforms are needed

The strengthening of the economy of the franc zone seems to be vital to enable the African countries to develop comparative advantages. In this respect, the signing of the Treaty of the West African Economic and Monetary Union (WEAMU), shortly after the devaluation of the CFA franc, and the announced Central African Monetary Union (CAMU)

Post-devaluation EU aid for states in the franc zone

After devaluation of the CFA franc, the European Union was quick to show support for the African states affected. It adopted measures designed to enable them to reduce the short-term negative effects of the first austerity measures taken as a result of the change in the parity of their currency. Then, with a view to long-term action, Commission Vice-President Manuel Marín, pointed to the important role which the European Union can play in backing up the process of reform in the 14 states in question, who have been partners of the Union since the first cooperation agreement was signed in Yaoundé. EU action was four-pronged, according to Mr Marín; first, mobilisation of the structural adjustment facility in the Lomé Convention; second, the reorganisation of the national indicative programmes of such states as are interested, so as to complement the resources from the facility; third, utilisation of Stabex funds to provide flexible support for the reform process and, finally, enhancement of EU support for regional integration initiatives in the zone. The Union's action had two main aims — to prevent long-term development objectives suffering in the name of (essential) stabilisation and to ensure that the need for speedy action did not undermine the necessary coordination of macro-economic policy and hence, the integration objectives of these countries which are supported by the EU and the Bretton Woods institutions.

In June, at the first conference of Central African Heads of State, the Commission President, Jacques Delors, sent a message to the participants, reaffirming the EU's commitment to supporting the efforts which they were making for their countries' recovery. Mr Delors was represented by Philippe Soubestre, Deputy Director-General at the Commission, who reported that CFAF 230 billion (excluding Stabex payments for 1993) had already been mobilised to support the economic and social reforms.

In his message, Jacques Delors reaffirmed the regional dimension of the reforms and emphasised the enhancement of economic integration which he regarded as being of vital importance to the success of the changes following devaluation.

The Commission President told the Central African leaders that economic integration, by encouraging synergy and complementarity between economies in the region, constituted an all-important back up measure to devaluation, designed to ensure a return to competitiveness and a revival of sustainable economic growth. The common currency and close ties binding their countries were assets which it would be wise to exploit, if integration was to be a success, he added, pointing out that a move to genuine economic union was essential if monetary union was to be preserved.

Opening up to neighbouring countries, with a view to building a geographically and economically coherent area was a necessity, he continued, and he assured them of the full support of the European Union in contributing to the dialogue with neighbouring countries. He pointed to the European example, which showed the evolutionary, pragmatic, progressive and sustained nature of regional integration. He called on the African states to seize the opportunity of major economic change resulting from devaluation to lay the foundations for real economic coherence in the two sub-regions of the franc zone (Western African and Central Africa). He stressed the importance to the private sector of the harmonisation of the legal and regulatory environment. Such harmonisation would complete the improvements to the regional economic environment which, in turn, was expected to improve the efficiency of the economic reforms currently being carried out.

Jacques Delors ended his message by stating that the European Union would stand by the African states and accompany and sustain them in their process of economic, political and social reform.

BOOK REVIEW

The CFA franc — summary and prospects

In a work published just after the devaluation of the CFA franc and containing the latest developments, two economics teachers, Alain Delage and Alain Masseira, who are technical assistants at the University of Bangui (Central African Republic), also explain the history and progress of the African franc zone, and the changes that have taken place [2].

To begin with, the writers place the franc zone further back in time. While most analyses take 1945 as the starting point, Delage and Masseira go back to the time of the 'French colonial empire and its introspection following the crisis of 1929'. The franc zone, they point out, 'was initially a zone of monetary constraint born of a relationship of dominance, its principles and system of operation having been imposed at the outset by France, on an authoritarian and unilateral basis.'

However, the franc zone was to be transformed when the African countries became politically independent in the 1960s. Relations of 'domination' were to become relations of cooperation. Monetarily and economically speaking, the post-independence franc zone underwent no basic changes in relation to France. The operations account at the French Treasury collected all the African countries' foreign exchange from 1939 to 1973, when the obligation became to deposit only 65 %. For two decades, the franc zone was a 'haven of security' in Africa but it began first to encounter turbulence in the 1980s and had a storm to contend with from 1990 onwards. Given the 'extent of the economic and social problems arising from the worthless development and structural adjustment policies introduced in French-speaking black Africa', the authors note, 'pressure from the IMF and the World Bank, the collapse of commodity prices and the painful emergence of genuinely democratic regimes in Africa' changed the whole face of the franc zone. In the beginning, the zone, which 'was inevitably an autarkic unit, based on close solidarity and designed to ensure, on a basis of economic complementarity, the defence of the group vis-à-vis the outside world' [3], was to experience the consequences of two of its principles — fixed parity and, more important, freedom of transfer, which is not an internal measure but an international one. International transfers resulting from the free and unlimited convertibility of the CFA franc through the French franc (until August 1993) encouraged the capital drain and added to the other causes which culminated in the devaluation of 12 January 1994.

All these trends in the franc zone, and its economic, political and geographic prospects, are clearly explained in this book. The work contains a large number of economic tables and is also an excellent teaching aid when it comes to understanding the present and future problems of the zone.

The writers conclude by pointing out that the franc zone presented a real advantage (a stable currency) which some countries did not have. Nonetheless, Delage and Masseira maintain, the crisis now troubling the French-speaking countries of Africa is more structural than cyclical. It is rooted in the enormous external debt (20 times larger than in 1970), the deterioration in the terms of trade, the minimal effectiveness of the all too few investments and bad management of the external and internal debt and, above all, of public money. According to the two university teachers, 'it is to be feared that devaluation can only be a one-off measure', because in fact, 'the question of the competitiveness of the African countries in the franc zone is not essentially a monetary one. Even with a devalued currency, the basic problems of the countries concerned, which are fundamentally structural and political, will not be solved.' This is a view shared by those who have undertaken economic analyses of the CFA franc's devaluation in the period since January.

[2] 'Le Franc CFA: Bilan et perspectives' — Editions l'Harmattan, 5-7 rue de l'Ecole-Polytechnique, 75005, Paris, France.

[3] 'Zone Franc et Coopération monétaire' by B. Vinay, Ministry of Cooperation, Paris, 1980.

are encouraging, although still only symbolic. It is strengthening of this sort which could give rise to far closer regional integration and make it possible to move towards the vital convergence of policies, without which the franc zone countries will not constitute an entity which can move gradually from a cash economy to an approach geared to production and the internal market. The present cash economy approach has many consequences, including that of placing far too much emphasis on the role of financial flows in development, to the detriment of national, individual and collective efforts. Aid does not become a driving force unless it sticks to its aims. To make this transition, the franc zone countries should realise that it is imperative to reallocate their resources to productive sectors, which implies stringent control of the public sector costs which traditionally swallow up income. The African agricultural sector has always been neglected. Yet it is the best-placed when it comes to making the productivity improvements which can win back the internal market and form a basis for the development of a manufacturing sector associated with it. But certain political disadvantages make this process even more difficult in the franc zone countries. Economists have long avoided holding things up to question, further cramping the economic operators' room for manouevre and scope for making proposals. The manufacturing sector's share of GDP and the rate of investment remain fairly small. So businesses need the means to develop, the first of which is the freedom to trade and do business as they like, without physical impediments or red tape.

Some analyses of the devaluation of the CFA franc envisaged the European Union's involvement in the reform of the zone, supporting convertibility and extending the aid guarantee machinery to countries outside the franc zone, with a view to facilitating the gradual convergence of the two systems. But that could only be contemplated seriously if at least one of the two zones, in this case the franc zone, was consistent in the matter of economic, social and institutional policy. This is not the case. Let us hope that the Africans will be able to take advantage of the turning point of devaluation and do more to take their economic problems in hand. ■

L.P.

A personal view

Democracy for its own sake

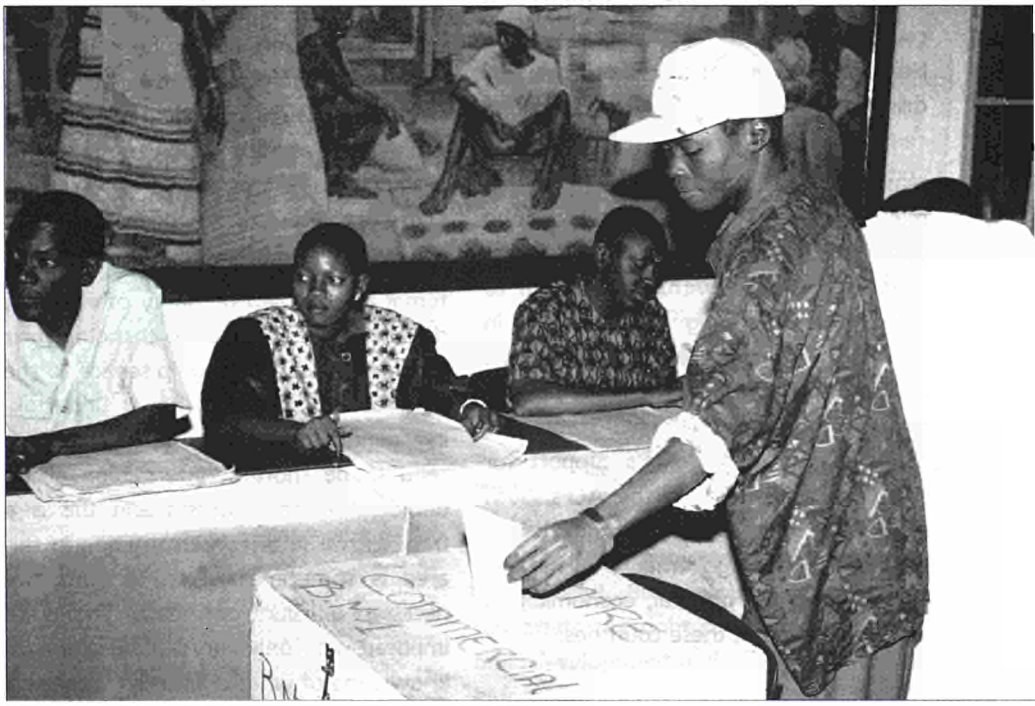
by Abdoulaye Diop *

Over the past few years, a growing consensus on the need for official aid to take account of fundamental human rights and the democratisation of political systems has emerged in the international debate on development and cooperation policies. This prompts the question, is democracy essential to development?

Opinions are divided on this. For some, democracy is a precondition which must be met if development is to be achieved. Others argue in the opposite direction, believing that economic development is essential for the successful establishment of democracy. The latter are apt to cite, in support of their argument, examples such as Korea, Taiwan, Singapore, Thailand and Turkey, where development has occurred under non-democratic or authoritarian regimes. Finally, there are those who, despite the apparent dichotomy, think there is merit in both approaches and favour the view that the two should progress side by side.

Recent trends in the European Union's development cooperation policy come close to this last idea. Thus, for example, in its declaration of 25 March 1991, the Council of Ministers spoke of human rights and democracy forming part of a much wider package through which balanced and self-sustaining development could be achieved.

The idea that democracy could serve as an instrument of economic development began to take shape, both on paper and in practice in the EU, in the middle of the 1980s. The development of this new approach was certainly made easier by the subsequent international upheavals, notably the ending of the Cold War and the emergence of democracy movements in many developing countries.



A decisive step in the EU's development policy was taken on 28 November 1991, with the adoption of the resolution on human rights, democracy and development. With traditional approaches to development cooperation under scrutiny, the belief has grown that internal political factors may play a determining role in the creation of development opportunities, and in a country's wider economic performance.

Within the European Union, more and more people are expressing the view that the era of 'aid without conditions' is now over. These sentiments are accompanied by a tendency to lay down more stringent political or economic 'conditionalities' in accordance with the principles laid down in the Maastricht Treaty. It is clear that the attachment of such demands to aid-giving is related to the fact that Europe has been suffering from an economic recession for some years. But the fact that governments and public opinion are weary of the repeated failures of development aid policies also has something to do with it.

'Democracy' provisions highlighted in Lomé IV mid-term review

Questions of political conditionality are currently at the centre of the discussions taking place in the mid-term review of the fourth Lomé Convention (which runs for 10 years from 1990 to 2000). It is worth noting, however, that democracy 'clauses' were introduced into a number of important cooperation agreements between the EU and Latin American countries, prior to the signing of Lomé IV. It is no surprise these should provide a model for EU relations with other developing regions, including the ACPs.

The resolution of November 1991 also provided that the EU should formally take human rights into consideration in its relations with developing countries, and that future cooperation agreements

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would include human rights clauses. The current trend clearly reflects this approach.

So human rights and democracy have been very much to the fore in the EU's development cooperation policy in recent times and amendments to Article 5 of the fourth Lomé Convention (which refers to human rights but not to democracy) are to be an essential part of the mid-term review. On the ACP side, the debate about national sovereignty and unwarranted interference has lost some of its stridency. A resolution passed by the ACP-EU Joint Assembly at Gaborone, in March 1993, made it clear that the principle of non-interference in a state's internal affairs did not relieve any country of its responsibility to protect and promote human rights. Nor could it be invoked in support of any action likely to halt or impede the process of democratisation.

There are also strong practical reasons in support of the proper management of public affairs (the concept of good governance). The Lomé Convention leaves recipient countries with full freedom to decide their spending priorities, and in these circumstances, the EU believes that it is vital to have 'responsible governments' as their interlocutors in the ACP States. This also underpins the Union's support for structural adjustment in the ACPs. Such support is seen as contributing to the principles of 'good governance' by helping to transform the political, economic and social landscape in these countries.

The challenge of achieving democracy and structural adjustment simultaneously

Democracy is not designed *per se* to bring about economic development but it clearly cannot survive in an environment of poverty and hardline structural adjustment. It is difficult to manage economic and political reform at one and the same time. Yet this is what must be done and it represents one of the biggest challenges facing the developing countries and their external partners in the closing years of this century.

What this means is that the ACP States must constantly keep the economic logic of their structural adjustment programmes in line with the political logic of the democratisation process. The donor community cannot ignore the political dimension. It is not possible to insist that the people should participate in the taking of decisions that directly concern them, while, at the same time, excluding them from the debate on economic policy, and particularly on structural adjustment programmes drawn up by outsiders.

Multi-party systems are not, in themselves, a guarantee of democracy

On the EU side, it would be a mistake to see democracy as an instant 'miracle-cure' and to ignore the wider consequences inherent in any call for democratisation. In particular, democracy entails a lot more than simply holding an election involving competing political parties. There are too many examples of elections that lead to civil wars. One need only cite the cases of Angola and Burundi.

Governments in receipt of external aid can also be guilty of window-dressing when it comes to changing their political systems, paying lip service to the new 'conditionalities' without undertaking genuine reforms. Aid organisations tend to be short of information about democratisation processes and this is a frequent cause of concern. Action in this area is sometimes taken without the necessary reflection or research. Things are imposed with only very limited empirical knowledge of what is actually happening in the field. The overall result of this can be demands for reforms that are unrealistic.

In essence, democracy is an internal, gradual and inherently long-term process. The expectations, demands and support of the donors need to take this reality into account. Consequently, the root of the problem lies not so much in whether to tackle human rights and democracy issues as in how to tackle them, in a balanced way.

The EU intends to include an explicit reference to democracy in the Lomé IV revision and to introduce the so-called 'essential element' clause allowing it to take speedy action in the event of human rights violations or serious disruptions to the democratic process. Even if this kind of provision prompts no objections where human rights are concerned, it does provoke some disquiet in the context of democratisation. It is evident that there are real difficulties in defining 'democracy', establishing transparent and objective criteria, and then imposing sanctions. The ACPs fear that the EU may apply double standards, a view which is reflected in their suspicion that the Union is giving favourable treatment to Asia. In the absence of objective criteria, the EU may choose instead to adopt a pragmatic, case-by-case approach by analogy with other similar situations.

Democracy offers a set of reference values for a society as well as providing social cohesion, common institutions and a form of government that makes the best possible job of involving people in decisions that affect them. But these are all imprecise concepts. What democracy cannot do is to attract the kind of consensus enjoyed by notions such as 'the rule of law' (adherence to and application of the rules accepted by society) or 'good governance' (which is actually an approach to public management).

The question, therefore, is whether 'conditionality' as currently applied will lead to the establishment of genuinely democratic regimes in the ACP States. An immediate answer would be premature because the process is fairly new to the European Union. But the success of ongoing schemes will depend to a large extent on how each country responds to its people's call for political reforms. This is because democracy involves more than the simple proclamation of constitutional texts and the creation of institutions. It is also a question of attitude, outlook, social and political behaviour, sharing the same values and so on.

Each country must therefore be able to select a democratic model that is compatible with its own realities, values, history and culture. But what if this model should prove incompatible or inconsistent with the western notion of democracy? Can the donor countries react against it? It is difficult to see how, given that the international community said virtually nothing when the democratic process in

Algeria was interrupted following the electoral victory of the Islamic fundamentalists.

This question has not yet arisen in sub-Saharan Africa, because almost all the states there have copied the western model. This is doubtless one of the reasons why democracy is prematurely facing a crisis in the continent. Among the contradictions that are to be seen in the new African states, there are three basic ones that appear to be decisive :

— The nature of the political systems. Whether they are capitalist, socialist or liberal, few of them promote, or have promoted, democratic criticism or self-criticism ;

— The relationship between political principles and political practice, in particular, the gap that exists between constitutional norms and the way politics are actually conducted ;

— The social, economic and cultural context. As the Ivorian scholar, Daniel Kadja Mianno points out, 'any democracy will be a myth and an illusion unless its exercise is guaranteed by a minimum of viable socio-economic and socio-cultural conditions'.

By way of example, the still illiterate majority of the population is effectively precluded from taking a hand in the exercise of power. Of what avail are democratic choices, far less elections, to an individual who is confused by the ballot paper? For years to come, the lack of education and training will be major impediments to development in Africa, where history is marked by oral tradition.

Ultimately it does not matter whether the system, be it capitalist or socialist, is a single-party or a multi-party one. The real problem is how and how far to involve the people in the running of their own affairs. So the priority for European aid, in terms of economic or political conditionality, must be to help the African states establish economic and social democracy within the rural communities where the bulk of the people live. This democracy must reflect the reality of local structures and of local social and political forces, with a view to ensuring the basic legitimacy of the designated authorities. In any event, the future of democratisation in Africa hinges on the success or failure of economic development policies.

Conditionality requires EU cooperation policy to be consistent with the bilateral policies of the Member States

The process of reaching consensus within the EU on the relationship between development aid and democracy has been hindered by what is still the decisive importance of bilateral policies *vis-a-vis* Community policy. To put it in another way, the issue is the use of aid, as an instrument of national policy, to influence events.

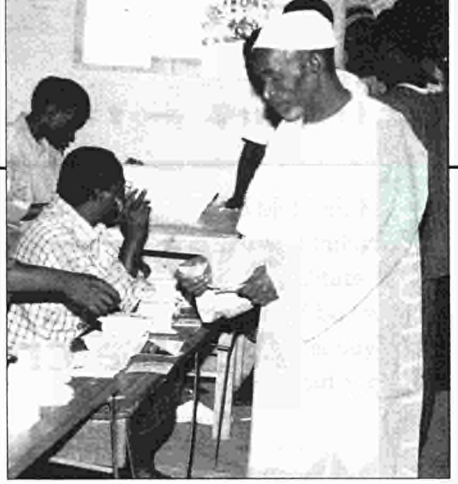
By necessity, the application of political and economic 'conditionalities' in such a sensitive area entails establishing a consensus on the criteria to be applied. It follows from this that national political priorities must, to some extent, be subordinated to the priorities that have been established at the supranational level. The Maastricht Treaty opens up new possibilities in this regard and offers the hope of a more effective and balanced EU development policy. More specifically, it makes the stipulation that the efforts of the Union and its Members States in this field should complement each other.

Leaving aside certain national trends in cooperation policy (for the example, the UK's views on the principle of good governance and the implications of the Franco-African summit at La Baule in 1990) there are still doubts about whether all Member States are committed to reform. Some have even been openly accused of holding up the process of transition.

Democracy and the role of the state

Political and economic reforms will not work unless they are implemented by a strong state. But African states are in the throes of serious crisis, exacerbated by democracy movements and economic difficulties.

Nearly all the developing countries which have achieved some degree of political stability and are fairly advanced in their economic and social developments, are strong states, with credible institutions



'The root of the problem lies not so much in whether to tackle human rights and democracy issues as in how to tackle them, in a balanced way'

that are able to handle social conflict peacefully. Strong states are exactly what Africa needs if its democratic processes and economic reforms are to succeed. But strong states in this context should certainly not be equated with dictatorships. They are, rather, countries with political leaders who can claim the broadest possible legitimacy and that have the institutional strengths capable of rallying the nation's social and political forces.

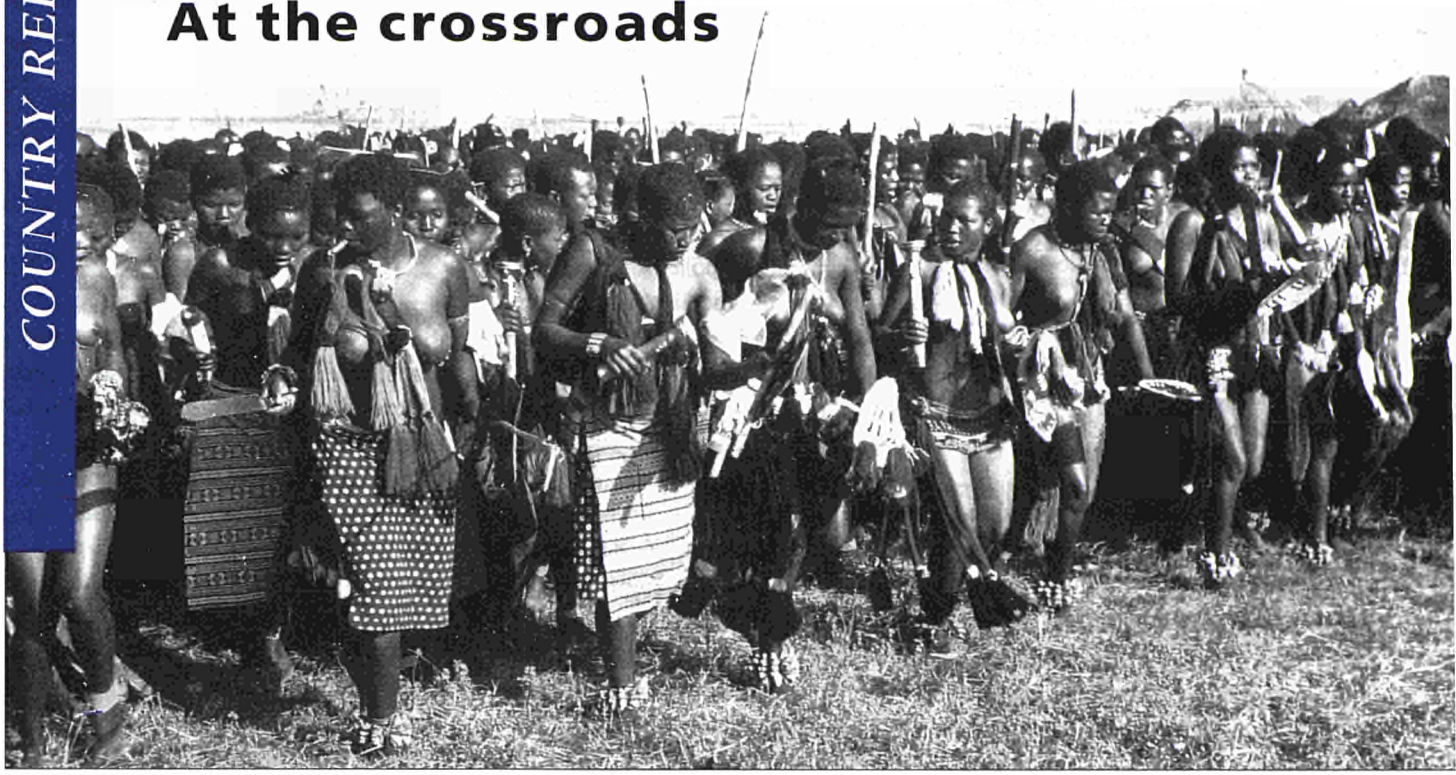
It should also be recognised that the current enthusiasm for democracy is not unrelated to economic aspirations and this is something which is both its strength and its weakness. One might well ask whether democracy ought not to be sought for its own sake rather than just as a means of achieving development — in other words, accepting the proposition that, 'basically, democracy does not have to be useful.' But of course, indirectly, it can create the right conditions for economic development and the emergence of individual initiative.

While it may be true that democracy cannot survive without economic development and that economic performance will not be sustainable without political liberalisation, it is also the case that democracy is worth defending for its own sake and for the values that it represents — human rights, political freedom, economic liberalisation and so on. The Africans, who have suffered greatly from the slave-trade, colonisation, dictatorship and the massacre of innocent civilians, must be resolute in their commitment to these values. ■ A.D.

NB : The author is writing in a personal capacity and the views expressed do not necessarily reflect those of the Mali Government.

SWAZILAND

At the crossroads



Since political changes in South Africa began, culminating early last May in the formation of a government of national unity, a climate of uncertainty has settled in Mbabane over the direction of the economy. For nearly two decades Swaziland has maintained high rates of economic growth and acquired (in income per capita terms) one of the highest standards of living in sub-Saharan Africa, thanks largely to the Republic of South Africa and to the various regional institutional arrangements backed by it.

Dictated first and foremost by the geographical fact of being almost surrounded by South Africa, this tiny Kingdom's high dependence on and economic integration with the Republic have, over the years, left it with little or no room for an independent economic policy. South Africa accounts for 80% of its imports and 30% of exports, and there are over 16 000 Swazi migrant workers in South African mines, whose home remittances represent 12-15% of the country's Gross Domestic Product. Indeed whatever happens in South Africa, economically or politically, affects the Kingdom in no small measure.

The regional institutions which have had the most bearing on Swaziland are the Southern African Customs Union (SACU), which brings together South Africa, Swaziland, Botswana and Lesotho in a customs receipts pooling and sharing arrangement and the Common Monetary Area (CMA) grouping South Africa, Swaziland, Lesotho and Namibia.

Over the years, Swaziland's annual receipts from SACU have risen to account for nearly 50% of the Government's total annual income, while membership of the CMA gave the country access to South Africa's big capital and labour markets. South Africa's apartheid policy and the resultant international sanctions, Swaziland's open economy and commitment to free enterprise and private ownership, its political stability, etc. were powerful factors which attracted a good number of investors to the Kingdom.

The impact of these investments on overall economic growth, particularly from the mid 1980s to 1991 when sanctions were further tightened, was tremendous — 5% per annum on average.

The boom meant increased revenue from company tax and, together with high receipts from the Customs Union, enabled the Government to produce large budget surpluses.

Since 1992, however, economic growth has slackened as a result of both drought and recession in South Africa. In 1992/93 GDP growth plummeted to 2% translating into a reduction in revenue. Coming at a time of heavy expenditure (both capital and recurrent), Swaziland has recorded three consecutive and ever-widening budget deficits: E 42 million in 1992/93, E 192m in 1993/94 and E 202m this year (a fivefold increase in three years and 10% of GDP, well above the IMF's permissible 5% threshold for a developing country). Solutions have been ad hoc, involving essentially sales of assets and drawings from reserves (net foreign assets, as a result, have fallen by 4% to E 958m while reserves have dropped to around E 120m from E 258m in 1992).

Although Finance Minister, Isaac Shabangu, recognises the need for 'urgent actions to rectify' the situation if Swaziland is to avoid falling into 'the hands of financing agencies who will impose a

painful programme of structural adjustment', the underlying problem of public expenditure is very serious. As Johnny Masson, President of the Swaziland Chamber of Commerce and Industry, aptly noted in an interview with *The Courier*, 'once you start having budget deficits, acceleration is fairly swift'. The creation of new posts and salary adjustments in the civil service, subsidies to vital parastatals and many ongoing capital projects portend continuing deficits, especially when the revenue prospects are not good.

The future of SACU

This highlights the current concern in Mbabane over the future of SACU (hitherto a secure source of income) following the emergence of a new government in South Africa whose regional philosophy is different from that of the apartheid regime and whose national priority is the improvement of the living conditions of the majority black population. Indications are that South Africa wants SACU renegotiated and possibly enlarged to include Zimbabwe, Zambia, Malawi and Mauritius. A renegotiation, which is in any case inevitable in the light of the new GATT rules, will certainly result in a decrease in Swaziland's receipts.

Although the current agreement still has between one and a half and two years to run, changes may occur sooner. South Africa is expected, as from next year, to reduce tariff rates on manufactured goods in accordance with GATT, and this will result in a lower pool of customs receipts and a reduced transfer of funds to Governments. Furthermore, there is a suggestion emerging from certain quarters in South Africa that the compensatory component of the transfers should, meanwhile, be paid into a fund rather than directly to Governments. 'That means it is no longer your money', argues Mr Masson. The effect of such a measure on Swaziland's annual budget could be devastating.

Despite this immediate threat to income and the overall effect of GATT, some officials in Mbabane remain surprisingly calm with a different intepretation of the issue at stake, an illustration of the prevailing uncertainty in ministries. 'My understanding is that we are not talking about the complete package of SACU but a certain percentage which influences contributions. No one can change the ratio of the actual receipts themselves,' claimed Mr Ephraim Hlope, Principal Secretary at the Ministry of Economic Planning and Development. A study into the options available to Swaziland under the Agreement is only now being conducted. It is backed by the European Union.

Investment: a new competitive environment

While it is recognised that the thrust of reform should be towards revenue diversification and control of public spending, of much more concern to the Swazi authorities is the threat to investments posed by the new South Africa. This is because the country's economic salvation lies in industrial expansion and the maintenance of growth — growth to improve government income and growth to promote employment, especially when job opportunities for Swazi nationals in South Africa are diminishing.

Suddenly the Kingdom's comparative advantages and attractiveness seem to have evaporated. It has to retain those entrepreneurs who fled to Swaziland because of apartheid (rumour is rife about relocation plans) and then attract new investments in an environment of stiffer international competition. If the impression a high-ranking ANC official left in Mbabane early in the year is any thing to go by, South Africa will be uncompromising. 'We were left with the impression,' said Mr Masson, 'that we will continue to be a satellite, that we would not be allowed to develop a huge industrial base here which will be to the detriment of South Africa.'

Is Swaziland, with its characteristic inertia in government, really prepared for the new era ? Although no worse than in any other African country, administrative procedures here have been described as 'a nightmare.' There is no code of investment and no one-stop shop, and businessmen often complain of rivalry and lack of cooperation between the ministries. But the days when investors came knocking at the door are definitively over. Plans are, however, afoot to rectify the situation, according to Mr Muntu Tswane, Minister of Commerce and Industry. 'We want to be able to facilitate all the requirements of the would-be investors,' he said. 'We are having somebody coming in to look at how we can put together a code of investments.'

As seen, company tax is an important source of income for the Government — 20% of all tax revenue. The level of taxation is one of the highest in the region, and the trend is towards further reduction in neighbouring countries. But the problem for Swaziland relates not only to the level, but also to tax holidays which, Mr Masson said, 'really don't work in our experience.' This view is shared by Mr Tswane who explained that at the end of the tax holiday companies usually have a tendency of wanting to leave. 'We will have to address that particular problem,' he pledged.

In terms of infrastructure, Swaziland has made significant progress (improving the railway system, reconstructing major highways, building the Matsapha dry port, etc.), but the Government's deteriorating financial situation is a great source of worry since a lot more still needs to be done, particularly in services such as electricity and telecommunications which have deteriorated in recent years : power cuts and unreliable telephone and telefax services have become the order of the day.

On the labour front, the country is beginning to have an image problem. Swazi industries have until now been able to compete effectively on the basis of its peaceful employment environment and cheap labour, which gave them a relative advantage over those of South Africa. Trade unionism in the country is becoming more organised and demands for wage increases and improvement in working conditions are becoming more frequent, and so also are strikes as illustrated recently by wage disputes in the civil service and in the sugar industry.

One of the Kingdom's most attractive assets to foreign investors has been its political stability. Despite recent reforms and elections, opposition to the current system persists with demands still

being made for multiparty democracy. This creates a sense of uncertainty as to the future.

And there is also a certain perception of a breakdown in law and order in the country and insecurity following a rise in the incidence of armed robbery and other crime. These had been blamed mostly on Mozambican refugees, but since their complete repatriation last year, the situation has remained unchanged.

These difficulties come at a time when Swaziland is facing an Aids epidemic. After several years of inaction, in contrast to other African countries, the Kingdom woke up late last year to the gravity of the disease, following the disclosure by the director of Health Services, Dr John Mbambo, that 32 000 people, about 4% of the population, were HIV positive and that 319 people were suffering from Aids. If the result of a survey of women at ante-natal clinics, carried out last year but disclosed only recently, is to be believed, the disease is spreading at an alarming rate. By the end of this year as much as 22% of the population could be infected, despite the vigorous Aids prevention campaign being mounted by Health Minister, Derek von Vissel. The fear is that Swaziland might lose a great number of its best educated and productive people, and so might industry. 'Some reports I have read say we may be hunting for skilled manpower in a few years time,' said Mr Hlope.

As Mr Masson told *The Courier*, Swaziland is at the crossroads not just on the economic but on the political and social fronts as well. Add to these the increasing clash between modernity and tradition in attempts to resolve these problems and the magnitude of the task before the authorities becomes apparent. ■

Augustin Oyowe

SWAZILAND

Challenges ahead for the modern sector

In 1984 when *The Courier* visited Swaziland it observed, among other things, a 'large number of loafing young men and women for whom neither the well-paying modern sector nor the low-income traditional sector has a place.' This observation encapsulated the unsatisfactory growth of Swaziland's dual-economy. Income per capita stood at around US$ 600 per annum, emigration to South Africa was at its height, and Mbabane, the capital, was a sleepy little town nestling beside the Ezulwini valley.

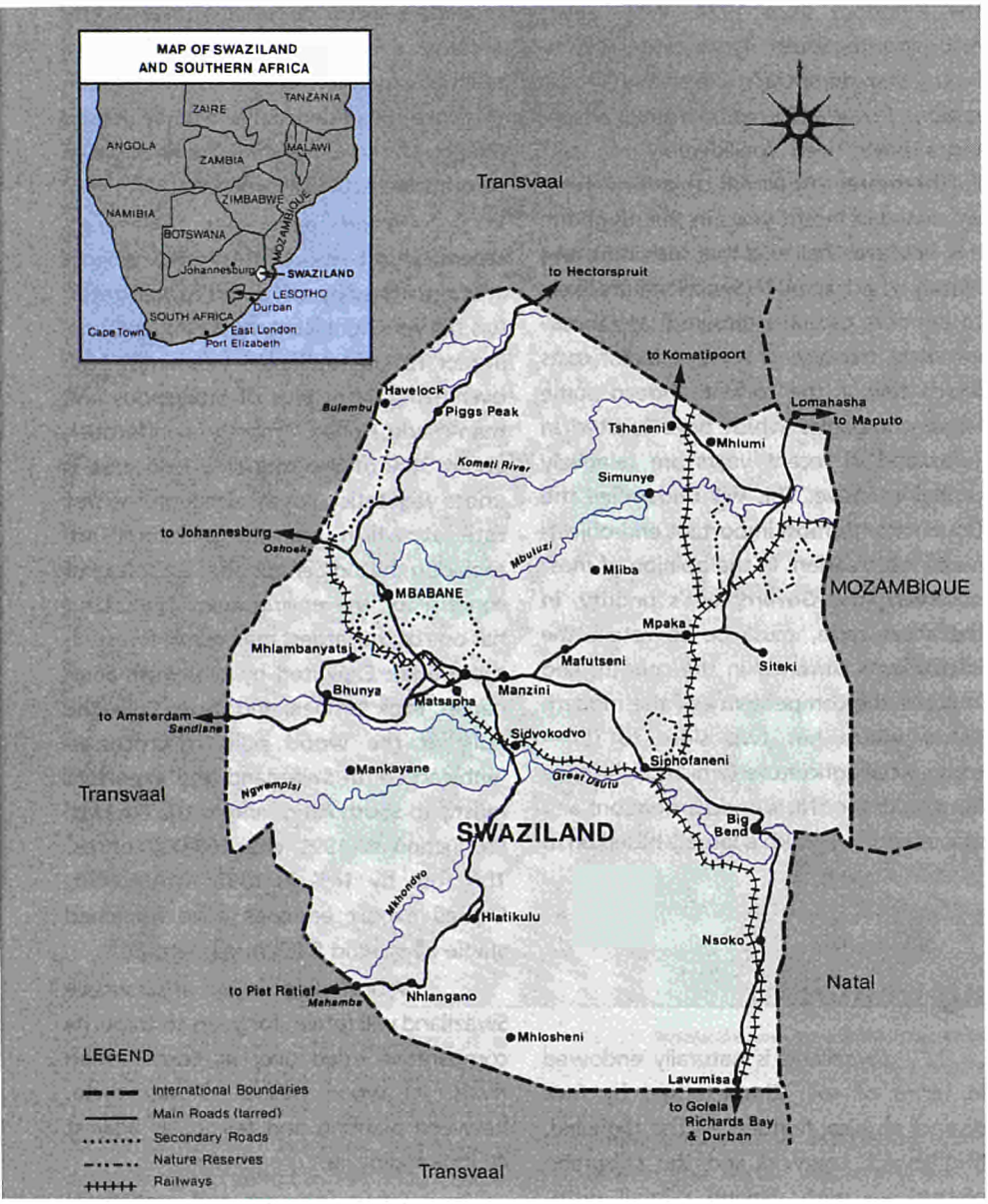
The Government's strategy then was to 'seek the expansion of the modern sector and improve the productivity of the traditional by transferring to it resources from the modern sector.' Given its obvious reluctance to address the fundamental problems of the Swazi Nation Land (SNL) where 80% of the people lived and on which the traditional sector is based, the general view among observers was that the Government's intention was 'pie in the sky'. Previously all attempts to introduce commercial farming on the SNL by well-meaning foreign development experts had failed largely because of constraints in the land tenure system. 'Pie in the sky', not surprisingly, the Government's intention has proved to be: productivity in the SNL has in fact dropped since 1984 by an average of −4% per annum, although the quality of life in many parts of the rural areas has improved markedly as a result of a fortuitous expansion of the modern sector, which provided the Government with the means to improve conditions.

Between 1986 and 1991, an unprecedented inflow of investments from South Africa occurred, following the tightening of international sanctions against the apartheid regime. This, was despite a company tax of 37.5%, one of the highest in Southern Africa. The economy, as a result, grew at an average of 5% per annum and jobs were created at the rate of about 5000 a year, resulting in a shift in the urban/rural population ratio, from 1:4 in 1984 to 3:7 today.

The resultant windfall in earnings (notably receipts from the Southern African Customs Union and taxation) has enabled the Government to invest in economic and social infrastructures of tremendous importance to the country: road construction and rehabilitation to improve links with neighbouring Mozambique and South Africa (through which the bulk of its exports to the outside world are sent), subsidies to ailing but vital parastatals such as the Swaziland Railways, the Royal Swazi National Airline and the Electricity Board, expansion of the education system (to which 30% of the annual budget is devoted) and of health services, etc.

Swaziland lays particular emphasis on its human resources. Adult illiteracy, which averaged 32% in 1985, has been reduced to around 20%. Although it is not compulsory, as in many African states, 85% of Swazi children attend primary school. A high rate of repetition and drop-out means that less than 50% of these go on to the secondary level and fewer than 1500 enter the University of Swaziland every year. Vocational and other training is provided by a variety of other institutions — the College of Technology, College of Agriculture, VOCTIM (Vocational and Commercial Training Institute) and the Institute of Management and Public Administration. However, Swaziland still has a serious shortage of managerial and professional skills.

On health, the past ten years have seen the Government successfully implementing its programme of rural sanitation and provision of drinking water, as the most effective way of preventing diseases. Despite the serious challenges posed by its scattered homestead settlements, since 1983, 'the proportion of the rural population with access to potable water,' according to a Ministry of Health document, 'has increased from 30% to over 50% and pit latrine coverage and utilisation has increased from less than one-third to about 42%.' This has resulted in a remarkable reduction in waterborne diseases. There has also been progress in the implementation of the policy of 'rural primary health care' with the construction of new clinics and rehabilitation of old ones still going on around the country. Hos-



pitals, though, remain constrained by lack of funds and the absence of specialist services means that Swazi patients needing specialist treatment still go to South Africa. In recent months the Government has been spending considerable sums in an Aids prevention campaign following the realisation late last year of the seriousness of the epidemic in Swaziland.

A low-cost housing programme, being carried out by the Tisuka Taka Ngwane Fund, is contributing towards providing decent accomodation, particularly around Manzini and Mbabane. So the quality of life of the majority of the population has improved.

The economic boom, however, has induced a Government spending habit and financial commitments that have outstripped its income, resulting since 1992 in three successive and ever-widening budget deficits. A slowdown in growth to 2%, which reflects the decline in investments, has meant reduced domestic revenue, particularly from taxation. But receipts from SACU have increased over this period (E 455 million in 1993/94 and an estimated E 566m in 1994/95), revealing very serious structural expenditure problem.

With future receipts from SACU threatened as a result of South Africa's re-emergence into the international community, a fiscal adjustment is inevitable. The Government's stated approach is 'to expand its revenue base and improve efficiency of collection' and to exercise 'great stringency in public expenditure'. The Government could introduce new taxes and charges and a large number of businesses, currently not paying taxes, could become new sources of revenue. But discussions with Ministry of Finance officials have revealed an uncertainty as to which direction the Government intends taking, although there is a general feeling that tax levels should not increase to disincentive rates in the new climate of tougher competition for investments. Indeed it might become necessary for Swaziland to reduce the level of company tax in the coming years. As Minister of Industry and Commerce, Muntu Tswane, told *The Courier*, 'because we have to compete with South Africa on a more level-playing ground, we must revise our tax rating to a lower level'. But one other approach, which has so far proved to be no more than lip-service, is a reduction in the size of the public service. Contrary to statements made in this regard, particularly by the last Government under Prime Minister Obed Dlamini which advocated the adoption of a home-grown structural adjustment programme before one is imposed by the Bretton Woods institutions, there has been more recruitment.

Notwithstanding the current situation, signs of the recent years' prosperity are visible everywhere, from the neat precinct of the Mbabane shopping centre and bustling Manzini through the habitual traffic jam along the central highway to the expanding industrial estate at Matsapha. Swaziland's path to economic growth and development has been relatively easy — a far cry from the gloomy outlook 25 years ago when the country became independent.

In 1968, large tracts of 'alienated' lands still had to be recovered for Swazi Nation Land (SNL). The economy was based largely on commercial crops (sugar and wood pulp), cultivated on Title Deed Land (TDL), and on mining. There was no indigenous entrepreneurial class and job opportunities were few and far between. Under these conditions King Sobhuza II set up the Tibiyo Taka Ngwana Fund, into which all mineral royalties were paid, to 'complement' Government national development efforts. Tibiyo was expected to help promote Swazi tradition and protect its cultural heritage. Although the Fund has been very successful in achieving these objectives — helping to recover lands for the SNL and growing to become a power-

ful development agency with interests in areas as wide-ranging as mining, manufacturing, agriculture, finance, property, tourism and transport, Swaziland nonetheless owes its impressive economic performance to a vibrant private modern sector — a sector built mainly around the agricultural produce of TDL and dominated by expatriates and foreign investors.

In 1987, the Swaziland Industrial Development Company (SIDC) was set up. A joint venture between the Government and some international institutions, it aims at promoting private investment through the mobilisation of domestic and foreign resources. It provides equity finance, long-term loans and factory premises to businesses in Swaziland. With the help of SIDC, a number of Swazi private entrepreneurs have come into the picture in the modern sector. Tisuka Taka Ngwane, into which mineral royalties began to be paid in 1976 following a directive from King Sobhuza, has also begun to extend its activities from its traditional investment in agriculture on SNL to partnership with others in other ventures.

But these are a long way from being substitutes to foreign investments. South Africa's apartheid policy aside, the peace and political stability of Swaziland in a region embroiled in liberation struggles, its policy of private enterprise and its access to European markets through the Lomé Convention have been major incentives. So also has the Common Monetary Area — CMA (formerly the Rand Monetary Area, created in 1974 by Swaziland, South Africa and Lesotho) which allows the free flow of funds between the three countries. Since 1991, the CMA has had a new member — Namibia. Swaziland's currency, the Lilangeni (plural Emalangeni) was issued in 1974 as the RMA was being set up and is fixed at par with the Rand. The South African currency was, until 1986, officially legal tender in Swaziland and it still widely accepted.

Because 80% of what Swaziland consumes comes from South Africa, prices in both countries are closely aligned. Thus Swaziland's 10% current rate of inflation is close to that of South Africa, but wages and the standard of living are lower in Swaziland. Monetary policy as a tool of economic regulation has been denied to the Kingdom since 1974. With peace returning to South Africa and Mozambique and democracy advancing in the region, Swaziland's comparative advantages have been considerably reduced. Furthermore, industrial relations have worsened in recent years in the Kingdom. It is, however, believed that such industries as may be attracted to Swaziland are likely to be more capital-intensive than labour-intensive, because of relative factor costs which favour the former. Indeed some larger companies which have located in Swaziland in recent years are relatively capital-intensive. This will undermine the Government's most important end-objective of job creation. In the opinion of most observers, the Government's priority, in the short term, must be to retain the investments currently in the country and improve the competitivity of the modern sector which has two sides to it — commercial agriculture (which contrary to farming in the SNL is under irrigation) and manufacturing which is largely based on it.

Agriculture

Swaziland is naturally endowed in terms of soil. Characterised by four distinct physical features — the Highveld, Middleveld, Lowveld and the Lubombo plateau — with varying rainfall distribution, the country allows the cultivation of a variety of crops. In the Title Deed Land, only a few are grown: sugar, citrus fruit and pineapples, and cotton. There are also vast areas of primeval and man-made forests.

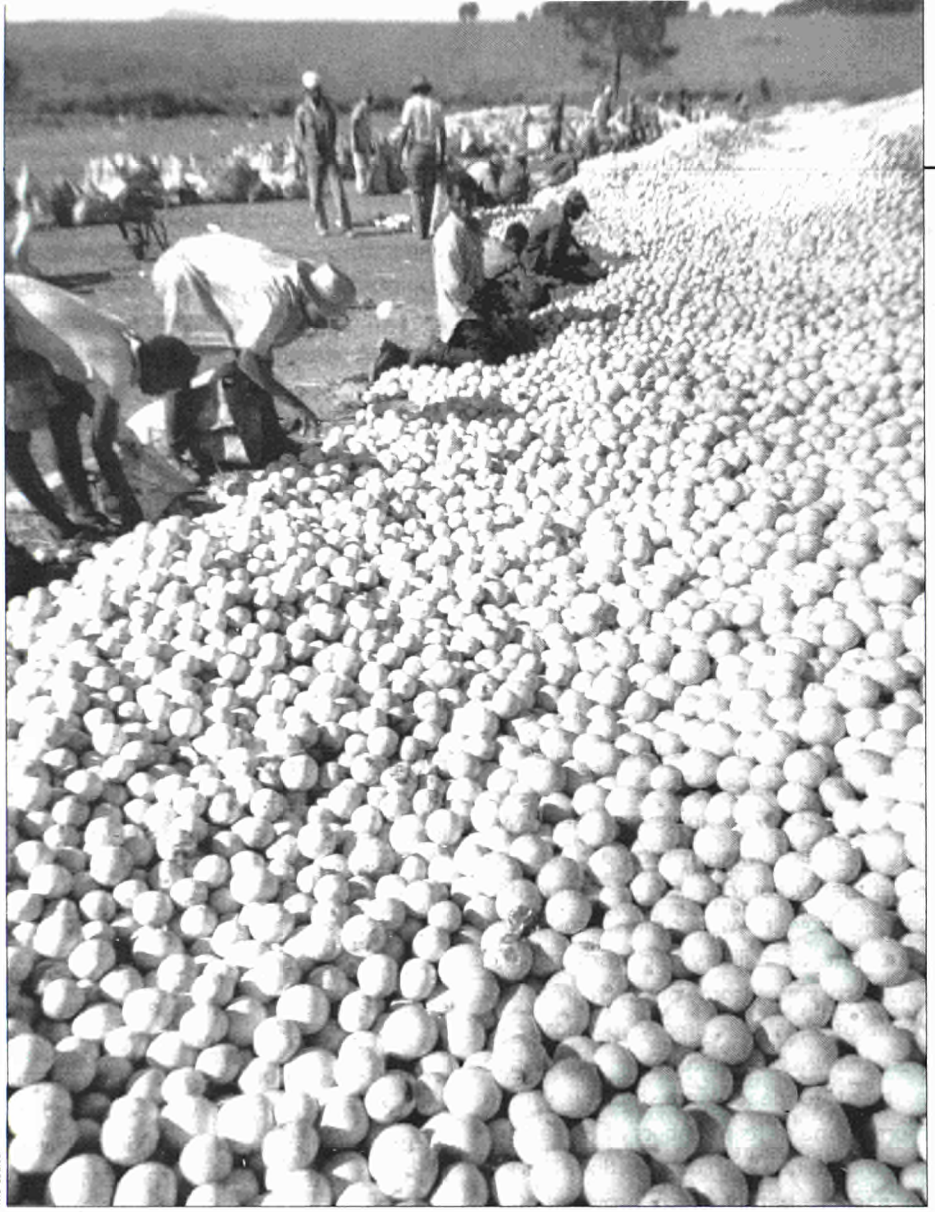
Sugar is by far the most important agricultural commodity (see article entitled *Sugar — a booming industry)* of which Swaziland is Africa's second largest exporter. Sugar cane is cultivated mainly in three large estates, at Mhlume, Simunye and Ubombo Ranches which also refine them into sugar. Although annual production has remained below the record 506 349 tonnes reached in 1986, exports and earnings have increased. Dominated by foreign investors, the industry has generated a lot of excitement in recent years following the Swaziland Sugar Association's decision to open this highly regulated sector to small growers. This provides a window of opportunity for a realistic expansion of commercial agriculture into the underused and badly utilised SNL, on the condition that the anticipated reforms are actually carried out.

Wood pulp was Swaziland's second largest export until recently when it was dethroned by soft drinks concentrates. It is still very significant, however, accounting for 12% of total export earnings. With over 620 000 hectares of indigenous and man-made forest (mostly coniferous), about 30% of the country's land area is under vegetation cover, although the fast rate at which man-made forests are replacing the indigenous ones is a source of concern for the environment (Swaziland has one of the largest man-made forests in the world). Exploited by two main companies, Peak Timbers and Usutu Pulp, the bulk of the wood pulp is processed 'unbleached' in Swaziland and exported, mostly to South Africa and to the Far East. Production in 1991 was 160 000 tonnes. This rose by 14% in 1992 to 183 000t. Overall export earnings have remained stable at around E 200m per annum.

Wood pulp is an area where Swaziland will retain, for years to come, its comparative edge over its Scandinavian rivals. Its wood has a 17-year cycle, between planting and felling, as against 40 in Scandinavia.

Citrus (oranges and grapefruit) and **pineapples** are produced by seven estates controlled by the Swaziland Citrus Board. As the quality of fruit for export must be unblemished, the industry is vulnerable to bad weather, particularly hail (damaged fruit is usually sold to the canning industry). Over 4 million cartons of fruit are produced annually of which 60% are exported — mainly to Europe, the Middle East, Japan, Canada and Scandinavia. In 1991, despite poor international prices, citrus fruit alone earned E 40.5m for Swaziland. Exports of quality fruit in 1993 fell though to 2 million cartons as a result of crop damage by hailstorms.

Until recently, cotton was grown almost exclusively by 17 000 smallholders on the SNL. Since a few large-scale farmers on Title Deed Land took an interest in the crop, their output has risen to match production in the SNL. Grown under



The Courier

Swaziland exports some 4 million cartons of citrus fruit annually

irrigation, unlike on the SNL where it is rainfed, the TDL farmers helped to raise overall output: 32 538 t in 1988/89 and 26 341 t in 1990/91. However, there was a dramatic fall to 6000 t in 1991/92 because of the severe drought. This has resulted in heavy indebtedness among smallholders and to a reduction, by an estimated 25%, of land under cotton. In 1993 the two cotton ginning companies in the country merged to operate only one ginnery at Big Bend. The future of cotton growing will be determined, to a large extent, by what happens in the textile industry which is increasingly facing competition in the South African market from East Asia.

Inside Swazican's fruit canning factory

F. BOTTS

Manufacturing

Based largely on irrigated agriculture, manufacturing in Swaziland has the advantage of secure access to raw materials. It turns out a variety of products, indicating a high level of diversification. And because of the limited domestic market, it is export-oriented. Between 1986 and 1988, industrial activity in Swaziland expanded by 25% per annum although the growth rate dropped to around 12% by 1991. Its average share of real GDP between 1987 and 1991 was over 36%. This boom coincided with the period of increased inflow of investments from South Africa.

Two of the most important industries attracted to Swaziland were Coca Cola concentrates and Cadbury. They came, not only because of international sanctions against South Africa, but also because of the sugar industry. Soft drinks concentrates have, since 1987, become the second most important export earner. Indeed, over the years, the sugar industry has led to the birth of several units making base products for South African companies and to the local sweet and jam factory. Citrus production has given rise to Swazican, the fruit canning and juice-making firm, which each year earns approximately E 4.2 m, while wood pulp and cotton have encouraged the establishment of furniture and textile industries respectively. Swaziland's largest textile company, Natex, was established in 1988.

Since 1992, the rate of growth of manufacturing has slowed down to about 4%. It will remain at that level in the next few years if relocations in South Africa do not take place as feared. But with agriculture certain to remain key to Swaziland's future development and the TDL already making maximum contributions, attention will have to focus on the SNL and on domestic entrepreneurship, and this will be no mean challenge. ■

A.O.

Tinkhundla — the Swazi democratic system

The political reforms carried out in Swaziland last year within the framework of *tinkhundla* did not satisfy campaigners for multiparty democracy, but for some in the government, they were a giant step away from the absolute monarchy of King Sohbuza II who died in 1982 after nearly 62 years on the throne, the longest reign of any monarch in the world. They argue that it is not only an authentically African system of government but also one that will allow the country to continue to enjoy the peace and stability it has had for many years.

But if the authorities had hoped the October 1993 elections would put an end to agitations for change they have been very much mistaken. Opposition to the power of the monarch is gathering pace, calls for multiparty democracy are louder than ever and the rural/urban political split of old has resurfaced. It is as though the issues, frozen since 1972 when King Sohbuza II declared a state of emergency, revoked the Constitution and dismissed Parliament, have come back to haunt the nation.

Historical background

Swaziland has had a brief experience of multiparty democracy in its history. In the early 1960s, when plans were afoot for the country's independence, a nationalist party, the Ngwane National Liberatory Congress (NNLC) emerged to campaign for universal adult suffrage and a constitutional monarchy in an independent Swaziland. Drawing its support mainly from the urban areas, particularly Manzini, among students and trade unionists, the NNLC's radical policy stance spurred the birth of the royalist party, the Inbokodvo National Movement (INM) which immediately took the independence camapaign initiative away from the NNLC. It had strong support in the rural areas.

Because of the arrangement of the constituencies which favoured the rural areas, the NNLC, in the pre-independence elections of 1967, did not win a single seat despite securing 20 % of the votes. All 24 seats in the National Assembly went to the INM. Furthermore, although legislative authority was vested in a bicameral Parliament, the Constitution gave the King the right to nominate a large number of its members, particularly in the Upper House. So the royal party and the King ruled unopposed when Swaziland became independent in 1968.

In 1972, however, the NNLC bounced back when it won a three-seat constituency. For the ruling class, unused to sharing power with others, and in a continent of military dictatorships and one-party states (some of which arose as a result of squabbles among political parties), the NNLC's breakthrough was seen as a threat to peace and stability. Within months one of its Members of Parliament was threatened with deportation. This led to a court battle which provided King Sohbuza with the pretext to declare a state of emergency and bring party politics to an end.

Although the bicameral Parliament was restored in 1978 under an indirect non-party electoral system, it was a Parliament with virtually no powers: legislative and executive powers became vested in the King, who relied more on a traditional advisory body called the *liqoqo* to govern. All forms of opposition were suppressed.

Inevitable change

It was, however, generally acknowledged that Swaziland would never be the same after Sohbuza: he had been crowned as far back as 1921, had no obvious successor (it was indeed said that one of the princes he had hoped would succeed him was later ruled out after revealing himself unworthy) and no one in the Kingdom commanded near enough level of support and respect. When he eventually died, his heir apparent, Prince Makhosetive, was only 14 years old.

A regency began in August 1982 under the Queen Mother, Dzeliwe, who appinted a 15-man liqoqo and elevated it to a very powerful Supreme Council of State. A struggle for power within the royal family ensued. Queen Dzeliwe was deposed and replaced by the young prince's mother, Queen Ntombi. A succession of prime ministers followed.

The regency ended in April 1986 with the enthronement of 18-year old Makhosetive as King Mswati III and one of his first measures was to reduced the power of the Liqoqo and, finally, to disband it.

The regency period had profound consequences for Swaziland's political life: firstly, it resulted in a kind of dual-leadership being established in which the King (Ngwenyema or Lion) and the Queen Mother (Indlovukasi or She Elephant) share royal authority and, secondly, as the struggle for power raged, an environment enabling the emergence of clandestine opposition to monarchical rule was created. The People's United Democratic Movement (PUDEMO) was born. Led by virtually the same personalities as were involved with the NNLC, PUDEMO proposes the same reforms as the defunct political party demanded, namely multipartyism and a constitutional monarchy. It draws its support from the same constituency — the urban areas, among mainly student and trade union bodies.

The reforms

From the perspective of reformers, the sharing of royal authority between the King and the Queen Mother is a disadvantge. The Queen Mother, who is regarded as the guardian of the spiritual and traditional values of the nation, is said by observers to act as a brake on modernism and on unbridled reforms that challenge royal power. Thus the King, who appears to be a modernising force, has advocated and seen implemented political reforms that fell far short of the expectations of the opposition, drawing criticisms from abroad.

In 1989, in an obvious attempt to head off opposition which was building up internally and in response to the wind of political change blowing across Africa, the King suggested the re-adoption of the

tinkhundla as the best form of establishing a more accountable government. A traditional system of administration, tinkhundla has its roots in the royal villages of the 19th century set up by Swazi kings to centralise and strengthen royal authority. It was revived after the Second World War in a more elaborate form by King Sobhuza II to the displeasure of many chiefs who saw the creation of the position of a tinkhundla Chief as undermining their own authority and their chiefdoms.

King Mswati's suggestion was nevertheless a very significant development after twenty years of absolute monarchy. It set political debate in motion. PUDEMO questioned more openly the appropriateness of Swaziland's political system, including tinkhundla which its activists insist should be abandoned. Students and workers began to demonstrate for democratic reforms, calling for the setting up of an interim government and the holding of a referendum on the constitution. Many were arrested, prosecuted and jailed, although none served long terms of imprisonment.

These pressures led the King in 1990 to appoint a Consultative Committee to sound out public opinion. The Committee travelled round the country receiving submissions and holding public meetings. It reported back in February 1992 that the majority of the people wanted to see a more democratic system established in Swaziland. The King then set up a Constitutional Review Commission to determine the kind of changes they wanted. Within months the Commission reported that there was widespread support for tinkhundla but for a parliament elected directly on a secret ballot on that basis.

A complex process of nominations and of primary and secondary elections was then devised: nominations of candidates at homestead level within a Chiefdom (only 15 electors are needed for nomination), primary elections to select a candidate from each of the 273 Chiefdoms and secondary elections at each of the 55 tinkhundla for a representative in the Lower House (a tinkhundla is made up of several Chiefdoms).

Elections were held between September and October last year. Although there are imperfections in the system (for example, a candidate from the most populated chiefdom was virtually guaranteed of victory in a tinkhundla) and turnout was generally low, the elections were judged to be free and fair. Several veteran ministers lost their seats, a thing unheard of under the previous system.

Critics, however, question the democratic value of tinkhundla. The King, they point out, nominates 10 members of the Lower House, 20 of the 30 members of the Upper House and appoints whoever he chooses as Prime Minister as stipulated by the Constitution. Royal authority over everything remains unquestionable. On the surface, Swaziland has a dual form of government — the monarchy representing the traditional system and a modern parliamentary structure which ostensibly is modelled along Westminster lines. Although a new Constitution is expected to define clearly the role of the King (in accordance with the recommendation of the Constitutional Review Commission), nothing much is expected to change, as the ruling class moves to entrench the traditional system with the monarch at the summit. But the authorities remain convinced that multipartyism is a divisive factor, a recipe for disorder (see interview with the deputy prime minister).

Maintenance of basic freedoms

In 1992 PUDEMO declared itself a political party in violation of the ban on political associations — a ban supported by the review commission. With virtually no presence in the countryside, where the majority of the people live, the organisation lacks popular support. Indeed it is generally acknowledged that if multiparty elections were held today, a royalist party would emerged overwhelmingly victorious. Swazis, in the main, remain attached to customs and tradition. The opposition still have a lot of work to do to win support among the rural people and time is no doubt on their side given a rapidly changing world. Neighbouring South Africa, whose influence on Swaziland is immense, despite its ethnic and racial problems, has successfully had multiparty elections and, furthermore, the population of Swaziland is becoming younger and better educated.

Meanwhile, observers see as a healthy sign that, even though there is a ban on political activities, so far organisations such as PUDEMO, the Swaziland Youth Congress (SWAYOCO) and the Human Rights Association of Swaziland (HUMARAS), which are either openly opposed to the system or are critical of government actions, continue to be tolerated.

As one observer of the Swazi political scene told *The Courier*, 'democracy is not just about elections, it embraces freedom of speech, respect for human rights and good governance. Corruption, like in many African countries, is rife in Swaziland. If this is to be denounced with other abuses there must be an atmosphere of freedom and free speech.' The King took an important step forward in this regard in September last year when he repealed the 60-day detention law promulgated by King Sohbuza in 1972 — a decree which had enabled the Government to detain people without trial. But the authorities have been accused of attempting to take two steps backwards: early in the year a non-bailable law designed to give the police the right to keep people in custody until their cases have been thoroughly investigated and brought to court was introduced. In June an amendment bill on Sedition and Subversive Activities was introduced in Parliament, a bill described by the Swaziland National Association of Journalists as an attempt 'to forcibly reintroduce a culture of silence as once visited on this country by the Liqoqo regime' in an open letter to Members of the House. 'Freedom of expression, the freedom for all citizens to express themselves on matters of the governance of our country,' it said, 'is a common right, and not a privilege of a selected few.' Never before has the ruling class in Swaziland been challenged on such a scale by a coalition of students, the press and the trade unions. The Kingdom has crossed the rubicon. It is unlikely that the freedoms which have already been won could be rolled back without serious unrest and political strife which Swaziland can ill afford as it seeks alternative avenues for the maintenance of its economic growth and development. ■

A.O.

'We must remain a united family'

Deputy Prime Minister, Sishayi NXUMALO

Mr Sishayi Nxumalo has held a number of responsible positions in Swaziland. Outspoken, he has often been in trouble with the hierarchy, including a brush with the powerful Liqoqo during the regency. In 1984, in the midst of the struggle for power, he was accused of leading a coup attempt, dismissed as finance minister and detained. This followed his allegation that several prominent politicians, including the Prime Minister, misappropriated funds from Swaziland's SACU receipts.

Over the past three years, he has been in the forefront of political reforms in the Kingdom. He was appointed Deputy Prime Minister following parliamentary elections late last year and has been put in charge of fine-tuning 'tinkhundla', Swaziland's unique and controversial democratic system. ***The Courier*** *discussed this and other issues with him.*

■ *Deputy Prime Minister, the recent political reforms in Swaziland have been described by many as cosmetic. How democratic are they really?*

— The political reforms we have introduced were guided by the people. The first move was to call on all the communities to voice their opinion as what they wanted. The report came in and another consultation took place through a Commission during which the communities were again called upon to express their views and opinion as to the future they want. This was in addition to written submissions to the Commission. The people then came up with the political reforms we have now put in place. If consultation on such a broad scale is dubbed undemocratic, I do not know how else it could have been done. From time immemorial this is how the Kingdom has been consulted. Even when the British and South African Governments wanted this country incorporated into the Union of South Africa, the elders held meetings during which every adult, male and female, was allowed to voice his or her opinion. They decided unanimously they did not want to be incorporated. That was as far back as 1936. Now, if that manner of consultation was accepted then as democratic why can't it be now?

In 1972 when the British-imposed Constitution was suspended, it was by the resolution of both Houses of the Swazi Parliament, which was elected under the Westminister model. Those people were there as representatives of their communities and constituencies and they took the decision. Their reason was that multipartyism was quickly leading throughout the African continent to military dictatorships and one-party states. In Swaziland at that time there was only one opposition party with only two Members of Parliament. So the majority did not pretend that Swaziland was a multi-party state, because

of only two opposition Members of Parliament. They said it was better there were no parties at all. So they actually volunteered to dismantle their own party so that another way could be found to ensure Swazi people remained united. And the challenges were immense, because on the African front, there were dictatorships and bloodshed which brought nothing else but misery to our continent. And around us there were liberation wars in Mozambique and in South Africa. So Swazi leaders said 'no, we must remain a united family and, at every point, consultations will take place to determine what the people want'. That was why in 1978, after widespread consultations, King Sobhuza revealed that the people wanted a Parliament again, but one that was elected indirectly through an electoral college. The election, which took place, produced two Parliaments serving a five-year term each. But there has been a growing feeling ever since that it is not sensitive enough to the needs of the people at the grassroots level. That's why we have overhauled it. We have independent people in Parliament unencumbered by dogma and free from party control.

■ *Were the people specifically asked whether they wanted political parties or not?*

— The people of Swaziland said political parties must wait for the moment. They said that unequivocally. I can even claim that if a referendum were held today on the issue the result would still be the same — 'no'.

■ *Why can't you call one then to put the issue at rest?*

— We believe that we consulted the people in the kind of referendum we know best which has served this country for many years. You look around and you tell me where there is peace. So we have our own structures which have stood the test of time. All I wanted to say is that we are not afraid of any other form of referendum. If someone were to give us a lot of money to run that sort of exercise, we will welcome it. I am sure the result will be the same as we've got with our consultation process.

■ *Nevertheless, Deputy Prime Minister, democracy involves confrontation of ideas. Swaziland, unlike many African countries which are made up of numerous tribes and where political parties are often divided along tribal lines, has a homogenous society where such confrontation could be a healthy thing.*

— We have a situation where 95 % of the Swazi people say this is the direction we want. Are you now saying that the government must dictate? The problem here is that membership of a political party does not exceed 100 persons. We are talking about individuals who want multi-party politics. The same individuals were invited to stand for election. So many of them stood and lost. Of course it is natural to say when you have lost; 'ah well, this thing does not work'. In Swaziland, the King rules by consensus: so we have consensus politics which embodies the principle of majority all the time. This is why we have peace and stability. We are a small peaceful country in a sea of violence. We saw in the whole of 1975 thousands of refugees come over here (about 50 000); there was a huge number from South Africa. Most of the liberation movements' leaders were also here: the late President of Mozambique, Samora Machel, and people like Thabo Mbeki, the Vice-President of South Africa. If we had had political parties I wonder whether we would have been peaceful enough to help all these people. Take, for example, what has happened in a place like Lesotho which, like us, is one nation, one people. Political parties have torn it apart. And then there is South Africa itself which surrounds a greater part of Swaziland and where political violence which preceded the elections claimed so many lives, including many Swazi lives. When we Swazis look at the things happening around us, we become uneasy. We have more than enough reasons to be wary of political parties. So we have preferred instead to refine our system. But if the political parties in South Africa and in Mozambique which influence us were to have reasonable successes, I am sure that many Swazis would become more relaxed.

■ *You mentioned the specific Swazi system which, if I am not mistaken, is called 'tinkhundla'. What is it exactly?*

— A tinkhundla merely means a centre, a centre where people meet. So when we say tinkhundla, we mean that the power must go to the centre, to the people.

■ *Political and economic power?*

— Yes. And this is the exercise which is now being carried out the political empowerment of the rural masses. I have just described how they elect Members of Parliament, but what will follow shortly is the election of the local councils which will make policies in their own areas, even planning for their own development. We believe that in Africa, dictatorships have come about because the people let a few at the top monopolise both economic and political power and the masses were forgotten. Now, we are saying that, under tinkhundla, power must go to the people to do such things as birth registration and raising of certain taxes.

■ *It is all very well wanting Swazis to participate fully in the political and economic decisions of the country, but this involves huge administrative costs. Can you afford them?*

— As I have said, we are now trying to refine the electoral process of tinkhundla. The councils are there and we are aware of the administrative costs. We are saying this is the price we must pay to remain a united, prosperous and happy people. Ever since we became a nation, there has never been a political killing and there are no political prisoners in our jails. We cherish this and we should pay for it.

■ *On a different note, you spoke just now about Swazis killed in South Africa presumably in the so-called lost lands. What is Swaziland's position now with regards to these territories?*

— Swazis in South Africa came in their hundreds to petition His Majesty, the

King, to get them to reunite with their brothers and sisters. His Majesty took the matter to the De Klerk government and the De Klerk government in its last days recommended that the matter be taken up with the transitional authorities of South Africa. This was done. Several meetings took place with the transitional authorities who said the matter would be forwarded to the now elected government of the people of South Africa. So it is in the pipeline. The discussions were very cordial.

One of the things the outside world does not understand is that the boundaries were never drawn, particularly in the Transvaal area. The Boers who were grazing their cattle in Swaziland under the concessions granted by Swazi kings just decided they wanted to be ruled by Pretoria, so they took the lands along with them. The British did not protest in the Act of Union of 1910. It was even suggested at one point that Lesotho, Botswana and Swaziland should be incorporated. So that was why the border issue was taken lightly. But before Swaziland became independent, both the British and the South African governments agreed that it was an abnormal situation that should be corrected and they both set up a boundary commisssion to sort it out. But when they told His Majesty his country could not become independent until the issue was resolved, His Majesty said 'no, we cannot wait, we want our independence now. We are not going to accept this machination of yours to delay my people's independence', especially when we hated apartheid and wanted to be a sovereign state to protect some of our African brothers being persecuted. Now you will appreciate, of course, that His Majesty, King Sohbuza II, was a founder member of the ANC and still had his relationships with ANC leadership.

The ANC was apprised of the situation in exile and it supported the position of Swaziland. Later on, both the Pan African Congress (PAC) and Zulu authorities were also apprised of the situation. So we have not just talked to Pretoria. We have given documents to the OAU and some members of the organisation outlining Swaziland's position. I would therefore say that this is an issue which we intend to discuss with the new South African government.

■ *Let us look at the economy. You have been having serious budget deficits in recent years. Yet there have been no measures to curb expenditure. On the contrary, there have been extravagant spending like the purchase of a new aircraft and luxury cars for ministers. Why were these necessary and has Swaziland the stomach for structural adjustment?*

— First of all, I think you must understand that Swaziland is not one of those countries under IMF structural adjustment. Not because we refuse, but because there is no necessity for it at the present moment. Our economy is better than most economies in Africa. Secondly, this country needed an aircraft — an aircraft with a very deep historic background.

When the first one was bought in the 1970s, all the studies showed that Swazi Royal airline will have to be subsidised : it would not make money. So why was it bought ? It was bought because, as a member of the international community, particularly the OAU, we could not have meetings in Swaziland without this aircraft. It was also bought for humanitarian reasons because, with the conflicts around us, our people in South Africa have to meet their families, we have to be able to take them to Dar es Salaam, to Lusaka, etc. This was the sacrifice we, like other countries, were making in support of the struggle. It meant that people who came here to seek refuge could be flown elsewhere for safety if we could not protect them. We did not publicise this because it was dangerous to do so.

Now, take tourism. Most of the time our hotels are full. It is our airline that is bringing the visitors. You can tell the viability of a business by looking at the profit line, but often you cannot see its indirect benefits. Can you imagine a country like Swaziland without an aircraft ? So, it is oversimplification for people to say this was not wanted and so on, because the government could not continue with a very old plane which was becoming very costly to maintain. So we had a choice of either replacing this old plane or having it gradually ground to a standstill.

You ask about the cars. Parliamentarians who represent the people have clearly indicated that they do not understand why the Government is being disturbed on this issue because, as far as they are concerned, every Prime Minister when appointed is provided with a car and a support car. It so happens that things are getting more expensive, but take all our Prime Ministers, they have all been given Mercedes Benz. There is nothing special about that.

■ *What happens to these Mercedes Benz when the Prime Ministers leave office ?*

— They remain behind and are put back into the service. We are aware of our growing fiscal problems and this government is tightening its belts. We are aware that the customs union receipts may be on the decline. We do not think it will be cancelled, because our relations with South Africa are much better now than before. I do not believe there will be any unilateral cancelling of arrangements. On the contrary, we believe that, with a stable, democratic South Africa, the whole region will make progress.

■ *On the Swazi Nation land, every analysis indicates that, in order to increase food production, there have to be land reforms. What is your position on this ?*

— The position is very clear. Swazi authorities, from the King downward, are aware that land reform must take place. I think we are going to start at the tinkhundla level, by dividing the lands up for people wanting to make more economic use of them starting businesses and so on : I think it will be a kind of lease. I do not think Swazi people will be against this. They realise they are reaching a stage when changes on land use and tenure have to be discussed and carried out. By the way, His Majesty is calling for an economic review, for an economic consultation of all the people during which this matter will be put forward for discussion. And the people's answer is likely to be 'yes'.

■ *When will this be ?*

— This year, as soon as we finalise the tinkhundla local council elections. ■

Interview by A.O.

Sugar — a booming industry

Amid the gloomy economic prospects for Swaziland the sugar industry is showing a buoyancy that verges on euphoria. 'Our biggest limiting factor today,' says Andy Colhoun, President of the Swaziland Sugar Association (SSA), 'is lack of sugar to sell: we have more demand than we have stocks and have become an industry that rations and allocates rather than markets.' This is a remarkable achievement for an industry which began in 1956 with a small mill at Big Bend producing for the domestic market and for South Africa.

In 1992/93 Swaziland had to buy back sugar previously sold to New Zealand to supply Zimbabwe (whose production was badly affected by drought), despite overall output rising to 494 800 tonnes, its highest ever. With production forecasts for 1993/94 showing a drop of about 12.4 %, the SSA would have a very serious juggling act to perform to meet obligations. Sugar supply to Southern Africa as a whole has risen dramatically to around 134 000 tonnes and it is still rising due mainly to increased demand in South Africa, whose production is 'getting worse and worse every year', according to Mr Colhoun.

Traditionally Swaziland exports to the European Union, where it enjoys a guaranteed annual quota of 120 000 t of raw sugar under the Lomé Convention. Bought at preferential prices, often three times those of the world market, this represents 25 % of its total sales abroad. About 27 000 t are sold to Canada, and between 15 000 and 21 000 t to the United States (quota export to the US depends on demand and volume, therefore, varies).

Apart from the Southern African market, the most important development in the past three years has been an increase in local consumption; from 39 000 t in 1990/91 to 55 000 t in 1991/92, for example, a 42 % increase (representing 12 % of production). The main consumer is the manufacturing food industry: Swazican, which makes sweets and jams, the Coca-Cola soft drink concentrates, Cadbury's confectioneries, and a number of other base products made for South African industries.

By far the biggest export earner (about E 500 million per annum) and a major employer (16 OOO direct employment and 20 000 indirect), Swaziland's sugar industry must be the envy of many producer nations whose market outlets have been restricted and whose income from sugar has declined considerably in recent years. A low-cost producer, its sugar is, for example, R300 per tonne cheaper than South Africa's. This success story, however, is due to a combination of factors which are largely absent in many producing countries.

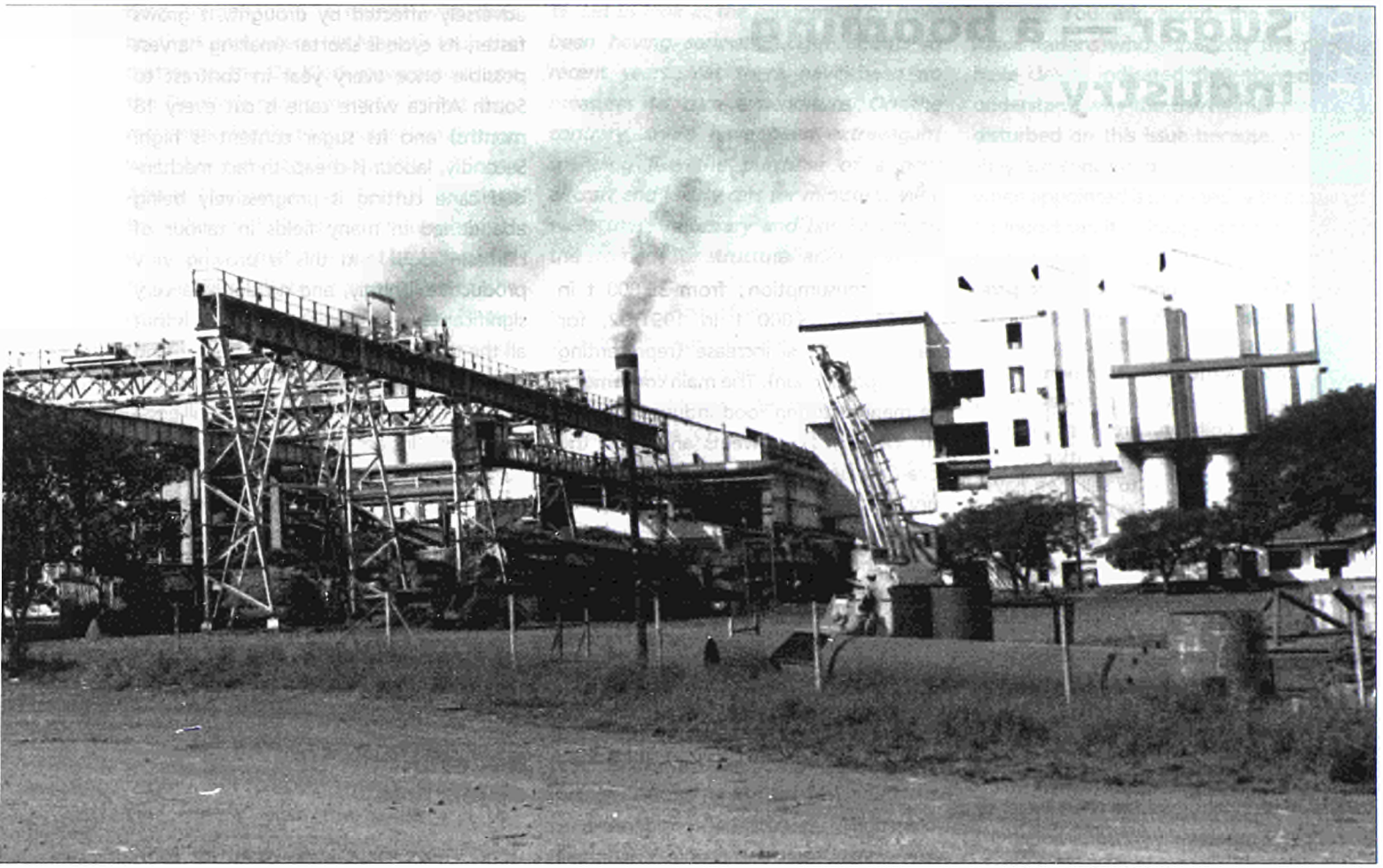
Firstly, sugar cane is grown under irrigation throughout the year unlike in Zimbabwe and South Africa, for example, where it is rainfed. So the crop is rarely adversely affected by drought. It grows faster, its cycle is shorter (making harvest possible once every year in contrast to South Africa where cane is cut every 18 months) and its sugar content is high. Secondly, labour is cheap. In fact mechanised cane cutting is progressively being abandoned in many fields in favour of human labour and this is proving very productive. Thirdly, and no doubt a very significant but less noticeable factor, is that all the three large sugar mills in Swaziland were built a long time ago (the most recent in the early 1980s) and have almost all been amortised. 'In fact all three could mill a lot more sugar without incurring great investment costs,' according to Mr Colhoun. Even the Umbobo Ranches, which expanded its refinery between 1991 and 1993 to increase its white sugar milling capacity from 38 000 to 90 000 tonnes, did not incur burdensome costs.

Andy Colhoun, President of the Swaziland Sugar Association

The Courier

Redefinition of objectives

But there is no room for complacency. As Mr Jonny Masson, President of the Swaziland Chamber of Commerce and Industry, pointed out, the sugar industry knows that it has to redefine its objectives. 'We've got to look at the marketing options and the scenarios and decide on which direction to follow,' he said. And one option that is becoming obvious is the regional market, for, although local consumption is rising, there is considerable uncertainty about the future of the main user industries as South Africa comes in from the cold. Speculation about relocation and disinvestment is rife. Mr Colhoun provides a more valid reason for that option. 'Sugar is a high bulk low-value product,' he says, 'and transport kills it. We will have to decide whether, in the future, it will not be worthwhile to send less overseas and keep more in the region. Mozambique is bouncing back (suddenly there are people who want to take sugar to that country because the war has stopped, the roads and the rail tracks are being used again and the shops are reopening). Namibia is a good market; a lot of the sugar that it buys from us goes into Angola.'



The Courier

Mhlume sugar mill, one of the three biggest in Swaziland

In very simple terms, the basic problem is how to increase further this tiny nation's annual production of 485 000 tonnes, which is already equivalent to Zimbabwe's and a quarter of all South Africa's, to meet demand wherever it comes from.

It is important to note that the sugar industry in Swaziland is regulated by the 1967 Sugar Act and is tightly controlled. At the base are the estates (the growers) of which the three largest, at Mhlume, Simunye and Ubombo Ranches, also run the country's three mills. Others are in Big Bend, Crookes and Tambankulu. Some 36 000 hectares are currently under sugar cane and the estates do not plan to bring more land under the crop, according to Mr Colhoun. All sugar produced in Swaziland is the property of the Swaziland Sugar Association which markets and sells it and then pays the millers, who in turn pay the growers. The SSA is thus at the summit.

A dominant feature of the modern sector in Swaziland's dual economy, the industry, which is run mainly by expatriates, has been criticised for its 'neo-colonialist' outlook and for being too far removed from the traditional economy. But that image is gradually changing as it embraces a new production strategy. This is aimed at bringing in small-scale growers and opening up opportunities for indigenous people to move away from the constraints of traditional agriculture and into the lucrative world of the modern sector. A pilot scheme, whereby small-scale planters were allocated 10 000 tonnes, has been launched and the results are said to be encouraging.

As sugar cane production is 100 % under irrigation in Swaziland, Mr Colhoun told *The Courier* that, in order to make a real breakthrough, the country needs to build a dam. Just such a dam is planned on the Komati River and government officials insist it is aimed at small-scale growers who have begun, in increasing numbers, to show interest in sugar cane. Indeed there are already a number of EDF-financed rural development irrigation projects which have sugar cane growing as a component.

This scheme is, however, not a free-for-all affair. It is strictly controlled. 'You can't grow sugar cane,' Mr Colhoun explains, 'unless you have a quota. You have to have a bit of expertise, the land, the water and the Chief's permission. So what we are doing is allocating quota as and when the land goes under irrigation, and we are also careful as an industry to make sure that a person who gets a quota can actually make a living out of it. We appoint an extension officer actually to assist the small growers to make sure they are successful. And some of the estates also appoint someone within the mill to assist those in their area.'

This increasing army of small-scale growers is expected in a couple of years to make a considerable impact on Swaziland's overall sugar production and lead to a greater integration of the modern and traditional sectors of the economy. A.O.

Swazi Nation Land: what future?

Albert Silekeha Dlamini lives in Sigangeni, a community of about 120 homesteads, some 12 km from Manzini. What distinguishes him in his community is not just his nine children and comparative wealth (owner of a tractor, two pick-up vans, two grocery shops serving the group of homesteads, barns full of maize and pumpkins, a child in the University and several others in the secondary school), but his expansiveness and openness to modernity. He is an unusual smallholder seriously constrained by the policy of the Swazi Nation Land (SNL), the linchpin of Swaziland's traditional economy.

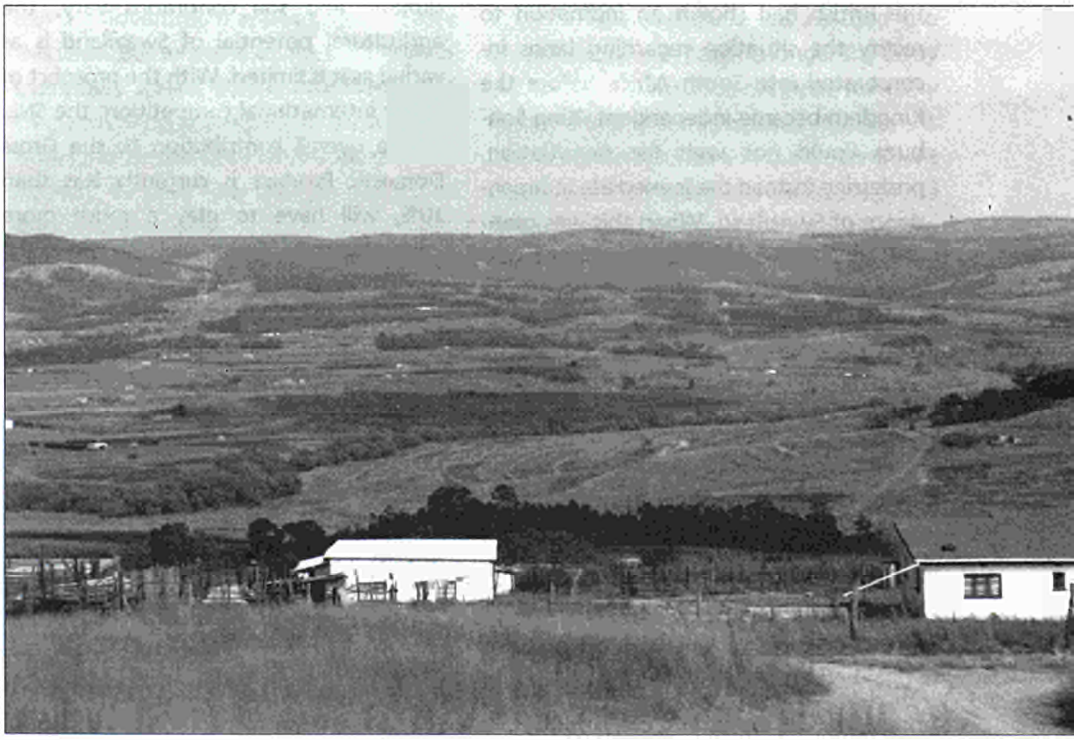
In 1974, at the age of 28, newly-married Dlamini was given a plot of about three hectares to cultivate by the Chief of the community. He had spent a great part of his youth working in his father's shop, and was ready to lead an independent life. He bought himself a tractor with the money he had saved, and soon realised he could use it as a bargaining chip with his neighbours to extend the acreage of his farm: he would plough their farms in return for a piece of their land and, sometimes, for a little bit of his own harvest. Twenty-five years later, Mr Dlamini has quadrupled the acreage of his farm through this ingenious arrangement with his neighbours and he is a very prosperous man.

Although his farm is rainfed, he usually has a good harvest every year except, of course, when drought occurs. His barns are stacked with maize destined for sale to the National Maize Commission (NMC) and, twice a week, he takes some of his produce in one of his pick-up vans and, accompanied by his wife, goes to the nearby market to sell them for additional income. He employs labourers only at harvest time (three at the most, paying each E8 per day). The ploughing and sowing are done by himself and his family.

He tries as best he can to lead a comfortable life in his rural homestead. His family's source of drinking water is a brook, one kilometre away from the homestead, and thanks to his vans, water is brought home daily in jerry cans. He has a television set which is battery-operated and, since the installation of an electricity transmission cable, which runs about a hundred metres away from his homestead, his house is wired up in anticipation of power supply.

With an annual profit which, he says, is around E 85 000, Mr Dlamini is better off by far than most of the senior civil servants in Mbabane, so much better off in fact that he says that he is not bothered too much by the fact that there are no credit facilities in the rural areas. He thinks he already has enough money for the small-scale of investment within his management capability.

Mr Dlamini is the antithesis of the classic Swazi smallholder whose commitment to the privacy of the homestead lifestyle is legendary. For centuries the people of this tiny Kingdom have lived isolated from one another in scattered homesteads in the countryside, yet in perfect security. There are no villages and no plans either to 'villagise' as ujaama in Tanzania. Steeped in customs and tradition, they are each allocated by the Chief no more than 3/4 hectares to farm for subsistence. They have no right to dispose of their land. Indeed it could in principle be withdrawn. In modern times, a Swazi homestead dweller will only sell his produce (more often to his neighbours) when financial requirements dictate or when he has surpluses.



The Courier

His biggest problem is lack of land to expand his activities. He would like to be resettled in one of the government's newly-purchased farms. Asked if, in pursuit of the objective of access to more land, he was prepared to be resettled in a village, Mr Dlamini said he had no objection to living next door to his fellow Swazi as long as that meant access to more land, water, electricity, etc.

Mr Dlamini's situation goes to the heart of the current debate on the future of the Swazi Nation Land - how it can be brought into the modern age and maximise its contribution to the country's economy at this juncture in its history.

A sad history

The story of the Swazi Nation Land is a sad one. In the early 1800s when Swaziland became a British protectorate and a more coherent nation, its borders extended far beyond its present ones, well into the KaNgwane and Ingwavuma regions in South Africa. A series of land concessions granted by Swazi Kings, in particular by King Mbandzeni towards the end of that century, resulted in the Kingdom being dramatically reduced when those lands were incorparated into the Union of South Africa in 1910. When King Sohbuza II came to the throne in 1921 he made the recovery of the lands a central aim of his reign, but without success. Indeed what was left of the Kingdom was threatened by the policy which the British colonial administration pursued involving the granting of freeholds, especially to ex-soldiers of the colonial wars, either in appreciation of services to the British Crown or in settlement of debts. Although the British had shown an inclination to rectify the situation regarding lands incorporated into South Africa before the Kingdom became independent, King Sohbuza could not wait for negotiation, preferring instead the immediate independence of Swaziland. When this was granted in 1968 Swazis living in the 'lost lands' were estimated at between 1.6 million and 2 million as against the country's population then of around 600 000. In 1982 the King attempted unsuccessfully to recover the territories and reunite the Swazis in a secret security pact with South Africa (made public at the time of South Africa's Nkomati accord with Mozambique in 1984). The deal was strongly opposed in the Republic by black and white politicians alike.

The land that actually belonged to the new nation in 1968 was about one-third of the territory. The priority of King Sohbuza was to recover what was called the 'alienated lands', and in this regard, he set up a buy-back programme funded by the Tibiyo Taka Ngwane Trust Fund, an organ he had set up and into which all the country's mineral rights were paid.

The success of that programme means that today the Swazi Nation Land represents no less than 70% of the territory. Held in trust for the nation by the King, it is, as mentioned above, allocated to Swazis for use by the Chiefs in accordance with customs and tradition.

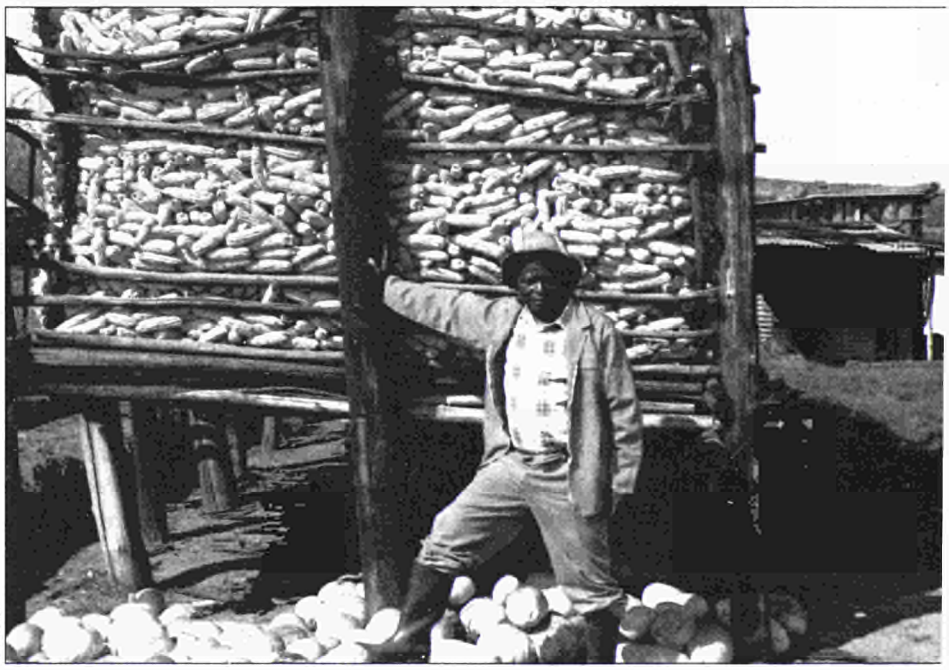
In addition to the SNL the Swazi Government has, in recent years, been buying privately-owned farms on which it has attempted to resettle families. These are the type of farms our friend, Mr Dlamini, hankers for, but this, unfortunately, is a programme that is being suspended, an official of the Ministry of Agriculture told *The Courier*, for 'lack of financial resources and because of problems with equipment and with communities'. The Government, he said, is thinking more about allocating the farms to associations rather than to families because of the relatively high cost of running them as well as the expertise required.

With an area of only 17 000 sq km characterised by four distinctive physical features (the highveld, the middleveld, the lowveld and the Lubombo plateau) whose climatic and soil conditions vary, the agricultural potentiai of Swaziland is as varied as it is limited. With the prospect of stiffer international competition, the SNL, whose overall contribution to the Gross Domestic Product is currently less than 10%, will have to play a much more important role if Swaziland is to rise to the challenge. And it cannot play that role without a change of policy.

Currently, a plot rarely exceeds four hectares. For years the traditional economy, which is often classified as informal, has operated under this system. Dominated by maize and cotton, agriculture is over 90% rainfed, and therefore very vulnerable to drought (and sometimes to hailstorm). Another feature of the SNL is livestock raising, which alone accounts for 4% of the GDP.

Maize is a very significant crop, being the country's staple food. Although production fluctuates, it has never been enough to meet the country's estimated annual requirements of 223 000 tonnes: 111 700 tonnes were produced in 1988/89, 135 000 t in 1989/90 and 153 000 t in 1990/91. In 1991/92 production dropped dramatically to only 45 000 t, because of the severe drought that affected the whole of Southern Africa. This necessitated the importation of 127 300 t. In that year the number of people needing food assistance in Swaziland rose from 150 000 to nearly 200 000 while the situation of 210 000 others was considered to be precarious. This increasing poverty, particularly among the the rural population, means many households do not have enough money to grow their own food on their small land allocations. Although there has, overall, been a slight improvement in food production following the return of the rains last year, the country's food security remains poor. Deficits, at the end of April this year, were put by the National

Albert Dlamini



The Courier

Early Warning Unit at 50 100 t for maize, 27 900 t for wheat and 5 500 t for rice.

With its population growing at the rate of 3.2% per annum, a number of studies have highlighted the fact that Swaziland will never be able to feed itself. This begs the question whether deriving maximum benefit from the land cultivated by a few and diversifying and empowering the people financially to buy food are not more advantageous than giving every family access to land as customs and tradition stipulate. The case of an enterprising, hard-working and dynamic farmer like Dlamini readily comes to mind.

Cotton is the main source of cash-income for SNL farmers. Like maize it is vulnerable to the vagaries of the weather. In 1991/92 production slumped to only 3 000 t, in the wake of the great drought, from the 1988/89 season peak-output of 16 000 t. This has seriously damaged the confidence of the 50 or so small-scale growers of the crop. And, furthermore, there is the problem of the Albacala 72 variety which is no longer yielding good quality cotton, resulting in poor income for farmers. This decline in earnings from the traditional SNL crops has provoked a wave of interest in sugar cane growing among smallholders, an interest which has been boosted by the Swaziland Sugar Association's new scheme designed to bring them into an increasingly lucrative industry.

Irrigation

Altogether, about 98 900 hectares of the SNL are under maize and 17 000 ha under cotton compared to a combined total of 50 000 ha of the Title Deed Lands (TDL) which are under sugar cane, pineapples, citrus and cotton. Modern farming techniques apart, the main reason for the gap between the two sectors' production capacity is irrigation, to which less than 10% of SNL farmers have access, despite decades of rural development during which the provision of water (for human and animal consumption, and for agriculture) has been at the top of the agenda.

There is no doubt that traditional agriculture could perform much better than at present under irrigation, as the output of those SNL farmers with access to it has proved. However, the SNL has been and remains a development nightmare. Because of the scattered nature of Swazi homesteads the provision of amenities such as water, electricity, roads, schools, etc. is hugely expensive and uneconomical. This is why the European Union has adopted a strategy of carrying out a wide range of micro-projects (drinking water, irrigation, bridges, schools, etc.) which is proving very effective on the ground in improving the productivity and the quality of life of isolated communities.

Buoyed by the successes of these projects across the country and the increasing interest of small-scale farmers in sugar cane cultivation, the Government, in 1992, unveiled a E 547 million plan for a huge irrigation dam across the Komati River to develop small-scale agriculture in the Basin. But there are doubts about the effectiveness and the viability of such a project, even though South Africa is expected to participate and share the financial burden, and the Government appears now to share this view. But whether or not the project is eventually scaled down, observers warn that, unless it is accompanied by a measure of reform to the land tenure system, it is unlikely to have the desired impact on agricultural output.

Associated with the issue of land is the SNL's other most intractable problem - the livestock industry. There are over 2 million animals in Swaziland, of which about 800 000 (just about the human population) are cattle. Their growth in numbers has occurred despite an increase in deaths from drought, a rise in the number slaughtered and a reduction in imports. Ironically, Swaziland Meat Industries has had to close in its third year of operation, because it could not procure enough cattle, owners being generally reluctant to dispose of what is, not only a symbol of wealth, but also a traditional source of economic security. The SMI collapsed, soon after its factory was opened in 1988, was relaunched in 1989 but collapsed again in 1992. There are no large-scale ranches as in Botswana or Zimbabwe. Animals are allowed to roam on communal lands and the result has been serious overgrazing and environmental degradation such as erosion.

Land reform

Set against the efficiency and high productivity of the Title Deed Land (which represents less than 30% of territory and on which the modern sector of the economy is built), the case for a profound reform of the SNL is overwhelming.

All attempts so far to rationalise the traditional sector have failed. In the early 1980s, a Rural Development Areas Programme (RDAP), backed by the World Bank and several other donors, was set up with the aim of improving the management of livestock and, through the provision of imputs and access to facilities such as loans and irrigation, of boosting output and facilitating the integration of the traditional into the modern sector. By the end of the 1980s it had been abandoned for lack of tangible results from the huge amount of money being spent. Among the obstacles identified as responsible for the failure was the resistance of customs and tradition to change.

But Swaziland has reached the crossroads where it can no longer shy away from land reform which has been, for many years, a highly sensitive issue. Modernists and traditionalists alike in the Government now agree that changes are inevitable. The King is said to have suggested, for a start, that SNL lands around the cities could be expanded to meet growing needs. Such lands understandably will become leasable. 'Everybody is now gearing up to one day seeing long-term leases on SNL and, once that happens, it would be possible to build your own house in the rural areas, have a title deed and secure loans for investment,' says Mr Ephraim Hlope, Principal Secretary at the Ministry of Economic Planning and Development. 'We will have to sensitise the Chiefs to the fact that the days when they allocated land at random, which made it unproductive, are over,' he added, admitting the powerful influence of the Chiefs and their opposition to change.

But the loyalty and obedience of the Chiefs to their monarch is well known. Swazis will have to look to the Palace for a further lead. Admittedly any land reform will have far-reaching consequences, not just economic but social and political as well. ■

A.O

SWAZILAND

The Dvokodvweni Water Supply Scheme

Promoting the spirit of self-help

Because of the scattered nature of its settlements, Swaziland is 'tailor-made' for microprojects and those financed by the European Union through the European Development Fund are numerous. So far 65 microprojects, involving over 20 000 people at a cost of approximately E 2.5 million, have either been completed or are ongoing under Lomé IV alone. The projects range from footbridges, causeways, schools, health centres, community centres, electricity supplies, dip tanks and poultry schemes to irrigation and water supply.

The sum involved in each project may be small but its impact in terms of improving the quality of life and the productivity of the beneficiaries is unquestionable. And what is more, it helps generate a community spirit of self-help that lives on well after the project has been completed.

In May *The Courier* visited one such project at Dvokodvweni in the Lubombo plateau, about 40 km from Manzini. It concerns a community of 32 homesteads whose economic activities are maize and vegetable cultivation and cattle raising. Their greatest need is drinking water. For decades they depended on a small stream which they shared with their cattle but which is drying up — an ominous development for an area with a primary school of about 400 pupils.

As boreholes are not a practical solution in this dry region, the alternative is a spring, about 5 km over a hilly and bushy terrain. Undaunted by the distance, some teachers at the primary school thought that the spring water could be brought to Dvokodvweni by pipe. They secured the agreement of the community the spring served to share the water, got the backing of the local Chief and applied to the Delegation of the European Union for funding.

For E 70 000 provided by the EDF for the purchase of materials and for technical advice, the community agreed to do the work themselves within the three months duration of the project. By the time of *The Courier*'s visit, 5 km of pipes had been laid underground from the source of the spring, across the difficult terrain, through a reservoir over the hill to the vicinity of the primary school, and the necessary masonry works were being done at the source with great enthusiasm by the beneficiaries. Indeed such was the zeal of the people that their leader was having more people turning out for work than were needed and the project was expected to be completed ahead of time.

A stand pipe with a tap in the vicinity of the school marks the end of the pipeline from the spring. Although the inhabitants of the 32 homesteads will walk a reduced but still considerable distance to that point, they will at least have access to the clean drinking water free from diseases. The availability of water is likely to encourage the establishment of more homesteads in the area, and the community hopes then to extend the pipeline on their own. ■

A.O

Beneficiaries working with zeal

The Courier

Swaziland and the European Union

by Robert Schroeder *

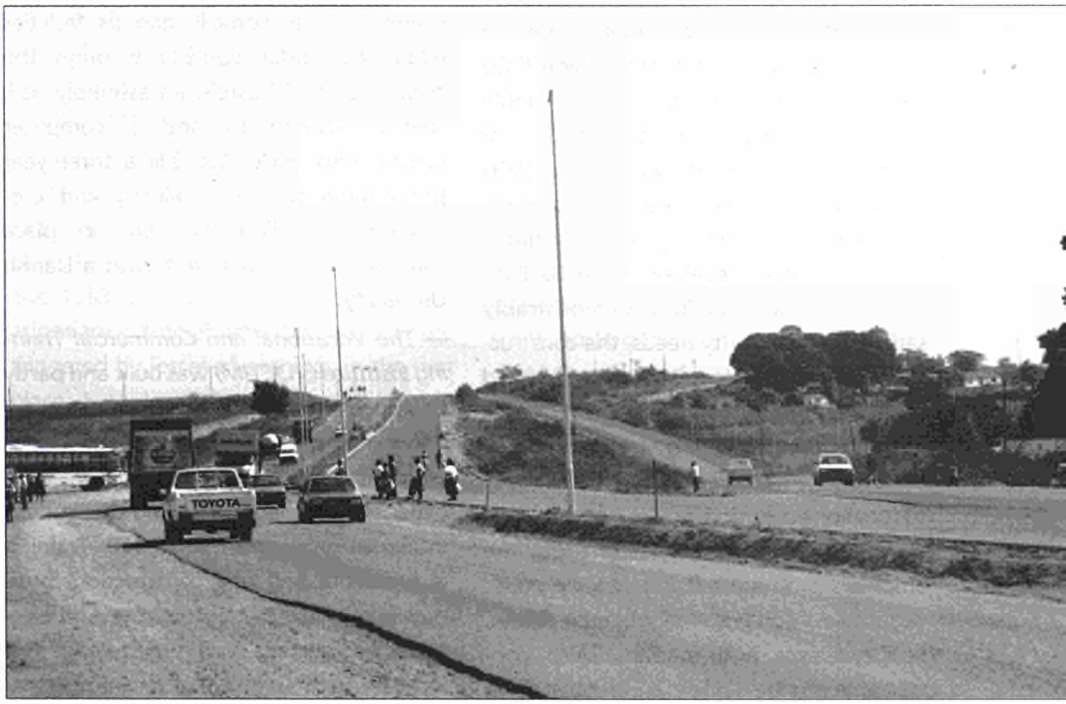
The Kingdom of Swaziland, with a population of 810 000 and an area of 17 400 km², is the smallest country in the Southern African region. Bordered on three sides by South Africa and in the east by Mozambique, it has maintained internal stability amidst the turbulent socio-political changes taking place within its neighbours. Swaziland has achieved this despite an open economy, strong economic orientation on South Africa and intensive cooperation in a number of regional arrangements: SADC (the ex-Front Line States' development community), SACU (a Customs Union with South Africa, Botswana, Lesotho and Namibia), the Common Monetary Area (with South Africa, Lesotho and Namibia) and the PTA. Stable and peaceful social conditions in Swaziland go hand-in-hand with the absence of tribal strife and with strong traditional beliefs and customs.

While this implies a certain resistance to development reforms such as the land tenure system, which is restrictive, and negative attitudes towards a more rational management of the large numbers of cattle in the country, these disadvantages have so far been outweighed by the benefits of stability. Until very recently, the economy grew consistently by some 2.5% p.a. producing a per capita GDP of just over US$ 1000 (1992), topped in the region only by South Africa, Botswana and Namibia. In the last two years the economic position has deteriorated, however, as government finances have fallen into deficit and the visible trade gap has widened, reducing domestic and foreign reserves. The danger signs are serious and give rise to grave concern, particularly as with the emergence of the new South Africa, regional competition for investments will sharpen, certain 'flight industries' may relocate back to South Africa, and income from the SACU may decrease following renegotiation of that agreement.

Government policy has consistently been to reduce Swaziland's dependence on its powerful neighbour by promoting development of modern agricultural, industrial and service sectors, while strengthening central Government structures to improve the quality of their support to these sectors. These policies have been supported since independence in 1968 by a number of international donors, in particular the USA, the European Community (since 1975), the UK, Germany, the Netherlands, Israel, Taiwan, the UNDP and several other UN agencies. Swaziland has participated in the successive five-year ACP/EC Lomé Conventions since the first Convention in 1975, benefiting from their support for economic and social development, their trade facilities and the related access to concessional financing of agro-industry and energy generation. Assistance through developmental projects and programmes financed by grants and some very soft loans, has totalled ECU 81m to date, equivalent to E 350m at present exchange rates [1]. Some 40% of these funds have been directed to agriculture and rural development, and another 45% to education and training, as the Community shares the Government's view that a country's human capital forms the basis of any development. Furthermore a number of focused trade and investment promotion programmes have been financed, as well as, under the current Fourth Lomé Convention (First Protocol), a major roads project, improving the vital connection between Swaziland's industrial centre at Matsapha and the commercial centre at Manzini.

Industrial development has been supported by ECU 46.4m (E 200m) in concessional loans while a further ECU 28.7m (E 125m) was provided to alleviate unforeseen burdens on the country (export losses, refugees costs, drought relief).

A Stretch of the Manzini-Matsapha highway



The Courier

* Economic adviser, EU Delegation, Mbabane.

[1] 1 ECU = E 4.35.

Financial assistance has thus totalled ECU 156m or E 675m, since 1975, of which further details are provided in the table.

Rural development

Some 70% of the Swazis live in scattered homesteads in the rural areas. Their main occupations are raising cattle and sheep, growing maize and other food crops as well as cash crops (sugar, cotton), forestry and production of a variety of handicrafts. Living conditions are difficult, access to safe water is a problem and infant mortality is high. Agriculture contributes some 20% of GDP and forms the basis of a considerable agro-industry (sugar, fruit conserves, wood pulp). The Community readily agreed from the outset to support the Government's policy of rural development, to which, as said earlier, some 40% of resources have been allocated over the years. Taking account of other donor support to agriculture, projects have included support to smallholders through improved marketing and input provision facilities via the Cooperatives Union (ECU 7m), two rural potable water supply programmes (ECU 4m), construction of rural dams and irrigation systems (ECU 10m) and three successive and very successful programmes of microprojects for grassroot community development (ECU 6m). While all these actions demonstrably satisfied basic priority needs, the construction of small rural dams in the dry low-veld areas and the microprojects programmes have made a particularly strong impact in the country. Microprojects tended initially to focus on education, and some 39 schools were built in the early phases. Today the emphasis is on agricultural development: vegetable gardens, piggeries, dairies, poultry farms and markets. Also considerable numbers of clinics, bridges, dams and further schools have been, and are being built, and community development programmes, aimed at women and youth groups, undertaken. The rural communities benefit directly from these projects, which they themselves initiated and designed, and to which they contribute a minimum of 25% of the costs, often in kind. At present the Microprojects Unit, supported by EC funded technical assistance, is implementing some 65 projects throughout the country.

Human resources development

The development of Swaziland's human resources has been the second focal area of allocation of Lomé funds. Community assistance has complemented considerable support over the years from other international donors and from the Government itself. Knowledge and skills are vital prerequisites for the build-up of a modern Swazi economy, which must compete and survive in a partly developed, and otherwise rapidly developing, region.

Community assistance has supported secondary and tertiary education, vocational training and institutional strengthening through technical assistance.

Major programmes which have been undertaken include:

— *University of Swaziland.* Built and equipped with Lomé I regional funds, it was supported by a scholarships programme under Lomé II, and its facilities expanded under Lomé III through the construction of hostels, an assembly hall, science laboratories and a computer centre. Also under Lomé III a three-year programme of staff training and curriculum upgrading was put in place through a link agreement with a Danish University.

— *The Vocational and Commercial Training Institure (VOCTIM)* was built and partly equipped from Lomé II funds, and expanded under Lomé III and IV finance (student accommodation, library, educational equipment), allowing the student intake to grow from 50 to 150. Training includes building and construction, business administration, automotive and electrical engineering and woodwork. The Institute receives essential technical assistance support from German bilateral aid. Located within the Matsapha industrial centre of Swaziland, the institute aligns its curriculae closely with the requirements of the future employers of its graduates.

— *The Ngwane Teacher Training College,* built from Lomé I grants in 1982, also received further support under Lomé II and Lomé III in the form of further classrooms, accommodation for teachers and students, and scholarships for upgrading of staff. The College has acquired an excellent reputation, and its 120 students who qualify annually are readily absorbed into the primary school system.

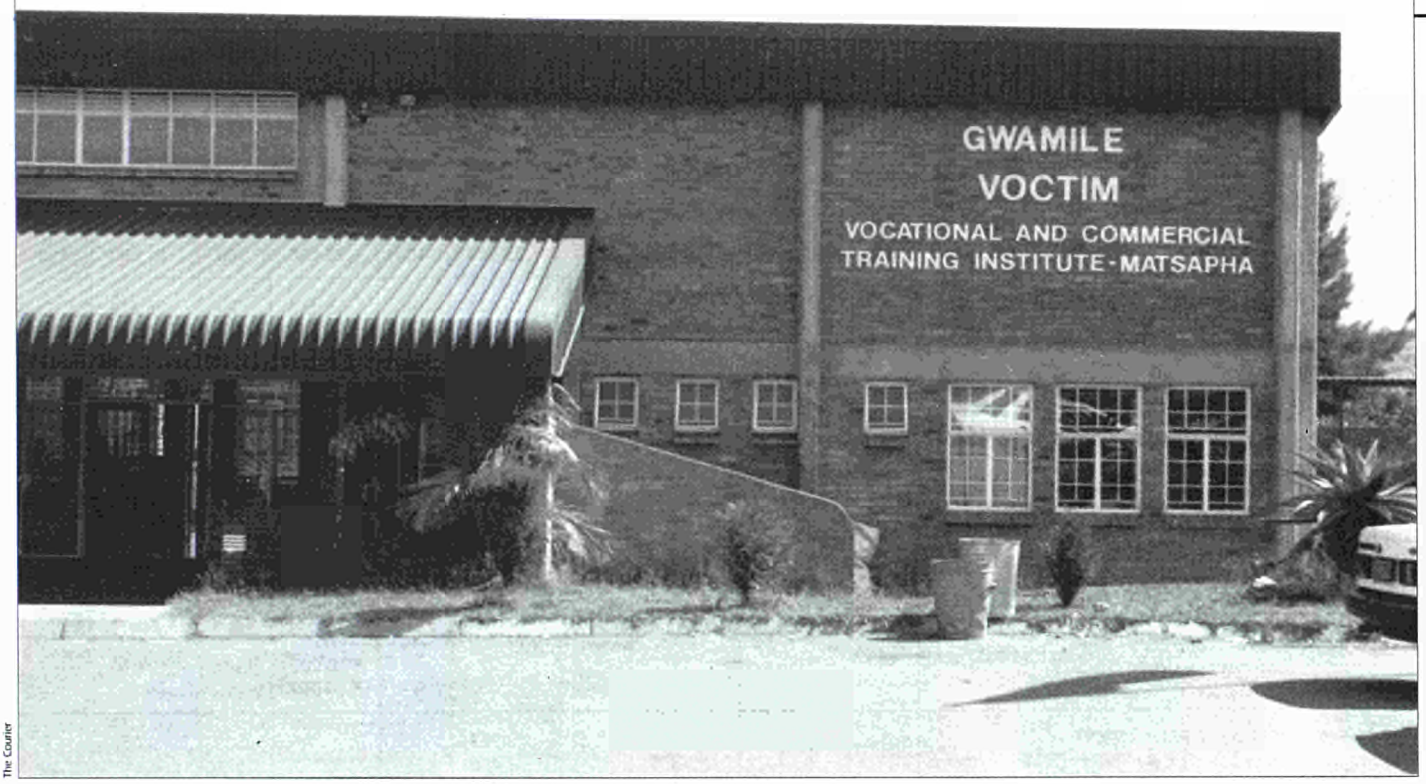
— *Expansion of modern agricultural teaching* in schools financed as part of an ECU 8m HRD programme under Lomé III, provides for sheds, fertilisers and tools to schools, and for technical assistance for course development. The programme builds on an initiative begun by the UK in Swaziland.

— *Upgrading of secondary teaching standards,* was again consistently supported under Lomé II, III and IV at some ECU 3.9m complementing major financing by the Netherlands and by the Swaziland Government itself. The programmes concentrate on science, mathematics and agriculture and offer technical assistance, teaching aids, in-service teacher training and some 570 scholarships for students to follow four month bridging courses before entering the University of Swaziland.

— Longer term *technical assistance* has been provided on a relatively large scale throughout the Conventions, aimed particularly at Government's public management and planning functions. This support has generally been productive and has undoubtedly contributed to Swaziland's rapid absorption of EC aid.

Road transport

The first Community investment in economic infrastructure has also been the largest project financed so far in Swaziland. It covers, at ECU 10m from the Lomé IV NIP, the 8 km Manzini-Matsapha section of the Manzini-Mbabane Highway, to be completed with ADB financial support. The two-lane trunk road is being converted to a four-lane dual carriageway, connecting the administrative, industrial and commercial centres of the country. The EC financed section is to be completed in late 1994, at which time work under ADB financing should have begun. The road will, in the longer term, form part of an improved regional link with Maputo in Mozambique and Johannesburg in South Africa.



The Courier

VOCTIM (the Vocational and Commercial Training Institute) near the Matsapha industrial estate

Trade

Swaziland has benefited considerably from the trade arrangements of the Conventions, which have included duty free access to the European Union for products and produce originating in the country, commodity protocols (for Swaziland, sugar and beef quotas at favourable prices), compensation payments for losses in export earnings for certain commodities (the STABEX system) and support for trade and tourism promotion from regional funds. The latter was, under the Lomé III NIP, strengthened by a Trade, Tourism and Handicrafts promotion programme of ECU 2.45m.

Overall exports from Swaziland to the Community doubled in the early 1980s from ECU 65m to ECU 123m in 1986, undoubtedly stimulated by the Lomé Convention facilities. Exports have stabilised at this level since. As imports from the EC remained roughly stable (South Africa continuing to supply some 90% of imports), Swaziland's trade surplus with the Community rose in these years from ECU 50m to ECU 112m in 1986, again remaining at that level since that time.

Swaziland has utilised its sugar quota of around 122 000 tons every year since 1984, and in most of the preceding years. The quota under the Beef Protocols, however, has seldom been fully exploited, due to problems in satisfying stringent slaughter and storage regulations, despite rehabilitation of the central abattoir in 1989/90. The advantages to Swaziland from the two commodity protocols may be estimated at roughly ECU 15-20m per year.

Claims on the STABEX system introduced by Swaziland were honoured with regard to iron ore over 1977-79 at ECU 13.2m and in respect of cotton in 1982 and 1983 at ECU 8.2m. These compensations are extremely valuable, but they are triggered by losses of earnings in the first place. Such losses have not reccurred in later years, and no further claims have had to be introduced.

Industry

The European Investment Bank has provided a total of ECU 46.4m in concessional loans to industrial ventures in Swaziland, of which ECU 7m was for the Luphohlo Hydro-electric Scheme in 1981. Further beneficiaries include the textile, sugar and meat industries and in particular, the Swaziland Industrial Development Corporation, enabling it to provide, in turn, credits to healthy small and medium sized enterprises in the country. The support to the private sector which this implies forms an essential element of the Government's policies aimed at strengthening the country's modern productive base and its ability to compete in the region.

SADC

Within the Southern African Development Community, Swaziland is responsible for Human Resources Development, hosting the Regional Training Council in Mbabane and providing the RTC with a Secretariat.

The Community has supported, under the successive regional programmes, a wide range of HRD projects, which are either generic, implemented by RTC or sector-specific, implemented elsewhere in SADC, and monitored by RTC.

Swaziland has co-benefitted from most regional HRD projects, including agricultural management training, training for customs, railways and P&T staff, road transport management, language training and food security management training. A total of around ECU 30m has so far been earmarked for regional training actions, while further proposals are being appraised.

In more concrete terms Swaziland saw the establishment of the University (Lomé I, approx. ECU 2.0m) and improvements to its international airport

TABLE 1

Swaziland's National Indicative Programmes and other Community assistance: Lomé I - IV (in ECU 1000s)

	Lomé I	%	Lomé II	%	Lomé III	%	Lomé IV	%	Lomé I-IV	%
NATIONAL INDICATIVE PROGRAMMES	**12 000**	**100**	**18 500**	**100**	**25 500**	**100**	**25 000**	**100**	**81 000**	**100**
AGRICULTURE & RURAL DEVELOPMENT	6 229	52	7 131	38	10 111	40	5 143	20	28 614	35
– Smallholders' support	*2 418*		*3 550*				*950*			
– Irrigation, earth dams	*3 736*				*4 005*		*1 993*			
– Rural water supply			*1 456*		*2 626*					
– Microprojects	*75*		*788*		*3 040*		*2 200*			
– TA, studies			*1 337*		*440*					
EDUCATION & TRAINING	5 714	48	8 145	44	10 920	43	8 880	36	33 659	42
– Multi-annual training programme	*2 094*		*2 209*							
– Institutional HRD & TA					*8 620*		*7 060*			
– Teacher training			*1 958*		*2 300*		*720*			
– Vocational training			*3 978*				*1 100*			
– Nhlangano Secondary School	*2 500*									
– School radio services	*1 120*									
ECONOMIC INFRASTRUCTURE							10 000	40	10 000	12
– Road construction							*10 000*			
TRADE & INVESTMENT PROMOTION	57		889	5	3 923	15			4 869	6
– Integrated trade, tourism & handicrafts development			*300*		*2 450*					
– Technical assistance & studies	*57*		*589*		*1 473*					
GENERAL TECHNICAL ASSISTANCE & STUDIES			1 280	7	300	1	320	1	1 900	3
RESERVE	0		1 055	6	246	1	657	3	1 958	2
EIB LOANS	**15 150**		**9 100**		**14 100**		**8 000**		**46 350**	
– Industrial developments (SMEs)	*3 150*				*4 000*		*3 500*			
– Sugar processing	*10 000*						*4 500*			
– Textiles					*7 000*					
– Heat industries					*2 000*					
– Hydro and electric power			*7 000*							
– Interest rate subsidies EDF	*2 000*		*2 100*		*1 100*					
STABEX	**13 200**		**8 200**						**21 400**	
FOOD AID	**600**		**1 200**		**1 200**		**1 100**		**4 100**	
EMERGENCY/REFUGEE AID	**400**		**100**		**1 500**				**2 000**	
OTHER	**100**		**100**		**600**		**400**		**1 200**	
TOTAL COMMUNITY FINANCIAL ASSISTANCE	**41 450**		**37 200**		**42 900**		**34 500**		**156 050**	

Note: Does not include:
– advantages from Sugar and Beef Protocols (estimated at some E15-20m per year)
– advantages from preferential (zero) tariff facility
– advantages from SADC regional programme.

at Matsapha (Lomé II, ECU 2.1m, control tower and operations building, equipment, training) being financed under regional EC funding.

In closing, it should be mentioned that the Community, in the context of the Lomé Conventions as well as directly from its budgets, supports Swaziland in specific situations or to help deal with specific problems. In 1993, the Commission contributed to the costs of elections, held in accordance with more democratic principles than in the past, as did, for instance, the UK. Other examples are support for the hosting of refugees (from Mozambique, up to early 1994), disaster relief (cyclone Domoina in 1984, drought in 1992), social food supply programmes (via the WFP) and the co-financing of valuable operations of non-governmental organisations. These actions usually do not involve large amounts of funds, but give important and direct relief in difficult situations.

The present Lomé IV ACP/EC Convention will be in force to the year 2000. Its Second Protocol, covering the years 1995-2000, will bring new financial resources and may contain modified arrangements for their application. The dialogue between the ACP States and the European Union on these arrangements was officially started in May 1994, during the 19th Session of the ACP/EU Council of Ministers in Swaziland. Support from the European Union for the Kingdom's development plans will thus certainly extend up to the next century, and probably well into it.

R.S.

All change at the top

New leaders chosen to head EU institutions

July was an important month for the European Union with big changes at the top for the three main institutions. At the Council of Ministers, it was a simple matter of routine as Greece handed over the six-month rotating presidency to Germany. For the newly-elected European Parliament, the outcome was only slightly less of a foregone conclusion, with Klaus Hänsch (PSE-G) being elected President by a big margin thanks to a prior agreement between the two largest groups in the chamber. The cliffhanger came with the appointment of the new Commission President who will succeed Jacques Delors at the beginning of next year. In the event, it was Luxembourg's Prime Minister, Jacques Santer, who emerged as the successful candidate but it took two leaders' summits, a great deal of behind-the-scenes negotiation and an uncomfortably close vote in the Parliament before his appointment was confirmed.

The personnel changes, of course, are not confined to the top positions. Although Jacques Santer's colleagues in the next Commission have still to be appointed, the recent Parliamentary polls have brought a lot of new faces into the Union's only elected institution.

The first task of MEPs, in the period before the opening plenary session, was to form themselves into groups and choose their group office-bearers. Although most members had a clear idea of where they would be sitting, having fought the election on a joint programme with their political allies, the number of non-attached (or perhaps, to be more accurate, 'not yet attached') members was significantly higher than usual. This was due, in the main, to the success of 'non-traditional' party lists in France and Italy. As a result, the process of building alliances was more complicated than in the past.

Nine political groups

After much manouevring and soul-searching, the bulk of the members managed to find their way into one of the nine groups that were established. The two most powerful, by a large margin, are the Socialists (PES) and the European People's Party (EPP), with 198 and 157 members respectively in the 567 seat chamber. British MEP Pauline Green was chosen as Socialist group leader while the top position in the EPP group went to former Belgian Prime Minister, Wilfried Martens.

Europe's other traditional political family, the Liberals, held on to their position as the third force in the Parliament with 43 seats. Dutchman Gijs de Vries was elected to serve as President of this group.

Three of the smaller groupings from the old Parliament, Left Unity (28 seats), the European Democratic Alliance (26 seats) and the Greens (23 seats), have been reconstituted while there are also three new formations: Forza Europa (27 members — all Italian), the European Radical Alliance (19) and the Europe of Nations Group (19). The remaining 27 members, most of whom are far-right parliamentarians from Italy and France, are unattached.

Klaus Hänsch, the new President of the European Parliament

European Parliament

Table 1

Political Group and Member State abbreviations

PES	Party of European Socialists	Dk	Denmark
EPP	European People's Party	G	Germany
ELDR	European Liberal, Democrat and Reformist	Gr	Greece
EUL	European United Left	S	Spain
FE	Forza Europa	F	France
EDA	European Democratic Alliance	Irl	Ireland
Greens	Greens	I	Italy
ERA	European Radical Alliance	L	Luxembourg
EN	Europe of Nations	Nl	Netherlands
Ind	Non-attached	P	Portugal
		UK	United Kingdom

The next stage in the process was for the Parliament, which convened for its first plenary meeting on July 19, to choose its office bearers and allocate committee places. This involved a series of votes to elect a President, 14 Vice-Presidents and five Quaestors, not to mention a great deal of horse trading, both within and among the groups, to decide who should chair the various committees, and who should serve on them.

At the outset, members of the smaller groups expressed dissatisfaction about what they saw as a 'carve-up' by the PES and the EPP. Prior to the session, the EPP had agreed to support the Socialist candidate for the Presidency, and Klaus Hänsch was duly elected with 365 votes as against 87 for the Liberal nominee, Yves Galland (82 blank ballots were also recorded). It is understood that the *quid pro quo* will be the election of an EPP President for the second half of the Parliament's term. The cooperation appears to have extended to the vice-presidential and quaestor elections which saw 15 of the 19 posts going to PES or EPP candidates.

Committee upset

Subsequent events were soon to reveal, however, the fragile and strictly limited nature of the cooperation entered into by the two parties. The division of committee chairmanships among the various groups is normally based on their relative strengths in the chamber. Agreements are reached beforehand but the actual appointment is made only by the members of the committees in question, so there is always the possibility of an upset. This is precisely what happened in the Committee on Research, Development, Technology and Energy. The job of presiding over this committee had apparently been earmarked for one of the Forza Europa members but the PES unexpectedly fielded their own candidate who went on to win the vote by 13 votes to 12. The Socialists argued that it was unacceptable to give the job to someone from a party that was in coalition with the far-right back home. This decision, which means that Forza Europa holds no committee chairs, prompted the EPP members in the room to stage a walkout.

For *Courier* readers, perhaps the most interesting news from the Parliament's committee selection process is the choice of Bernard Kouchner (PES-F) to head the Development Committee. Mr Kouchner is a former Minister for Development Cooperation in the French Government and his reputation for dynamism should ensure that development issues are not allowed to slip down the agenda. (For the full list of committee chairmanships, see the 'Europe' section of the News Round-Up towards the end of this issue).

The Parliament has also chosen its new co-President of the ACP-EU Joint Assembly as well as the 69 other members who will represent the EU in this parliamentary body. Veteran British MEP, Lord Plumb (EPP), who is a former EP President, succeeds Maria Cassanmagnago Cerretti who retired from the Parliament in June. The next session of the Joint Assembly is scheduled to take place in Gabon in the autumn.

Heated debate over new Commission head

For most of Europe, the weather in July was hot and sultry and this was matched by a sharp rise in the political temperature as the Council and Parliament grappled with the question of who should be the next Commission President. According to Article 158.2 of the Treaty on European Union, 'the governments of the Member States shall nominate by common accord, after consulting the European Parliament, the person they intend to

Table 2

Members of the European Parliament: Breakdown by Member State and Political Group

	PES	EPP	ELDR	EUL	FE	EDA	Greens	ERA	EN	Ind	Total
Belgium	6	7	6				2	1		3	25
Denmark	3	3	5				1		4		16
Germany	40	47					12				99
Greece	10	9		4		2					25
Spain	22	30	2	9				1			64
France	15	13	1	7		14		13	13	11	87
Ireland	1	4	1			7	2				15
Italy	18	12	7	5	27		4	2		12	87
Luxembourg	2	2	1				1				6
Netherlands	8	10	10				1		2		31
Portugal	10	1	8	3		3					25
United Kingdom	63	19	2					2		1	87
Total	198	157	43	28	27	26	23	19	19	27	567

Commission

Jacques Santer, President-elect of the European Commission, who will assume office in January

appoint as President of the Commission.' With Jacques Delors' mandate due to come to end in December, the Greek Government duly placed this subject on the agenda for the June summit in Corfu. The aim was to have a candidate agreed before the summer recess.

The outcome of the Corfu conclave has been well-documented. Initially, there were three declared candidates but the Belgian Prime Minister, Jean-Luc Dehaene, who was the favoured choice of France and Germany, finally emerged with the support of 11 Member States. Unfortunately for Mr Dehaene it was not enough. Unanimity is needed for this particular decision and the UK chose to veto the appointment. When it became clear that Britain would not change its position, a new candidate had to be found who would be capable of attracting support from all the governments of the Member States. There also appears to have been an unwritten rule that the person chosen must be of the highest political standing — preferably a prime minister or ex-prime minister.

And so the process began all over again. An emergency summit, to be held in Brussels, was convened by the new German Presidency but 'telephone diplomacy' during the days leading up to this meeting must have played a vital part, in view of the speed with which the decision was taken second time around. It took the Council less than two hours to agree to Mr Santer's nomination.

The system of nomination was subsequently criticised, both by sections of the media and by Parliamentarians, for being 'undemocratic' and 'lacking in transparency'. The European Parliament was not consulted before either the abortive Corfu meeting or the successful Brussels one although Mr Santer's candidature was immediately presented to the new Parliament which held a debate on the nomination before proceeding to what was effectively a vote of confidence. Mr Santer made it plain that he would withdraw if the vote went against him (although it is not at all clear that he would have been obliged to do so). When the Socialists and several smaller groups announced that they would vote against Mr Santer in protest at the way the decision was taken, the scene was set for some high political drama.

Santer scrapes home... by 22 votes

It became clear during the debate that the result was likely to be close. Most of those who indicated they would be opposing the appointment were anxious to assure Mr Santer (who was present throughout) that it was the system they were objecting to and not the man. And when it came to the vote, there was a tense silence as all those present waited for the electronic board to display the outcome — 260 votes for Mr Santer, 238 against and 23 abstentions. The day was apparently saved for the Luxembourg Prime Minister by the decision of Socialist members from a number of southern Member States to break ranks, reportedly after pressure was brought to bear from certain national capitals.

The Parliament, on this occasion, chose to deliver a warning shot across the bows rather than deliver a knock-out blow. But it is clear that the elected chamber — whose muscles have been strengthened by the Maastricht Treaty — will not be averse to flexing them again in the future. Whether this is a good or a bad thing depends, of course, on one's view of how the European Union should develop. For those who support the 'alternative vision' of a 'Europe of Nations', the steadily increasing authority of the European Parliament — which must inevitably impinge on the prerogatives of the Council of Ministers — is likely to set alarm bells ringing. On the other hand, those who support 'ever closer union' and believe that there is a 'democracy deficit' can only be encouraged by this continuing trend.

Simon Horner

The audiovisual sector

What does Europe want?

by Nora Tardieu *

In adopting the Green Paper: 'Strategy options to strengthen the European programme industry in the context of the Audiovisual Policy of the European Union', the European Commission was hoping to start a broad debate on the future of a sector marked by cultural specificity in the midst of the profoundly changing world of communications.

This is what it did when it organised the European Audiovisual Conference in Brussels on 30 June-2 July 1994, at the instigation of João de Deus Pinheiro, the member of the Commission responsible for audiovisual matters. The Conference brought together almost 600 people who were able openly to discuss ways of developing the potential of our programme industry, in the light of the size of the European and world markets, with all the operators concerned in the European Union.

The event was a great success, revealing a significant mobilisation of the audiovisual sector in Europe following the GATT negotiations. For, while it was nice to have won a battle during the negotiations, it was still important to be able to consolidate. This mobilisation is also reflected in the very high level of interest displayed by the whole of the European, and even trans-Atlantic, press and in the involvement of professionals from the sector, as remarkable in quality as quantity.

The main idea was to consult the profession on the options outlined in the Green Paper, but, since representatives of the European institutions and Member States of the European Union had also been invited as observers, the Conference was able to give a real political boost to the Union's future audiovisual strategy.

The participants came from different sectors of the audiovisual industry, so it was difficult to reach a consensus on all the items on the agenda. However, the general opinion was that a strong European television and cinema programme industry was required to preserve and promote both the cultural identity and the specific nature of Europe. It is true that audiovisual programmes are a carriage for cultural values and that culture cannot be treated like any other product. However, Europe's identity and specificity, which are the wealth of the Union, also bring a fragmentation of the markets. Indeed, the multitude of European languages impedes the free movement of works, in addition to which there is the absence of a European distribution system, a relative shortage of European stars to counterbalance the powerful Hollywood studios, insufficient cross-border cooperation and a shortage of finance.

The conference was split into two units — a reflection and forward study group, devoted to an analysis of the major challenges of the sector, and four subject-oriented hearings, devoted to detailed examination of the subjects of the Green Paper. This latter unit was intended, above all, for professional associations and federations. The subjects of the hearings were:

— support systems in the European Union;
— pan-European prospects;
— the rules of the game;
— the convergence of national systems.

Main lines

Of course, the Commission has to take the time to analyse the results of this Conference in depth to draw final conclusions and make proposals for the future strategy of the Union.

However, the main lines to emerge can be summarised under six headings, as follows:

— We are seeing a general awakening to the economic, cultural and sociological importance of the programme industry and its strategic role in the convergence of the telecommunications, computer and broadcasting industries and we should take it into account in designing the link-up between the audiovisual sector and the information society.

— There is indeed a possibility of creating a world market for the European audiovisual sector, provided conditions are right and the cultural specificity of the sector can be safeguarded.

— Europe has great creative and productive potential, but needs help fully to realise it.

— In the matter of financial investments, we must have the means of realising our ambitions, otherwise we are in danger of

Cable TV, the showcase of the European programme industry

* DG X (Audiovisual, Information, Communication and Culture), European Commission.

slipping into make-believe. The instruments which we devise for the future will have to assign considerable importance to distribution and training networks and emphasise guarantee funds and soft loans rather than grants, on which there is no return.

— When it comes to regulations, we should make a distinction between access and content. Although access has to be liberalised in accordance with the recommendations of the report of the group chaired by EC Commissioner, Martin Bangemann, matters related to the content of programmes, whatever the method of broadcasting, need particular treatment, in particular because of their cultural specificities and their effect on society.

— A content strategy to match our ambitions can and must play a vital role in realising the potential of the information society.

The stakes are very high. It is important to act fast and to seize the opportunity of reviving the dynamics of an audiovisual industry which is on the decline, but full of potential. To begin with, this means political will. As Aurelio de Laurentis, director of Filmauro (the Italian production and distribution company), so neatly put it : 'European politicians have to shoulder their social, cultural and economic responsibilities by backing a cultural industry which creates employment.' Jack Lang, the former French Minister of Culture and chairman of the reflection and forward study group, for whom the Conference was an important moment in the affirmation of a collective awareness without which the governments would not act, went so far as to propose channelling 1% of the Community budget into a European fund.

We now have to see what the follow-up to the work of the Conference brings. The European Commission intends continuing the dialogue with all parties concerned — professionals, Community institutions (the European Parliament and the Economic and Social Committee), the Member States and the associated countries (the European Economic Area and the countries of Central and Eastern Europe) and representatives of the other third countries. The Commission will formulate its first practical proposals on the Community support machinery and a possible revision of the frontier-free television directive (defining the legal framework for broadcasting) in the light of these consultations and of reflection to be undertaken with the financial sector in September.

N.T.

Green Paper: 'Strategy options to strengthen the European programme industry in the context of the Audiovisual Policy of the European Union'

The Green Paper and the debate which it launches focus on one specific aspect of the audiovisual sector, namely the development of the European film and television programme industry.

The audiovisual sector as a whole is a complex one now undergoing profound changes, in particular because of rapid technological development.

This change is determining new interactions between the various cultural, technological and industrial components of the sector.

It is also triggering the emergence of new products and new audiovisual services, in line with the multimedia and interactive approach of the information society.

These developments offer new opportunities for audiovisual operators, who are led to adapt their strategies and forge new alliances. This convergence will involve the film industry, broadcasting and the television programme industry, cable operators and telecommunications organisations, the publishing industry and the manufacturers of information and communications technology.

Sustained growth of the audiovisual sector should continue, thereby generating considerable potential in terms of the creation of jobs requiring a high level of qualification.

All these phenomena are being manifested on a world scale and it is not yet possible to assess them fully.

The Commission is aware of the difficulty of isolating this aspect from the many problems attached to the change in the audiovisual sector. But it considers that this is a necessary exercise to take account of two characteristics of the programme industry, namely that :

— films and television programmes are not like any other products. As vehicles of culture *par excellence,* they retain their specificity in the midst of new types of audiovisual products, of which there are an increasing number. As the living witnesses of the traditions and identity of each country, they are worthy of encouragement ;

— the programme industry is and increasingly will be a strategic element in the development of the audiovisual sector. As recent developments show, the most powerful operators on the world market (cable and telecommunications operators and equipment manufacturers) are trying to control the most important programme catalogues.

The debate which this Green Paper has launched on the future of the European programme industry naturally should take account of general trends in the audiovisual sector. It will be fuelled, particularly, by reflecting on the development of the information society.

But the Commission's current analysis, taking account of the development of technology, the convergence of industries and trends in market structures, enables us already to fix on four fundamental prospects for the future of the European programme industry. The industry has to :

— be competitive in a context of openness and internationalisation of the sector ;

— be focused on the future and party to the development of the information society;

— illustrate the creative genius and personality of the European peoples;

— be in a position to translate its growth into the creation of new jobs in Europe.

In taking account of the contribution of the Treaty of Maastricht, which strengthens the instruments of European Union (in particular by enshrining provisions relating to culture), and of the achievements of the Community audiovisual policy and trends appearing in the sector, this Green Paper aims to suggest options for the future, hinged on these three fundamentals.

The Green Paper's central issue can therefore be synthesised as follows:

How can the European Union contribute to the development of a European film and television programme industry which can compete on the world market, looks to the future and is likely to ensure the spread of European cultures and create jobs in Europe?

The approach is therefore focused on the contribution of the European Union. But, obviously, it is through the coordinated mobilisation of everyone involved at every level that these objectives will be able to be attained.

The Green Paper also fits in logically with a series of reflections and complementary debates which the Commission has launched with a view to determining the role which the European Union must play in relation to the challenges facing the audiovisual sector in Europe.

In the front line of these forward studies, the White Paper on Growth, Competitiveness and Employment, adopted by the European Council in December 1993, provides the framework for the Union's action and reflection on the development of the information society and emphasises the growth potential of the audiovisual sector, in particular in terms of employment.

Within this medium- and long-term framework, questions relating to the European Union's aims for the development of infrastructure and applications has led to the creation of a high level think tank on the information society. The European Union indeed intends playing its full part in the control and utilisation of the new technologies.

The technological and industrial challenges inherent in the 'digital revolution' in television broadcasting are dealt with in a specific communication on digital transmission from the Commission to the European Parliament and Council. As well as monitoring the institutional progress of this document and a proposal for a directive on satellite broadcasting standards, the Commission is keenly following the work of the European Digital Video Broadcasting Group, which combines most of the European operators concerned.

Lastly, in the context of the trends in audiovisual market structures and the operators' strategies, the Green Paper entitled 'Pluralism and concentration in the media in the internal market — Evaluation of the need for action', analyses the question of whether the European Union needs to intervene in the rules on media ownership.

What ultimately happens to these various undertakings will partly determine the conditions in which a new environment for the audiovisual sector and a new communication society emerges in Europe. The Commission will do its best to coordinate them closely in a global approach to these developments.

In order to take account of the analyses and suggestions of everyone involved in the Union, the Commission based the drafting of this Green Paper on a preconsultation phase in which contributions of three kinds were obtained.

First of all, the professionals presented their analyses and suggestions:

— professional organisations representing the sector at European level and the various professional structures responsible for management of the Community system of encouragement which is part of the MEDIA programme were invited to answer a questionnaire;

— all companies and organisations which expressed an interest in taking part in the operation were also invited to submit their analyses and suggestions in writing.

Then an audiovisual think tank was set up, in November, at the Commission's instigation, to present a diagnosis of the sector and make suggestions for the future. The report which was the outcome of the work of the think tank reflects the opinions of its authors and does not therefore constitute a document from or approved by the Commission.

Lastly, the competent authorities in the Member States were invited to communicate their analyses.

With the many contributions, it is possible to look beyond contrasting and even contradictory positions on the audiovisual policy instruments to be set up in the Union and highlight one or two virtually unanimous findings which confirm the need for a far-reaching debate on the future of the audiovisual sector in Europe:

— the audiovisual sector is now in an excellent position among the industries with high growth potential, in particular in terms of job creation;

— the question of maintenance of the diversity of national and regional cultures, often expressed in terms of maintenance of choice for the public, is now clearly linked to the development of a programme industry which is to a large extent European and ultimately profitable;

— digital compression technology is perceived as revolutionary in that it seems destined radically to overturn the economy of the sector, by accentuating, in particular, the strategic role of the programme industry;

— if the European Union is planning to reinforce its audiovisual policy, it must do so rapidly, both to cope with the emergency inherent in the technological revolution and to take account of the ineluctable liberalisation of the sector at international level.

This Green Paper largely reflects these elements of consensus, but its principal aim is to launch a wide debate on the consequences to be drawn from them in the European Union in terms of options for the future. ■

Public health

The choice of the title 'public health' for this Dossier rather than simply 'health' indicates only a desire to avoid becoming bogged down in esoteric debate about the nature of something which, alongside freedom, is probably man's most precious asset. Here, we offer our own small contribution to the great debate currently under way about the relevance of seeking to achieve the right of 'health for all' — and this at a time of economic crisis which is particularly severe in the developing countries. In this context, we make a modest attempt to follow in the footsteps of the numerous international institutions who rank among the main providers of development assistance: institutions such as the World Health Organisation, the European Union and the World Bank, who have, in recent times, been considering the implications of increased 'politicisation' of health policies. The World Bank has just published the 1993 World Development Report on Health and this has rapidly acquired the status of a standard reference work, notwithstanding the criticisms which have been levelled at the Bank about the stringent conditions of structural adjustment.

E.C.

Testing for tuberculosis

There is nothing original in the view that 'health is too important to be left to the specialists' in this field. This 'catch-phrase' has been oft repeated. But insofar as it implies that health affects all aspects of life and that one of the past mistakes was to leave it solely in the hands of technicians, it contains more than a grain of truth. At a time when hardened pessimists are talking of a health catastrophe in the developing countries, the thinking that is taking place about the failures of health programmes which have been in operation for thirty years merges with that about the wider development *impasse* that exists in many Third World states. It is true that, over three decades, health indicators have improved almost everywhere but the stark fact remains that developing countries, particularly in Africa, have not yet made the 'epidemiological transition' that was hoped for. In other words, in these countries, people are still dying of the same old maladies — infectious diseases which have largely been eradicated in the developed world and which are both preventable and curable. Furthermore, one need only cite the resurgence of malaria, despite the prodigious sums expended in the battle against it, or the sharp rise in tuberculosis, as evidence that the link between health and development is not always as clear-cut as some would suggest.

The full meaning of the term 'public health' must embrace the idea of health for the people, and run by the people: in other words, where the individual plays a part in the management of his or her own health. We have sought the perspectives of authors from various backgrounds to discuss this 'public' concept of health.

As an introduction linked to the Dossier, we publish interviews with the Director-General and other officials of the World Health Organisation in our 'Meeting Point' section. The focus here is on the policies of this UN body; not just the successes but also where things have gone adrift. Officials responsible for implementing the health/development policies of the European Union describe what they see as the original aspects of the EU approach while acknowledging that 'not everything in the garden has been rosy' in the past. We also look, of course, at actual health problems and illnesses, describing the overall health status of the developing world, with an emphasis on particular diseases such as AIDS. Occasionally, we adopt a lighter approach and we try to look at some areas that have been relatively neglected. One hears, *ad nauseam*, that AIDS is a disease associated largely with sexual relations, but in the preparation of this Dossier, it emerged that almost nothing had been published by health experts on the sensitive subject of relations of love (or passion) in the context of the epidemic: not even a short chapter in the bulky works put together by the most erudite specialists! Accordingly, we asked a university sociologist who has directed a study on the behaviour of young people in the face of the AIDS threat, to give us his thoughts on the theme of 'Towards new sexual relations?' ('Vers de nouveaux rapports amoureux?' in French). If the health situation is precarious in the poor countries, it is even more so for poorest people in them and more generally for those who are categorised as 'vulnerable'. In many countries, women are generally thought to top the 'vulnerability' league and that is why we decided to look more closely at this question. Another 'at-risk' category are the embattled urban poor whose health situation combines the disadvantages suffered by many rural people with the more specific threats of the degraded city environment.

A great many questions, and attempts to offer at least some outline answers, are to be found in the articles dealing with the particular issue of public health management. One of these seeks to examine the nature of the relationship between modern and traditional medicine in the world today. A feature of all the analyses contained in this Dossier is the desire to avoid the natural feelings of anguish and foreboding which characterise the subject. Looking anew at the role of *people* in the system and their reassumption of responsibility for their own health should, in itself, offer a strong reason to hope for better in the future.

For a long time, official development assistance was focused on infrastructure and, by extension, the aggrandisement of leaders who equated big buildings with development and big hospitals with health policy. Here, all of the questions posed spring from the basic tenet that the goal of development is to be found in the wellbeing of individuals. It is like a wager placed on mankind, who must be relied on to come up with the answers.

Hégel Goutier

DOSSIER

Health in the developing world

Progress, despite everything

Epidemics still rage. AIDS is moving from epidemic to endemic and will therefore not be wiped out in a hurry, whatever is discovered in the way of prevention or treatment. Many developing countries, particularly in sub-Saharan Africa, are facing disaster. But the health situation worldwide has improved just a little nonetheless, as is borne out by the considerable improvement in life expectancy and the equally considerable decline in infant mortality (albeit still alarmingly high in many places). However, the chances of 'health for all by the year 2000,' the goal fixed by the World Health Organisation (WHO) in 1977 and taken up by the international community, are disappearing fast. The disastrous economic situation of many developing countries, which have also had the international crisis to contend with and, unlike most of the developed countries, do not seem to be recovering, has confused the issue. And the latest threats are not just the new diseases, for old diseases are back with a vengeance, with tuberculosis on the increase again and malaria killing virtually as often as it did before.

The international institutions have not been sitting back since the 'health for all by the year 2000' goal was set 20 years ago. Many strategies have been devised. The African committees of the WHO and the Organisation of African Unity (OAU) alone have come up with a risk-free maternity initiative (Nairobi 1987), the OAU Heads of State and Government declaration making health the foundation of development (Addis Ababa, 1987), the creation of the special African health fund (Brazzaville, 1988), the Bamako initiative on the community self-financing of primary health care and the Addis Ababa resolution (1990) on the promotion of mutual assistance/solidarity funds backed by a special fund.

Health programmes run by states and international organisations alike have had encouraging results. Smallpox, for example, is said to have disappeared on 22 October 1977 (when treatment began on the last recorded case, in Somalia, and the region was cordoned off by vaccination on a massive scale), although it had killed 1.5-2 million in the previous decade.

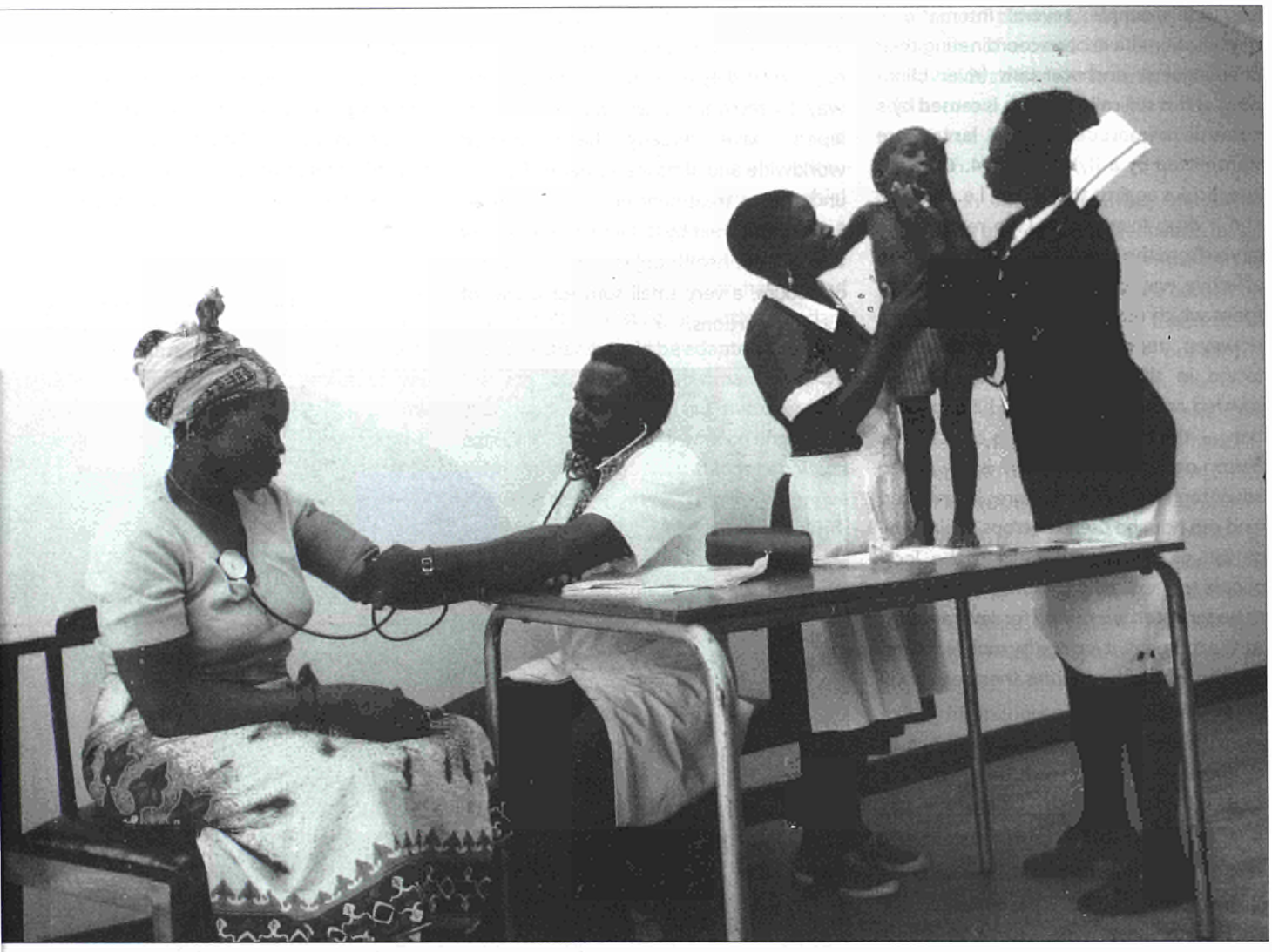
Life expectancy in the developed countries has been increasing for two centuries and the trend has gathered momentum since 1950. According to the World Bank (Report on Development in the World — Investing in Health — 1993), people in the developing countries can now expect to live for 63 years (the 1992 figure), as opposed to 50 in 1950, with, for example, 72 years in Latin America, 70 in China, 59 in India, 52 in Haiti and 49 in Mozambique, although the figure for sub-Saharan Africa is only 51. Infant mortality in the developing world as a whole has dropped from 280 to 106 per thousand, although with considerable disparities. It is still more than 300 per thousand in two countries of Africa and 200 per thousand in 14. Among the developing countries, China has the best record as far as all health indicators are concerned and sub-Saharan Africa the worst.

The success of the drive to contain infectious diseases, mainly those which strike during pregnancy and the early months of life, is the biggest single factor in improving life expectancy. But the results for non-infectious diseases, especially for cardiac and respiratory ailments, and those focused on adults, are mediocre. In most developing countries, trends in infant mortality and life expectancy follow those in the rich countries decades earlier. And there are some special cases, such as the countries of the former communist bloc, where the death rate is rising again among adult males, apparently because of smoking and alcohol abuse and possibly because of new forms of addiction.

Good results from vaccination and maternity care

In Africa, vaccination programmes are one of the successes. In 1985, 20% of the population had been vaccinated (against diphtheria, tetanus, whooping cough and measles) and the figure had risen to 57% by 1992, reaching 65% among young children. It would be reasonable to expect worldwide eradication of neonatal tetanus this decade and poliomyelitis by the start of the next century, with far fewer cases of measles, but vaccination coverage alas seems to have slipped over the past two years — a finding discussed at length at the fourth international seminar on vaccination in Yamoussoukro in March.

Another problem raised at that meeting was the fear of unsterilised needles making vaccination a risk. WHO surveys in a large number of countries (they included Congo, Senegal, Uganda and Zaire) have suggested that up to 30% of injections carry a danger of infection, so, since vaccination accounts for a tenth of all injections and standards of sterility tend to be better in vaccination centres than elsewhere, the percentage of risk in other health departments sometimes could well be more than 50%. It is more than 60% in some countries (Indonesia, for example). Staff point out that shortages force them to use multi-shot syringes and just change, or even re-use the needles. Yet portable sterilisation kits are fairly cheap. This shows, if any demonstration is needed, the importance of understanding the mechanics of infection as a factor of health. One answer — apart from the obvious one



'Another piece of good news is that more than half the African population now has the benefit of mother and child welfare facilities'

of educating health officers — is to use single-shot, self-blocking syringes.

Another piece of good news is that more than half the African population now has the benefit of mother and child welfare facilities, providing care during pregnancy and delivery and through the early months of the baby's life.

Africa lagging behind

But progress on all these fronts is even greater in Latin America and the Caribbean and some countries of Asia. Things in sub-Saharan Africa are difficult and, most worryingly, the gap between it and other parts of the world is widening. There are many health problems still to solve, particularly in Africa and one or two pockets of Asia and America. In 1990, 12.4m under-fives in the developing countries died — although, with the same statistical chances of survival as in the developed countries, 11.1m of them (90%) would still be alive. Infectious diseases are being beaten, but they are still responsible for 42% of morbidity in Latin America and a record 71% in sub-Saharan Africa.

Of all the infectious diseases, tuberculosis is still the biggest killer in the world, even if it does not hit the headlines, and 8m people, more than three quarters of them in the 15-59 age bracket, contract it every year. It kills more than four million annually, which is more than AIDS, diarrhoea, leprosy, malaria and all the other tropical diseases combined, yet it has only 3.6% of the budget devoted to them. In March, at the instigation of the WHO, various international organisations and NGOs launched a campaign to reduce the number of deaths by half over the next 10 years by diagnosing 70% of new cases and curing at least 85% with a six-month course of supervised treatment. This very effective six-month cure costs $30 and the donor countries need to make an extra gesture, to the tune of $100m p.a., to help the poorest victims. In 1990, the percentage of external international aid earmarked for TB control had stagnated at a tiny 0.03% and the effort now required, to which private firms, foundations and NGOs are also being asked to contribute, should push this up to 0.2%. The resurgence of tuberculosis in the poor countries has been put down to the deteriorating economic conditions there, but the disease is also reappearing in the West and, although this is partly because of migration, the 'new poverty' must have something to do with it too. There has been a 20% increase in the USA in seven years and almost 30% in Spain and Italy in four — figures which should stimulate the generosity of the developed nations, if only in their own interests.

The results of the campaigns against some diseases may be measured, but eradication is on the horizon nonethe-

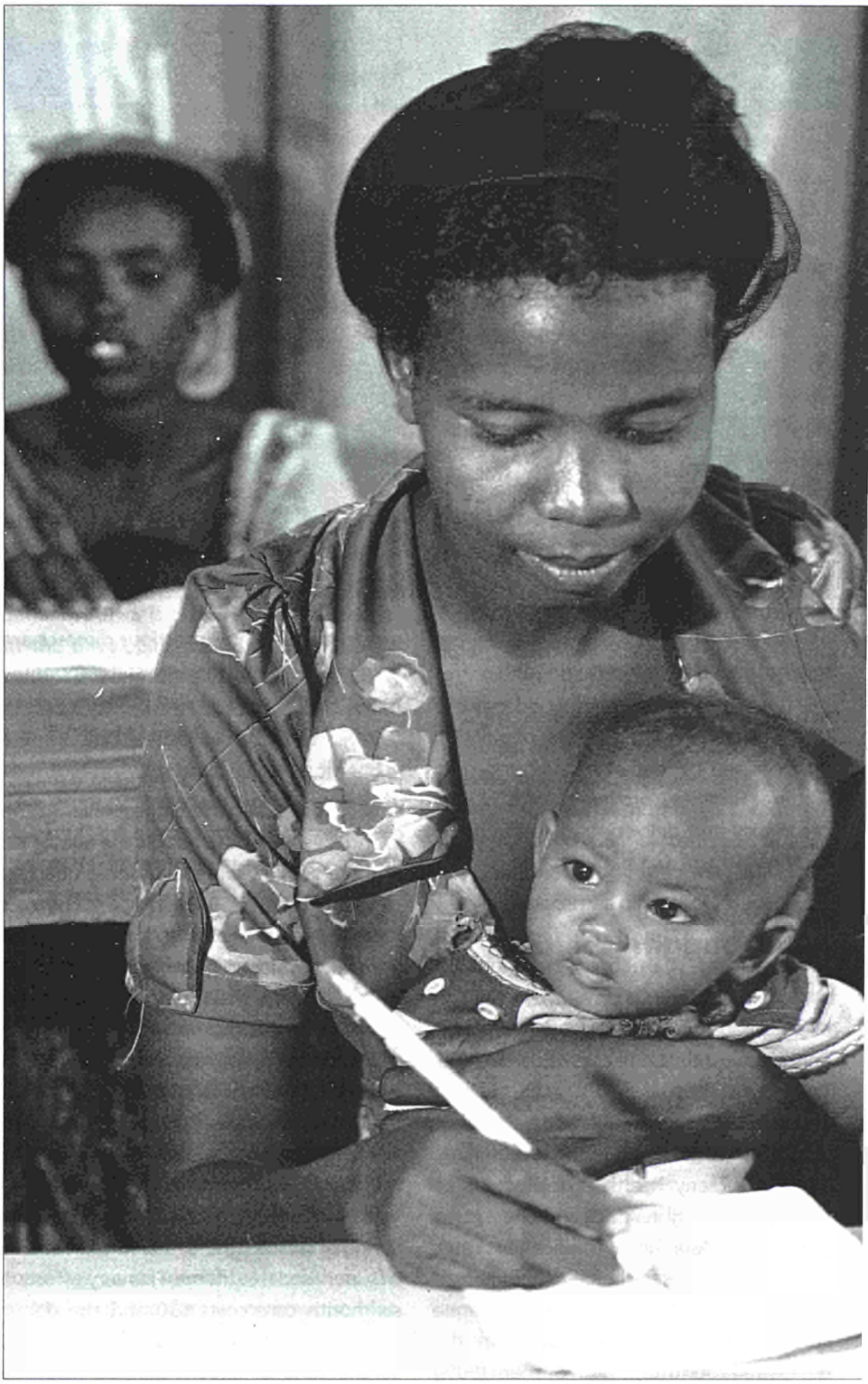
less. For example, several international organisations have been coordinating their drive against onchocerciasis (river blindness, as it is still called, which is caused by a parasitic nematode, whose larvae are transmitted by a fly) since 1974. They use insecticides against the vector, i.e. the flies, and a drug (Ivermectine), to remove the larvae from the blood, but, alas, there is no effective way of dealing with the nematodes which develop in the victim's body. However, more than 1.5m of those infected in the protected area have recovered and more than 30m have protection — the programme costs only $1 per person per year — and there is the added advantage that 25m hectares of infested land can now be used for crops again. One of the pitfalls here is getting the local people to handle the treatment, which has to be repeated every year for several years. At the moment, it is done by mobile teams, but the local communities themselves will have to take over.

Leprosy and malaria soon to be beaten

Victories are also being won against leprosy, which is expected to be a thing of the past by the year 2000. But it has not been wiped out yet and is still wreaking havoc, particularly in Asia. One African country, Nigeria, which has 63 000 lepers, is on the list of the six worst hit countries (it is preceded, in order, by India, with more than a million cases, Brazil, with almost 300 000, Bangladesh, Indonesia and Myanmar), which between them contain 85% of the world's leprosy victims. But the disease is being contained. The treatment in use since 1980 (polychemotherapy, i.e. a drug cocktail, as opposed to the single drug to which the leprosy bacillus had become fairly resistant) keeps relapses under 1% p.a. after nine years. Leprosy will be deemed conquered once its prevalence in endemic areas drops to below one case per 10 000 inhabitants. It is currently 11.6 cases per 10 000 in South East Asia, 5.3 in Africa and 4.6 in Latin America. Fresh hope is founded on the fact that there is no interference between leprosy and other infections, such as HIV (the AIDS virus), and the current form of treatment. All that remains to be done is to make individuals aware of the need to undergo medical examinations and to take their medicines, regularly if they are sick, as this is the only way to recovery. Since the 1980s, 5.5m lepers have already been treated worldwide and almost another million are undergoing treatment now, which leaves 5m more to treat by the end of the century to meet the health objectives — at a cost of $500m, a very small sum for a war of such proportions.

The promise of a malaria vaccine seems more and more likely to be fulfilled. The breeding ground of this disease is the world's poverty belt, an area of a billion people, of whom 200-300m are stricken, 90% of them in Africa, which houses only 16% of the world population. More than

There can be no doubt about the link between education and health



2m Africans, more than half of them children under the age of six, die of malaria every year. Plasmodium, the parasite responsible for the disease, is increasingly resistant to anti-malarial drugs and even to the highly effective chloroquine (Nivaquin). A new Chinese drug, arteether, has promise in cases of resistance to standard medicines. TDR (the Special Programme for Research and Training in Tropical Disease), a joint UNDP-BIRD-WHO scheme, is currently funding the last phases of the clinical trials and arteether will probably be on the market soon. But the speed at which resistance has appeared in so many regions suggests that it may not take long for arteether to be just another name on the list of drugs that malaria has beaten.

None of the attempts at eliminating the vector, mosquitoes, with DDT has done anything but pollute the environment. A vaccine is the only answer, but it is a difficult answer given that the attack is on a parasite. Fighting bacteria or viruses is already difficult, for the human organism has to be made to produce antibodies specifically to attack the pathogen, without risk to the body. But parasites are much more complex than viruses and bacteria, being biologically closer to man, and wiping them out is a challenge outside the scientists' scope so far. Hence the suspense. On the eve of the first anti-parasitic vaccine, scientists are holding their breath.

A number of vaccines are being tested and the first on the market will probably be one discovered by Manuel Patarroyo, the Colombian professor. After a first phase of testing in Colombia and a second phase on 600 children between one and five years old in Tanzania (satisfactory results were published in February), the WHO gave the go-ahead for the final phase, on very young children in Tanzania and Thailand. The conclusions of this testing of the vaccine, which targets Plasmodium falciparum, the most dangerous variety, are awaited with both hope and scepticism. Many western researchers are still doubtful about the Patarroyo vaccine.

Other vaccines on the horizon include one against bilharzia (schistosomiasis), the scourge of a tenth of the population of the planet, a killer which takes a toll of between 300 000 and 500 000 every year. This is the silver medal holder of the endemic parasitic diseases, to malaria's gold, and, since it also affects cattle, it is an economic scourge too. And to complete this gloomy picture, it is often associated with cancers and microbial infections, such as salmonella. There are a number of potential vaccines and the action of one of them, which has yielded good results in testing on cattle in Sudan, suggests that it could be adapted to one of the varieties which affects man. Research into vaccines for viral and microbial diseases is very active, as is work on improving existing vaccines for such things as chicken pox and the pneumococcus, the causative organism of serious respiratory infections.

Epidemics of ignorance

Infectious and parasitic diseases are not the only ones to cause havoc. Acute respiratory ailments, pneumonia especially, affect people of all ages and, in Africa, 12% of all infants die from them. On this continent, diarrhoeic ailments cause 38% of fatalities among the under-fives, despite the fact that simple oral rehydration considerably reduces the risk of death.

These diseases take a greater toll because of lack of information. Outbreaks of cholera in Somalia or on the Rwanda frontier spell disaster, but informing the people about the disease, a difficult thing to do in the space of only a few days, could considerably reduce the damage. For example, an intense information campaign which taught people to purify water, by boiling it to eliminate much of the risk of contamination, headed off the threat of a dysentery epidemic in Zimbabwe in April, although more than 100 still died.

Dirty water is responsible for four fifths of all sickness and one out of every three deaths in the world today. Despite progress during the water decade (the 1980s), clean drinking water is often not available and a billion and a half people on the planet are without it. One waterborne disease is hepatitis E, a form of hepatitis identified in 1990, which, like cholera, is transmitted in dirty water. It has already reached epidemic proportions in Asia, Africa and South America, affecting hundreds of thousands of people, with a death rate of around 2%. The hepatitis E virus, which strikes adolescents and young adults most, does not seem to be very hardy, but its method of survival is still unknown.

In many countries, persistent population growth is another health factor which depends very much on how far the people are informed. It places a burden on health budgets and first and foremost on those destined to provide the population as a whole with primary care. The challenge is greatest for the mother and child welfare services, which are automatically involved with pregnancies which carry high risks or are too early, too late, too frequent or too close. If there is no family planning, there may well be (illegal) abortions. This is the reason for 40% of hospitalisations in obstetrics wards in Nigeria, for example, and it consumes half the country's maternity budgets. Not only has the situation in most African countries not improved in this respect; it is actually getting worse. There are more and more adolescent mothers, just as there are more and more of those 'vulnerable' sections of society, the rural women, the young jobless and the migrant workers. And leaving individuals aside, whole communities in any given area may be vulnerable. The situation in this respect is also deteriorating.

Although there is no longer any doubt as to the link between education and better health care or to the fact that such education tends to be more easily provided by local health units, few of the developing countries attach enough importance to changing the balance of hospitals and local dispensaries and the way they are spread over urban and rural areas. In Africa, for example, the drive to do this for vaccination, local medicine supply and pre- and post-natal care has been far from adequate. Political management, in the broadest meaning of the term, has something to do with it, because putting the responsibility on the shoulders of the local people means decentralising, which many political leaders persist in equating with loss of strength.

Microbes offer a convenient excuse. The infectious diseases which run rife in the developing countries are often epidemics of ignorance. ■ Hégel GOUTIER

DOSSIER

The turning point

ACP-EU health sector cooperation in the 1990s

by François Decaillet*

Because better health is not just an end in itself, but a means and a driving force of development, it is one of the main aims and priorities of development aid, although for years it occupied a relatively modest place. In the spirit of Lomé IV and with the emphasis on capacity building, the 1990s have been and remain a time to improve schemes in the health sector.

A change of direction

For years, Commission support for the sector was limited in volume and focused on the development of infrastructure, hospitals to begin with and then outlying facilities, and the supply of equipment and/or pharmaceuticals in one-off, isolated and scattered projects. These were useful schemes, which helped with the rapid set-up of infrastructure networks and the extension of health coverage.

However, in the 1980s, the limitations of this sort of approach became increasingly apparent. The crisis in care systems and the appearance of the recurring costs syndrome (see box) suggested that increasing the number of investment projects no longer constituted a viable strategy or efficient support for health development. The sector needed a more global policy.

In 1990, the Commission began to reorient its health operations. The desire for greater relevance and efficiency led to the development of a dialogue on the health policy and a drive to fit in better with national policies.

Progress also demanded clearly identifying the areas of intervention in which the Commission had comparative advantages, striving for greater consistency in using the various methods of actually getting the aid consignments to their destination, producing guidelines for action and developing consultation and operational coordination between the European partners.

Lastly, the Commission clearly needed to develop expertise in the public health sector and set up a system of technical support. This is why training sessions were run for staff in Brussels and in the delegations and, in May 1993, a special unit was set up to deal with health issues and the AIDS control campaign.

The general framework

Three *guiding principles* may be enumerated. The first is that cooperation must help in the quest for greater fairness and greater social justice and make for the expression of an individual and collective right to better health. Second, while aiming to help countries meet the basic needs, in particular, of the most vulnerable sections of society, it should not replace national efforts, nor try to provide a solution to every problem. Finally, there is no universal model for the organisation of health services or their components. Specific features and national desires must be respected.

Two *general aims* for EU aid have also been identified. These are to help create a health-frendly environment and to assist countries in defining and operating health policies to meet the basic needs of their populations.

Moving a stage further, there are four *intermediate aims.* These are:

— to take more notice of health when defining development policies and particularly when preparing and implementing adjustment programmes;

— to help tackle the structural imbalances of health systems by gearing action to supporting and improving the basic facilities;

— to facilitate institutional reform by improving the capacity at central level, encouraging the sharing of responsibility, particularly as between the state and the private sectors;

— to help countries develop systems and schemes to make a more efficient job of marshalling and managing the available resources, in particular by developing public budget programming and management support, and schemes to improve medicine supply systems.

PHOTO EU

Building new facilities in Niger in the 1970s. Support for the health sector has been a long-standing feature of Community development policy

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Finally, the framework includes a *general plan for the use of instruments.* The range of available instruments is perfectly adequate, but greater consistency is called for in their use, and this is the point of the plan.

Rapid and encouraging results

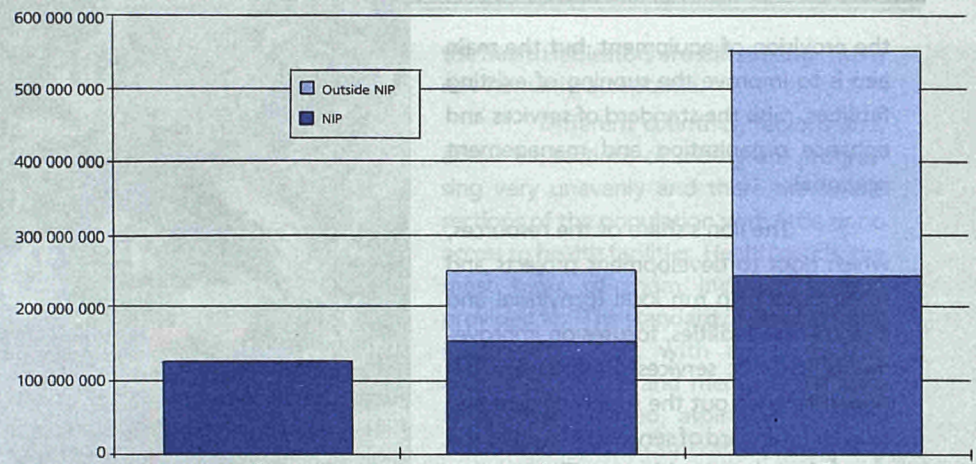
It is obviously too early to take stock of the situation and produce precise measurements of the effects of the change, but, practically speaking, it is already clear that health cooperation really has made a substantial difference to both quantity and quality.

The new guidelines have been particularly well received by the ACPs, resulting in a very noticeable increase in the number of countries interested in health cooperation with the Commission and in the volume of 7th EDF health commitments, which, at a total of more than ECU 500m, currently represents more than twice the figure for the 6th EDF. This volume is still expanding and it would be reasonable to expect health cooperation ultimately to account for something like 7% of the full amount of the 7th EDF.

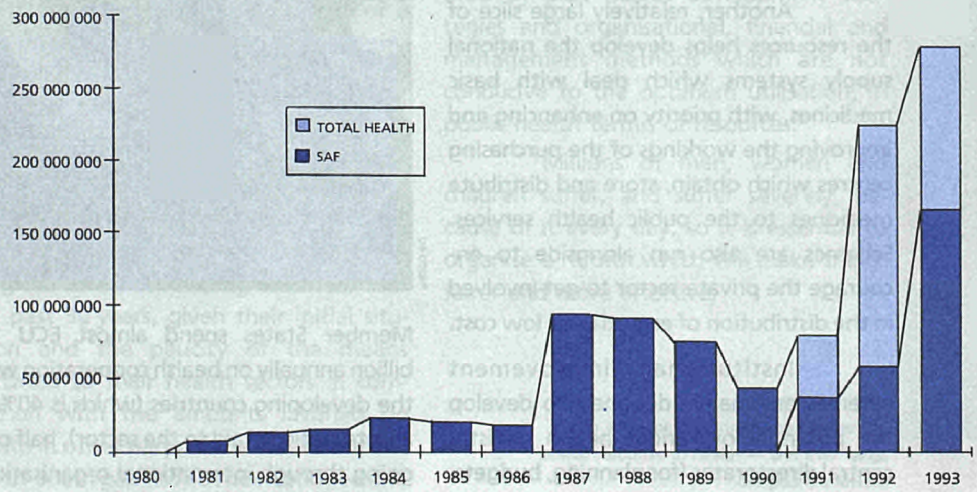
Half the commitments are transfers made under the structural adjustment facility. Since becoming operational, the facility has made it possible to provide additional finance needed to keep public health services going and cushion the effects of the budget crisis and the recurring costs syndrome. And since these means go hand in hand with support for revision of the programming process and improvements to budget management, the immediate impact will be followed by longer-term effects, in particular involving bringing budgets gradually into line with the government's health policies.

The other half goes on projects and programmes. These are no longer run piecemeal or in isolation, but fit into a general scheme designed in the light of an analysis of the main components of health development, the national health policy and the work of other external partners. They still involve material investments and

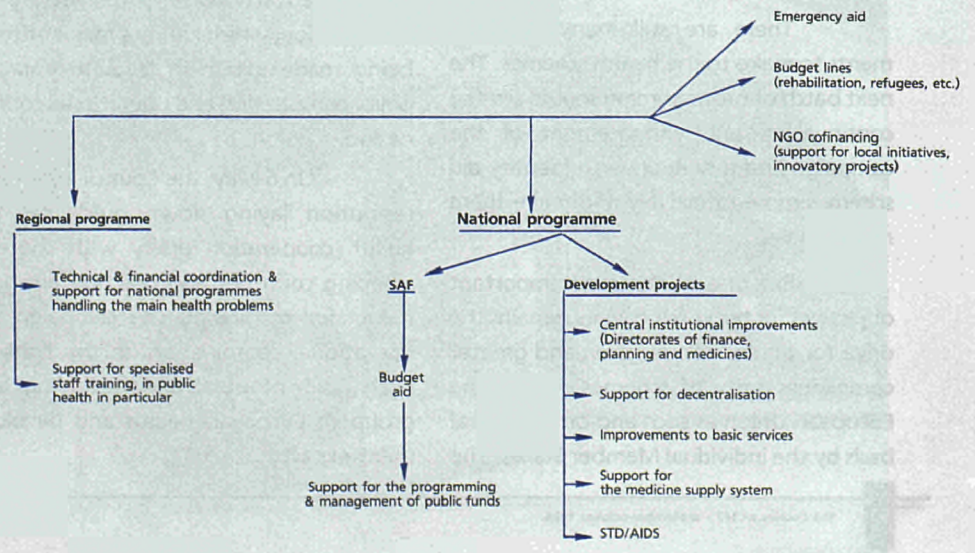
Graph 1: Health financing – 5th, 6th & 7th EDFs



Graph 2: Health financing (Both within and outside national indicative programmes, including funds from the structural adjustment facility)



Graph 3: Health sector intervention strategy. General plan for use of instruments.



the provision of equipment, but the main aim is to improve the running of existing facilities, raise the standard of services and enhance organisation and management potential.

The lion's share of the resources, which goes to development projects and schemes to help run local (provincial and district) care facilities, focuses on improvements to basic services. Projects are designed to even out the supply of care and raise the standard of services offered to the people in a given health zone. They tend to have a number of components — the building and rehabilitation of infrastructure, the supply of equipment, support for training, continuing training and staff supervision, technical support for programming, organisation and management, support for the development and integration of preventive care etc.

Another, relatively large slice of the resources helps develop the national supply systems which deal with basic medicines, with priority on enhancing and improving the workings of the purchasing centres which obtain, store and distribute medicines to the public health services. Schemes are also run alongside to encourage the private sector to get involved in the distribution of essentials at low cost.

Institutional improvement schemes are mainly designed to develop the potential of various health ministry central directorates (for planning, budgets, medicines etc.) and make it easier to shift responsibility out to the regional health directorates.

A continuing effort

There are still many improvements to make to the health schemes. The next batch of programming should see the continuation and enhancement of the campaign and a new drive to identify aid schemes more effectively and make them more viable.

But one of the most important objectives for the coming years remains the drive for tighter coordination and greater complementarity of schemes run by the European Union as such and on a bilateral basis by the individual Member States. The Member States spend almost ECU 1.5 billion annually on health cooperation with the developing countries (which is 40% of all international aid to the sector), half of it going through international organisations and development banks and half through bilateral aid channels.

The European Union is the developing countries' biggest partner in the health field and, clearly, the ACPs get the bulk of the aid.

But the aid still suffers from poor coordination, which is why a major effort is being made at Union level to improve policy consultation and operational coordination.

On 6 May, the Council adopted a resolution laying down guidelines for health cooperation policy with the developing countries and practical arrangements for continuing the campaign for operational coordination, in the light of Commission proposals and the findings of a group of European health and development experts.

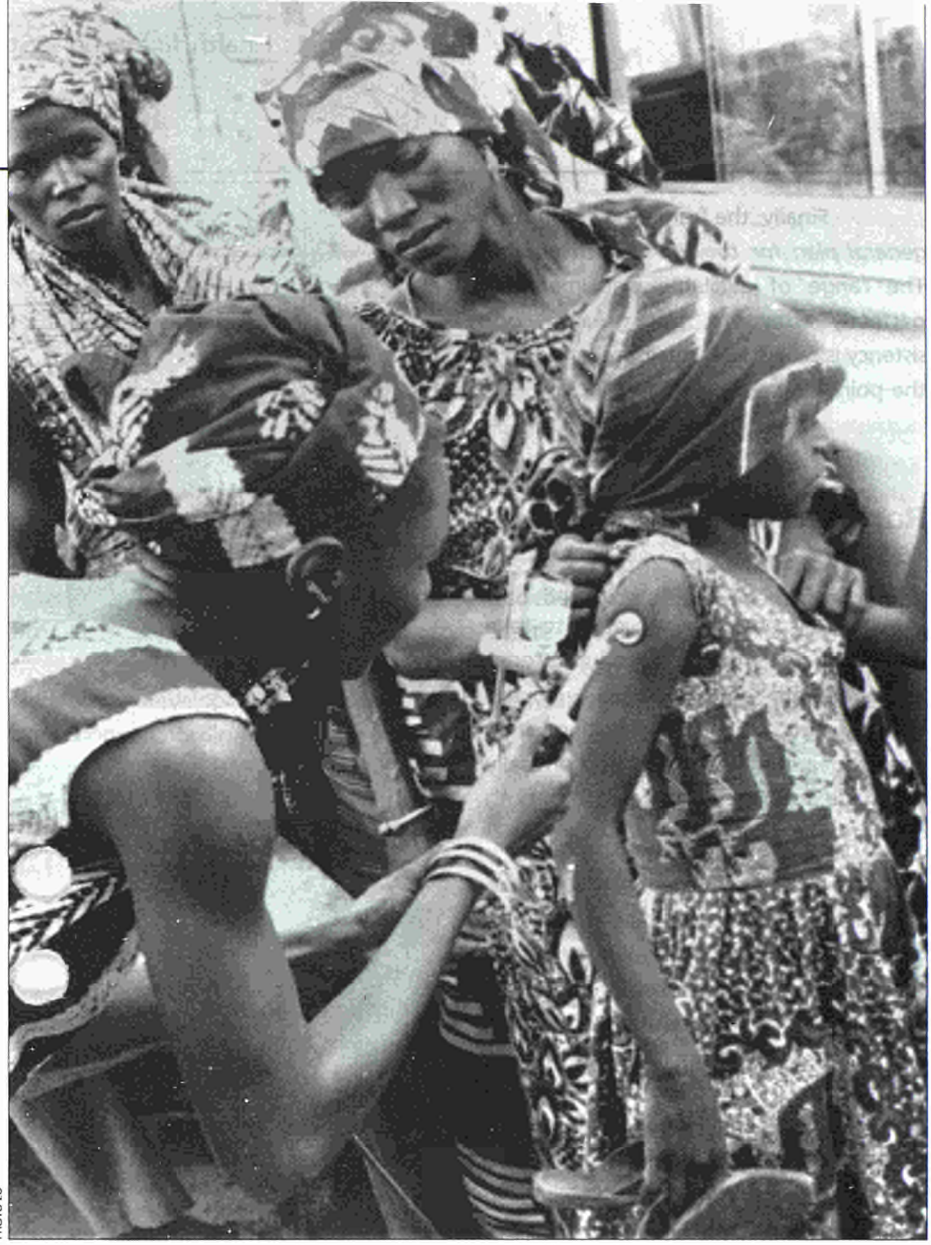


PHOTO EU

Restoring the balance – priority on rural medicine

This is a general policy framework for Community and Member State assistance in this field.

Consultation is continuing with a view to discussing approaches to various geographical units and sub-units and investigating specific themes (medicines – support for decentralisation – capacity building).

In the field, the idea is to make schemes more consistent and create synergy and complementarity. European partners are already exchanging much more information and, going one step further, planning to produce sector journals and studies together and to undertake joint analyses and discussions of the aims and methods of intervention.

All this goes to show that the 1990s are a turning point for the health sector.

F.D.

DOSSIER

Reforming health systems

by François Decaillet*

Health system reform is now on the agenda in every continent, in the rich and the less rich countries in North and South alike. In the USA, the Clinton administration has made it one of the cornerstones of its policy and it is the subject of many a debate in the European Union, the countries of Eastern Europe and even the former Soviet Union.

This is not just the latest passing fashion of the health system professionals, for the subject has left its ivory tower, to be taken up by politicians and unions and employers' associations and passed on by the media for discussion throughout the community.

The debate has been triggered by a clash between a need for fairness, an ever-mounting hope of better treatment and an imperative need for states, taxpayers and individuals to keep their health spending affordable. It reflects the fact that the aims, priorities, organisation, funding and management of health schemes have had to be adapted to a changed and still rapidly changing world.

But the problem of health system reform is particularly acute in the developing countries, especially the ACPs. Health requirements there are fast expanding, largely because populations are growing, people are living longer and they are now in a period of epidemiological transition, with new pathologies emerging and adding to, rather than replacing the old ones.

Aspirations to better health and the demand for both care and care of a high standard are growing apace, in particular because information and education are better.

A lot has been done to improve the health situation over the past decade or two, of course, and one cannot but pay tribute to the speed and extent of the progress in the developing countries over the past 30 years, given their initial situation and the paucity of the means allocated to their health sectors in comparison with the amounts lavished on health in other parts of the world. But the North-South gap has not been bridged and the health indicators are still striking. This is not humanly acceptable.

Different countries, regions and, above all, sections of society are progressing very unevenly and there are whole sections of the population with little or no access to health facilities. Health needs, the most basic of them included, are ill provided for. The standard of services is still inadequate. And, with access to the arsenal of science and medicine still to a large extent denied, aspiration becomes frustration and exasperation, weighing heavy on society today and politics tomorrow.

The extent of the needs and the speed at which they are growing reveal the flagrant inadequacy of national and external health funding. But it would be wrong to see the present crisis of the health system as the only culprit, for this is an extensive crisis, and a structural one too, bred by past health development strategies and organisational, financial and management methods which are not conducive to the optimum utilisation, in public health terms, of resources.

Millions of men, women and children suffer, and suffer severely, because of it every day, so it is essential to organise a reform which will make things fairer and more effective.

* Principal administrator in DG VIII (Development) at the European Commission.

A hospital in Eritrea. The developing countries can only devote limited resources to health — and their range of options is limited

Basically, the general idea is for reform to meet the three main aims of:

— ending the structural imbalance and making a better job of channelling and capitalising on investments;

— marshalling and using resources more rationally, more fairly and more efficiently;

— allocating jobs and responsibilities better.

Ending the structural imbalances

As they stand, the developing countries' health systems are badly balanced. The distribution of urban and rural and hospital and non-hospital facilities is uneven and little thought is given to the relative importance of different levels of treatment, or prevention and cure, or to stepping up vertical programmes and initiatives.

There is no doubt as to what the top priorities are — better coverage for poorly served areas and/or for underprivileged sections of society, a brake on the development of hospitals in order to do more for the basic facilities, clearer differences between the various levels of service, with better skills and higher technical standards in health centres and district hospitals and the integration of preventive care.

In practice, however, the content of reform is difficult to define. How, for example, is it possible to cater for breakneck urban expansion without neglecting the rural world? How can all the different facilities be combined into a workable system? What should be provided as a basic service at each level, without offering too much or too little? The problem is made all the greater by the fact that these countries can only channel minimal resources into investment and are not complete masters of their choices.

Marshalling and using resources more rationally, more fairly and more efficiently

As we know, very little money can currertly be channelled into health and the situation will not change in the foresseable future. States can push up their health budgets, in particular by shuffling allocations from one sector to another, but they will be unable to do enough until economic growth is restored. The total volume of direct financial contributions from patients' households is already very large, far larger in fact than in the developed countries, but it cannot get any larger with incomes stagnating or declining. Globally, in real terms, external aid for the health sector declined in the 1980s and is managing to do no more than creep up in the early 1990s.

In many cases, resources are not marshalled to best advantage. Official budgets are carried over from year to year, without the periodic updating which could keep them in line with national health policies. The shortcomings of budget programming are obvious, but how can they be improved when human and institutional capacities are so limited?

Families contribute to the cost of treatment in a relatively large number of ways. They range from prepayment to precise listings of the prices of each medical act and the advantages and disadvantages of each, in theory, are fairly well known.

But in the individual national context, how can the level of contribution be raised and the running of the health service improved without pricing treatment out of the market for some sections of the population? How should financial contributions be organised to ensure that the net yield is positive and there is no risk of the money paid in by individuals and the communities to which they belong being hoarded, squandered or taken?

Many countries, with multiple handicaps and the economic crisis to contend with cannot, and will not be able to marshal the resources to maintain their present levels of *per capita* spending and meet their populations' most basic needs. External aid is vital and, in many cases, will remain so for years to come. What skills and abilities should be developed and what organisation and methods used to make sure that programming is far more in line with the hard core of national priorities than in the past and can be applied without becoming an added burden on an already overloaded national administration?

Better management is essential when resources are short, but shortages are hard to manage. Costs can still be cut in some cases. With medicines, for example, substantial savings (and improvements to the balance of payments) can be made by going for basic drugs, new supply procedures, better organisation of distribution networks and the rationalisation of prescriptions, without lowering standards. Elsewhere, managerial training and more efficient management methods can help make more efficient use of resources.

Priority must always be given to the most vulnerable groups

Allocating jobs and responsibilities better

The existing institutions and methods of organisation and the way jobs are currently distributed between public and private sectors and providers and purchasers tend to hamper the services and restrict their efficiency. So reforming health systems also — and perhaps above all — means reforming the institutions.

Here again, there is no universal formula. Choices have to be made in the light of individual circumstances and health policy targets and plans must be drawn up in the light of opportunity and resistance to change.

Improving the workings of the state sector means considering various options, trimming staff, bringing in new pay scales or producing precise job descriptions, making some units independent, setting up implementing agencies and

Entire groups have little or no access to health care

decentralising or devolving the administration.

Given the weakness of civil service recruitment now and in the foreseeable future, to name but that, there are bound to be major new developments in the private sector. How can we make sure that they do not create fresh discrepances in the supply of treatment and new inequality in the face of disease? How can they be regulated and integrated into defined policies? How can they be controlled?

No models, no easy answer

The malady has been identified. The problem may be fairly well understood and the diagnosis correctly made, by and large, but the choice and method of treatment seem singularly complex, because there is no universal model to administer. If answers are to have any chance of viability, they have to be specific and geared to the individual context and if they are to be accepted, they have to come from within, not be imported or adopted.

There is no easy answer either, partly because of the extreme complexity and intricacy of the problems and partly because all the questions and possible answers go beyond the medical-health framework proper.

To a very great extent it is the politicians who do the decision-making and, reasonably enough, they are careful about it, because of the politically sensitive nature of everything to do with death and disease and, *inter alia,* the susceptibility of health staff when their own interests are at stake. Therapy is all the more difficult to apply when countries have to cater for the interests, programmes, procedures and often obsessions and phobias of their external partners.

So considerable thought has to be given to reform as a result. Scenarios have to be constructed and analysed and the people in charge, the operators and the actual or potential users of the system have to be closely and actively involved in the whole process. All this means a change of outlook for national and external partners alike. It means more care with management and more respect for the diversity of choices, mutual trust, a desire for consensus and greater flexibility in the running of operations.

Reform is a global, inevitably complex process which cannot but be slow, non-linear, expensive and socially and politically painful. But it is absolutely vital. ■

F.D.

In the throes of change

Public health programmes in Africa

by Hubert Balique*

Unbelievable as it may seem at the end of the 20th century, health problems which we thought had been consigned to the past still persist on our planet. Although the state of health of the people depends mainly on the degree of socio-economic development in the countries where they live, it would be wrong to overlook the impact which professionally run public health schemes can have. With carefully designed, properly run programmes, it is possible to anticipate the beneficial effects which can be expected as a result of development.

Health is above all the fruit of development

The progress made in 30 years of development has raised the probability of a child reaching the age of five from 77% in 1960 to 89% in 1990 [1].

Epidemiologists, whose increasing number is a reflection of current trends in our understanding of health problems, daily confirm that improvements to housing, road building, the supply of drinking water, the extension of communications networks, the opening of markets, higher agricultural output, and so on, have real effects on life expectancy at birth and on most health indicators.

Although an increase in *per capita* income has a direct influence on mortality during infancy, the most conclusive results are obtained by raising school attendance rates, particularly among girls. More than a year's schooling for mothers is enough to reduce child mortality by 15%, the improvement being only 6% in the case of fathers. This finding is particularly valid if the initial levels of income and education are lower.

Although it is clear what priorities the politicians must have, it is still true that developing health services to make it easier for people to obtain reasonable care at lower prices plays a major role in improving the population's state of health.

Health schemes also have a major role to play

Current knowledge in the field of health is perfectly adequate to provide an efficient response to the priority health problems of the people in the least developed countries.

Indeed, the vast majority of these problems relate to ailments that are parasitic (such as malaria and bilharzia), infectious (such as measles and chicken pox) and nutritional (for example, protein, iron and vitamin deficiencies), all of which are quite capable of being controlled.

Their most visible consequences are very high infant mortality (some countries have a one in four death rate among the under-fives), the constant threat of epidemics of diseases such as meningitis and cholera, and the onset of permanent handicaps including blindness and paralysis or temporary afflictions such as Guinea worm. All these cause suffering as well as having an adverse economic impact.

In addition, the illnesses more commonly associated with industrialised countries such as high blood pressure, diabetes and cancer are also to be found, although they are less prevalent.

The conditions surrounding pregnancy and birth also result in situations

'It is pointless to try to run public health programmes without a working network of public health facilities'

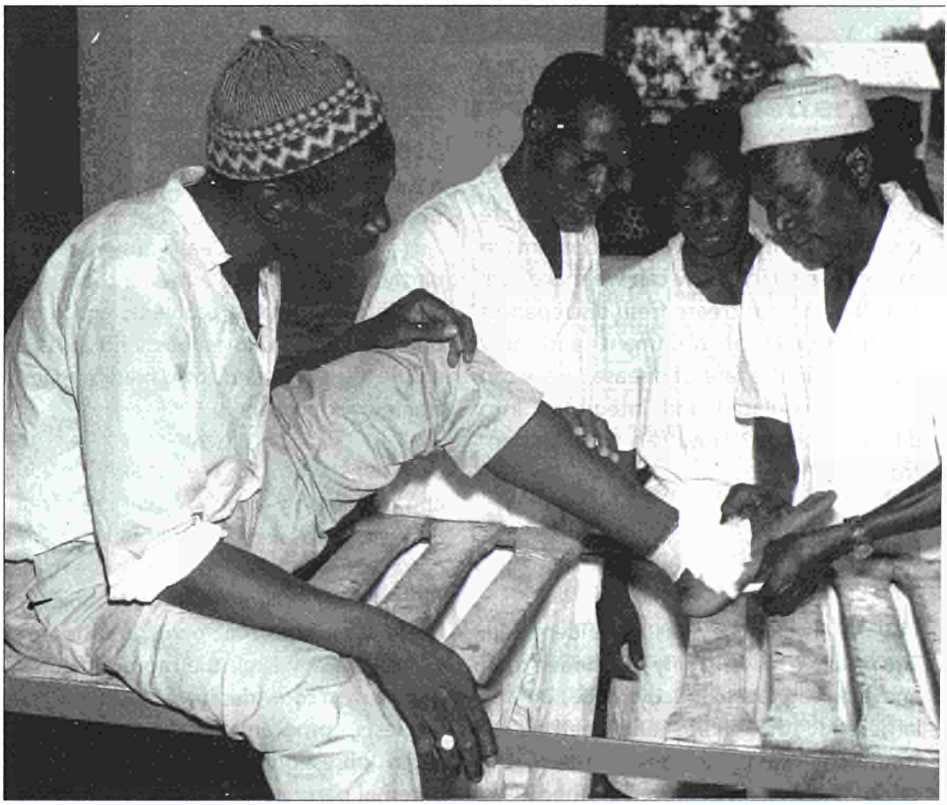


PHOTO CE

* Public health doctor and international expert.

[1] World Bank development report for 1993 on investing in health.

which are both shocking and unacceptable. Unbelievably, in Africa, tens of thousands of healthy young women die every year after days of terrible suffering in their efforts to bring a child into the world.

That is not all. The recent arrival of AIDS has completely changed the health scene in African countries. Unknown just 10 years ago, this disease has become every country's top priority. However, care must be taken to ensure that the seriousness of AIDS is not allowed to stifle the health services' efforts to combat other diseases.

The progress of medicine and medical science, in fields such as immunology and virology for example, over the past 50 years, has provided health technicians with a whole battery of knowledge and techniques. These can easily be used by the increasing number of doctors, nurses and other health professionals who are the products of the training drive of the past three decades and they are compatible with the level of economic attainment of the countries in question, including the poorest of them.

The arsenal of preventive medicine is large and vaccination is certainly one of its most powerful weapons. The standard, extended vaccination programme aims to give children protection, before their seventh birthday, against seven diseases — measles, tetanus, chicken pox, polio, tuberculosis, diptheria and yellow fever. The results, which have been spectacular in many countries, add to the considerable and often overlooked achievement in eradicating smallpox worldwide.

Epidemics of such diseases as meningococcal meningitis can also be controlled by vaccination. Wide distribution of the vaccines, and the latest results achieved in biotechnology, using genetic engineering to produce vaccines, are bringing down production costs constantly.

The present state of obstetric knowledge is such as to be able to control any problems of parturition and significantly to reduce the risk of perinatal deaths. By keeping births properly spaced and reducing the possibility of unwanted pregnancies, contraceptive techniques help improve obstetric conditions, develop a sense of family responsibility and make it easier for people to adjust to their living conditions.

In curative medicine, new treatments are appearing all the time to tackle the vast majority of causes of death, without the need for major and expensive infrastructure. Antibiotics, antiparasitics and a whole series of other medicines are excellent weapons, and since they are no longer under licence, they can now be produced freely and obtained, under their international name at ever lower prices.

Simple oral rehydration has opened the door to new strategies for dealing with the consequences of the diarrhoeal diseases which are one of the three leading causes of child deaths.

Sexually transmitted diseases (other than AIDS) and pulmonary infections are easy to treat. There are powerful drugs for leprosy and tuberculosis and methods of treatment exist which can cure the commonest forms of these maladies in only a few months.

New techniques of surgery, progress in intensive care and the spread of echography are putting increasingly efficient tools at the disposal of doctors.

However, there are still difficult problems in some fields. One example is malaria, one of the biggest causes of death in the world today. Researchers have been working on a vaccine for this for more than 30 years but, in the meantime, the parasite fights back against the most recent treatments, developing resistance to the new products coming out of the laboratories.

A similar situation exists with AIDS. Mankind seems powerless in the face of this disease, which spreads anguish and despair, and only the discovery of a vaccine will make it possible to reverse the present trend. Unchecked, it could threaten the very survival of many countries.

Need for efficient, operational health systems

In emergency situations such as in Rwanda, where every minute counts and where there is no immediate question of development, considerable resources are needed for action to be effective. In all other cases, however, the value of a public health operation depends on the system in which it is operated. Just as the fastest of high speed railways can only run with a proper network of tracks, bridges and tunnels, it is pointless to try to run public health programmes without a working network of public health facilities. Over the past few decades, a very large number of relevant and promising programmes have been undertaken.

In the wake of China's breakthrough with its 'barefoot doctors', the 1970s saw the advent of the concept of primary health care. Although it was based on sound principles, this new idea, encapsulated in the slogan 'health for all in the year 2000', did not succeed, because it failed to take account of local constraints and economic parameters. Given the lack of convincing results, the 1980s saw public health personnel return to their technocratic tendencies. The extended vaccination programme, which should have given 80% cover by 1990, was joined by a series of vertical programmes. Public health decision-making came to be influenced by trends and fashions. Thus, there was a year-long campaign against death from diarrhoea, another against acute respiratory diseases, another against vitamin A deficiency, and so on. Then, following the AIDS explosion, tuberculosis flared up again and returned to the international stage.

Very fortunately, with the 1990s looming, approaches were then developed such the Bamako initiative, and the idea of district health development, which were more pragmatic and in conformity with proper planning principles. The essential elements here were cost recovery, the promotion of basic medicines under their international names, and decentralised planning.

Although the various programmes all brought undeniable results, they tended to suffer from not being rooted in the development of the countries in question, perhaps partly because time was a problem. The 'fashion' element of the programmes forced them to move at a pace which was not in line with the development process and the fact that they had to work through projects all too often led them to emphasise the short and medium term, to the detriment of the longer term on which development relies. Experience has shown that, although every day programming methods can be used for

PHOTO CE

'Improvements to housing and the supply of drinking water have real effects on life expectancy at birth'

such things as road development, they tend not to be suitable for the specific features of health development.

It takes more than building health centres, laying on refrigeration facilities, providing cross-country vehicles and running staff refresher courses to create the right conditions for development. Only several years after a project has been completed can its real results be judged. There is little point in aiming for vaccination cover in the region of 80% while accepting very high units costs which mean that only a few years later, it is barely possible to achieve 30% coverage!

So many projects have been 'lost' because they failed to take root after producing results which were as spectacular as they were short-lived. By analogy, development is not likely to be achieved by doubling civil servants' daily allowances, if the effect is simply to destroy motivation once the payments stop.

The fate of Sisyphus [2] is not one which public health services should seek to emulate and the people who run them must stop giving in to the temptation of schemes which are 'spectacular' or which appeal to the emotions. Short term effects are one thing. Development is quite another.

If public health programmes are to be effective, then more attention has to be paid to public health systems. This means working towards long-term aims, taking more notice of local conditions and placing more emphasis on the economic and human dimensions of health.

Redefining the role of the state

Contemporary demands have led to innovations in health system design and organisation. These have been made in the light of two key ideas namely, taking the economic dimension of the health services into account and making clinical units operate independently so as to move from an administrative approach in which the regulations are all-important to a managerial one which is geared to performance.

Health systems currently have two new assets — the increasing availability of staff, and acceptance of the idea that treatment should be paid for by the people. Regarding the first of these, the threshold of one doctor to every 10 000 people is now being crossed in many African countries. The WHO believes that this is a vital step towards making the development of health services a reality. On the question of funding, it is only a few years since people expected the state to provide health care for nothing. Today, it is estimated that 75% of health spending in certain African countries comes straight from individual households [3].

One of the consequences of this is the realisation that a public health policy can be founded on a different idea of the role of the state and the associated redefining of the ways of providing a public service. Under this new approach, the state is no longer considered as a provider of services but rather as something that finances and stimulates initiative.

The new move suggests that, with careful juggling of the public, private and newly-emerging community sectors, it should be possible to promote a harmonious, realistic health service in which everyone involved makes their own specific contribution to meeting the needs, thereby providing a coherent response to the demand for a wide range of care.

It is for the state to finance priority health schemes, create the conditions for healthy competition and ensure that the rules are applied. It no longer has to provide services other than those which other operators are not in a position to offer. This is the case, in particular, for hospitalisation, which the state alone can guarantee to the poorest members of society.

The private sector can meet the expectations of the more privileged who are more demanding about the quality of care. Since it has the resources, it can 'level up' the standard of services, improve the quality image of health schemes in the eyes of the more underprivileged, encourage the development of economic activities directly related to health and contribute to the country's social balance.

[2] A character in classical mythology who was condemned for eternity to pushing a rock up a hill only to have it roll back down before the summit was reached.

[3] Brunet Jailly — Les comptes nationaux de la santé au Mali (Mali's national health accounts), INRSP, Bamako, 1993.

The community sector, which has only emerged over the past few years, involves private, non-profit making organisations of the association-type, which are controlled by the beneficiaries. Since it applies the rules of company management, it can stick to realistic costs and guarantee access to high-quality care for a very large percentage of the population. It is an innovation which has made good results possible. Rural doctors have been installed and community health centres covering all of their own costs, including salaries, have been set up in low income areas.

The development of health insurance, through independent mutual associations, will facilitate the funding of health schemes by creating a pool of savings, setting up solidarity systems and financing preventive medical services, so that, one day, the future schemes will be able to help with the vaccination of their members.

A new way of funding public health systems needs to be found

With more and more health units under independent management, plans can be made for a gradual move away from the method of financing public health programmes which the WHO calls the 'budget programme' towards a contract-type approach.

The 'budget programme' is currently the main approach to the financing of health schemes. It involves drawing up a programme, which sets out the activities and the anticipated results, plus a description of the required means and the budget. Once accepted by the state or the funder, it has to be implemented in accordance with public accounting principles. The only formal demand is that the terms of the agreed document be adhered to, and the activities described in it carried out, using the means identified under the prescribed headings. Evaluations, usually mid-way and at the end of the programme, are common. The evaluators' job is to check on the activities actually carried out and, where appropriate, to specify the causes of any shortcomings.

The limitations of budget programmes are associated with the purely administrative concept that lies behind them. Once they have been accepted, the only thing that counts is to ensure that they are applied exactly as initially prescribed.

The approach which should be developed, which is in fact the commonest one since the private sector uses it, involves contracts between the person commissioning the scheme and the person in charge of carrying it out.

'More than a year's schooling for mothers is enough to reduce child mortality by 15%'

PHOTO CE

In the public health sector, schemes are usually commissioned by the state, although this may also be done by local (regional departmental or municipal) authorities, or by associations campaigning against particular threats such as AIDS, tuberculosis, leprosy or child mortality. With the help of its technicians, or consultancies, this commissioning authority outlines the results it hopes to obtain and the unit costs it is willing to support to achieve them. The 'person' in charge of carrying out the scheme will be an independent clinical establishment with its own legal personality such as a community health centre, a centre established under a health scheme, a public establishment or a private body.

The contract defines the target population, the anticipated results (how many new tuberculosis sufferers traced and how many cured over a year, for example) and the unit costs (cost per sufferer traced and per sufferer cured). It may also include special clauses on such things as level of performance and adjustments to the unit costs.

A sample contract in this case might be as follows:

Target population

Everyone in the villages on the attached list.

Basic assumption

100 new cases of TB in the coming year.

Terms

Fewer than ten new cases traced — termination of contract.

Between 10 and fewer than 20 new cases — CFAF 1000 per new case.

Between 20 and 60 new cases — CFAF 3000 per new case.

More than 60 new cases — CFAF 5000 per new case.

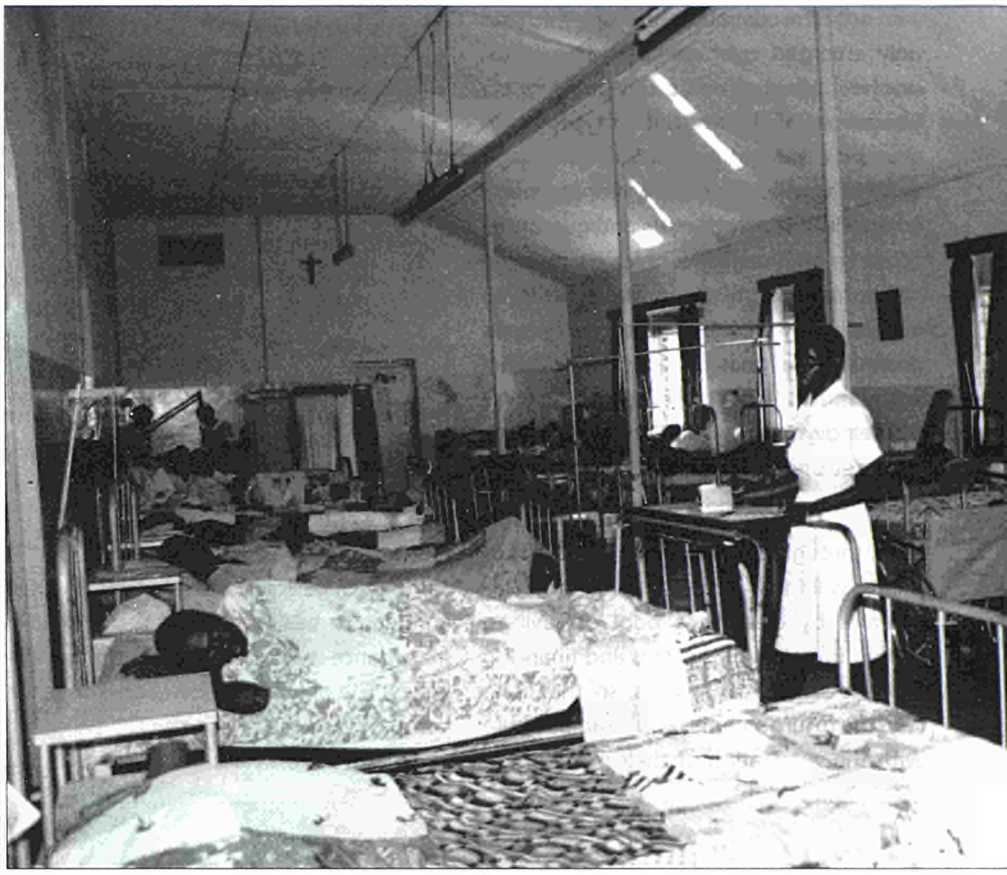
Definition of new cases

Direct examination of sputum, to be certified positive by a doctor and accompanied by the relevant microscope slide.

With this new approach, the commissioning authority needs to set up a tuberculosis control fund to underwrite the whole contract. The performer of the contract should consider the tracing of new tuberculosis sufferers as an additional service to be provided and should, therefore, add it to his other activities (treatment of the sick, vaccinations etc.) and use the revenue from the contracts to cover all the costs including amortisation and wages. If cash flow is a problem, the contract could include a short-term loan.

This kind of approach provides a satisfactory response to the problem of funding preventive and promotional services. The development of the health system outside the state does not, therefore, need to be confined to the provision of curative treatment which is capable of providing its own resources. It means that costs are easier to keep under control, makes performance one of the essentials of health action and consigns to the past, the administrative approach befitting a time when health action was seen as a social act rather than an economic reality.

Most preventive and promotional services such as vaccination, prenatal care and family planning can be provided under contract. However, operational research should be used to come up with the criteria on which the individual contracts should be based.



The Courier

Only the State can guarantee hospital provision for the poorest members of society

Conclusion

The realities of the health situation in the poorest countries of the world may generate sterile pessimism, but, with an analysis of the ways in which the techniques and know-how of today are used, it is possible to formulate new approaches to health action. There are many schemes which can show that, by dropping the administrative approach, it is possible to create new conditions in which the three basic components of any health system — the state (and the funders), the operators (public, private or community) and the users — can find their way.

They show that, without awaiting the positive effects on health of socio-economic development, one can obtain results which should make it possible to speed up the course of history. This is why we should abandon the well-worn paths and rethink our conception of health systems which have been unable to adjust to the wealth and demands of the modern world. ■

H.B.

Health and nutrition of the urban poor:

The worst of both worlds

by Debarati Guha-Sapir*

The slum: 400 baht (Thai currency unit) a month for a family consisting of one father, one mother, one room, eight children, four dogs, ten cats, six ducks and ten million mosquitoes. (Adapted from Morell and Morell, Unicef, 1972)

In the last decade before the end of this century, urban populations are projected to increase by 66% throughout the world and by 100% in developing countries. In Africa, the urban population grew from 83 million in 1970 to 217m in 1990 — a 160% increase in 20 years. The projection for 2000 is 352 million. At least half of this population live in squatter settlements. In some cases, this proportion can cover almost all of the city. For example, Addis Ababa, Ibadan and Kinshasa have an estimated 90%, 75% and 60% of their populations living in slum conditions. Should this trend continue, not only will the absolute numbers go disastrously beyond the carrying capacity of the cities but soon these cities will turn into enormous shanty towns with a few well-to-do enclaves.

Much of this population increase has been the consequence of economic pressures leading to rural-urban migration. In recent years however, the natural rise in the population has taken over as the main source of increase.

The health and nutritional status of the urban poor fall into a special category about which relatively little is known. Existing urban statistics can be extremely misleading in disguising major differences between the urban poor and the urban rich. Data collection is biased towards the latter partly because illegal squatters are rarely included in official statistical systems. Hospital-based data covers only those who use hospital services and all of those in parallel structures are excluded. In addition, city averages get artificially inflated due to the staggering difference between the poor and the rich in health indicators. Disaggregated data from scattered studies show that rates of diseases can be unexpectedly high among urban poor and for some categories, higher than their rural counterparts. For example, the infant mortality rate for the entire city of Manila is 76 per 1000 live births compared to 210 in its Tondo slums. Prevalence rates of diseases related to population density and sanitation also show surprising differences. They may be very high amongst slum populations, while remaining very low for the city as a whole. For example, a study in India showed that the overall leprosy rate in Bombay was 6/1000 compared to a slum rate of 22/1000. These disparities can have serious implications for policy and programme development for disease control and surveillance.

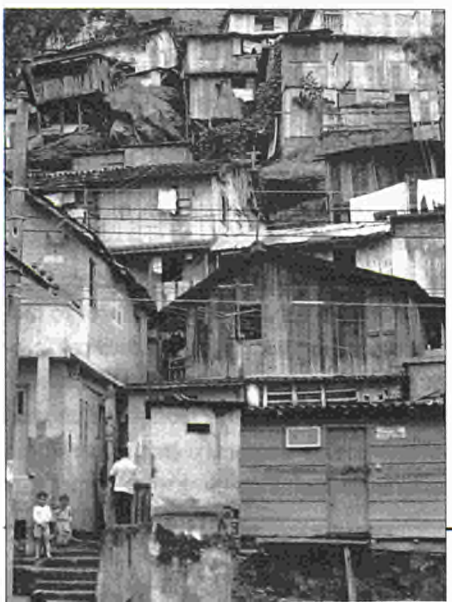
The health of the urban poor: how and why is it different?

Being at the interface of underdevelopment on the one hand and industrialisation on the other, the urban poor are subject to the diseases of both without the advantages of either. The epidemiological profile of the urban poor, therefore, is separate and distinct from either the rural poor or the urban rich.

In the first instance, the urban poor suffer from diseases related to **poverty** just as do the rural poor. However, the roots of poverty in urban settings are often different from those in rural areas. Employment opportunities require the poor to work in hazardous conditions on construction sites or small industries handling toxic chemicals or exposed to fumes or particles from machinery. The need for employment also dictates the place of residence forcing them to live in polluted areas or those exposed to natural disasters such as floods or landslides. Unlike rural mothers working in the fields with their children or having a village or extended family structure for care, the urban poor mother typically working on a construction site or as a domestic servant has to leave her children on their own with a daily allowance to buy food. Not surprisingly, malnutrition is common and there are deficiencies linked to diets of street foods, bottled drinks and packaged snacks. Early weaning and inappropriate weaning foods increase the risk of these children contracting gastro-enteritic diseases.

In addition to poverty, **environmental aspects** of urbanisation affect the poor in the cities in direct and significant ways. Housing conditions are grossly inadequate often without sewerage, toilets, running water or rubbish collection. Unlike the rural populations, poor people in cities do not have physical spaces, wells or rivers for their use. Instead they have air and water pollution from traffic and small industries, over-crowding and commercial pressures. Respiratory infections in small children and chronic diseases such as

A favella in Rio de Janeiro
The environmental aspects of urbanisation affect the poor in the cities



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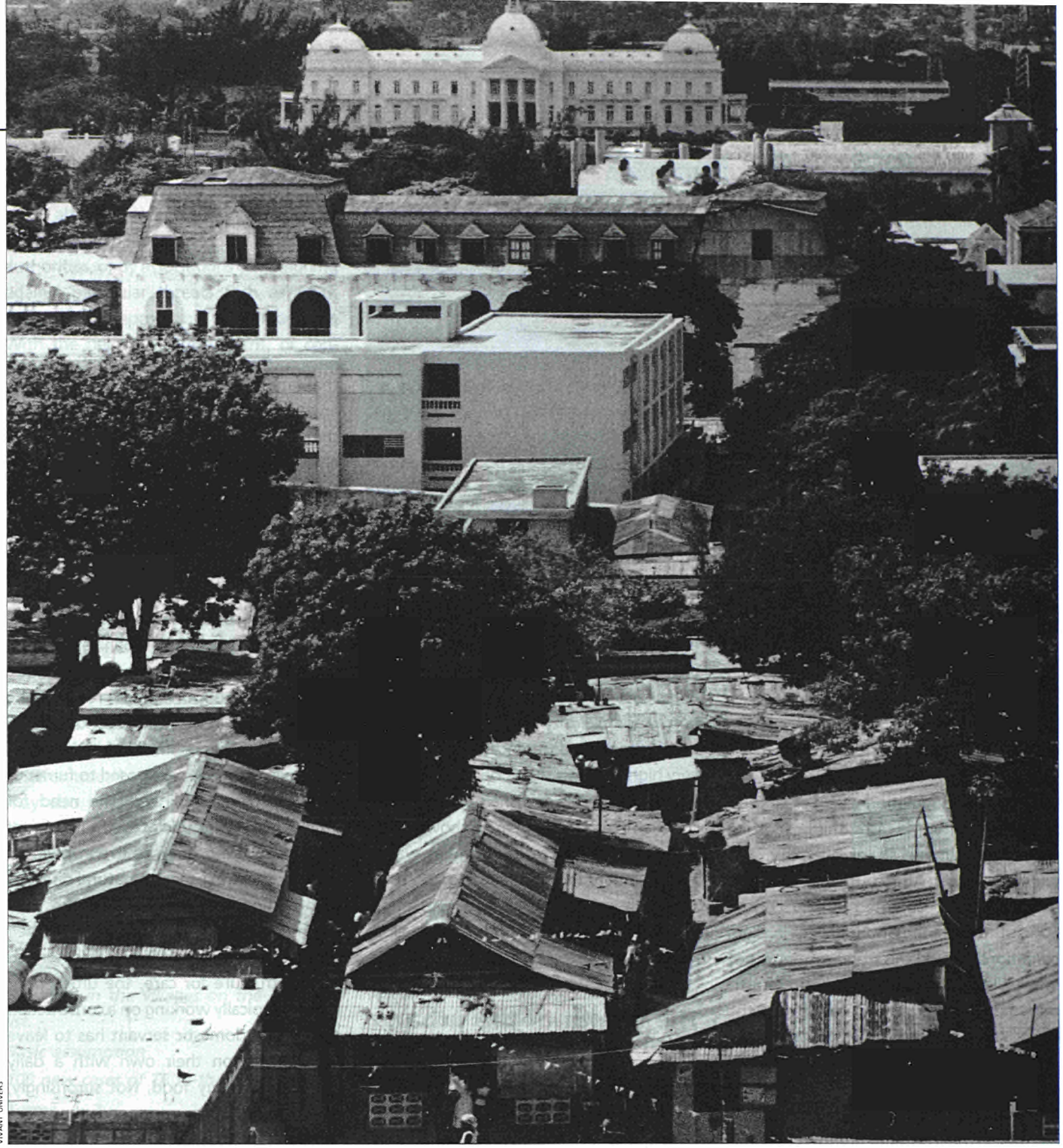
* Mrs Guha-Sapir is a professor at the Public Health Department of the Catholic University of Louvain



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Poverty in Port-au-Prince
The lot of the urban poor is characterised by exposure to advertising, total dependance on monetary systems and a difficult social and physical environment

asthma are common and constitute one of the big killers among this group. The invariably high numbers of hospitals and doctors in the cities, remain for most part, as unattainable to the urban poor as they would have been if they had lived in the country.

Finally, the conditions of life of immigrant slum dwellers are characterised by transience, loss of traditional family structures and social cohesion. Traditional mechanisms governing behaviour break down and as a result, sexually transmitted diseases, abortions, stress-related diseases, abandoned children and mental disease become serious problems compared to levels in rural populations.

What now?

While there is no doubt that most of the poverty and ill health is still to be found among the rural populations of the developing world, the urban poor are a growing minority at national levels and an overwhelming majority at city levels. Their entire context is distinct from the rural poor — their epidemiological profile, health service needs, political setting and financial powers. Their exposure to advertising (including pharmaceutical products), their total dependence on monetary systems and their social and physical environments demand a health paradigm specific to their needs.

Finally, one of the most conspicuous symbols of the squatters' condition is the growing presence of children in the streets — scavenging, begging and hawking — with no schooling, no access to toilets, no bed, no family and little food. UNICEF estimates that a quarter of a million of Kenya's children live in these conditions. The numbers are bound to increase in the future if action is not taken. ■

D.G.-H.

Health research for development

A matter of equity and mutual interest

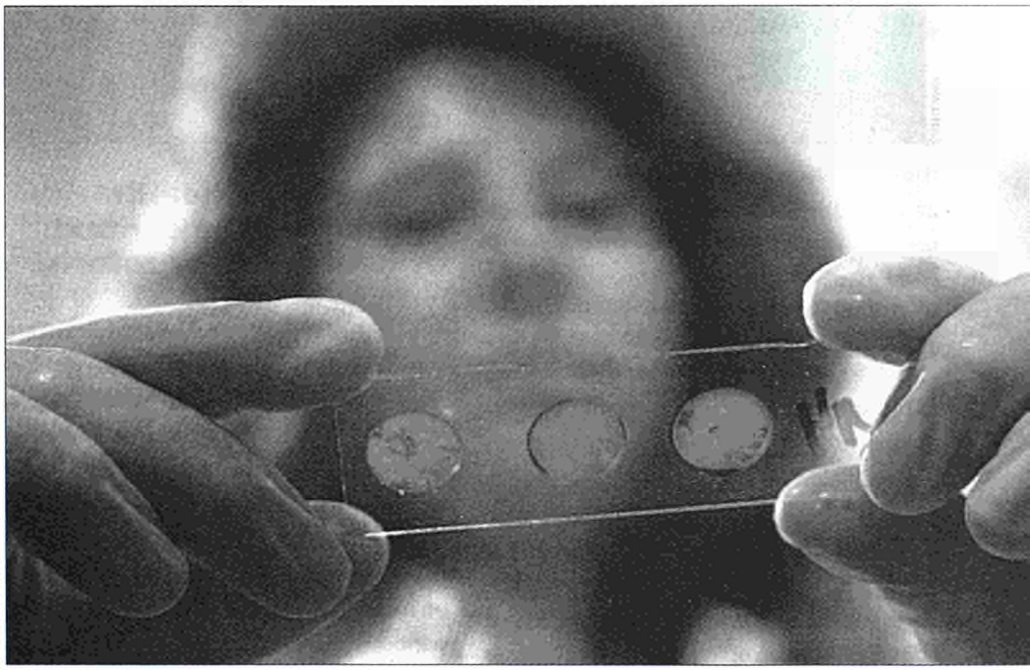
by Dr Marc De Brycker *

Research on health in developing countries assists in creating the environment necessary for the improvement of health. With this in mind, the European Commission's scientific and technical cooperation with developing countries aims to strengthen research capabilities both in developing countries and in Europe through enhanced cooperation as well as to facilitate the integration of health research in development policies.

About ten years ago, the European Community implemented a research and development programme the aim of which was to mobilise science and technology in support of economic and social development in developing countries. It was then the only R&D programme dealing directly with problems of developing countries. It supported projects in the areas of agriculture and health.

The initiative for an R&D programme 'Science and Technology for Development' (STD) was launched through the Commission's regular budget for multi-annual research programmes (Directorate General XII — Science, Research and Development).

Today the third STD programme (1990-1994), which is largely science-led in its decisions about funding, offers something different from other international programmes. One important objective is to strengthen the research capabilities both in developing countries and in European Member States through the creation or support of operational collaboration in research projects on themes highly relevant to developing countries. The programme thus brings together European research institutes, both separately and jointly, with institutes in developing countries, in forms of partnership most likely to ensure a lasting effect. The programme solicited proposals on a wide spectrum of health research topics and encouraged well-focused projects.



MIKE ST-MAUR SHEIL

Research on the transmission of the AIDS virus. A matter of mutual interest

The programme clearly gave a boost to the field of health for development, complementing and upgrading the efforts of the developing countries, European Member States and international agencies. Furthermore, it promoted a balance between applied and fundamental research and made contributions to the understanding of health problems in developing countries.

Genuine partnership

One of the leading principles behind the modes of implementation is the programme's commitment to the idea that genuine collaboration between scientists is a prerequisite for progress or success. Rules and conditions for scientific partnership are equally applicable to all scientists irrespective of their origin or place of work (Europe or developing countries).

Moreover, new opportunities have been created for better scientific partnership between scientists in different developing countries. The programme has also identified important research areas in biomedical research, and has been instrumental in establishing networks in areas where European institutions are prominent and therefore form a good base for inter-European collaboration with developing countries.

Efforts are made to ensure that research is supported which reflects the comparative advantages of Member States' research groups and their links with developing countries. Rather than substitution or duplication of Member States' efforts, the possibility for added value to

* Health Research for Development, European Commission DG XII-B-4.

PHOTO WHO

Diagnosis of bilharzia, one of the areas covered by European Commission scientific cooperation with developing countries

the national efforts is offered. This is reflected, for example, in the complementary research portfolios supported by CEC/STD and by WHO's tropical diseases research programme (TDR) and other players in the field.

A field in which the Commission has built up a particular strength is the research related to the tools for the prevention and control of predominant diseases in developing countries. Vaccines are amongst the most cost-effective tools to control infectious diseases and the development and production of new drugs for the major diseases for which non-toxic, efficient treatments are unavailable is increasingly essential. However, the application of novel tools such as vaccines or drugs in developing countries is strongly dependent on the health service delivery in the countries where they are meant to be used.

Therefore, the Commission promotes health systems research. Research results in biomedical sciences will only be useful for the developing countries if efforts equal to those invested in its development are put into identifying operation strategies and low-cost mechanisms for use in the developing world.

Research on health systems in the context of health sector reform

Many developing countries are currently engaged in a series of far-reaching reforms of their health sector, involving aspects such as cost recovery, decentralisation and privatisation, all of which will have profound implications on the effectiveness, efficiency and equity of health care delivery. Others have to build or rebuild health care systems after long periods of neglect, frequently due to political and economic unrest. This requires the involvement of research based on a system approach that may use a variety of tools and approaches, such as epidemiological methods, social science approaches, operational and action research, all of which may contribute at a specific stage of the research. Health systems research is essential towards the success of a beneficial health sector reform.

Interaction between fundamental research, disease-related biological research and health systems research is favoured by the structures and procedures of the programme, notably the constitution of functional networks of research institutions linked by research contracts in different areas (e.g. malaria, schistosomiasis, health systems research).

The selection of the joint research projects is based on their scientific value and their concordance with the objectives of the programme, mainly the collaborative nature of the projects and the progress of science. Meetings amongst contract holders, potential contract holders or other interested scientists form an ongoing peer group forum for identifying areas of research interest.

At present, a new research programme is being prepared under the second activity (Co-operation with Third Countries and International Organisations) of the new Fourth Framework Programme of European Union activities in the field of research and technological development and demonstration (1994-1998). Under this programme, health and population-related research linked to developing countries will be a subsector covered by Scientific and Technological Co-operation with Developing Countries.

The programme reflects the objectives of coherence and co-ordination between the research and technological development policy and the development and economic cooperation policies of the European Union.

Further information will be available as soon as the programme is officially approved. ■

M.D.B.

The European Union helps developing nations in the fight against HIV-AIDS

by Dominique Dellicour *

AIDS, the acquired immune deficiency syndrome, caused by HIV, the human immunodeficiency virus, was discovered in 1981. In only a decade, it has spread across all continents at an exponential rate.

Today there are an estimated 13 million people infected with the virus and WHO projections suggest that the figure will reach 40 million by the year 2000. That is the conservative figure. The epidemic has hit North and South alike, but the developing countries are by far the worst affected, home to 80% of those with the disease.

The effects of the epidemic in some countries of Asia and Africa are already severe, because, by affecting the working population first, it has struck at the very heart of the socio-economic fabric. We can now learn from nearly 10 years of programmes run in an attempt to stop the epidemic from expanding and adjust our approaches for the future. Indeed the Twelve have just carried out such an exercise, on the initiative of the European Commission, which, in early 1994, presented the Council with a paper on HIV-AIDS in the developing countries. On the basis of this, the Council of Development Ministers adopted a Resolution, in May 1994. The idea was to capitalise on experience and outline policy principles and priority strategies for the future both of aid from the EU and bilateral assistance from the Member States.

The basic finding is this. In the field of HIV-AIDS, and in the health sector in general, no intervention strategy will work properly unless the quality of the content and coordination of aid is improved and more money is made available.

Characteristics and effect of the epidemic

AIDS is a clinical condition brought about by prolonged infection with the human immunodeficiency virus (HIV). After a latency period of anything between a week and 15 years (and perhaps more), HIV gradually weakens the body's immune system and prevents it from fighting off even normally benign infections. This increasingly serious deficiency of the immune system opens the way for a large number of what are called opportunistic diseases, such as tuberculosis, pneumonia and Kaposi's sarcoma. Death is caused not by HIV itself, but by one or more of these infections.

Although no effective cure or vaccine has been found so far, we know exactly how HIV is transmitted. It is passed on in one of three ways:

— during unsafe sex with infected partners, who may be either heterosexual or homosexual;

— via the injection of contaminated blood, i.e. transfusions of infected blood or needles which have been neither sterilised nor disinfected, as happens with many intravenous drug-users;

— during the perinatal period, i.e. from infected mothers to their babies during pregnancy, or during parturition, through direct mixing of mother's and infant's blood, or after birth, through breast feeding, as has been discovered more recently.

The sometimes extremely rapid spread of the epidemic in some of the industrialised countries in the early days has now given way to slower and more measured progress. However, the developing countries are still seeing the epidemic gain ground rapidly, because, in their case, it is passed on predominantly by heterosexual intercourse. Thus, according to the most optimistic forecasts, the number of people infected will have more than trebled by the end of the century. By that stage, HIV could be the cause of almost 1 million deaths every year and responsible for more than 10 million ophans.

Epidemiological studies show a long-term effect on the main heath indicators. Life expectancy is expected to be down by six years in the developing countries by the year 2010. In sub-Saharan Africa, currently the hardest hit region (more than 7 million are estimated to be HIV-positive), the death rate is predicted to rise among the under-fives. In the countries of Central and Eastern Africa, it could reach 159-189 per 1000 live births [1], in place of the decline originally anticipated.

So HIV-AIDS is an additional, particularly heavy burden on the health services in many developing countries, which are already plagued by the structural inadequacies of their public health budgets. As well as the direct costs of caring for the sick and infected, there are the indirect costs related to morbidity and mortality to take into account. By attacking qualified workers in countries where they are rare, the epidemic is a threat to the productive sectors of industry, agriculture and so on. The consequences in families, which are emotionally and economically affected, are also worth examining. The political authorities in each of the countries concerned must face up to the realities of the epidemic, assess the social and economic consequen-

* Head of the Health and AIDS Programme unit at the European Commission's Directorate-General for Development.

[1] Compare this with the 10 per 1000 mortality rate among under-fives in the developed world.

ces and take them into account in devising economic policies and develop strategies for both prevention of the disease and the care of the sick. The extent of the challenge is such that the international community must mobilise, since its technical and financial support is needed to make the national efforts more effective.

The response of the international community...

In 1986, the international community reacted to the serious threat of the epidemic and, on the initiative of the WHO, set up the world AIDS control programme, better known under its English title of the Global Programme on AIDS (GPA). Under the wing of the WHO, but with a degree of independence nonetheless, the Global Programme has the essential aim of trying to provide a coherent, structured response to counter the epidemic. Thus it has played an important part in arousing awareness in all the countries concerned by providing them with technical assistance to set up short- and medium-term HIV-AIDS programmes. It has also been instrumental in marshalling the financial support required to fight this scourge. Several Member States have also contributed. The GPA must now develop both the strategic content of its mission and its structure. Although it is clear that its prime aim will still be to give support to all countries, particularly those in the South, with their establishment of effective strategies, the realities of the expanding epidemic means that it has to pay greater attention to the problem of caring for the sick and infected and to the socio-economic impact of HIV-AIDS while pursuing its prevention strategies and research activities.

Structurally speaking, the plan is to create a joint system making for greater coherence, collaboration and complementarity between all the UN agencies involved, including the World Bank, an institution which is increasingly present in terms of financial support in the field of HIV-AIDS.

... and the European Union and its Member States in particular

In 1986-1987, the Commission had practically no tradition of providing the developing countries with direct support for health programmes designed to contain specific ailments, other than in research programmes focused on malaria and one or two other tropical diseases. But in an attempt to contain the spread of the AIDS epidemic, the needs were immense. Vice-President Lorenzo Natali was very aware of the seriousness of the challenge and took the initiative of proposing to the Member States the launching of an EC-ACP cooperation programme in 1987. A year later, the programme was extended to cover all the developing countries. The total financial contribution from the European Community over the period 1987-1994 has been ECU 87 million, plus the amounts channelled into research, an estimated ECU 45 million. All in all, some 220 projects have been financed in 85 developing countries, with sub-Saharan Africa, the worst affected continent, benefiting from more than 65% of the Community's aid.

The total financial effort from the Twelve (bilateral and multilateral), which had reached $ 280 m by 1991, puts it in the front rank of donors in his field, pointing to the need for effective coordination of European assistance.

Main lines of the Community programme

The stategies and activities developed by the European Community over the past eight years have been targeted

Family graves by a plantation in Zaire. The cohesion and solidarity of many family groups have been severely tried by the AIDS epidemic

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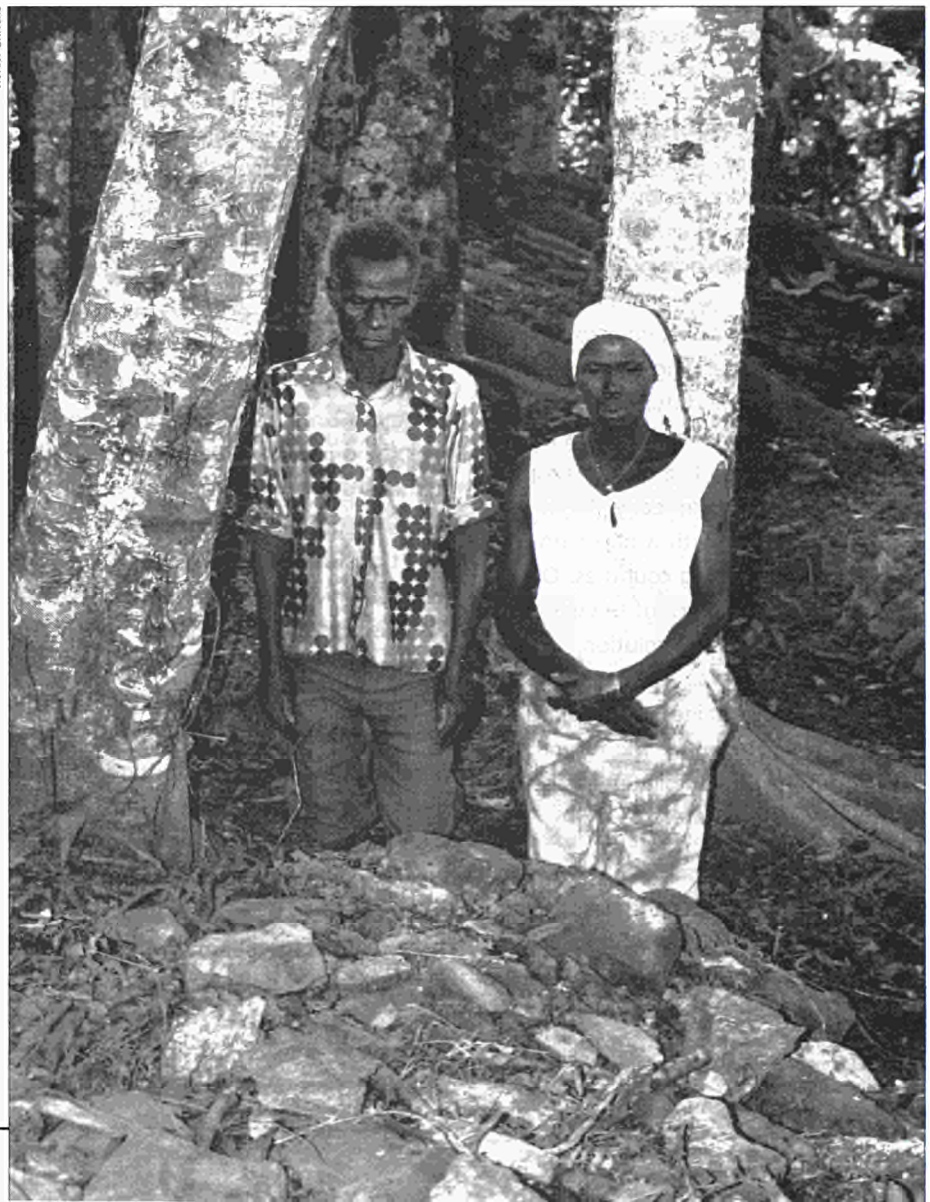


Safe Sex

by Lieve Fransen *

Safe sex is a simple, expressive shorthand for the mix of interventions designed to minimise the 80% of HIV infections that occur through sexual transmission.

It is a simple phrase which masks complex issues.

Prevention of sexual transmission means reducing sexually transmitted diseases in general through adequate clinical management of STDs and reducing high risk behaviour. The latter in turn means avoiding unprotected sexual intercourse with multiple partners or with an infected partner. The logical answers, therefore, are better services for STDs, the promotion and adoption of lower risk behaviour and the use of condoms as barrier protection.

It is in this context that the EC's HIV/AIDS programme, starting in 1987, made a name for itself by developing a public health approach to improve STD management in the framework of the primary health care strategy.

Unfortunately, this is not as easy as stated and experience has demonstrated that approaches and services to manage STDs in the framework of the primary health care strategy did not exist in most of the countries that were visited at the start of the programme.

Why are STDs important?

- In the context of the HIV epidemic, improved management of STDs is important because it has been demonstrated that the presence of some STDs increases the likelihood of transmitting or acquiring HIV. Therefore it is very probable that more rapid and improved treatment of STDs decreases the spread of HIV.
- People with STDs are just as likely to contract HIV because their behaviour or their partners' behaviour exposes them to both possibilities. Therefore, through services for STD patients, those populations at a higher risk can be reached, informed about the risks and educated and motivated to adopt protective methods and behaviours.
- The classical STDs are very common in most developing countries and are the cause of a lot of complications, mainly among children and women. Effective management and prevention of these infections and diseases can decrease the complications which is a public health measure in itself.

What strategy is followed by the EC?

The focus of the activities is on prevention, diagnosis, treatment, counselling and education for STDs among the people infected and their partners. These activities are integrated in the primary health care strategy which means that 90-95% of the clients are seen at the primary health care level and only ± 5% need referral for more complicated management. One of the difficulties, very often, is that particular health services and the health sector itself are in such precarious shape that support for the development of better services for STDs has to go hand in hand with health sector support in general.

The support of the EC has mainly strengthened the countries' capacities to plan, survey, monitor and evaluate STD prevention and management at a national level with a specific focus on the most vulnerable population groups such as the urban poor and women. Furthermore, methods have been developed to simplify and rationalise clinical management of patients through the development and use of simplified treatment algorithms, and the organisation of the availability of STD drugs as part of the essential drugs supply in a country.

Specific activities have also been developed to find cases among asymptomatic people, mainly women not aware that they could be at risk or infected, and to improve the health-seeking behaviour of infected people and their partners.

At national and regional level, studies have been carried out demonstrating the costs and feasibility of financing these activities with a view to support the authorities in the choices they make and the decisions they take. ■ L.F.

* Principal adminstrator in the Development Directorate - General of the European Commission, Health and AIDS Programmes unit.

on the prevention of infection, with a view to minimising the spread of the epidemic. The schemes financed by the Community have focused on the prevention and treatment of sexually transmitted diseases, an important co-factor in the propagation of HIV, on support for information and education campaigns for high-risk groups (prostitutes, truck drivers, etc.) and young people in schools and on safer transfusions, particularly in countries of high prevalence. The Community has also provided support for research to improve our knowledge of methods of transmission and effective prevention strategies.

The variety of financial instruments at the Commission's disposal (regional funds, national funds, NGO cofinancing and the research budget) has made it possible to respond to needs of very different types.

At the regional level, support has gone principally to research and training and to information and awareness campaigns for countries in the same sub-region.

In the individual countries, it is improvements to national capacities (health services, social services and university institutes) which are the priority. The Community has also done its utmost to back up the work of non-governmental organisations and associations, which are in the best position in some countries and with some awareness schemes, to reach the most vulnerable sections of the population.

The lessons of experience

The AIDS pandemic, present all over the world as this century draws to a close, has revealed a large number of social problems. It has strengthened the idea that the people's state of health is closely linked to their living conditions, to the socio-cultural context and to respect for the basic rights of the individual. The most striking example of this is that of the many women, particularly in the developing countries, who, for social or cultural reasons, find it enormously difficult to protect themselves from infection. The

poverty and instability brought about by wars and internal conflicts are also factors which encourage the spread of the virus.

Experience has shown that coercive approaches to containing the spread of the virus are counterproductive, because they lead the individuals concerned (HIV-carriers) to try, naturally, to escape stigma and discrimination. Instilling a sense of responsibility in both individuals and communities, and respecting human rights are essential to any prevention strategy.

Lastly, the epidemic draws even more attention to the value of human capital and demonstrates the absolute need for better social policies, in particular health and education policies in the countries of the South, some of which will be unable to cope without a commitment to stronger, long-term support from the leading external partners. This is why the Development Ministers of the Twelve have reaffirmed their commitment to improve the quality and the cost-effectiveness of European operations and to boost their financial efforts.

The European Union's strategy for the future

Although in some industrialised countries, the epidemic is stabilising, HIV is still spreading in most of the developing countries, which means that we cannot be content with the approaches used so far. Being more effective against HIV-AIDS means abandoning the concept and method of a vertical AIDS-dedicated programme and recognising the complexity of the response which must be made to a disease whose prevention, to a very large extent, relies on a change in the behaviour of individuals who are themselves at the heart of certain social, economic, cultural and ethical values.

The Ministers of the Twelve made this clear in their Resolution by saying that interventions in the field of HIV-AIDS have to be fully integrated in the broader framework of the social policy and development cooperation policy in general and by confirming that any national strategy implies a political commitment by the recipient states to respect the individual by refraining from all discrimination against or exclusion of people who are at risk of infection, infected or sick.

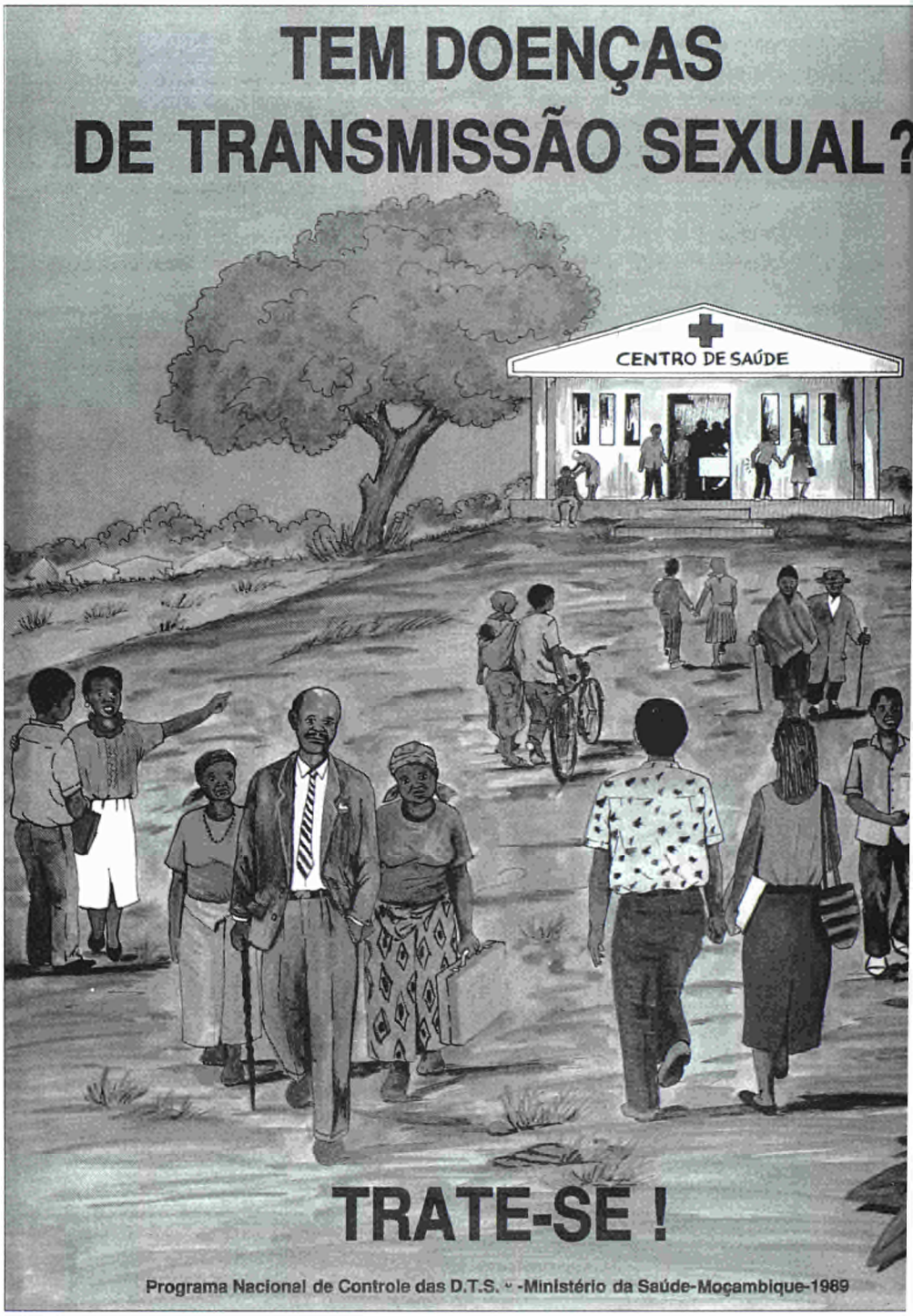
The priority strategic objectives of the European Union are to:

— reduce the spread of the epidemic and prevent discrimination;

— strengthen the health sector so it is able to cope with the added burden of HIV-AIDS;

— take account of the consequences of the epidemic on economic and social development and improve scientific knowledge.

To achieve these objectives, which relate to both prevention and care of the sick and infected, an effort must be made in various areas and, in particular, in the management of sexually transmitted diseases, sex and health education and the provision of efficient means of protection. Special attention will be paid to sections of the population which are particularly vulnerable because of a high-risk environment, such as refugees, the urban poor and



Mozambique. A poster warns about sexually transmitted diseases

jobless young people. Helping prepare a non-discriminatory framework of laws and regulations is one way of providing better protection for these marginalised groups.

To help heath systems faced with a growing number of HIV-positive patients, the European Union will support the development of a strategy of care at prices affordable by the greatest number, better rationalisation of therapies and the inclusion of condoms and means of diagnosis and treatment in the national public health policy, paying particular attention to integrating them in the minimum packages of preventive and curative activities to be provided in the primary health centres. Lastly, more will be done in the drive to make transfusions safer and to cater for sexually transmitted diseases (see box).

The European Union will be called upon to do more than before to reduce the social and economic impact of the epidemic. First of all, this will mean producing a better evaluation of the impact by means of thorough analyses in the hardest hit countries and then identifying the appropriate support measures in relation to the social budgets of the states concerned. It will also mean backing projects for the worst affected communities and for orphans.

Lastly, improving scientific knowledge will mean improving the balance between biomedical research and sociological and economic research. It will be important to boost the capacities of the national research institutes in the developing countries and promote the dissemination of research results.

These are the priority guidelines for the European Union's HIV-AIDS cooperation, which will have to fit in with the cooperation defined by other donors, in particular the WHO and other UN agencies which are also joining the fight against this enormous threat to social and economic stability.

None of these strategies and activities will be possible and effective unless they respect certain basic principles which are themselves fundamental to any cooperation policy. These include, in particular the taking into account of the social and cultural factors determining individual behaviour, including specific features related to the differentiation of type, the need for social apprenticeship based on individual responsibility and a multisectoral approach.

Lastly, it is crucial for all the countries to recognise the realities of an epidemic which knows no boundaries and the need to act fast, even in regions of as yet low prevalence. Experience has indeed shown that it is far less expensive and more efficient to step in early with the relevant preventive measures. Unless we move together, efficiently and fast, this new challenge could well not be taken up. The European Union has said it is ready to step up its action. ■ D.D.

Safe blood

In the context of supporting the health sector to face up to the HIV/AIDS epidemic in developing countries, ensuring safe blood plays an important role in the EC's support to HIV/AIDS actions.

More than 30 countries have safe blood projects supported through the EC's HIV/AIDS programme.

In industrialised countries, HIV infection through transfusion of contaminated blood is now virtually nil, thanks to universal screening of blood before use. Nor is this intervention expensive in our countries. Screening adds only about 5% to the cost of a unit of transfused blood.

But in the developing world, between 5% and 10% of HIV infections are still due to transfusion of bad blood. In Africa, most countries lack the type of blood transfusion service needed for universal screening of blood. Indeed, supply of safe blood has frequently been neglected in developing countries.

On the one hand, blood transfusions are often used in an attempt to save life; on the other hand, the blood may not be safe, and to make it safe is expensive. But the pressure now to make it safe can be summed up in one simple statistic.

The efficiency of HIV transmission through sexual intercourse (vaginal and anal) is between 0,1% and 1%. But the efficiency through blood transfusion is over 90%. In other words, contaminated blood is lethal.

For the medical service, there is yet another dimension: sexual intercourse and its risk are purely the decision of the individual, but in blood transfusion, the recipient has no choice. The decision lies entirely with the medical and public health service. Moreover, the majority of recipients of blood transfusions are children and women who are about to give, or have just given birth: in other words, a section of the population whose protection needs are unrelated to the issue of sexual intercourse.

In developing countries, HIV has raised complex issues about strategy and objectives, organisation and management, law and ethics, equipment and money for blood transfusion or alternatives.

A basic tenet of the safe blood policy of the Commission's programme is that simple testing for HIV is not enough, is not really simple, and not always the best solution. There must be other planks to the policy. For example:

— blood donors need to be chosen more carefully among the low risk population, and then actively retained;

— blood donors should be voluntary, not paid, to avoid (for example) infected people selling blood under different names in different places to make money;

— better use must be made of blood and blood substitutes so as to reduce the need for blood products;

— prevention or earlier detection of other diseases reduces the need for blood transfusions and therefore the risk of infection by this route;

— screening of blood for other diseases as well as HIV (for example, hepatitis and syphilis) is a also basic requirement and part of blood security;

— sophisticated testing laboratories are of little use if collection of blood is badly organised and produces either too little blood for testing or too much highly infected blood for a reserve supply so that, for emergency operations, untested blood still has to be used. ■ L.F.

AIDS: towards new sexual relations?

by Michel Hubert*

AIDS is interfering in the most intimate of personal relations. Those responsible for prevention are aware that providing information on the modes of transmission of the virus, and the methods of protecting oneself against it, is not always enough to change behaviour. They have to be able to get right to the heart of what individuals experience in their relationships. A group of social science researchers have tried to outline the situations which pose the biggest problems in terms of HIV contamination.[1] One of the members of the group describes some of these here.

These problem situations are a series of existential and social conditions in which one or both partners are particularly vulnerable to the risk of HIV infection. For any one person, these conditions are not necessarily lasting. They are always casual and are encountered at particular moments in life.

The discovery-exploration phase of sexuality

For young people who are just starting out on their sex life, the fear of losing the trust of the partner and wrecking the relationship is generally stronger than the fear of AIDS or the feeling of responsibility vis-à-vis the other person. The first objective is to make a success of this new experience, for which they are all too often ill-prepared.

Faced with the fear of failure, suggesting the use of a condom may be perceived as a mark of distrust and look like a way of complicating the situation further. Paradoxically, most of those — and there are many — who worry about losing the trust of the other person, and of compromising their own image in that person's eyes by openly talking about AIDS and suggesting using a condom, would be pleased if the partner in fact took the initiative. They would feel relieved and would consider that here was a 'nice' person.

Some prevention campaigns highlight this 'condom paradox' and hope, thereby, to help create a new kind of conformity in which the partners take the AIDS risk into consideration, even if they find it difficult to talk about. In other words, the idea is to introduce new behaviour without any justification other than the statement that this is the only valid way to proceed. This would make it possible to reduce the risk of HIV transmission among young people, who are most likely to be reduced to improvising their behaviour on the basis of very partial and often erroneous knowledge from peer groups and thus find themselves without the cognitive benchmarks they need to structure their behaviour.

When a relationship starts

At the start of a new relationship, when the partners, regardless of age, feel the need to seduce and 'conquer' each other, taking precautions also often slips into the background and, when there is a fear of AIDS, it is once again the 'condom paradox' which prevails.

It also emerges that, at this stage in the relationship, a feeling of familiarity (and, therefore, security) develops very quickly, sometimes despite the risks taken by the partners in the recent past. Also, partners who use a condom on the first occasion(s) that they have intercourse tend to stop doing so after only a few times together. If this feeling of familiarity is further reinforced by a certain 'social familiarity' (the partners coming from the same environment), the feeling of security will be all the greater.

From the point of view of prevention, therefore, it is fundamentally important to remember that familiarity does not mean safety. So, in order not to lose the other person's trust, some people prefer to tackle the subject of AIDS by suggesting that their partner be tested for it. A new way of starting a relationship is thus likely to develop, with condoms being used until the results of screening are known.

Looking elsewhere

Some people with 'primary' partners — in other words stable, cohabiting partners, known by everyone — are sometimes tempted to look elsewhere. This need for secondary space can be all the stronger if the primary space is very conventional, involves tight social control and is a source of respectability. The fascination of risk and, consequently, the attraction of risk in the secondary space may be that much stronger if the everyday experiences of the primary space are risk-free. Conversely, the need for secondary experience may be less important if the primary space is more open and tolerant because of its composition and the social status of those who occupy it.

It appears that, when one partner in a primary couple seeks a casual secondary relationship, without damaging the primary relationship which is found to be generally satisfactory and worthwhile, it is apparently easier to use a condom. However, if one of the partners in a primary couple is seeking in secondary relationships what he or she is currently not

* Sociologist and professor at the Facultés universitaires St Louis in Brussels. The original French title of this article is 'SIDA – vers de nouveaux rapport amoureux'.

[1] D. Peto, J. Rémy, L. Van Campenhoudt and M. Hubert in 'L'amour face à la peur: Modes d'adaptation au risque de SIDA dans les relations hétérosexuelles' (Love confronted by fear: Ways of adapting to the risk of AIDS in heterosexual relations), Paris, l'Harmattan, Collection 'Logiques sociales', 1992.

finding in the primary relationship (love-passion, adventure, a breakaway from conventional standards etc.), or the quest for secondary relationships reflects a more pronounced crisis in the primary arrangement, it is not so obvious that condoms will be used.

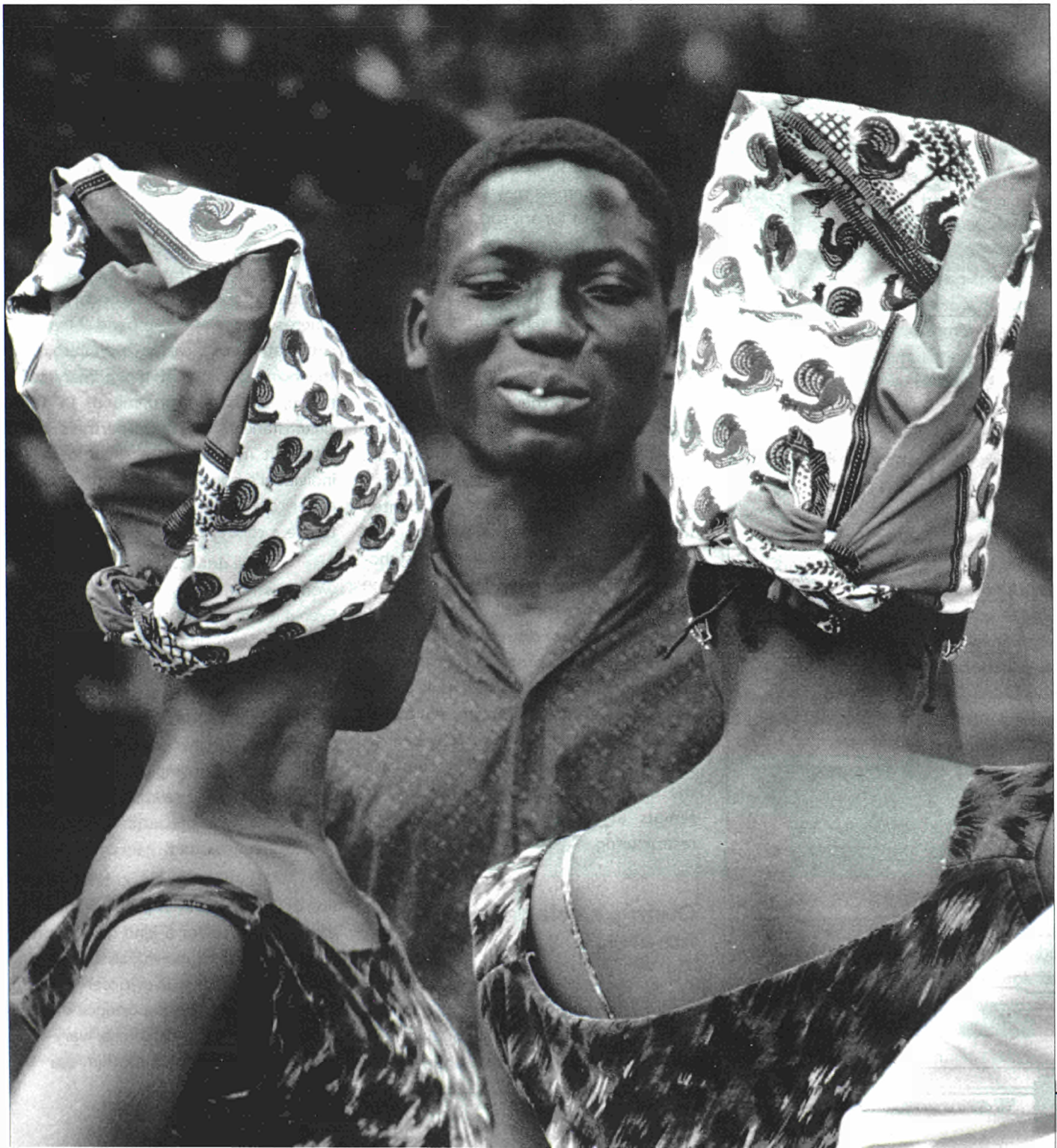
Situations of submission and dependence

In this particular context, there are very diverse situations. It may be a case of a woman being dominated by a primary partner, or a married person having an affair with a single person who threatens to tell the spouse if the partner fails to obey orders. It may be a case of one partner using his or her ascendancy (financial or professional, for example, or in terms of image or sexual experience) to force the other partner to do his or her bidding. But regardless of the type of domination, all these people in situations of submission are vulnerable to careless acts by the spouse or partner.

In this type of relationship, characterised by domination, the dominated partner has no control over the way of life of the other partner. So whatever the risk of infection, precautions depend entirely on the dominant partner.

An encounter in a 'red-light' area in Kisangani, Zaire.
The fascination of risk may tempt people to look elsewhere

VIVANT UNIVERS



It takes more than just the basic information to ensure prevention. It is necessary to go right to the heart of the relationship. (Illustrated leaflets, funded by the European Commission, and distributed with condoms)

When this kind of domination occurs in the primary relationship, the dominated partner, often cut off from all social networks, can only have access to prevention as part of more general assistance from third parties (social workers, aid associations, doctors etc).

When it all goes wrong

When material problems mount up and when people can no longer manage or do not know which way to turn, be the situation chronic or acute, any sexual relations often conceal a search for affection, even if the fact is denied. This need for tenderness may be characterised by a blind quest for any sort of relationship (and by forgetting any idea of prevention, if there was any in the first place) leading to a multiplication in casual relations with partners from a variety of social backgrounds. Such relationships are likely to be characterised by even greater inequalities.

Close to the problems posed by these crisis situations is the more precise case of the breakdown of a relationship. Indeed, the period marked by the end of a relationship, particularly if it has counted for a lot, may make the partners very vulnerable, both emotionally and psychologically. The need for tenderness, the desire for vengeance or, more generally, the sudden state of distress can lead to the multiplication of unprotected sex. Personal problems push the AIDS risk back to the rank of a secondary problem, which the individual in question can scarcely bear to think about. The fear of AIDS moves into the background, to the benefit of attempts at existential or psychological restructuring.

Owing explanations to no-one

Socially categorised as such, the single person may have many and (more or less) lasting relationships. Although singles do not have to hide in the same way as couples, they tend to live each of these relationships in clearly separate worlds. Here are people who, sexually, owe no explanations to anyone, whether partners, family or friends. This absence of social control may be reinforced by the individual's possibilities of moving and getting away from the primary space and living, in relation to the AIDS risk, in fairly clearly separate worlds. This means making a more or less radical distinction between the social environment to which the person belongs and with which he or she identifies and the 'other' world, which can be experienced abundantly but will always be foreign to the social universe to which the person belongs. Fundamentally considered as safe, because it is familiar, the original social milieu is the one in which the individual makes the relationships which really count. In this socially close world, emotional expectations and relations of trust and equality prevail. It is the feeling of familiarity and belonging which makes the use of a means of prevention relatively rare and difficult. The rest is the other world, the dangerous life of secondary spaces where sexual relations respond above all to expectations of pleasure and which, from the point of view of the primary social milieu, are often proscribed. In these circumstances, in which partners count little but may expect a great deal, the individual's position of strength makes it easier to avoid risk by forcing the partner to use a condom.

The distinction between the two worlds is not, however, always so clear. Even if it works for many as the organising principle of behaviour towards risk, it is not necessarily easy for them to trace the boundaries. And in cases where, intuitively, the individual situates the sexual relationship neither completely in the 'safe' world nor completely in the 'dangerous' world, the relationship is unclear and the taking of precautions varies in the light of many factors.

The above, all too brief description of various AIDS risk problem situations shows the need for a kind of prevention which 'speaks' to individuals by bringing the realities of their lives closer to them. The content and the importance of these problem situations, of course, vary from one cultural context to another. M.H.

The unhappy paradoxes of medicine

Nearly 20 years ago, a researcher and critic of international renown, Ivan Illich, who specialised in seeking paradoxes in great institutions and had tackled the subjects of schools, transport and the industrial society in general, each discussed in books read the world over, delivered a hammer blow to medical institutions. His 'Limits to Medicine', more expressively subtitled 'Medical Nemesis: The Expropriation of Health', set out to show the 'specific counterproductivity' of medicine in relation to its aim, health - a modern version of the old myth of the goddess Nemesis who attempted to escape the amorous attentions of Zeus by taking on all manner of non-human forms. There was a general outcry. Illich was accused of obscurantism and unbridled liberalism. Time has passed and many a medical school has since included the book in its courses on the aims of medicine. Above all, major international organisations have adopted some of the polemical professor's analyses - minus the rage. Among them is the World Bank, whose 1993 world development report on investing in health dissects and suggests solutions for several cases of medical counterproductivity.

Ivan Illich did not mince his words. 'The medical establishment has become a major threat to health'. The medical colonisation of everyday life had alienated the means of care and the professional monopoly on scientific know-how prevented its being shared. The book began by wondering about the efficiency of medicine. It recognised the importance of antibiotics and vaccination in the campaign against infectious diseases and of surgery in cases of trauma and noted the large decline in the perinatal death rate, but it maintained that the medical profession's biggest success was its fostering of the myth of its amazing efficiency when, in fact, a look beyond the perinatal death rate showed that societies which spent huge amounts on health failed to improve life expectancy or affect morbidity in general. Furthermore, medicine engendered its own iatrogenic (doctor-induced) affliction, with its own physical and mental symptoms, including loss of personal control in the face of all-embracing technology. Jean Bernard had already condemned some of these phenomena in 'Grandeur et tentations de la médecine' (Buchet-Castel-1973 - Paris).

Standard of living, the first indicator

It could be said that many medical successes are merely breaking down open doors. In Europe, life expectancy began to improve at the beginning of the 18th century, gathered momentum with Pasteur's revolution and then slowed to a more measured pace in the 1920s - and it all happened before the breakthrough of modern medicine. Tuberculosis figures in New York dropped from 700 per 100 000 inhabitants in 1812 to 370 in 1882, well before the Koch bacillus discovery, to 180 when the first sanatorium was opened in 1904 and to 48 before World War II and the introduction of antibiotics.

Cholera, dysentery and typhoid declined similarly and René Dubos (in 'L'Homme et l'adaptation au milieu') said it was all due to man's ability to adapt.

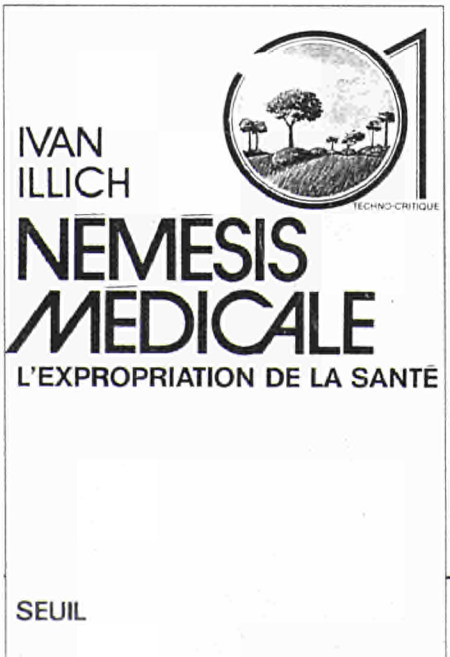
He also said that major epidemics had taken their course despite medical ritual and traditional exorcism, and that the general living environment — food, housing, work, social life and so on — was what determined health. In other words, the fundamental medical recommendations were a juicy steak and a hot bath. Public hygiene, along with waste water treatment, sewage pits, soap and scissors for midwives (the only innovation on the list brought in by the medical profession) accomplished far more than any medical activity. Birth control - by unreliable methods, it is true - has always existed, particularly in the more privileged sections of society and in cases involving extra-marital relations, and it has always been linked with better facilities and material security, even at times when medical associations were condemning contraception. Had there been no birth control before the advent of modern methods of contraception, the population explosion would have caused alarming upheavals by now.

The more sophisticated the medicine, the less it apparently affects the decline in mortality and morbidity, but expensive medicine gets the lion's share of the health spending.

Illich recognised the weakness of this argument as applied to infectious diseases, but he returned to the attack, accusing the medical profession of having a monopoly on antibiotics and sulphonamides, which, he maintained, should be passed on, together with a little information, to the health culture of the people.

The effectiveness of medical intervention in combating non-infectious diseases was questionable, he said. Despite the fact that it worked with trauma, diabetes and some cancers, there was nonetheless, no proof with most that treatment prolonged life. Here, he slyly quoted statistics to show that doctors who throught they might have cancer took far longer to get the diagnosis confirmed and start treatment than other professionals of a similar level of education.

'Némésis medicale' by Ivan Illich (published in English under the title, 'The Limits to Medicine'). Revolutionary analyses in 1975, but generally accepted today



Eating properly...

Iatreogenesis - diseases from the doctor

Ivan Illich was by no means the first to attack doctor-inflicted diseases, those afflictions with which the medical professional supplies the patient, independently of any professional error. But he was the first to be so systematic in his criticism. When 'Limits to Medicine' appeared, courts in some countries started trying to force hospitals both to have facilities and produce results. In the USA, where the idea got out of hand, the Department of Health calculated that 7% of in-patients would be entited to claim damages for ailments which they had contracted in hospital and would not otherwise have had. So, mining and steeple-jacking apart, health was the industry with the most accidents.

Socially speaking, and this is where Illich's criticism soon got the approbation of a good percentage of state managers, the cost of health care rose far more quickly than inflation. The cost of a day's hospitalisation went up by 500% in the USA in the space of 25 years, with a record climb (700%) in administrative costs. In 1975, two thirds of the cost of a hospital bed ($ 85 000) went on equipment which was going to be useless in 10 years' time. But the USA, the biggest health spender, had some of the poorest health indicators in the industrialised countries, with, for example, life expectancy for males on the decline. The sensible diet and hygiene which had supported the success of medicine were increasingly neutralised by modern malnutrition, i.e. tobacco, alcohol, sugar and... drugs, in the shape of sleeping tablets, anxiolytics and anti-depressants.

But big health spending is not just the privilege of the rich. In 1974, the USA spent 7.4% of its GNP on health, while the figure was around 10% in Papua New Guinea, Nigeria and Jamaica. In poor countries, tiny sections of the population get the bulk of the health budgets. The poorer the country, the more all the sophisticated equipment costs. One example quoted by Ivan Illich is that of a shiny new hospital in New Guinea, in 1972, which could not be opened because it would have swallowed up half the country's health budget. The answer in cases of this kind seems to be private hospitals. But in fact it is not. In the poor countries of Latin America, 80% of the treatment dispensed in these establishments is funded by the state, i.e. society as a whole.

All over the world, spending on drugs has increased even more than spending on medicine as a whole. It is a kind of 'pharmaceutical invasion.' In the mid-1970s, China was one of the rare countries to concentrate on simple, cheap medicine for all, with its barefoot doctors, in a campaign which Ivan Illich predicted would bear fruit. According to a Canadian survey quoted in the book, India could have looked after the whole of its popu-

... and keeping clean – more important than any medicine

lation properly with its fairly small health budget if it had not gone in for an ostentatious brand of medicine for the benefit of only a few. Chilean President Salvador Allende passed a law banning the marketing of drugs which had not 'been tried on paying clients in North America' without being withdrawn from the market and suggested keeping pharmaceutical specialities down to just a few dozen. In this he was a trail-blazer, but his measures were shouted down and the one or two doctors who supported him were killed, as he was, just after the colonels' putsch in 1973. In 1972, the American pharmaceuticals industry spent $ 4500 per doctor on advertising.

The expropriation of health

Among the evils of medicine, Ivan Illich highlighted one in his sub-title, the expropriation of health, which he identified in the medicalisation of all ages in life and all human activity — old age, childhood, sex, IQ, femininity, obesity, mourning and so on — which turned every patient into a sick man. Gynaecology apparently emerged as a profession in the mid-19th century when women began to be aware of their situation, but it was a profession carried out by men. Puberty, pregnancy, delivery, breastfeeding and menopause were all periods in which women become patients, if not actually permanently sick. The promotion of the so-called modernisation of the 1960s, with the (at least passive) assent, according to Ivan Illich, of the medical profession, brought the rate of breast-feeding in countries like Chile down from 96% in 1960 to 20% 10 years later when the latest status symbol was a feeding bottle.

In the 1970s, an American had to pay $500 for his year's supply of blood pressure pills. This was blood pressure dealing and it worked all the better when everyone's blood pressure was checked and all hypertensives were classified as sick. The prevention of hypertension launched the fashion for the check-ups on which all political leaders and company directors were so keen and this led to facilities being set up in the capitals of even very poor countries and to the provision of sophisticated tools of medical analysis. Ageing political leaders had an understanding ear and prodigal responses for requests from medical technicians.

But in cases where preventive care is desirable, success will depend mainly on the patient taking his own health in hand. Treating him like a child will have the opposite result, depriving him of all responsibility and making him unable to look after himself even in the case of benign afflictions. On another front, faith healing verges on mysticism. The common term 'medical miracle' reflects a projection, absolving the doctor who currently is not producing results, in anticipation of a radiant future — at which stage the doctor looks like a witch or a sorcerer and the media sounds the trumpet and encourages that impression.

Scathing international organisations

'Limits to Medicine' came out in 1976, at a time of heightened ideological conflict, and was perceived as the left wing intelligentsia throwing a bomb at a pillar of the establishment. Now, in the ideological dusk, dichotomy of thought lives on and many of Ivan Illich's arguments have found support in the big international institutions. The 1994 report on world labour, which the International Labour Office (ILO) brought out on the occasion of its 75th birthday, says that the nature of hospital services is such that they cost more than primary care, although they are not intrinsically any 'better'. Hospitals run tests, one examination after another, to establish a diagnosis and they are bound to be more expensive than local doctors, because of all the things involved. Yet multiple tests and diagnostic operations do not necessarily make for better treatment. Hospitals themselves are often sick and patients contract worse afflictions in them than those which took them there in the first place.

Nonetheless, it is difficult overnight to convince hospital doctors and patients that primary health care is often more easily available, more to the point and, in the longer term, more beneficial. There is more to it than a charge of the light brigade. The ILO backs up its point of view by saying that it regrets that priority s often goes on equipment rather than staff, that people are keener to build hospitals rather than dispensaries or health posts and, most important, that cure gets more attention than prevention.

The World Bank's bulky 1993 development report on investing in health gives plenty of examples of the counter-productivity of medicine, with figures to support them. It welcomes the success of the campaign to control diseases worldwide and says that greater life expectancy in developing and developed worlds alike is very much to be attributed to the drop in child mortality and the campaign against infectious diseases — in which it echoes Ivan Illich.

It says that the decline in mortality over the past few decades is due primarily to higher incomes and that the progress of medicine is only a secondary factor, followed by improvements to public health and education. By far the most important health factor is the rise in the incomes of the poorest members of society, i.e. the first dollars, rupees, CFAF or gourdes enabling them to eat, put a roof over their heads and keep clean. The great difference which can appear between the infant mortality figures in the different countries of any given geographical region is sufficient proof of this. In the early 1980s, infant mortality was six times higher in Bolivia than in Chile and three times higher in Mali than in Botswana and, between 1960 and 1980, infantile mortality declined by 80% in Costa Rica and only a meagre 10% in Haiti. The spread of medical discoveries was responsible for such differences. Before the machinery of microbial infection was understood (to a great extent because of Koch's discovery of the role of the tubercle bacillus at the end of the last century), infant mortality in the USA varied little from one section of society to another, whether the classification was by income or by education. The fact of knowing that diarrhoea sufferers need to be rehydrated through drinking is of inestimable value.

Money is not enough

As things stand, life expectancy varies between 40 years at most in some sub-Saharan countries to about 75 in the developed nations. The differences are due to levels of income and instruction and to the changes in behaviour which education brings about, but they also very much depend on good use being made of health spending. The 1990 figures show that spending ranged from $10 per capita p.a. in the countries of Africa and Asia to $2 700 in the USA and, within a particular region, from $4 in Tanzania to $42 in Zimbabwe. But life expectancy, projected from income and education and the percentage of GNP channelled into health, is not always realistic.

Vaccination and immunisation; the most worthwhile things a doctor can do

Life expectancy in France, Haiti and Singapore, for example, corresponds to the projection, but in China, Costa Rica, Honduras and Sri Lanka, there is a real gain of five years, while many countries — including the United States, Egypt, Ghana, Malawi, Uganda and Zambia — lose about five. A projection based on the percentage of GNP channelled into health shows a country such as Egypt, which spends little, with very poor life expectancy. Costa Rica and India have good results, but they spend more. In the case of India, 'good results' is a euphemism meaning only that, with such low levels of education and income, the situation could be worse.

But the link is not so close in many cases. China shines, with an advance of 10 years, and the United States constitutes a bad example, with staggering expenditure (5% more of GNP than predicted) and appalling life expectancy (six years less than predicted) in relation to levels of income and education and in comparison with the other developed countries. Ivan Illich has already found the reason for it in the 1970s — cheap medicine for all in China and prestige and, above all, wasteful medicine in the USA.

One example of Amercian wastefulness is insurance. Not everyone is insured (35 million Americans have no health cover), so people likely to have problems are more likely to have insurance and companies spend large amounts assessing their client's degree of risk, all of which pushes up health costs to absolutely no advantage. To some extent, individuals are also defending their consumer rights here and looking for more for their money.

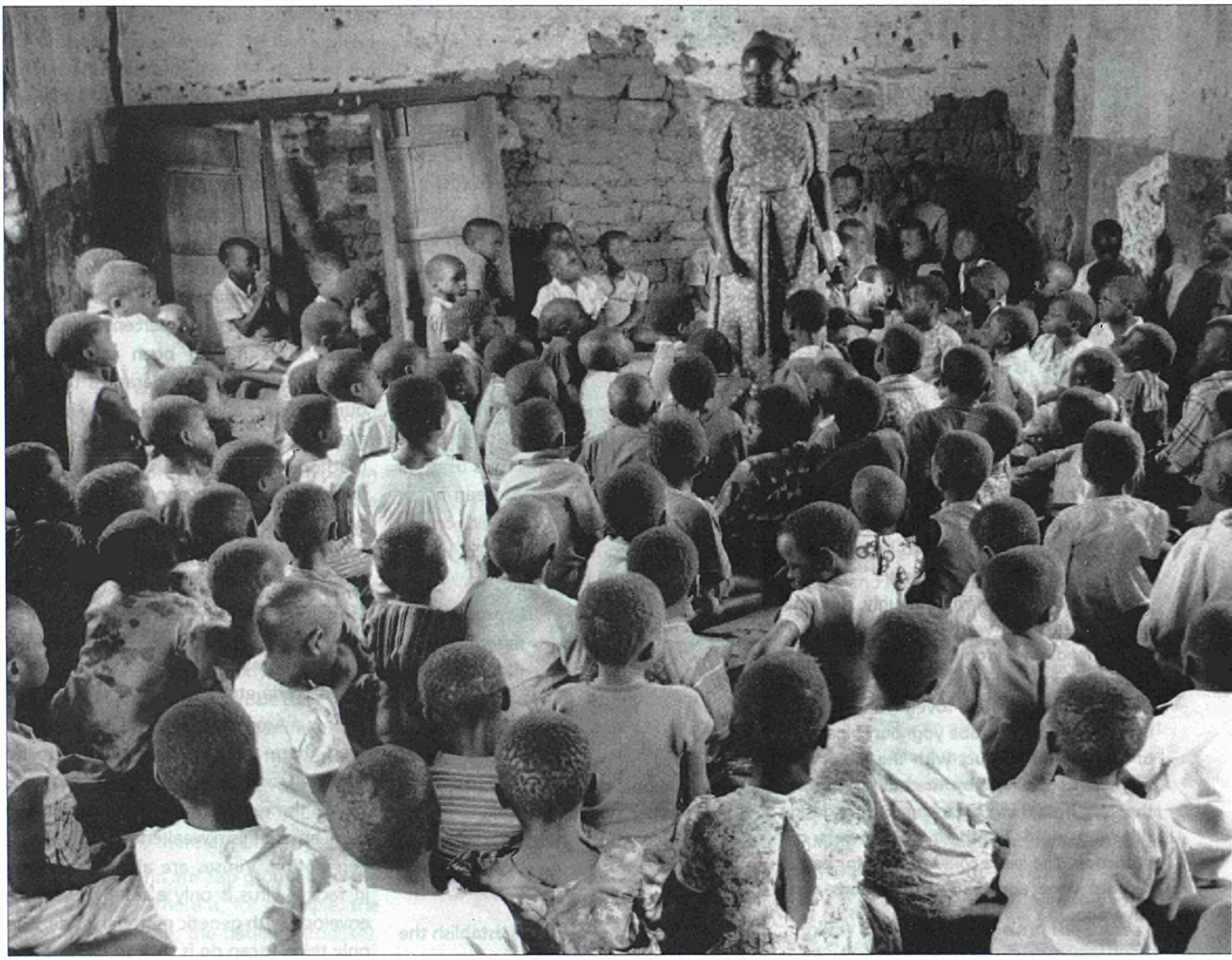
Another cause of excessive health costs, according to the report, is another moral issue — the behaviour of the medical profession, which encourages over-consumption of medical care for which neither it nor its clients are going to have to pay. There is less of a danger with other types of insurance. With car insurance, for example, simulating an accident is an offence, but people do not think twice about consuming, or encouraging people to consume too much medicine.

The 'insurance effect' often goes hand in hand with the 'fashion effect,' when people want to live up to the image they have of modern living. The abandonment of breast feeding is an edifying example. Then there are the Caesareans, assuming epidemic proportions in Brazil, which had the world record in the 1980s, accounting for 31% of all hospital births, 38% in the richest areas, 61% among university graduates and 57% in private hospitals (1986 figures). The rate was higher among women with social security coverage, but those with private insurance took the prize. Social security had to adjust its system of reimbursement. The figures dropped, although they remained high in the most developed regions, still being up at 47% in the Sao Paolo State in 1991.

Putting primary care first

The IBRD report also mentions the unequal competition between the suppliers of care, who make an excessive profit from poor quality services. This does not just happen in the USA and the rich countries. States also protect their local suppliers. The Bangladesh-made anti-tetanus vaccine, which had solid state backing, for example, did not work and was even dangerous.

In return for its contribution to health spending, the state should put pressure on insurers, providers of treatment and patients. A decent estimate of the cost of intensive care in a paediatric hospital in the Récife area of Brazil, caused



Education – making the most of medical facilities

the hospital to be closed down and improvements to be made to primary care units in the slums. As a result, infant mortality dropped from 147 to 101 per 1000 births in three years and UNICEF awarded the Pernambuco mother and child institute the title of 'child-friendly hospital' for its achievements in 1992. Cost/benefit calculations of many medical acts have revealed that a small number of interventions are very worthwile (in terms of number of years of life, with an invalidity weighting) and that most of them are cheap. Vitamin A supplement buys a year for a dollar, whereas a course of treatment for infantile leukaemia buys a year for $1000. The chemical treatment of tuberculosis, obstetrics, anti-smoking measures and the distribution of condoms all work well.

Whatever the level of the most suitable care, it is almost always cheaper to dispense it in a primary or secondary (district hospital) health unit than a tertiary unit (sophisticated hospital). But the shortage of primary units forces people to go to big hospitals, thereby increasing losses. Secondary and tertiary units mop up most of the spending, 70-75% of it in Venezuela and Jordan for example, and tertiary units take 30-50% in many countries.

In the world today, half the current morbidity figures are accounted for by contagious diseases, which can be treated easily in small local units. The World Bank survey shows that if the money currently spent on health in the developing countries were redistributed, there would be enough for the health programme which the experts are recommending. Only very low-income countries would need outside help, as the programme would cost just $15 per person. Middle-income countries currently spend $22 per person and low-income ones $12.

The present system has been designed in the light of the real or supposed interests of the pressure groups. Better organised people in the towns get the health facilities and services. Middle class employees get their unions to act for them. Health professionals are some of the best organised in the world. At any rate, they are better organised than their patients.

These harsh findings, which come from experts appointed by the World Bank, would have been branded as revolutionary 25 years ago. ■ Hégel Goutier

Telling genera apart

A little of what you have always fancied knowing about microbes without ever daring to ask in case you were flooded with complicated words

It is as well for a dossier on health to deal with all the performers, that is to say, alongside the sick, the carers and the decision-makers, the other living things involved. Here is a first blunder — living things. Are all these famous microbes living things? Let us not mix genera by lumping all living things together in the same sack. Taxonomists prick up their ears when they hear the words 'genre' and 'species' used so lightly. Well, no. This is not about taxonomy.

Microbe — what an ugly, repugnant and fearsome word! Imagine the face your loved one would pull if you said: 'Darling, the microbes on your epidermis are doing a good job. How lovely your skin is,' or: 'Here's your microbe yoghourt,' instead of the natural product with the bio-active ingredients vaunted by the advertising as the very best thing for a trim figure, good skin and good health, if not powers of seduction. The same could be said for beer, coconut wine and many other foods and beverages.

Pasteur's 'non-virus'

The real problem with the word 'microbe' is not that it is ugly, but so imprecise, apart from the fact that the 'micro' root conveys smallness. But how small? Do you know how, after using the word 'animalculus' at the beginning of the 17th century and discovering the microscope, scientists referred to this little infectious agent? 'Virus' is what it became in the second half of the 19th century, a few dozen years before anyone suspected the existence of real viruses. Sorry about the confusion. Anyway, scientists in the early 19th century used the word 'virus' for microscopic infectious agents. This was right at the beginning of Pasteur's era. And when Pasteur talked about his discovery, the rabies virus, he had no idea what a virus was, other than that it was something invisible under the microscope and filterable, i.e. not stopped by a porcelain filter. The filterable nature of the polio agent was soon demonstrated by inoculating a monkey with it. During the first decade of the 19th century, the semantic difference between filterable and other infectious agents was sharpened. By way of contrast with viruses, in the terminology of the period, the word 'ultravirus' was used for microbes which could not be seen under the microscope — a good old optical microscope, of course. It was 1953 before we really knew what a virus was.

At this stage in the proceedings, forget all the outmoded, misguided terminology of the old days and let us briefly make the acquaintance of bacteria, fungi, viruses and parasites. We shall never manage it, for here is another vague word — parasite. In the meaning of something which lives by hooking onto something else, bacteria are sometimes parasites, viruses are always parasites and parasites are not necessarily parasites.

But first of all, let us establish the difference between a bacterium and a virus. It is easy. First, size. Bacteria vary between one and 45 thousandths of a millimetre (1-45 microns). Those are the extremes. A good average is more like 2-10 microns, while the figures for viruses are 14-300 millionths of a millimetre. You need an electronic microscope to see one — if 'see' is the word for the electronic microscope, because it is a reconstituted image, in real time certainly, but not real sight. But let us not quibble over trifles. A bacterium has a nucleus and a virus does not. The most important component of the nucleus is the genetic code carried by DNA, which looks like a kind of zip, or rather two magnetic tapes rolled up together. The nucleus also contains little bits of this tape, which transmit the DNA's message to organisms which have to act on it to, say, produce protein. These bits of genetic material are RNA. Viruses have one or the other, DNA or RNA. Bacteria, in principle, have the means of producing the substances which they need to survive, but only in principle, because parasites can count on their hosts for a good percentage of their needs. This having been said, of the thousands of types of parasites to which our bodies act as hosts, only a few hundred are true parasites, which feed on us (pathogenic bacteria). The others (saprophytes) just wander about our bodies or swap things with us, without doing any harm. There are indeed many of them on the skin and in the intestines, where they encourage digestion, produce nutrients such as vitamins K and B12 and occupy the terrain to prevent the invasion of dangerous bacteria etc.

Among these inoffensive parasites, there are sometimes, it has to be admitted, one or two 'opportunistic' ones (this is the real scientific term), which can harm an organism weakened by disease or deprivation. Viruses are always parasites. In fact, a virus is only a relatively simple envelope with genetic material inside. The only thing it can do is stick to its host and establish a junction to introduce its genetic material, which will colonise the genetic material of the host and turn it to its own ends by making it undergo a kind of brainwashing, with messages along the lines of: 'go all smooth and soft, go to sleep, go rotten, multiply me, pass on waste to the next cell' and so on. So a virus cannot grow or multiply by itself. It has no way of synthesising its components. And its reproduction consists only of a host-operated copy of the genetic material. A virus can live off animals and plant life and even bacteria. It is even partly denied the title of living thing, being considered as a sort of viscous chemical structure.

Even the UN is involved

Getting to grips with the names of microbes means knowing that a bacterial species always has two names, the

first beginning with a capital letter and the second with a small letter. The first is a kind of family name, or rather the name of the genus. Scrupulous taxonomists, once again, forgive me. Generally, a bacterium also has a common name, a nickname, if you like. For example — do not worry, there will only be one — Pseudomonas aeruginosa (Bacillus pyocyaneus), once common in hospitals where it was in the air and took the opportunity of infecting the seriously wounded, burn victims and the bedridden.

It is a very serious organisation, the UN International Committee on Nomenclature, which deals with the civil status of bacteria, recording their denomination and classification according to resemblance and many anatomical and physiological criteria, classifying them by division (or phylum), class, order, family, genus, species (and sometimes strain or variety or even... no, there is no point, these are complicated terms). So apparently anodyne questions such as : 'What sort of microbe is it ?' or 'In what family should it be classified ?' can easily leave the specialist lost for words. All species of bacteria have an average strain with similar criteria in most individuals, but, as in man, there are eccentrics.

Bacteria are also grouped on the basis of shape. There is, for example, the coccum (spherical), the bacillum (rodlike), the spirillum (spiral) and the vibrio (curved). The classification of viruses is more sibylline. It is based on the fact that they have RNA or DNA and on other criteria. The names often look more like secret agents' codes than zoological or botanical terms. The AIDS virus, HIV I or HIV II, is one such. It is an RNA virus (retrovirus) which can give rise to tumours (i.e. it is encogenetic). But the most important difference, practically speaking, as far as we are concerned, between bacteria and viruses is that bacteria can be eliminated by antibiotics and viruses cannot. So remember that antibiotics only work against bacteria. That sentence should be underlined. There are no real drugs against viruses. No polemics, thank you. There are substances which stimulate the organism's defences against these microbes, starting with vaccines, which are the radical solution if they can be discovered. There are copies of immune defence system substances. We shall not list the many approaches in the anti-viral campaign which have been triggered by AIDS. There are many of them and they clearly show how unpleasant the viruses are. One original means which the human organism has of combating viruses is, quite simply, fever, for these little beasts are sensitive to temperatures of more than 37%. What a pity that it does not always work.

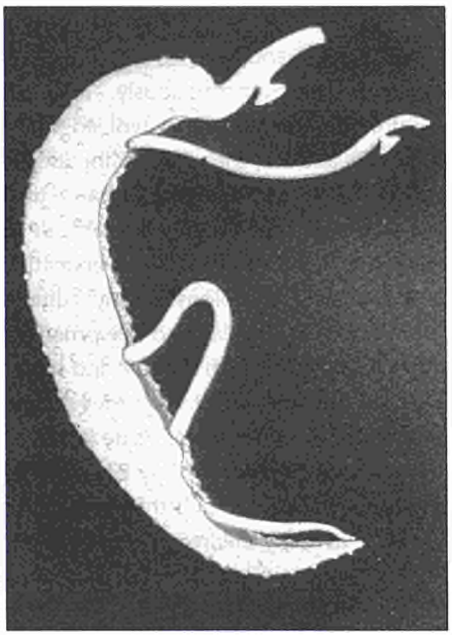


PHOTO WHO

An elegant killer.
The bilharzia parasite in its 'worm' state

Not worth it

Some bacteria, by becoming resistant to antibiotics, are not so inoffensive either. But man has something to do with this. By using antibiotics indiscriminately, he has helped generate this resistance. Many doctors have made their patients feel good by prescribing antibiotics at the drop of a hat. There are strains of the Koch bacillus, the tuberculosis bacillus, which are currently severely resistant. Remember that an antibiotic sometimes does good, but it always does harm. The important thing is the balance. If it is for a very small amount of good, one day less of influenza, it is better not to take it. It is not worth it. And there are more terminological traps here — influenza and influenzoid condition. The -oid ending means 'having the appearance of.' So influenzoid does not necessarily refer to real influenza.

The difference between a bacterium and a parasite, a true parasite, is less clear cut. When it is a large parasite such as an amoeba, there is no problem. But in the case of a parasite small enough to fit into a cell, such as the malaria one, which squats in red blood cells and is as small as some bacteria, a more precise definiton is called for. A bacterium is composed of a single cell, a parasite of one or more. The real difference is in the complexity of the organism. The cell of a parasite has a more elaborate nucleus which *inter alia*, is surrounded by a membrane and contains a larger number of small organs. Let us not go into any more detail. So comparatively, parasites are closer to man, on their own scale, and it is difficult to produce a vaccine for them which is not harmful to our own cells. Indeed none so far is operational. The first perhaps will be the anti-malarial currently being tested.

We can also be attacked by plant parasites, the fungi, microscopic ones of course, which cause mycosis. Once again, let us not talk about antibiotics against fungi. It looks bad. The word is anti-mycotics.

Just as animal parasites often follow a complicated cycle in the course of which they pass through different hosts, the fight against them can be tougher during their stay on other animals, particularly insects. And it has been tough. Too tough. So much DDT has been used against anopheles, the malaria transmitters, that it has polluted whole regions far from the areas sprayed, such as the North Pole, and the disease is still rife. And the parasite has developed resistance to many chemical agents. The same goes for the parasite which causes sleeping sickness.

In addition to the bacteria, viruses, parasites and fungi in this tiny world, there are the algae, which are close to the latter two groups, and the blue algae, which are closer to bacteria. And, as things are never easy, there are strange groups which fit in between bacteria and algae, between viruses and bacteria etc., with features taken from each. This is a microscopic world, but it is of enormous complexity.

DOSSIER

Gender issues and reproductive health [1]

by Kalimi Mworia *

The term gender refers to social meanings given to being male or female. This translates into cultural and social life roles, patterns and options for both men and women. A quick glance at the table on page 81 shows how enormous the gender gap can be in terms of life options. In developing countries today, for every ten males enrolled in secondary school, there are only seven females; for every ten men employed in the formal labour force, there are only five women; for every ten male parliamentarians there is only one female.

A recent UNESCO study showed that women do two thirds of the world's work, earn 10% of the world's income and only own 1% of the world's wealth. In most of sub-Saharan Africa, where the majority of income is derived from agriculture, 80% of production and hence of the economy is in women's hands. This responsibility is in addition to women's multiple roles as child bearer, child rearer, carer and feeder of the family which in most cases include the extended family. Women also fetch water, gather firewood, often miles away from home, and sell the farm's produce. The total health of the women is crucial for the survival of the child and family, as well as the sustenance of the national economy and development. The health of these women must be seen in its totality. It includes not only the physical, but also the mental, social and economic well-being. These conditions in turn depend on her ability to regulate her fertility. Regrettably, women's reproductive health and other basic needs have been given minimal attention in national development plans. Worse still, women's influence on policies regarding agriculture, education, health and the economy is non-existent.

Gender issues can be subtle, because men and women act out their assigned roles unconsciously. In most cultures, gender roles have evolved over a long time and are, therefore, embedded in culture, folklore and religion. Because they are so deeply seated, they are difficult to change in spite of advances in education and modern technology. Many cultural traditions and roles assigned to women are detrimental to women's sexual and reproductive health. In many developing country cultures, women's value is tied to the number of children they bear. Hence the desire by women and their spouses to produce 'as many children as God permits', thus putting the health and life of women at risk. The situation is exacerbated by high infant mortality which leads women in many developing countries to repeated and frequent pregnancies.

Factors threatening women's health

By virtue of women's dual role within society, that of reproducer and producer, the definition of women's health must necessarily encompass these two functions. Only recently, and really only in the developed world, have specific needs of women come to the forefront of health policies and programmes. In the developing world the status of women's health remains deplorable and, unfortunately, virtually ignored. The disparity between the developed and developing world is most blatant when considering levels of maternal mortality. Worldwide some 500 000 women die annually due to complications associated with pregnancy. 98% of those women are in the developing world. That statistic translates approximately into 1 in every 200 pregnancies leading to the death of the mother. Clearly, the greatest risk to a women's health in the developing world is related to her role as reproducer.

Poor reproductive health also inhibits women's ability to fulfil their role as producers. For example, in Kenya and Senegal, women spend 47% of their reproductive years, meaning between ages 15 and 49, either pregnant or

'Multiple roles: child bearer, child rearer, carer and feeder of the family'

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[1] This is a paper presented at the European Commission Seminar on Population and Development, (Brussels, 28 February 1994).

* Director, Partnership Challenge Fund, International Planned Parenthood Federation.

What is reproductive health?

Within the framework of WHO's definition of health as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity, reproductive health addresses the reproductive processes, functions, and system at all stages of life. Reproductive health therefore implies that people are able to have a responsible, satisfying, and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable, and acceptable methods of fertility regulation of their choice, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

breastfeeding. Throughout these 35 years when women should be most productive, their mental and physical well-being is impaired because of their reproductive role. This would never happen if we were willing to make adequate and meaningful investment in women's reproductive health and child survival.

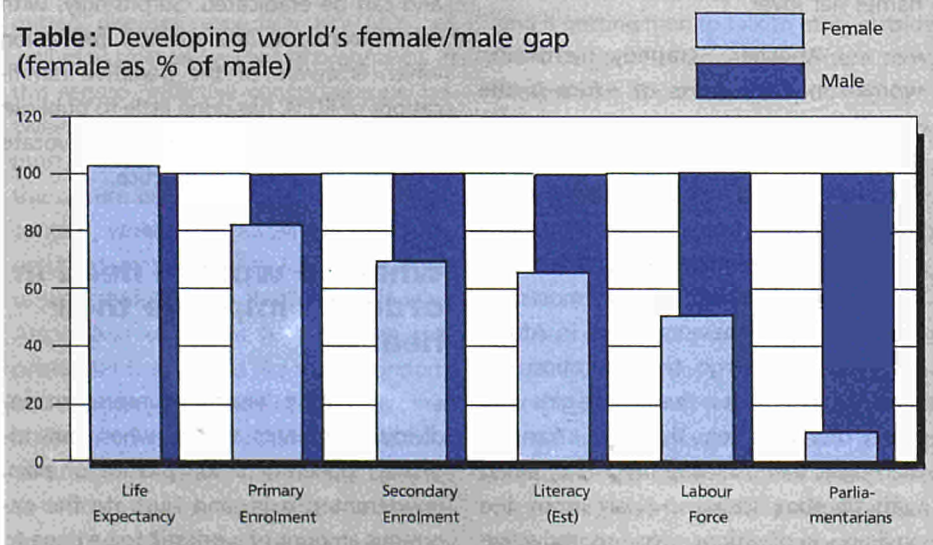
Research, and just basic common sense, can tell us which factors are associated with maternal mortality: inadequate maternity care, lack of access to safe abortion, and inability to space or stop childbearing when desired. It quickly becomes evident how comparatively easy it is to prevent maternal deaths. For example, increasing access to proper health facilities during pregnancy can have a direct effect on the number of women dying due to obstructed labour and haemorrhaging, or anaemia, or botched abortions, which together account for approximately 80% of maternal deaths in the developing world. Africa and Southern Asia have the highest rates of maternal mortality: appriximately 650 women die per 100 000 live births, compared to the figure of 30 in the developed world. One major reason is that only 30-40% of women in Africa and Southern Asia receive maternity care compared to 100% in the developed world.

Of course maternal care is not the sole answer. A recent World Bank study indicated that 50% of maternal deaths in Southern Asia could be averted if those women who did not want any more children had used effective contraception. The potential benefit of contraception in reducing maternal mortality is particularly promising for teenagers in Africa for many of whom illicit and unsafe abortion is the only option to avoid expulsion from school. The statistics are frightening: 44% of female secondary school students in the capital city of the Central African Republic have undergone an abortion; the average age of women hospitalised due to abortion complications is 19 years in Benin and 22 years in Congo; 60% of abortion patients in Nairobi (Kenyatta National Hospital) are either schoolgirls or unemployed women, while in a smaller city in Kenya, 64% of women hospitalised due to abortion complications are between 14 and 20 years old. These unsafe abortions lead to infertility or permanent damage to their reproductive system, or even death. Safe and early abortions would prevent not only 25-50% of the maternal deaths occurring every year, but also reduce the tremendous drain on health systems imposed by septic abortions.

The interrelationship between maternal health and the health of children must be underscored as well to illustrate the cyclical nature of morbidity and mortality: for example, women who had low pregnancy weight or low caloric intake during pregnancy have a 50% chance of bearing children with low-birthweight, which in turn greatly increases the child's risk of dying. Consequently, those women who suffer high rates of infant death will have shorter birth intervals and have less time to recuperate between pregnancies, thus leading to low pre-pregnancy weight, and the cycle begins once again.

Unfortunately, even when services are available which can provide the care necessary to break this cycle and reduce the risk of maternal mortality, government policies and cultural and medical barriers prevent women from reaping the benefits. In some parts of Africa and Southern Asia, women cannot obtain effective contraception without authorisation from their husbands, while unwed women cannot even think of entering a family planning clinic. Even harder to believe is the fact that in those same countries, a woman suffering from obstructed labour cannot receive medical treatment until the husband approves, and she may even be accused of infidelity which

Table: Developing world's female/male gap (female as % of male)



Source: 'The Girl Child', UNICEF, 1991

A day in the life of an African woman

by Seynabou Mbodi*

Women who do domestic work or grind millet in the city, and those who live in rural Senegal, do an enormous amount of work and their health suffers as a result.

Gnilane left her village in the heart of the Saloum several years ago, when drought forced her to try her luck in Dakar. With the land no longer providing food, resources increasingly scarce and living conditions becoming really difficult, people began to look for better prospects in the cities.

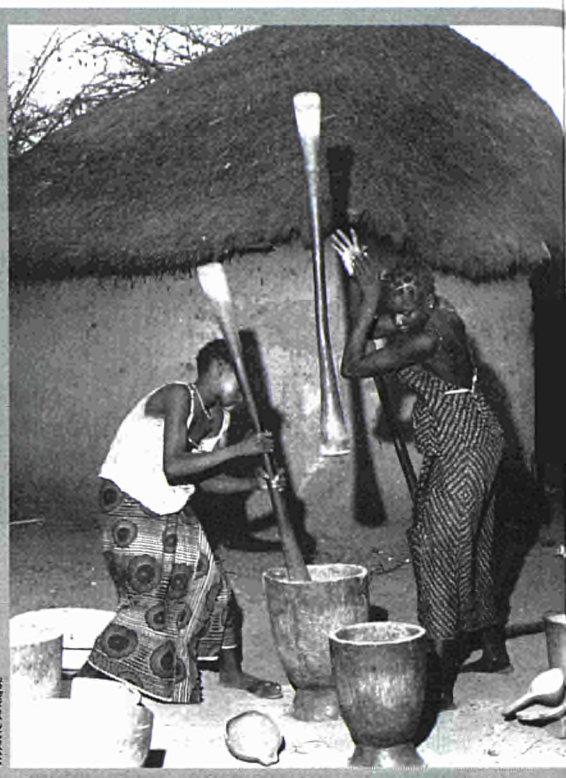
It was in 1980 that Gnilane ended up working in Dakar. She found a job as a domestic with a large family in Dass, a working class area of the capital. 'Every morning, I get up and go to work at the crack of dawn', she says. 'It's quite a long way and I often have to walk because I don't earn enough money to catch the bus all the time. At work, there's no slacking. First of all, I have to see to the parents' bedroom — make the bed, brush the floor and clean the windows and then go on to cleaning the big courtyard. I can't go to market to get the food for the meal until all that is done. It's very hard to snatch even a minute of relaxation during the day. On Thursdays, I do the laundry as well as the rest of the housework and I work on Sundays and holidays too. There are no days off unless I decide to go and see my family, and then of course my pay is docked.'

How many women are there working at this sort of pace? It is difficult to say exactly but one thing we do know is that their health declines daily because of it and they are unable to get treatment. Low earners cannot afford consultations in the city's health centres.

Conditions of housing, work and hygiene are very difficult for these women, but most of them prefer their way of life to staying in the villages and waiting for the rain that is slow to fall.

Things are no better for the millet grinders of Medina, another working class area of Dakar. These are women who have left family and friends to come and do physically demanding work in the city. With their babies strapped to their backs, they pound more than 20 kilogrammes of millet into flour every day, with little concern for what it may do to their health. Their earnings go to help their husbands back in the villages and to pay the 'co-wives' who look after the older children during their absence. After a hard day's work, they are likely only to share a frugal meal of thin gruel or couscous between them.

Women in rural Senegal are always busy with repetitive, tiring, domestic chores such as gathering dead wood, cooking meals, going to the well, doing the washing and grinding the flour — all the things which men and society have made into women's obligations. A survey on Senegalese women published in July 1993 pointed out that women's work was both domestic and economic but that there was no clear distinction between the two. Women, of course, are also responsible for processing the products of farming, herding and fishing. The same survey sets out the timetable of the women living in the different regions of rural Senegal. They get up at 4.30 and start grinding the flour, preparing or cooking the breakfast and fetching water. At 6.30, there is more housework before going to work in the fields. In the evening, they see to the cattle and prepare the supper. Bedtime is usually at 10 pm. So they have a working day of 16 hours. S.M.



VIVANTE AFRIQUE

With their babies strapped to their backs, the women pound more than 20 kilogrammes of millet into flour every day

* ENDA (Environment and Development of the Third World), Senegalese delegation.

would also prohibit treatment until she names her lover.

Another tragedy afflicting women in some parts of Africa is the harmful traditional practices such as female genital mutilation (FGM). Almost 84 million worldwide, who have undergone this operation, suffer from unnecessary complications during pregnancy which can lead to lifelong morbidity and possibly mortality. The majority of these cases are in Africa, where girls undergo the operation between ages 1-13. It is these same girls who marry early, often through arranged marriages, and risk early pregnancy along with its complications. Apart from the obvious implications for reproductive health, the potential spread of HIV/AIDS through FGM is real. Yet this practice continues. FGM is completely preventable and can be eradicated. Surprisingly, with rare exceptions, the medical profession which is aware of the negative ramifications of FGM, has done little to publicise the plight of these women or to advocate the eradication of this practice.

What do women need in order to improve their health?

These examples represent individual elements which, when put together, generate a full picture of pain, unwarranted pain, and illustrate the enormous amount of work still to be done to ensure good reproductive and sexual health for women. The framework of reproductive and sexual health goes beyond the act of reproduction, ie. contraception, to encompass the physical, emotional and social consequences of sexual activity. This includes preventing transmission of STDs, including HIV/AIDS, addressing infertility, ensuring safe termination of unwanted pregnancies, reducing prevalence of genital mutilation, and promoting sexuality as a positive force, which adds to individual well-being and enriches human relations. Included in this concept is freedom from sexual abuse and exploitation, which is related to issues of gender and power relations.

As defined here, women's reproductive and sexual health covers a broad range of issues, and is necessarily broader in scope than those activities prescribed for

'pure' family planning programmes. But the general framework for activities remains the same: advocacy, information and education, and service delivery. At present, most family planning programmes cover these three components; in the future these programmes must consider broadening their mandate and enriching their content by addressing the issues of sexual and reproductive health.

In order to reach out and successfully touch upon all these dimensions of women's lives, it is essential to identify women's exact needs. The term unmet need was initially coined with respect to demographic indicators describing the number of women who are not using contraception but want to delay or stop future childbearing.

A broader and more encompassing interpretation of unmet need can be formulated to emphasise the broader reproductive needs of women. This redefinition of unmet need logically calls for the development of reproductive health programmes that incorporate:

— the underserved married couples, especially those excluded by poverty in rural or urban slums;

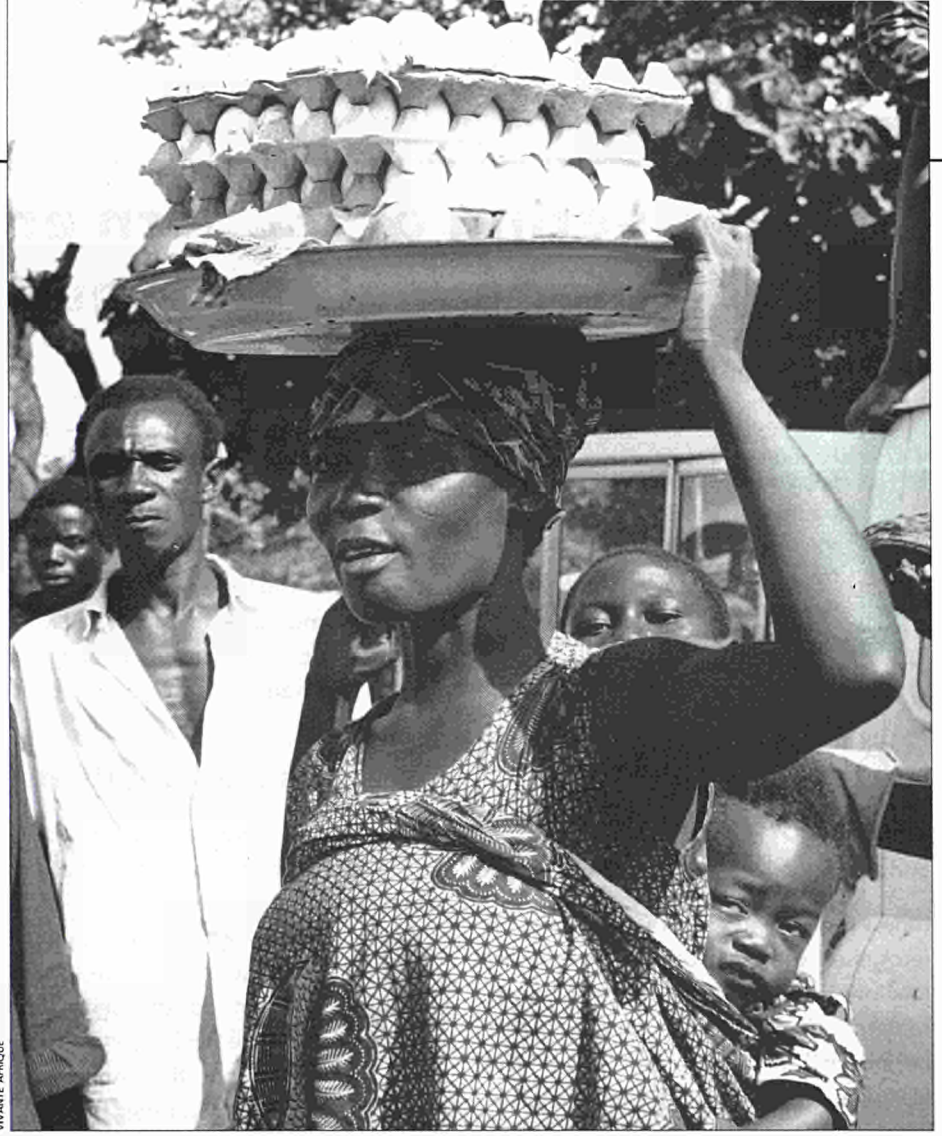
— young people and unmarried individuals of all ages;

— women with unwanted pregnancies, including those who seek abortion;

— women lacking and seeking access to reliable methods;

— women lacking access to counselling and who are using inappropriate methods.

Essentially, this comes down to the assertion that quality and access to reproductive and sexual health services must be assured for all women because, to quote The Centre for Reproductive Law and Policy, 'Women's reproductive rights are indeed human rights... in that control over their own reproduction is integral to women's capacity to work, raise and nurture an existing family, obtain education and generally to participate fully in social, economic and political life.' This basic right cannot be reserved for a select group of women only.



VIVANTE AFRIQUE

'In Kenya and Senegal, women spend 47% of their reproductive years, either pregnant or breastfeeding'

The role of men in sexual and reproductive health

We must be careful, however, that in this struggle we do not dichotomise along gender lines. Men, as much as women, must assume responsibility for the consequences of unprotected sex. In other words, they need to protect themselves and their partners against sexually transmitted diseases, especially HIV/AIDS, as well as against an unwanted pregnancy. In this regard, effective communication between spouses must be encouraged. One must, however, take into consideration the culture of sex in the African or Asian context, where traditionally women have no say in sexual matters. For instance, in a survey conducted by the Family Planning Association of Kenya (FPAK), men reported that they would like to use condoms but women would not consent. Women interviewed separately said the same thing about men. Research shows that, contrary to initial assumptions, male attitudes towards family planning are not uniformly negative; rather, lack of communication between spouses lead women to assume that their husbands disapprove of contraception.

Another critical step in increasing male responsibility regarding family planning is getting men to talk to men, outside the traditional clinic setting where most information about contraception is provided. Men can be reached at their work place, recreational centres and social clubs. Innovative strategies for communication and service delivery are needed to open up the area of family planning to include men, so that it really is a family issue. Throughout the developing world many men are reluctant to accept family planning because they fear that women will go off and have affairs if they are not at risk of getting pregnant. To ignore such issues, risks generating resentment and misunderstanding amongst men and women and underscores the need to include men as partners and full participants. K.M.

The meeting of modern and traditional medicine reveals ambiguities

by Didier Fassin*

Long ignored or fought against, traditional medicines have been the subject of increasing attention from international institutions since the mid-1970s, particularly in sub-Saharan Africa. But, this worthwhile venture gives rise to ambiguities.

A worldwide programme

In 1976, for the first time, the World Health Organisation recognised the importance of traditional medicine, which, two years later, at the conference in Alma Ata, it proposed should be included in primary health care. The idea was both to assert the beneficial role which traditional medicine played as far as people in the Third World were concerned and to incorporate it into the basic medical system which there was then a drive to develop [1]. This move was the consequence of realising the shortcomings of modern health systems, in particular in rural areas, and of wanting to rehabilitate native practices which had so far been neglected.

Among the initiatives taken as part of this programme, three appear particularly significant. First, there was the creation of centres of traditional medicine offering consultations and in some cases running ethnic-pharmacological research into plants. Second there was training to teach healers and traditional nurses the rudiments of medicine and hygiene so as then to involve them in primary health services. Finally the programme involved the establishment of so-called traditional practitioners associations, which were given official status by the authorities. Without claiming to make a full evaluation of the many and diverse schemes run (an undertaking which none of the organisations concerned seems to have risked making), we can to try to go beyond intentions and facts and analyse what happened at the historic meeting of modern and traditional medicine.

Medicines and traditions

Words here can be confusing. Talking about traditional medicines seems to involve two, equally false ideas. The first of these is that they are unified, so that the same thinking and solution can be applied to both. But what do the Senegalese witch-hunter and the Hindu ayervedic, the Arab marabout and the Amazonian chaman have in common other than that — and this is a negative definition — they practise an art which is not that of modern medicine? The second idea is that, as the name suggests, traditional medicine belongs to a timeless tradition which is impermeable to the effects of history. Here too, all the ethnological studies show that knowledge evolves, that practices are sensitive to outside influences and that many rites, which seem to have existed for all time, are in fact only imports or innovations dating back a few decades [2]. So it is this diversity and these historical implications which must be borne in mind when embarking upon a dialogue, or collaborating with traditional medical practitioners.

Even more important is to take account of the fact that traditional medicine is not just medicines and that it tends to do more than just treat diseases. Of course, the herbalists and bonesetters found in every society are mainly healers. But most of those who are styled healers also have magic, religious and sometimes political functions [3]. Because of their understanding of local contexts and cultural codes, they play an essential part in the life of society, giving a meaning to disorders of body and mind, relating them to the history of the patient or those around him and calming tensions within the group.

There is more to traditional medicine than just roots...

PHOTO D. FASSIN

Revaluation and assimilation

In trying to incorporate them into a primary care system, to use the official terminology, the idea was to reduce traditional medicines to their therapeutic benefits or, more likely, to the only dimension which could be measured scientifically. In order to do this, the pharmacopoeias, which were easier to handle objectively, were separated from the rest of the representations and practices involved in the medical act. The only things

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[1] See, in particular, 'Médecines traditionnelles et couverture des soins de santé', under the direction of R.H. Bannerman, J. Burton and Ch'en Wen-chieh, World Health Organisation - Geneva - 1983.

[2] The collection entitled 'The social basis of health and healing in Africa', under the direction of S. Feierman and J. Janzen - University of California Press, Berkely/Los Angeles - 1992, gives plenty of examples.

[3] See 'Le sens du mal. Anthropologie, histoire, sociologie de la maladie', under the direction of M. Augé and C. Herzlich - Editions des Archives Contemporaines - Paris - 1984.

retained from the healers' consultations were the basic plant recipes which went with them and the broader functions related to divine manifestation and ritual practices were left aside. Of traditional therapy, all that was kept were the roots, an attempt being made to highlight their active principles, but not to understand the meaning of the procedures which surrounded the harvesting or prescribing of them [4]. It was believed that, in this way, they could be included in the official system of care. It was even thought that a healer could easily hold consultations alongside other traditional practitioners in specialised centres, or alongside nurses or midwives in dispensaries.

The interest in traditional medicine and the desire to capitalise on the

[4] This was shown by M.E. Gruénais and D. Mayala in 'Comment se débarrasser de l'efficacité symbolique de la médecine traditionnelle' - Politique Africaine - 1988 - 31 : 51-61.

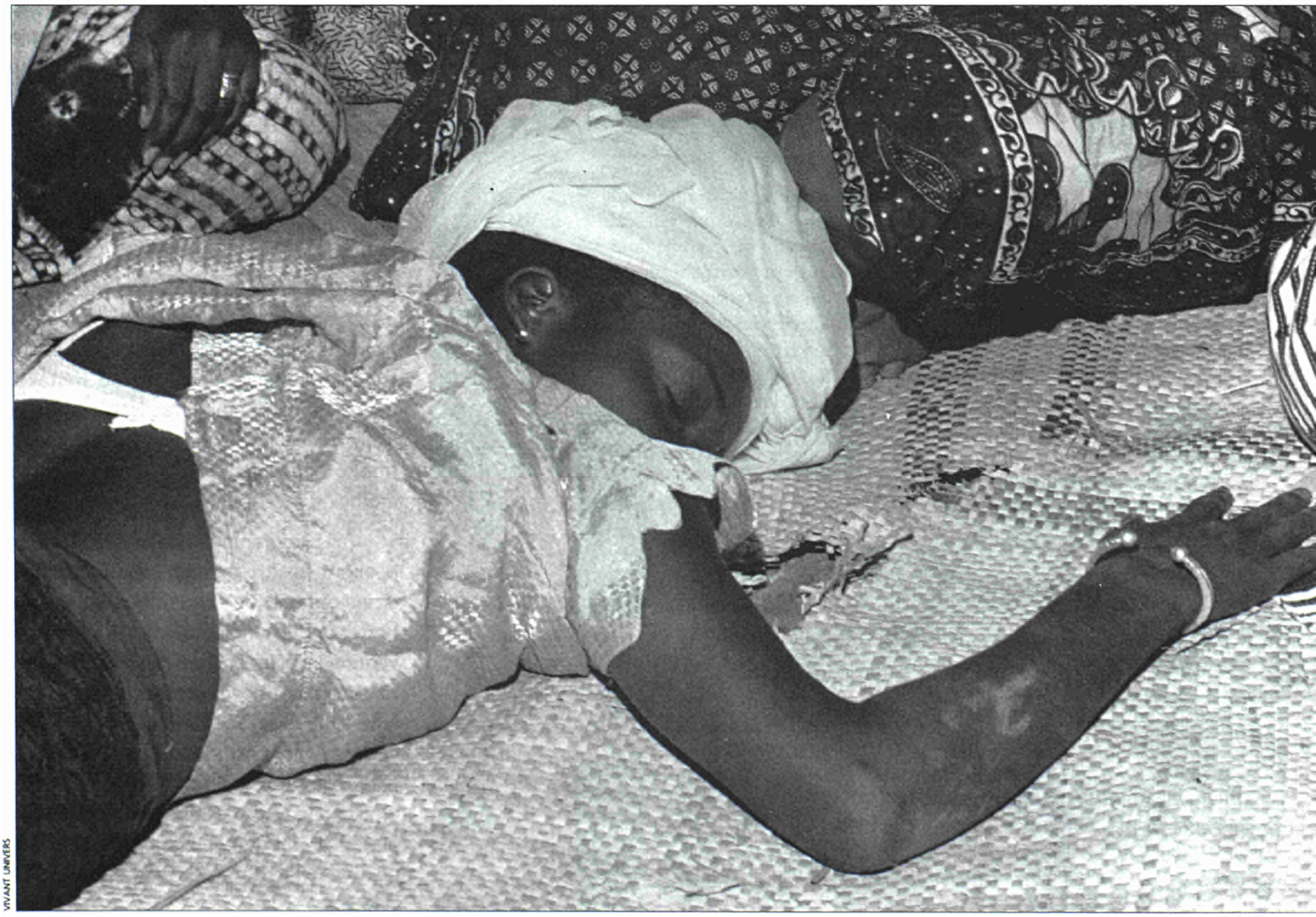
Healers' association in Senegal

The Pikine Tradi-practitioners Circle is one of the first associations of traditional therapists to be set up in Senegal. Founded by a dental care technician in the early 1980s, the Circle has the support of the Minister of Health and the aim of identifying and giving official status to healers in the Dakar suburbs. The recognition procedure involves, first, getting district delegates to put forward traditional therapists from their area and then asking the therapists to bring along 10 patients they claim to have cured for each disease they claim to treat. So the evaluation, run after the cure and therefore without any checking of the original diagnosis or the actual course of the disease, is based on the good faith of the patients speaking up for the healer. At the end of it, a diploma and a membership card are presented to the healer, who never fails to show them to his customers.

Yet it is not the most famous or most traditional healers who belong to this association (they do not really need the organisation and would not dream themselves of taking such a step), but those whose legitimacy is open to doubt and have everything to gain from the operation. One of them, fortified by his new diplomas, has become rich rapidly with a remedy whose recipe was bought for a song from one of his colleagues; enabling him to cure a dozen afflictions, including cancer, diabetes, high blood pressure, syphilis, leprosy and yellow fever. Nowadays, the five kinds of root he and two assistants use to prepare the panacea come up from the country by the truckload. Every moment of the day, patients crowd into his house, which is fronted by a board announcing his membership of the association.

From *'Pouvoir et maladie en Afrique'* D. Fassin, Presses Universitaires de France - Paris - 1992.

...there are also mystical and religious rituals...



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their health services. In some cases this means taking the power for allocating resources for health away from health care professionals, whose primary concern is to act on behalf of individual patients, and giving it, instead, to people who act on behalf of society as a whole. And this leads to a split between the investor and the provider: a divide that can cause friction but will, in the long term, lead to more effective use of scarce resources.

The legislators who decide which reforms to implement, and the officials who have to implement them, face a tough task. Officials in the Ministry of Health will need to set clear priorities and be sure of robust political support, if they are to change their organisations and challenge vested interests. Alliances may be upset and friendships broken.

Universal characteristics of health sector reform

There is no single blueprint for how health sector reform should be undertaken. But there are some common issues, which we set out here on the basis of an analysis of work undertaken in ODA-assisted projects.

To start with, what are the health sector problems that countries are trying to address?

Scarce resources are used inefficiently: public money is being spent on the wrong things. The wrong services are being financed. Too much is spent on salaries compared to operating costs, and on tertiary rather than primary levels of care. Existing services are badly managed. Money does not go where it is needed and it is hard to monitor how it is spent. Systems for purchasing goods and services fail to ensure value for money.

People cannot get the health care they need: this may be because they are too poor, they happen to live in the wrong place, they are the wrong age or sex, or not in employment; because services are not available to treat particular problems or because services are simply badly planned and managed.

Services do not respond to what people want: people will not accept poor-quality services uncritically just because they are there. In the public sector, people sometimes face uncaring and inadequately trained staff, long waiting times and inconvenient clinic hours, and they lack any confidentiality or privacy. In the private sector, they are at risk of financial exploitation with no safeguards against potentially dangerous treatment.

Individuals and families face levels of expenditure if they fall seriously ill that can result in serious debt or an inability to access treatment at all.

Secondly, what are the reforms being implemented within health sectors?

Reforms are concerned with changing health policies and the institutions through which these policies are implemented.

Redefining policies or implementing special PHC projects alone is not enough. In many countries, over the last 15 years, the implementation of primary health care has been dominated by pious policy statements. A few additional activities have been implemented to increase the delivery of priority health care interventions at the periphery. This is not sufficient. Institutional reform is a priority

People may not be able to get the health care they need because they are too poor, happen to live in the wrong place or are the wrong age or sex. These are children living in the Sahel

PHOTO: WHO

because existing institutions, organisational structures and systems fail to deal adequately with the management issues that we have described.

The precise agenda for reform cannot be set out as a blueprint. In practice it depends on the extent to which existing institutions, structures and systems deal with issues of efficiency, access, cost containment and responsiveness to public demand. The relative importance of these issues varies between countries. However, the need for systems to ration health care provision in line with national policy objectives is common to all. Monitoring change in relation to policy objectives will indicate whether or not institutional reform is successful.

The third point to consider is how we (as external investors) approach health sector reform.

We need to understand the context. Many of the problems that we have outlined are long-standing. But contextual factors can also provide triggers for reform. Political and economic changes and a shift in thinking about the role of government are likely to be more influential than information about disease patterns or population pressures alone. Countries emerging from a period of instability may be more ready for reform than those which have long-standing problems but in which systems of governance are relatively stable. A critical trigger may be the sudden change in the level of resources — recurrent resources — available for health care, as has happened recently in the countries of the former Soviet Union.

We must contribute to true partnerships and work together to define the essential characteristics of reformed health care organisations. Despite differences in the problems to be addressed and the components of national reform programmes, we can define some of these characteristics. These include shifting power from provider to managerial (and particularly societal) interests; developing the capacity to specify objectives, standards of performance, monitoring outputs and outcomes, and tracking the use of resources; and distinguishing the role of the investors, who are responsible for defining needs, specifying tasks and monitoring, from that of the providers.

Where, fourthly, do we look for ideas and experience?

In the case of civil service and public-sector reform, in most countries health-sector reform will occur as part of, or in parallel with, changes in the civil service and other public-sector organisations. There is a considerable body of experience on which to draw.

As regards developments in financing the social sector, there is a growing body of knowledge about the relative merits of user charges, community financing, voucher systems and different forms of insurance to raise cash for social-sector activities.

Where managed-market health care reform is concerned, unregulated private markets are not capable of achieving the mix of objectives that health systems seek to satisfy. In designing reform programmes, there is a need to review the experience of countries in which governments have taken on the role of controlling and regulating the public and private markets in health care.

Lastly, what are the options for designing health-sector reform programmes?

Any reform programme will have a number of complementary components. Those designing programmes do not need prescriptions. Rather, they need options for addressing key policy issues. Legislators will wish to choose options to be pursued — and they may not find the choice easy. There is a need for much consultation and dialogue.

Elements in a reform programme

A reform programme may include measures to improve the functioning of the civil service, such as plans for reducing total numbers of staff, new pay and grading schemes (including performance-related incentive pay and salary decompression), better job descriptions and appraisal systems, improved financial disbursement and accounting, and the establishment of executive agencies. Authority and responsibility for health care may be decentralised to elected local government or to sectoral agencies. The functioning of the Ministry of Health may be improved through organisational restructuring, with new and more efficient systems for financial management and accounting, for policy, planning and monitoring functions and for defining national disease priorities and selecting cost-effective clinical and public health interventions.

Autonomous operating units may be created. This may include establishing self-governing hospitals, autonomous districts/provinces with their own health-management systems and contracts with NGOs and missions to provide an agreed pattern of service.

The options for health financing may be broadened: legislators will want to know the advantages and disadvantages of increased user fees (with and without waiver systems), community finance, social insurance schemes (usually government-managed) and private insurance. An option is to introduce managed competition. Competition is only possible if the investor specifies the service levels required and seeks to purchase the best possible service from the provider which offers this service at the most reasonable price. In practice there may be more than one purchaser; purchasing may be manager-led or client-led. Contracting out may be confined to support services or may also cover health care.

If working with the private sector is envisaged, special instruments are needed to help ensure that purchasers (government and people) get value for money from private providers through regulation, contracting and franchising of quality services, and vouchers that enable clients to receive subsidised care from a variety of providers.

In the end the choices made are likely to result from politicial decisions — even though specialists in health management provide information about options and help with implementaton. In practice specialists — whether from within a country or from outside — cannot expect to prescribe, or even to drive, the health-sector reform process. Better management and health-sector reforms are achieved through politicial commitment and, in practice, a great deal of courage.

D.N. & A.C.

A healthy peace?

Post-conflict rehabilitation of the health sector

by Joanna Macrae & Anthony Zwi *

The global optimism for peace inspired by the end of the Cold War has not been realised in practice. Since the fall of the Berlin Wall the momentum for violence has been sustained or revived in countries such as Angola and Somalia, and new waves of conflict have shaken large swathes of the former Eastern bloc. The trend towards greater instability in some countries is counterpoised by trends towards greater stability. Afghanistan, Cambodia, Croatia, El Salvador, Eritrea, Ethiopia, Mozambique, northern Somalia (Somaliland), South Africa and Uganda are but some of the countries making the precarious transition to peace.

Health is the first victim of war. Death and injury as a result of direct military action represent only a fraction of the health costs of conflict. The dramatic changes in the political, economic and social environments associated with war threaten personal health and the functioning of health systems. Widespread rape, displacement, the breakdown of the health-supporting infrastructure such as water and food supplies combine to generate high risk situations which increase populations' vulnerability to a range of health problems, including HIV, malaria, TB and water-borne disease.

The capacity of health services to respond to the subsequent excess mortality and morbidity is also diminished. Public sector financing of the health sector is severely reduced as military budgets drain the public purse, health workers are killed, injured or migrate, while planning and management staff become preoccupied with surviving the next emergency rather than with strategic initiatives for health.

The achievement of relative peace brings both political and financial opportunities for health development. New governments seek to build popular legitimacy; addressing social and health issues provides one means of doing so. In the post-conflict period international donors tend to shift from providing relief assistance to supporting longer-term development. This new aid, combined with the peace dividend, may release substantial resources for health. Despite these opportunities, communities, governments and international agencies face formidable obstacles to reversing the long-term effects of conflict on health and health systems.

The London School of Hygiene and Tropical Medicine has launched a research initiative concerned to identify the key policy issues facing countries making the difficult transition from war to peace. A pilot study has been completed in Uganda in collaboration with Makerere University and HealthNet International, a sister organisation of Medicins Sans Frontières (Netherlands). Further case studies are being developed in Eritrea, Ethiopia and El Salvador.

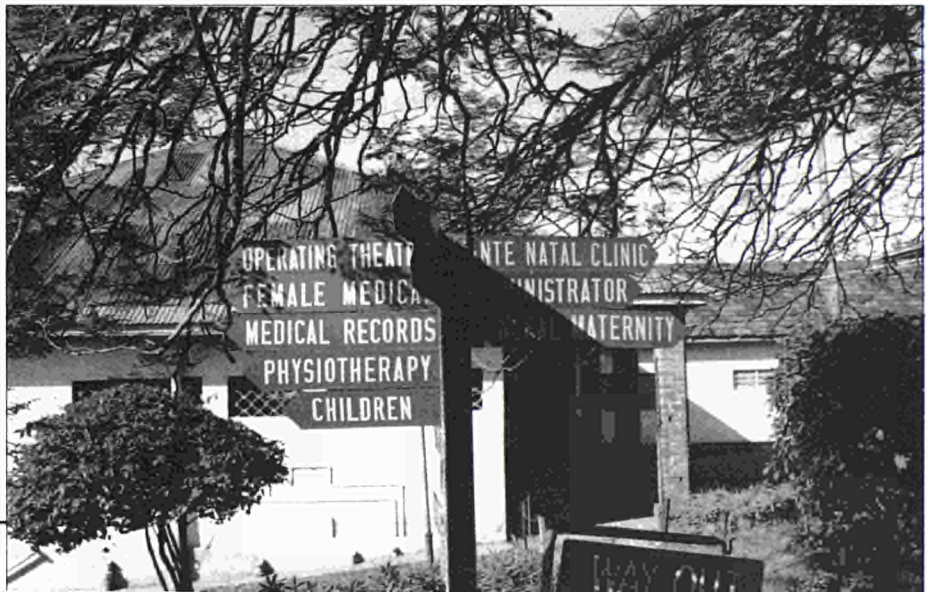
Uganda case study

The Ugandan experience of health sector rehabilitation carries important lessons for other countries which have more recently emerged from prolonged conflict. The study highlighted the importance of accurately analysing the nature of the rehabilitation task and using this analysis to develop long-term strategies for health development. In a context of overwhelming health needs and a devastated health infrastructure, the tendency of government and international agencies in 1986 was to rush in and address the most visible aspects of the crisis — namely the destruction of the health infrastructure. The strategy adopted sought to rebuild the system to its pre-conflict levels, despite the dramatic decline in economic support to the health sector.

The rapid and substantial investment in the physical infrastructure and donor-supported vertical programmes has resulted in a health system which is both unaffordable and failing to meet priority health needs. The overemphasis on the *infrastructural* crisis facing the health system served to mask the deeper *structural* crisis associated with the breakdown of health financing, management and organisation during the war.

A hospital in Kampala.
The strategy adopted was to rebuild the health system to its pre-conflict levels

The Courier



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Counting the health costs of war in Soroti, Uganda

Between 1986 and 1991 the people of Soroti suffered the consequences of a war between rebel groups and the government. While this conflict has largely been resolved, some areas of the district are still prone to violent raiding. Below, extracts from interviews with women and men illustrate the long-term impact of war on their lives, health and health services.

'Before the war the majority of people were self-sustaining in food, and therefore could protect their bodies against disease. But during the war there was a general scarcity of food: people could neither search for food nor cultivate their gardens. Many people fled the rural areas to large camps or to the towns; this placed great strains on the water supply and so the incidence of worms and diarrhoeal diseases increased. There were many cases of war injuries. As a result some people are disabled. Because of the fighting the immunisation programme was brought to a complete halt, therefore diseases like TB and measles became epidemic.

'The number of widows and orphans have increased, and these groups have problems in accessing health services because they have no cash income. The orphans have special health problems: they experience added suffering as a result of loss of parental love and can't afford to go to school. Sexually transmitted diseases have also become more of a problem because people who have lost their husbands or wives seek new ones, and many women have been raped.

'Before the war health units were working to capacity: they had staff and at least some drugs. A referral system was in place, aided by the ambulance service. During the war everything that had been in place came to a complete halt: health units closed down or were destroyed, while others became homes of the soldiers. Medical staff were killed and others had to leave since they were targeted by the rebels. Therefore, a majority of people resorted to using traditional herbs: others resorted to praying to God.' ■

J.M. & A.Z.

VIVANT UNIVERS

'Health is the first victim of war'

Identifying appropriate, developmental strategies for health sector rehabilitation in post-conflict situations will not be easy. Improving the national and international response to recovery will rely upon addressing the specific *content* of rehabilitation strategies (for example, to relieve war-related mental health problems), but, perhaps more importantly, it will require understanding the *process* of policy development in these situations. In a context where decision-makers face diverse and compelling pressures from politicians, the public and international agencies to do something, anything, as long as it's quick, the risks of policy failure are particularly high. Yet the opportunity costs of such policy failures are also particularly high: inappropriate rehabilitation strategies may create distortions in the health system which are difficult to redress in the long-term. Identifying mechanisms to diffuse these pressures through informed dialogue between these different actors will be crucial. In particular, encouraging representative community institutions to play a role in choices about health will ensure the viability and political sustainability of rehabilitation programmes.

As the research in Uganda, and more recently in Ethiopia has shown, achieving a healthy peace will depend less on patching up bullet-ridden buildings than on rebuilding civil institutions at the national and local levels, and restoring the right of women and men to control and influence health development. ■

J.M & A.Z.

Regional cooperation in health care

The example of the University of the West Indies

by Blossom Anglin-Brown*

The countries of the Commonwealth Caribbean are often considered fortunate when compared with other developing countries. They have made, in the past two decades, a contribution to world affairs which far outweighs their physical size. They have approximately six million inhabitants, a high literacy level, and a political machinery which is democratic and stable. Their potential for continuing growth presents a challenge. The population is relatively young with at least 30% under 15 years of age in most of the countries concerned. Women of child-bearing age (15-44) make up about 20% of the total while the proportion of elderly people is increasing. In some countries, the over-65s account for as much as 12% of the population.

The current birth rate ranges from 15/1000 to 36/1000 while crude death rates run at between four and 13 per thousand. The weighted mean for infant mortality is 21/1000 with a range of between five and 38 per thousand. Perinatal causes are ranked first among the principal causes of death among infants. In the general adult population, chronic, non-communicable diseases including cancer, cerebrovascular disease, heart disease, diabetes mellitus and hypertension are the leading causes of morbidity and mortality.

In terms of economic development, the *per capita* annual income ranges from EC$ 1400 to EC$ 17 600 (1 EC$ = 37 US cents) and its distribution within countries is generally highly skewed. Unemployment rates are high, averaging about 20% of the labour force. The economies, in general display classic plantation-type features, with an emphasis on the production of agricultural products, mainly for extra-regional export, and on the import of finished goods including food and other basic essentials. Some diversification into sectors such as tourism, bauxite-alumina, light manufacturing, petrochemicals and service industries has taken place in recent years. In most of the islands, the agriculture sector remains the largest single employer of labour, followed closely by tourism.

With this narrow economic base, the recent global recession and successive devastating national disasters have had a profound negative impact on the economies of the Caribbean islands. This has been particularly the case for those countries that have large external debts, or whose agricultural base is made up of fragile food crops such as bananas. There has been a general reduction in economic growth rates with some countries experiencing negative growth. A number of policy measures have been designed to achieve desirable, long-term structural adjustments to economies. Measures have included foreign exchange controls, import restrictions, devaluations, credit restrictions and the removal of subsidies, to name just a few. These policies have had deleterious effects on the delivery of health care to the people. The problems and needs of small isolated communities such as those of the Commonwealth Caribbean are not merely scaled-down versions of larger ones. They differ qualitatively as well as quantitatively. Wide differences in size and population, geographical and functional isolation, shortages of equipment and essential drugs, deteriorating physical facilities and inadequacies in planning, communications systems and technological and administrative infrastructures, all add particular dimensions and challenges. The reality for these countries now, and for much of the foreseeable future, is that the

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standard of their medical services will depend more on how efficiently they can utilise available national and regional resources than on any substantial increases in such resources. Proper allocation of their own resources, the training and utilisation of appropriate groups, the availability of sufficient numbers of 'home-grown' health professionals, and planning based on research and accurate information about their own needs and resources, will have to form a major part of the solution to these problems.

Nearly 50 years ago, the reality of situation even then encouraged the formation of the University College of the West Indies, in conjunction with the University of London. In the succeeding years, Caribbean health planners have accepted the realities of small size and relative poverty and have made vigorous efforts to cope with their situation. Institutions such the *University of the West Indies* (UWI) and the *Pan-American Health Organisation* (PAHO) — the assembly of ministers responsible for health in the region — have made a significant contribution towards meeting the region's health service research and training needs. The UWI is a good example of an institution accepting its responsibilities as a regional body.

The College and medical faculty of the UWI were incorporated in 1948. The Medical School started with an annual intake of some 35 students, a figure which has since grown to 120. There are now teaching hospitals at the Mona campus in Jamaica as well as in Barbados and Trinidad. The University has gained international respect and the confidence of the region in the area of medical education.

Using telecommunications in training

The Faculty of Medical Sciences, based in Jamaica, Barbados and Trinidad, provides undergraduate and graduate medical training through high quality programmes. These annually provide well-trained doctors for the region. There are many other levels of professional training available. These include courses for nursing assistants, midwives, family planners, counsellors, physiotherapists, radiologists, laboratory technicians and family nurse practitioners. The UWI also has an advanced nursing training programme based in Jamaica. Here, students have been taught the skills of advanced nursing for more than 20 years. Many of the current leaders in the field are products of this programme. Graduate programmes in many medical specialisms are also available. These include internal medicine, surgery, obstetrics and gynaecology, child health, family medicine, nutrition, public health and epidemiology. There are also postgraduate programmes run by the Department of Social and Preventive Medicine, with the assistance of PAHO. These include family planning and nutrition.

The University has had wide experience in international collaboration in research training. The Medical Research Council (MRC) of the United Kingdom has facilitated training in conjunction with the *Sickle Cell Unit* which has provided results worldwide on the presentation and management of sickle cell disease. The *Tropical Metabolism Research Unit*, generously supported, first by the MRC and later by Wellcome, has done important work on malnutrition and its complications, making that unit a leader in the management of malnutrition. Through the UWI's *Distance Teaching Enterprise* (UWIDTE), the University has made significant progress with the development of inter-country, distance education techniques, providing an added impetus for a regional system of health service research and training. Its telecommunications systems now link 14 countries through 20 tele-conference rooms. There is a high level of demand for the services of UWIDITE in regional training programmes in health systems research.

Other institutions which deserve a mention include the *Institute of Social and Economic Research* (ISER). The University has recognised that the diversity and heterogeneity of the social determinants of health can only be appreciated by students and physicians if they are brought to a better understanding of, and place greater emphasis on, the physical and social environment in which people's health is created or destroyed. In this context, the ISER has brought social analytic skills and insights to health service issues, with a particular stress on the accompanying cultural and environmental factors. The ISER operates on all three campuses.

There is also the *Caribbean Regional Epidemiological Centre* (CAREC) which is based in Trinidad & Tobago and whose work is geared towards the strengthening of epidemiology in the region. PAHO, in conjunction with CAREC, agreed at a workshop held in Washington DC in 1988, that there should be collaboration with the UWI in the development of postgraduate training programmes to strengthen Caribbean skills in epidemiology, and to extend these to the whole region. CAREC has improved access to, and the exchange of, information, and it promotes and supports regional research activities.

The *Commonwealth Caribbean Medical Research Council* (CCMRC) collaborates with regional agencies in planning and supporting Caribbean health systems research. A meeting is held annually in the Caribbean, on a rotation basis, at which members of the profession discuss and present highlights of research done in the region.

In their search for solutions to some of their nutritional problems, the Caribbean governments took a policy decision in the mid-1960s to approach the challenges in the field of food and nutrition in a regional, multi-sectoral manner. One of the mechanisms for this was the establishment of the *Caribbean Food and Nutrition Institute* (CFNI). The work of the CFNI is based entirely on the needs of the countries in the region. Emphasis is placed on strategies for arriving at informed decisions and actions through the promotion of inter-sectoral projects, the provision of timely analysis of current data and the empowering of communities to participate actively in their own locally targeted food and nutrition schemes. Two main programme areas have been identified : health/nutrition promotion and protection, and food availability, looking at consumption at the household level.

There are many regional professional groups in the Caribbean which meet

The work of the CFNI, whose headquarters are pictured here, 'is based entirely on the needs of the countries in the region'

regularly to discuss problems related to their particular speciality and also to form linkages, and thus boost the delivery of health care. Such groups include cardiologists, gastroenterologists, family physicians, dermatologists and medical technologists, to name just a few.

In Jamaica, the University Hospital of the West Indies, is strategically placed in the same area as the University on the Mona Campus. Equipped with 576 beds, it is staffed by members of the Faculty of Medical Sciences. It is a teaching hospital where undergraduates in the field of medical sciences are trained. They can also do their internships on the medical wards. The hospital has strong links with the wider region since problems which cannot be handled elsewhere in the Caribbean are sent there.

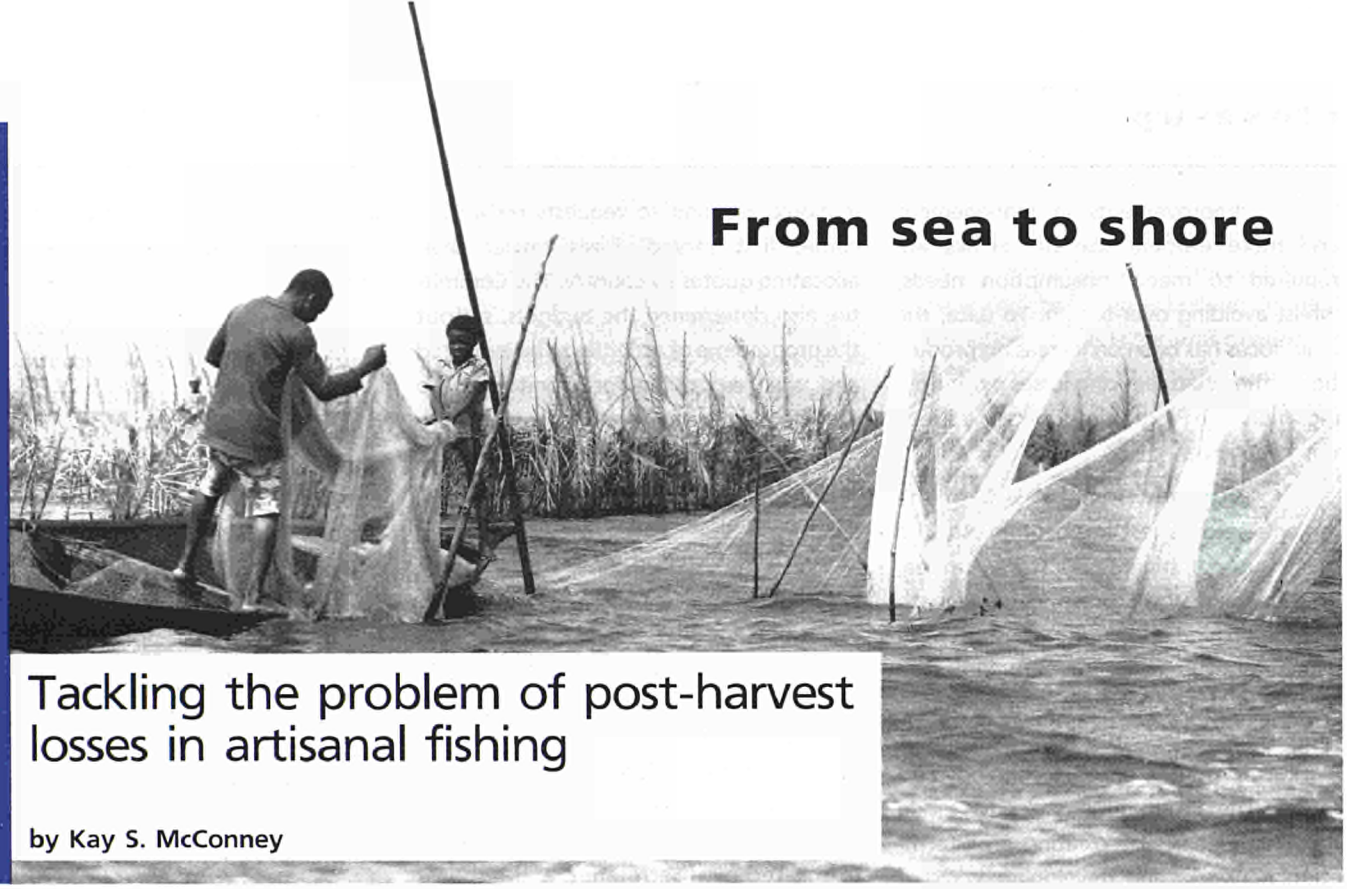
Medical students from any campus may complete the clinical requirements for their final examinations at another campus. Faculty members travel to each campus territory to interview those students who are presenting themselves for their final degree. The University also maintains norms and standards, with lecturers and external examiners often coming from Europe and travelling from one campus to another to give courses or examine students.

The UWI has been a model in promoting regional health collaboration. Sustained and effective scientific cooperation between geographically separate and politically independent countries is not easy. The strength of political will which lies behind the establishment of a system such as this, is something that always needs to be maintained. Affirmations of political will are only part of the solution. We have to be able to transform political support into joint action programmes. CFNI and CAREC in particular have shown that regional organisations can effectively fulfil research mandates and that networking among national organisations can be a useful mechanism if properly applied. For action to take place on many issues, the UWI has to continue to foster links with the Caribbean health ministries in national and regional health services planning and decision-making.

Mention must be made of PAHO in the Caribbean. For more than half a century, this organisation has directed Caribbean countries towards greater emphasis on the preventive and promotional aspects of health. It provides technical assistance where needed and guides health planners towards a sharper regional focus in management skills. PAHO has also done much to strengthen and extend the principles of primary health care in the region. The UWI has frequently benefited from support in the form of funding of specific health systems research projects and the associated personnel training.

The challenges of the 1990s are awesome. We recognise that, as a University, the infrastructure for the improvement of regional health care is already in place. We appreciate that to help achieve 'health for all by the year 2000', the divorce of theory from practice and the separation of the academic milieu from the field of action must come to an end. Much will depend upon general political, economic and social development. As a region, we have to accept what is possible and do what is necessary to achieve it. The preparation of human resources must encompass, as a priority the training of leaders. Even more to the the point, it must entail the development of leaders who understand the present-day health situation in the region and the challenges faced by the sector and who can act upon this understanding in effective ways. The University of the West Indies has the will to become an 'agent for change' in the Caribbean, and it will continue to perform this role. ■

B. A.-B.



From sea to shore

Tackling the problem of post-harvest losses in artisanal fishing

by Kay S. McConney

If there were a direct correlation between the significance of a particular development action and the length of its title, then the EDF-backed scheme featured in this article has been well named. For the 'Regional Priority Action Programme : Improvement of Post-harvest Utilisation of Artisanal Fish Catches in West Africa', has important objectives. It is the first of its kind to address the problem of post-harvest losses in the region's traditional fishing sector. It covers an area where demographic trends point towards ever-increasing food requirements. And based, as it is, on a strategy that promotes better use of catches rather than simply increased production, the Programme comes at an appropriate time. Across the globe, concern is growing about the depletion of fish stocks and international pressure is mounting for more effective management of the resource.

In fact, the EDF-supported Programme was first launched in January 1990 and the first two phases ('Pilot' and 'Transition'), funded under Lomé III, have now been completed. These involved the execution of 23 activities and expenditure of more than ECU 1.5 million.

'From Sea to Shore' is the title of a summary report of these two phases, edited extracts of which we publish below. Drawn up by consultant Kay McConney, it gives details of the Programme — including a frank analysis of its weaknesses — and describes the steps taken to improve it. The Programme's third phase, which has a budget of ECU 8 million from Lomé IV resources, will run from 1994 to 1998.

Features of the sector

The Programme to improve post-harvest utilisation of artisanal fish catches in West Africa covers 16 ECOWAS member states. Close to one million people in these countries depend wholly or partly on artisanal fisheries for their livelihood. Women play a significant role, especially in processing and trading, although their contribution in economic terms has always tended to be underestimated. Aware that any serious development strategy for artisanal fisheries must, of necessity, include women, the Programme directly targets them as a beneficiary group and actively involves women's organisations in its planning and implementation.

Estimates of fishermen's annual earnings, drawn from spot surveys in a number of ECOWAS countries over the past ten years, range from $300 to $1800, depending on a variety of factors. In Ghana, a survey in 1990 revealed that vessel owners can expect an income of between $2000 and $3000 per annum. In the long term, the Programme seeks to improve the revenue-earning capacity of its beneficiaries by adding value to fish catches through better processing and storage techniques, technology and access to markets.

The artisanal fisheries sub-sector is traditional, labour intensive, risk averse and dependent on labour flow. These characteristics demand that the development strategy for the sub-sector be people-oriented and firmly based on a 'bottom-up' approach. The Programme attempts to take account of this in various ways. These include pursuing activities based on requests from the beneficiaries, involving them in planning, organisation and implementation, and taking an adaptive approach to technology transfer, thus minimising the risk of resistance to change and respecting the labour element.

For most ECOWAS countries, fish is a significant food source. It tends to be more readily available, and less expensive, than other dietary proteins and hence offers a competitive alternative.

Problems to be addressed and beneficiaries

With population growth close to 3%, fish consumption is expected to rise. There is a need to exploit cost-effective means of feeding the people, to reduce the outflow of scarce resources to finance food imports, and to develop the living standards of those who work in productive sectors such as fishing.

T. Ferym Ma, FAO

Fish smoking in Benin

'The Five-year Programme has a strategy that targets the very important female component at post-harvest level'

the cost of technology prohibitive. Lack of access to credit also inhibited the ability of interested persons to pay for this material. Furthermore, much of the trade in the area (Kompienga) was in fresh fish while the technology was for processing. Thus, immediately following the training, the newly constructed ovens were abandoned. The evidence from Niger was somewhat more encouraging. Although lack of raw materials prevented carpenters from applying their new skills in oven construction, there were some indications that masons were able to apply theirs.

Hauling in the catch — the Five-year Phase

Following two experimental phases and three difficult years, the Programme enters the Five-year Phase with several strengths upon which to build. These include firm linkages with local institutions and resource persons, and a functioning policy where activities pursued originate from requests of beneficiaries. In addition, the latter are actively involved in planning and implementation. The Programme has a strategy that targets the very important female component at the post-harvest level, an approach to practical training that involves the development of markets for skills, and a directory of contacts in the fisheries sector that supports the effort to draw upon regional resources.

On the other hand, there are still weaknesses that affect both operational management and the Programme's strategic approach. Among them are, inconsistent use of planning tools, poor assessment of qualitative criteria, inadequate control and monitoring mechanisms, insufficient promotion of the programme itself, an under-developed approach to gender-awareness and insufficient communication among those involved.

As the Programme gears up for the Five-year Phase, which has the objective of reducing post harvest losses by 25%, due attention now needs to be paid to the pursuit of medium and long-term targets. The Technical Report, drawn from the experience of the first two phases, includes a lengthy list of recommendations which seek to address the identified deficiencies, capitalise on strengths and chart a course for the achievement of a range of targets.

The Phase will have a new institutional framework that is intended to strengthen the Programme's in-house technical resource base, management capability and operational efficiency. Four regional NGOs (Credit-Unions of Ghana, Creditip of Senegal, INADES-FORMATION of Côte d'Ivoire and CEASM) have formed the West African Association for the Development of Artisanal Fisheries (WADAF) and this body has been formally recognised as the Programme's executing agency. It will be responsible for administration, technical support, and supervision of the Technical Secretariat. The Secretariat itself will be reinforced by a Director with proven management capabilities, a socio-economist, a communications specialist, a financial officer and clerical support staff. Its work will be audited and evaluated externally.

At the strategic level, the status of the former Management Committee has been upgraded to that of a Monitoring Committee. Its membership has been enlarged to involve a greater number of beneficiaries : representatives of economic operators, professional organisations, Associated Partners and Directors of Fisheries. It will be responsible for Programme policy, strategy and overall monitoring.

The new framework has been conceived with the goal of implementing future activities in a decentralised fashion that facilitates maximum involvement of operators and their professional organisations. This is seen as essential if the Programme is to succeed.

Developing effective means of motivating and mobilising local administrations and donors to improve infrastructure is also of paramount concern. Though the Programme currently lacks the competence to address the seemingly intractable problem of credit, it will have to take on a liaison role, cooperating with other competent bodies in this area. Progress is already being made in the areas of institution building and information sharing, but there is still some way to go before fully satisfactory results are achieved.

It is clear that the objective of a 25% reduction in post-harvest losses is an ambitious one for a five-year period. Experience has shown, however, that the Programme can survive even the roughest of seas. The first two phases may not have been plain sailing but they did demonstrate the resilience and determination of donor, management and beneficiaries alike, and this augurs well for the future.

K.McC.

ECDPM Round Table on partnership in development cooperation

Squaring the circle of recipient responsibility and donor accountability?

One of the most powerful criticisms of development cooperation today is that those targeted for assistance are not actually given a sufficient stake in the process. While most agencies are committed in principle to maximising recipient involvement, an examination of what happens in practice suggests that the deployment of external aid remains largely donor-driven. Without a sense of 'ownership' on the side of the beneficiary, the received wisdom is that development actions are unlikely to be sustainable in the longer term. The solution, therefore, seems to lie in enhancing recipient responsibility.

The problem is that there is a potential clash here with the concept of donor accountability. If greater discretion is given to beneficiaries to propose, devise, implement and evaluate projects, for example, controls on the donor side must be loosened and this would obviously create difficulties. Both taxpayers and contributors to NGOs want assurances that 'their' money is being properly spent. If, in the interests of enhancing recipient 'ownership', the donor agencies have stepped back, it is difficult to see how such assurances can be given.

So how is one to square the circle? Can recipient responsibility be increased without a politically unacceptable loss of accountability on the donor side?

This was the key question addressed by the participants at the annual Round Table of the European Centre for Development Policy Management (ECDPM) which was held in Maastricht at the end of June. The event brought together a wide variety of distinguished practitioners in the development scene from both North and South, and we highlight here some of the main issues raised in the full-day plenary session.

The discussion was opened by ECDPM Director, *Louk de la Rive Box*, who began with a look at the concept of partnership — 'the cornerstone of the ACP-EU system'. This was a highly ambiguous word, he pointed out, and one could argue that it has now become an 'empty shell'. He also referred to the enrichment of development jargon with new words such as 'ownership', and 'accountability' and, in an attempt to set the tone for the discussions to follow, went on to stress the importance of applying these ideas 'in the real world'. In its work, the ECDPM focuses heavily on practical solutions to problems of development and Mr de la Rive Box appeared keen to avoid too many theoretical distractions. In this vein, he spoke of the 'absurd' gap between official discourse and reality. 'The world of development in practice has departed from the world of development in international conferences,' he argued, 'and, without change, there must be a fear that the aid sector will become obsolete.'

As regards accountability, the Director criticised the situation in which 'an army of people are producing reports to satisfy governments and parliaments'. Genuine systems of accountability, he insisted, should be based on results, not disbursements.

The plenary discussions which followed were divided into two sessions, each consisting of a 'keynote presentation' by one of the participants, commentaries by two other designated speakers ('discussants') and then a general debate.

Home truths

The first keynote speaker was *Simba Makoni*, the former Executive Secretary of SADC, who is now managing director of a publishing group in Zimbabwe. In a characteristically direct fashion, Mr Makoni drew attention to some uncomfortable home truths about development policy. Citing Graham Hancock, the author of 'The Lords of Poverty', he spoke of the fact that 'most poor people never have any contact with aid'.

On the issue of reconciling donor accountability with recipient responsibility, Mr Makoni argued that it was unreasonable for beneficiaries to expect donors not to have an interest in how development money is spent. At the same time, he was critical of the attitude that 'he who pays the piper calls the tune'. Recalling his own experience in SADC, he spoke of problems that had arisen when he had declined to support projects which he had not regarded as priorities. The donors, he said, had complained to SADC member governments who, in turn, had put pressure on him for 'refusing valuable assistance'.

Criticising the tendency to measure success in terms of disbursements, Mr Makoni pointed out that this approach favoured 'big projects that gobble up funds'. The result was an advantage for big companies in the North and commensurately fewer benefits for the developing country. He also spoke of the complexity of donor systems, arguing that it was almost impossible for local officials to get to grips with all the procedural formalities.

In keeping with the meeting's aim of seeking practical solutions, Mr Makoni argued for the devolution of powers to staff in the field. Those working at donor agency head offices, he insisted, were too distant from the problems, not just physically, but also psychologically. Other measures recommended by the speaker included debt liquidation ('palliative measures are not enough') and greater emphasis on improving technical and managerial skills in developing countries.

The tragedy of extension

Missed opportunities

by Dr B. Gessesse*

This paper is written with particular reference to the South Pacific developing countries, notably Papua New Guinea. Outstanding natural beauty, immense resources and invaluable biodiversity are rapidly being destroyed due to a number of faulty land-use methods. These include shortened fallow periods, uncontrolled fires, soil loss, logging and mining. Extension services to rural areas are neglected. More danger is expected in the foreseeable future if the present trend is allowed to continue unchecked.

Writers, aid agencies and development workers are increasingly concerned about lack of sustained growth in the developing countries. Yet what is surprising is that most of the causes of underdevelopment are clear and the solutions in many cases are not beyond reach, so long as genuine endeavours are made. We may be surrounded with a number of constraints, but significant potential also exists, albeit that it still has to be realised.

The level of food imports to the South Pacific area is surprisingly high. In PNG, annual imports of rice alone are in the region of 160 000 tonnes costing some $40 million. However, figures from the International Rice Research Institute suggest that 'there are over two million hectares of unutilised land suitable for irrigated, rain-fed lowland and upland rice production". [1] This is hardly surprising when one looks at how other countries manage to produce rice under less favourable climatic conditions. At the beginning of the 20th century, Australia imported rice, but since the 1920s it has been a net exporter. Currently, it sells mainly to the South Pacific (more than 20% of its exports go to PNG) and to the countries of the Middle East. It is also looking to expand into new markets in the East. PNG and similar countries should learn from this success.

The advice PNG has been getting from foreign consultants that it is not feasible to grow rice locally does not appear to be genuine and constructive, especially if one looks at it in terms of the wider 'costs' resulting from the lack of local production, job-creation and self sufficiency.

It is a similar story with animal products (such as frozen meat, tinned fish and dairy produce), where the level of imports has been too high due to a lack of local production. The opportunity cost of such imports is correspondingly very high. A proportion of that money could be used for local production, job creation and the stabilisation of rural communities.

Local production has suffered not so much because of the absence of technical know-how, but due to a lack of extension services (such as veterinary provision, slaughterhouses, cold storage facilities and transport), which are needed to improve the rural infrastructure. The modern-style, commercial silvopastoral [2] projects have largely collapsed for this reason. Indeed it has not even been possible to expand production of smaller domestic animals such as pigs and chickens. Yet it is simple to rear these animals. They can be managed at smallholder level, there is strong demand for them locally and their value is enormous.

Traditional practices

The use of traditional, shifting cultivation is leading to the destruction of forests and to ecological degradation in many places. In the past, where there were low population densities, extensive forest lands and subsistence production techniques, such practices did not cause any significant damage. Nowadays, however, both the number and needs of people are increasing and this is exerting immense pressure, leading to shortened fallow periods, deforestation and reduced land productivity.

Ways, accordingly, need to be found to improve on this system of working. One of the most effective approaches might be to plant fast-growing, nitrogen-fixing, multi-purpose trees and shrubs on land under fallow. This can improve the soil nutrient status in a short period of time and may provide additional benefits in the form of firewood, timber for construction and fodder.

Agro-forestry is the system that combines production of food-crops, wood and, in some cases, animals, on the same piece of land, either simultaneously or sequentially. Apart from the additional productive benefits mentioned above and the protective ones (shade and shelter), the woody perennials are used for biological nitrogen fixation in order to aid land

* This is an edited version of a paper submitted by the author, who is an agroforestry expert at the PNG Forestry College (PO Box 92, Bulolo, Papua New Guinea).

[1] SPORE, no. 45, June 1993, p. 12.

[2] The term used to describe the rearing of livestock in wooded areas.

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A. Bellamy

The PNG Forestry College is studying ways of producing food and wood on a sustained basis. Here, two final year students are pictured working on a successful agroforestry project

productivity on a sustained basis. Given that commercial fertilisers are often unaffordable, and that there are difficulties in applying them at the level of the rural smallholder, agroforestry certainly has attractive potential.

Some types of mixed cropping are by no means new to the South Pacific region, forming part of traditional cropping systems. Shade trees are commonly used with cash crops such as coffee and cocoa. Another very interesting innovation from the PNG highlands is the Yar Garden system. This combines the production of coffee with the cultivation of numerous food crops including taros, yams, bananas, sugarcane, highland pit-pit, vegetables and pandanus. It is very successful in terms of soil improvement and production of diversified crops on a sustained basis. However, realising the full potential of agroforestry on a wider scale has not been possible, principally because of a lack of extension services.

Local tree planting neglected

The great potential that is grossly neglected is the involvement of the people themselves — in planting, managing and utilising their own trees. In view of the massive destruction of natural forests, and the very poor record of governments in planting and managing forests, [3] there is clearly a need now to tap human potential. Given the complexities of land tenure systems in the South Pacific region, the logical approach would be to help the people help themselves in the sustainable production of the food and wood that they require, by removing the constraints that exist. As *Lundgren* and *van Gelder* rightly pointed out in 1983, it is 'only through large-scale voluntary adoption of tree planting by farmers and rural populations (that there is) any theoretical hope of meeting the needs.'

The fact is that local communities have huge resources, in terms of both people and land, to undertake tree planting for various purposes. These may include production of wood (especially for fuel), improvement of food production, erosion control and rehabilitation of degraded sites. However, achieving this requires rural people to have access to dynamic and effective extension services, not only to increase awareness and motivation but also to provide the necessary incentives and technical assistance.

If this can be achieved, the wider advantages will be enormous. Local jobs could be created. The required food, wood and cash could be produced locally. The trees planted could act as buffer zones between community settlement areas and the remaining natural forests, thus easing pressure on the latter. Rural communities could be stabilised. Migration to urban centres, and the social problems that flow from this, could be minimised. And countries could be put on the right track towards sustained growth and self-sufficiency.

Governments can afford to provide these basic extension services. In addition, there are several international development agencies which may be willing to support such efforts. It is very much a matter for decision-makers and their advisers to get their priorities right. Sectors such as forestry were expected to make a huge contribution to sustained rural development but, as yet, there are few signs of this having succeeded. There is an urgent need to reverse the trend, if the existence of government forestry departments is to be justified, other than for the issuing of logging permits.

Turning to the question of non-timber forest products, these are conventionally referred to as 'minor' products, a fact which has contributed to the lack of recognition and support which they deserve. By way of example, in PNG, a number of butterfly collectors are making good incomes. But good extension services are needed to increase awareness of the importance of insects and to help in identifying valued species, methods of avoiding damage and the infrastructure improvements required to facilitate farming, collection and marketing.

Similar potential exists for other products such as honey, mushrooms and rattans. The potential of honey is neglected due to a lack of know-how about beehives and production techniques. Mushrooms are grown on only a limited

[3] Despite initiatives taken in the 1950s, there are less than 50 000 hectares of public forestry plantation in PNG and most of these are badly managed.

scale, mostly in the highlands. Likewise rattans, which have a very wide range of uses (for items such as baskets, mats, furniture, cordage and walking sticks), are not being exploited to the full.

Destruction of resources

Widespread environmental damage is reported as a result of careless and destructive *logging* operations. Most foreign companies are not concerned with the resources and wellbeing of other countries and most logging activity is based on destructive methods. False declarations of important commercial species, and the transfer pricing associated with this, have been widely reported. This minimises the amounts paid to the resource owners in royalties, and to the state in export duties and profits taxes. It is worth noting that the landowners' main purpose in allowing logging operations is to have their rural infrastructure and services improved — and sadly, this has not happened to a satisfactory level.

B. Gessese

The effects of logging.
This is a site in New Ireland province, PNG

Tropical rain forests may be complex in their composition and structure but this does not mean that they cannot be managed on a more sustained basis. I agree with *Roche,* who wrote in 1992 that 'modern professional forestry standards in logging, where foresters are allowed to apply them (for example, in most countries of Europe), would not tolerate the grossly exploitative logging pratices which are commonplace in tropical countries at the present time... There is no scientific basis for the statement that natural forest ecosystems in the tropics are too complex to be managed.'

There are similar problems associated with most *mining* operations. Lack of proper environmental plans has resulted in severe degradation and pollution of mine sites, rivers and their surrounds. Degraded sites are not rehabilitated. The future utility of the land and the requirements of future generations are being grossly jeopardised.

The greed of foreign companies, the limited capacities of government, the shortage of adequately qualified officers and the helplessness of rural resource owners are mainly responsible for these acute problems. Unfortunately, the damage is likely to continue being wrought until the consciousness of the resource owners is raised. They must exert pressure on their governments and foreign companies to do what is needed to safeguard their wellbeing and that of their offspring. In the meantime, we are confronted with a time bomb involving the rapid destruction of resources, in many cases beyond the possibility of recovery.

Fire also poses a big threat in the region, causing the destruction of forests and wildlife. Repeated outbreaks impede the natural succession of species, converting land into *kunai* (grassland which is degraded and unproductive). During dry periods, it is not uncommon to observe a series of separate conflagrations raging across the horizon, consuming huge areas of forest. As the use of fire is usually associated with traditional 'slash and burn' cultivation, it is easy to see how they can spread when not properly controlled. There is an urgent need here to organise effective extension services and the importance of systematic awareness-raising campaigns cannot be over-emphasised.

Areas neglected

Systematic human resource development is required to aid in the management of resources. This includes the need to upgrade skills at all levels — policy-makers, managers, supervisors, researchers, extension workers and landowners. These skills are seriously lacking at present. Training institutions are not producing professionals of the required quality or in sufficient numbers. Programmes to upgrade the skills of field officers are generally neglected and there is an absence of effective collaboration between the relevant departments and institutions. Professional jealousy is not uncommon. Training of national counterparts is seldom undertaken by expatriate experts — who, after all, want to keep getting contracts — and this leads to increased dependence. Given this state of affairs, manpower development and efforts to move towards self-reliance are seriously jeopardised.

Additionally, as was mentioned earlier, land is customarily owned by the people. Because of previous land expropriations, the colonial legacy, and inadequate government services, traditional landowners are hesitant to release their land to prospective developers who may, for example, be interested in reforestation. It is worth mentioning here that according to traditional beliefs, a person who plants trees may eventually claim the ownership of the land in question. This is one of the main reasons for the meagre rate of replanting. Accordingly, it would make sense to develop a competent extension network that could facilitate mutual trust and understanding, and encourage public participation.

In conclusion, it is extremely important to get the priorities right. In the first place, the natural forests should be managed on a sustained basis. The extent and management of forest plantations ought to be improved and organisational structures for forestry extension should be developed. There also needs to be closer cooperation between the relevant institutions while appropriate technologies should be developed for sustained management of resources and to help towards the achievement of self-reliance. Finally, public participation should be supported at all levels in those areas where the resources and wellbeing of the people are directly affected. There is, in short, an urgent need to reverse the trend of destruction in favour of more sustained management. And we must act before it is too late. ■

B.G.

THE CONVENTION AT WORK

EUROPEAN DEVELOPMENT FUND

Following, where required, favourable opinions from the EDF Committee, the Commission has decided to provide grants and special loans from the 5th, 6th and 7th EDFs to finance the following operations (grants unless otherwise stated). Major projects and programmes are highlighted:

Economic and social infrastructure

Angola: ECU 16 million towards a rehabilitation programme for both rural and urban areas.

Burkina Faso: ECU 13.5 million for the development of the main road from Tougan through Ouahigouya to the Mali frontier.

Cameroun and Chad: ECU 1.9 million for feasibility studies in respect of the rehabilitation of the Ngaoundere-Touboro-Moundou road.

Cape Verde: ECU 1.457 million for a rural electrification scheme in Praia.

Ethiopia: ECU 2 million for a programme to reintegrate displaced Ethiopians living in Eritrea.

Grenada: ECU 2 million towards the reinstatement of the Grenville-Mama Cannes section of the main road in the east.

Guinea: ECU 1.35 million towards the establishment of an information system for the food security support programme.

Kenya: ECU 1.693 million for a study and technical assistance aimed at improving the road infrastructure.

Madagascar: ECU 72.5 million, of which approximately ECU 1.3 million is in the form of a special loan, for the rehabilitation of road infrastructures.

Madagascar: ECU 17.5 million to help repair the exceptional damage sustained during this year's cyclone season.

Mauritius: ECU 1.97 million for the rehabilitation of the telecommunications network following the damage sustained as a result of Cyclone Hollanda.

Mauritania: ECU 2.52 million to support ancillary measures to the regional solar power programme.

Niger: ECU 40 million for a road and telecommunications infrastructure programme.

Senegal: ECU 1.99 million towards the priority programme for generating employment (PPGE).

St Kitts and Nevis: ECU 925 000 towards the building and equipping of a primary school at Dieppe Bay and a social centre at St Pierre.

Anguilla: ECU 700 000 in additional financing to help improve the water distribution system.

Trade promotion/ structural adjustment

Benin: ECU 9.4 million for the 1994-95 structural adjustment support programme.

Lesotho: ECU 8 million from the structural adjustment facility to support a general import programme.

Tanzania: ECU 35 million for the third structural adjustment support programme.

Zimbabwe: ECU 32 million for a structural adjustment support programme.

Guyana: ECU 2 million to support the second structural adjustment programme.

All ACPs: ECU 3 million (interest earned on 6th EDF funds held by the Commission) for operations designed to support the management of the structural adjustment facility.

Agriculture

Comoros: ECU 5.4 million towards a project aimed at supporting crop development and research into and promotion of quality seeds.

Côte d'Ivoire: ECU 6.25 million for a support programme for pineapple distribution systems.

Western Africa (Sahel region): ECU 1.7 million to strengthen the regional study centre for improving ways of tackling drought (CERAAS).

Pacific (Fiji, Kiribati, Papua New Guinea, Solomon Islands, Western Samoa, Tonga Tuvalu, Vanuatu): ECU 9.265 million for phase two of the Pacific Regional Agricultural Programme.

Enterprise

Senegal: ECU 1.99 million to support the development of SMEs in the Dakar region.

Education

Cape Verde: ECU 980 000 to support the start-up of the Praia technical school.

Ethiopia: ECU 1.9 million for a support programme for Ethiopian students in the former Soviet Union.

Ghana: ECU 1.2 million for the establishment of a 'Management Information System' option at the University of Ghana.

Mauritius: ECU 1.205 million to support the establishment of the Mauritius Institite of Public Administration and Management (MIPAM) with a view to modernising the public service.

Mauritius: ECU 2.5 million to support the Industrial and Vocational Training Board (IVTB) with a view to strengthening vocational training.

Niger: ECU 632 000 towards the development of the Centre for Musical Training and Promotion in Niamey.

Environment

Seychelles: ECU 325 000 towards the renovation of a regional centre for maintaining the biodiversity of marine and coastal species.

Institutional support

Mali: ECU 600 000 to support a decentralisation programme.

Mauritania: ECU 850 000 to support the management of Kaédi mayoralty.

Mozambique: ECU 13 million to provide equipment for the elections.

Indian Ocean (Comoros, Madagascar, Mauritius, Seychelles): ECU 1.8 million in support for the Indian Ocean Commission (IOC) for a technical cooperation framework programme.

Zambia: ECU 1.95 million to support, through the Livestock Services Cooperative Society (LSCS), the development of a priv-

ate cooperative network for improving livestock.

Zimbabwe: ECU 1.76 million to support a veterinary project run by the National Parks Department for the protection of wild animal species.

Papua New Guinea: ECU 1.2 million to support the Office of International Development Assistance (OIDA) to carry out its functions as National Authorising Office for EU assistance.

Miscellaneous

ECOWAS member states (Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo): ECU 3.8 million towards the guarantee fund for financing private investments in West Africa.

EUROPEAN UNION

PARLIAMENT

Formation of committees

Below are the names of the 20 committee chairs elected at the first session of the new European Parliament:

Foreign Affairs and Security: Abel Matutes (EPP-S), newly elected, former European Commissioner.

Agriculture and Rural Development: Christian Jacob (EDA-F), newly elected.

Budgets: Detlev Samland (PES-G), former EP rapporteur on the budget.

Economic and Monetary Affairs and Industrial Policy: Karl von Wogau (EPP-G), long-standing member of EP.

Research, Technological Development and Energy: Claude Desama (PES-B), chaired same Committee in previous Parliament.

External Economic Relations: Willy De Clercq (ELDR-B), chaired same Committee in previous Parliament, formerly European Commissioner and Belgian Minister of Finance.

Legal Affairs and Citizens' Rights: Carlo Casini (EPP-I), newly elected, former member of Italian Parliament.

Social Affairs and Employment: Stephen Hughes (PES-UK), member of EP since 1984.

Regional Policy: Roberto Speciale (PES-I), member of previous EP.

Transport and Tourism: Pam Cornelissen (EPP-NL), long-standing member of EP.

Environment, Public Health and Consumer Protection: Ken Collins (PES-UK), chaired same Committee in previous Parliament.

Culture, Youth, Education and the Media: Luciana Castellina (EUL-I), long-standing member of EP.

Development and Cooperation: Bernard Kouchner (PES-F), newly-elected, former French Minister for Development Cooperation and Humanitarian Action, founder of 'Médecins sans frontières'.

Civil Liberties and Internal Affairs: Antonio Vitorino (PES-P), newly elected, formerly a member of Portuguese Parliament, government minister and judge at the Constitutional Court.

Budgetary Control: Dietmut Theato (PPE-G), author of an EP report on fraud.

Institutional Affairs: Fernando Moran Lopez (PES-S), former Spanish Foreign Minister, member of previous EP.

Fisheries: Miguel Arias Canete (EPP-S), member of previous EP.

Rules of Procedure, Verification of Credentials and Immunities: Ben Fayot (PES-L), long-standing member of EP.

Women's Rights: Nel van Dijk (Greens-NL), former chair of the Transport Committee.

Petitions: Eddie Newman (PES-UK), EP member since 1984.

The following two sub-committees also elected chairs:

Security and Disarmament: Jan Willem Bertens (ELDR-NL), long-standing member of EP.

Human Rights: Marlene Lenz (EPP-G), long-standing member of EP.

The Parliament also set up a new **Temporary Committee on Employment** which will be chaired by newly elected member, Celia Villalobos Talero (EPP-S).

Lord Plumb (EPP-UK), a former President of the EP was chosen to head the Parliament's delegation to the **ACP-EU Joint Assembly.** He will act as Co-President of this Assembly alongside a representative chosen by the ACPs.

Intergroup on preventive diplomacy and humanitarian action

At the Parliament's first session, a new intergroup on preventive diplomacy and humanitarian action was set up by Bernard Kouchner (PES-F), the chairman of the Committee on Development and Cooperation, José Mendiluce Pereiro (PES-S), long-time member of the UN High Commission for Refugees and Pierre Pradier (ERA-F), co-founder of 'Médecins du Monde'.

The three MEPs sent their parliamentary colleagues a letter in which they pointed out that humanitarian action is taken as a response to extreme emergencies and is, therefore, by definition, 'always too late'.

Referring to their long years of experience working through NGOs and UN agencies, they believe that the European Parliament could be the perfect forum for constructing 'preventive diplomacy', so as no longer to arrive too late at the scene of human catastrophes with the job of clearing up the mess, but rather to stop them from happening in the first place.

The MEPs indicated that they foresaw the Intergroup organising meetings with people working in the field, NGOs and UN agencies and that it should work with institutions such as 'International Alert' and the European Institute for Humanitarian Research. They also announced; 'We shall go out into the field ourselves. Sometimes we will shout first so as to avoid having to call for aid afterwards.'

They stressed that there was a need to 'save what remains' in Rwanda but also to 'prevent crisis in Burundi and Zaire' and to try to tackle, through negotiation, the conflicts which are threatening to break out elsewhere in the world.

Since it was established, the Intergroup has been joined by a number of MEPs. These include Adelaïde Aglietta and Daniel Cohn-Bendit of the Green Group, Otto Habsburg, Sir Jack Stewart-Clark, Bernard Stasi and Nana Mouskouri of the EPP, Glenys Kinnock (PES), Hélène Carrère (EDA) and Jan Bertens (ELDR).

COUNCIL

Racism and xenophobia

At its meeting in Corfu, the European Council condemned the continuing manifestations of intolerance, racism and xenophobia and reaffirmed its determination to step up the fight against these phenomena.

It welcomed the joint Franco-German initiative against racism and xenophobia in which it is proposed, in particular, to:

— set up a Consultative Commission composed of eminent personalities charged with making recommendations on cooperation between governments and the various social bodies in favour of encouraging tolerance and understanding of foreigners;

— develop a global strategy at the Union level aimed at combatting acts of racist and xenophobic violence;

— set up training efforts for officials in those parts of the national administrations most concerned by these phenomena.

The European Council invited the General Affairs Council to examine the mandate, composition and status of the Consultative Commission proposed in the Franco-German initiative and to report to the European Council in Essen on the interim results of that Commission. It also invited the Ministers of Justice and the Interior to report on their work at the Essen meeting. Finally, it requested that current work in the Education and Social Affairs Councils in this field should be speeded up.

New Secretary-General

Following the decision taken at the General Affairs Council on 18 July, *Jürgen Trumpf* has been named as Secretary General of the Council of the European Union for a five-year term beginning on 1 September 1994. He takes over from *Niels Ersboll* who has held the post since 1980.

The 63-year old Mr Trumpf is currently State Secretary for Foreign Affairs in Germany. From 1989 to 1993 he was his country's Permanent Representative in Brussels.

COMMISSION

New delegations proposed

The Commission has recently informed the Council and the European Parliament of its intention to open a number of new delegations during the rest of this year and in 1995. The purpose is to respond to the political imperatives arising from the entry into force of the Treaty on European Union and to take account of the emergence of new states following the collapse of communism in Eastern Europe.

In this context, the appropriate committee of the Commission's external relations service has undertaken a close examination of the current network of delegations. In addition to the provisional closure of the office in San Francisco (compensated for by a strengthening of the Washington office), it is proposing that nine new delegations be opened.

Three of the nine, in Georgia (Tbilisi), Kazakhstan (Almaty) and Vietnam (Hanoi), have already been put to the Council (during 1991-92). The present communication adds three more to the list — Eritrea (Asmara), following that country's accession to the Lomé Convention, Slovakia (Bratislava), consequent upon the break-up of Czechoslovakia, and Bolivia (La Paz) which, alongside Peru, is one of two South American countries where Community aid is most heavily focused.

The remaining three delegations 'in the pipeline' are still under examination by the relevant committee and will be the subject of a communication at a later date.

COMMITTEE OF THE REGIONS

Secretary-General nominated

Meeting on 26 July under the chairmanship of Jacques Blanc, the Bureau of the Committee of the Regions named *Dietrich Pause* as the institution's Secretary-General. Mr Pause, who is Bavarian, is a senior official in the German Chancellery and was previously European Affairs adviser to the late Franz Josef Strauss (former Chief Minister of the Land of Bavaria).

This decision will contribute towards the establishment of an administrative structure which will allow the Committee of the Regions to work effectively and to consolidate its role. The Committee's work schedule from September onwards includes the preparation of several opinions, notably regarding the cohesion funds and trans-European networks.

EUROPEAN INVESTMENT BANK

Four new Vice-Presidents

In June, the Board of Governors announced the following appointments as Vice-Presidents and members of the Management Committee of the EIB: Pangiotis-Loukas Gennimatas (Greece), Massimo Ponzellini (Italy), Luis Marti (Spain) and Ariane Obolensky (France). They succeed the late Hans Duborg (Denmark), as well as Lucio Izzo (Italy), José de Oliveira Costa (Portugal) and Alain Prate (France), whose terms of office have expired.

Chaired by Sir Brian Unwin, the Management Committee has two other Vice-Presidents: Wolfgang Roth and Corneille Brück. It is the permanent executive body of the Bank charged with the management of day-to-day to affairs.

It submits recommendations concerning financing decisions and general policy orientations to the Board of Governors and is responsible for their execution. Members of the Management Committee are nominated by the Board of Governors and serve for a six-year term.

European Investment Fund

Established in Luxembourg on 14 June 1994, the EIF is designed to provide long-term guarantees for the financing of trans-European transport, telecommunications and energy transfer networks (TENs), as well as for the development of small and medium-sized enterprises (SMEs).

It has an authorised capital of ECU 2 billion. The EIF's founder shareholders are the European Investment Bank (40% of the capital), the European Community (30%) and 58 banks and financial institutions from the 12 Member States of the European Union.

Initially, the Fund will be able to guarantee financing of almost ECU 6 billion, then in the longer term, on the decision of its managing bodies, up to ECU 16 billion.

Forecasts suggest that the EIF will provide ECU 3 to 4 billion in guarantees over the next three years. It is envisaged that it will initially focus on TENs already financed by EIB loans as well as on support for SME financing facilities arranged by the Fund's shareholder banks.

COMMON FOREIGN AND SECURITY POLICY

The European Union has, within the framework of its Common Foreign and Security Policy (CFSP), recently issued the following statements on events of international interest:

Statement on Ethiopia 24 June 1994

The European Union believes that the election for a constituent assembly in Ethiopia was satisfactory from a technical point of view. This election was thus an improvement on the 1992 regional elections and represents progress in the democratic development of the country. The conduct of the poll indicated that there are grounds for believing that the opinions of the Ethiopian people could be properly reflected at the planned election for a parliamentary government.

The European Union considers that there is still some way to go, particularly regarding the climate in which opposition parties are able to campaign. Although a substantial number of independent candidates stood in the election, the European regrets that, for whatever reason, the main opposition parties did not participate and it was, therefore, for the most part, an EPRDF-dominated election.

The European Union believes that in the forthcoming parliamentary election, not only the conduct of the electoral process must be satisfactory, but all political forces should participate.

Statement on Angola 30 June 1994

The European Union wishes to express its deep concern at the recent escalation of the fighting in Angola. This renewed violence, which has resulted in the suspension of all humanitarian flights to all regions, is threatening the progress which has been achieved at the peace talks in Lusaka and is hindering the provision of humanitarian assistance to more than three million Angolans, thus putting their lives at risk.

The European Union acknowledges and commends the fact that the Government of Angola has recently accepted the proposals of the mediation on national reconciliation and strongly calls upon UNITA to do likewise and to allow the negotiations to conclude in a comprehensive settlement.

The European Union opposes and strongly condemns all attempts to strengthen negotiating positions through gains on the battlefield. It calls upon both parties, and UNITA in particular, to stop military operations and to devote all their efforts to the successful conclusion of the present Lusaka negotiations undertaken under the auspices of the UN.

The European Union, which is a major donor to Angola, condemns in the strongest possible terms the coercive and obstructive attitudes recently displayed towards Angolan and international humanitarian personnel and the attacks to which they have been subjected, which have threatened their safety. It calls upon both the Angolan Government and Unita actively to facilitate their humanitarian work.

The European Union, reiterating its conviction that the negotiations in Lusaka offer the best means of achieving a lasting settlement in Angola, calls upon both sides to tackle the remaining issues speedily in order to reach a comprehensive peace accord as soon as possible.

Statement on Nigeria 30 June 1994

The European Union has learned with concern of the recent arrest of Moshood Abiola by the Nigerian security services. It believes that in a democratic society everyone is entitled to express his views freely.

The European Union condemns the arrest of Chief Abiola and appeals strongly to the Nigerian Government to respect the fundamental rights of all its citizens.

The recent wave of arrests without charges of leading politicians casts doubts on the intention of the Nigerian Government to achieve progress towards democracy.

Statement on Rwanda 22 July 1994

The EU reiterates its abhorrence at the killings and the plight of millions of Rwandan refugees and people displaced internally, who face a situation of hunger, disease and death. The EU will try its utmost to ease the suffering of the affected Rwandan population and hopes for a general worldwide response regarding support for Rwanda. Apart from the significant bilateral contributions of its Member States, the EU has already provided substantial humanitarian assistance, amounting to about ECU 200 million since October 1993, in favour of the population of Rwanda and neighbouring countries. In addition, the Commission has released more than ECU 22 million in recent days, and is negotiating with ACP States the release within the next week of part of the residual funds from the European Development Fund.

The EU urges Rwanda's neighbouring countries to play a constructive role by exercising their influence on the parties to the conflict to find a political solution to the crisis. In this context, the EU takes notes of the formation of a new government in Kigali, which comprises various political groups. The EU appeals to the political forces to work together in the spirit of the Arusha Agreement and calls upon all parties of good faith to participate in a broad-based democratic administration representative of all forces of moderation and commanding the broad support of the Rwandan people. The EU expects that all means will be taken by the new government to allay the fears of the population and to persuade them to return to their homes. The EU also believes that those responsible for the crimes against humanity of recent months should be subject to due process of law.

It will be a difficult task to bring about national reconciliation, to reconstruct the destroyed physical infrastructure and to lay the ground for a return to normal life for all citizens traumatised by a civil war with unprecedented massacres. The EU is ready to support the new government in its efforts to rebuild the country. It urges the deployment of the expanded UNAMIR as rapidly as possible. The EU applauds the untiring work of the non-governmental and UN organisations in Rwanda as well as the efforts of UNAMIR and France, which have saved the lives of countless Rwandans.

Statement on Guinea-Bissau 22 July 1994

The European Union welcomes the holding of the first multi-party elections in Guinea-Bissau which were considered by the UN and international observers as transparent, free and fair, and expresses satisfaction for the maturity shown by its people in this first exercise of democracy.

The European Union appeals to all political parties to accept the official results as announced by the National Electoral Commission and to engage fully and constructively

on the consolidation of democracy as an indispensable basis for political, social and economic development.
The European Union expresses its confidence that the second round of Presidential elections will, once again, reflect the will of the people of Guinea-Bissau for a peaceful and complete transition towards democracy.

Statement on Gambia
25 July 1994

The European Union has learnt with great dismay of the attempted overthrow of the democratically elected government of the Gambia. It calls on the Gambian army to return to barracks immediately and to give its full allegiance to the legitimate government of the country with which the European Union enjoys excellent relations. The European Union reaffirms its attachment to the principles of representative democracy and the rule of law. It also draws attention to the implications of the reported coup for the economy of Gambia if Member States are obliged to review their aid programmes.

Statement on Burundi
27 July 1994

The European Union expresses its concern at the fact that the situation in Burundi has not yet stabilised and that, more than three months after the death of President Cyprien Nataryamira, the question of the installation of a new head of state has not been settled.
The European Union expresses the hope that a new President of the Republic may be invested as soon as possible in a climate of goodwill. This will reassure the population, particularly inside the country, which fervently wishes for peace and security, and will initiate the economic recovery which the country so urgently requires. It urges those in power in Burundi to redouble their efforts to bring their country quickly out of the crisis affecting it.
The European Union reiterates that it is ready, together with a stable and democratic Burundi faithful to the principles of the rule of law, to pursue fruitful cooperation contributing to the positive development of the country.

Statement on Zaire
27 July 1994

In Zaire, the government of Prime Minister Kengo Wa Dondo was officially installed by the High Council of the Republic — the transitional parliament — on 11 July 1994. The European Union notes that, under the terms of the agreement negotiated by the entire political class in Zaire, ministerial posts are available to all parties and two ministerial posts are reserved for Mr Tshisekedi's party.
At the same time, the European Union expresses its hope that the installation of this government will be followed by specific actions that will permit the genuine democratisation of the country and rapidly halt the constant deterioration in the economic and social situation of the Zairean population.
In this perspective, the European Union considers it essential that measures be taken to improve security markedly, to stop hyperinflation and to draw up an emergency economic reconstruction programme — including especially the independence of the Central Bank — designed to facilitate the resumption of dialogue with the Bretton Woods institutions. It also asks that the government commit itself to a timetable for free elections.
The European Union calls upon all political and economic forces in Zaire to cooperate towards democratic transition and economic stabilisation. It urges President Mobutu to respect the autonomy of the transitional government and to invest it with all necessary means for the exercise of its function.
The European Union will, in the meantime, continue its humanitarian assistance for those Zairean population groups who are the victims of the crisis and will examine ways to gradually increase this assistance.

GENERAL INFORMATION

South Africa included in GSP

The Commission has adopted a proposal for a Council Regulation to include South Africa in the Generalised System of Preferences (GSP) for 1994. The GSP offer (in other words, the value of the South African exports covered) is put at around ECU 400 million over 12 months.
The proposal, in keeping with the framework outlined by the EU, comes in response to a request reiterated by the South African authorities during exploratory talks with a Commission team in June. It is also in line with moves to develop regional relations in Southern Africa, the subject of the Berlin Conference on 5-6 September. This will be attended by EU foreign ministers and their counterparts from the Southern African Development Community (SADC) member states and South Africa (which is expected, in the meantime, to become a member of SADC).

The proposed regulation takes account of South Africa's special features, its place in the region, the interests of neighbouring countries and EU Member States, and the principles governing the revised GSP scheme, due to take effect on 1 January 1995.

The basic principles of this revision, for the period 1995-2004, were agreed by the Commission on 1 June 1994. However, as the operational scheme based on these principles is still on the drawing board, the Commission sees a case for offering South Africa GSP arrangements now which can be accepted and implemented as quickly as possible.

As a result, and without prejudice to the future arrangements, the Commission is proposing to give South African manufactured goods preferential access until the end of the year, when the current arrangements lapse. It thereby hopes to give real support to the country's exports and to foster growth in productive investment there.

As regards the above-mentioned Berlin Conference, this will be devoted mainly to the issue of future relations between the European Union and post-apartheid South Africa. It will offer an opportunity to all the participants to express their views on whether this country should join the Lomé Convention or whether some other form of special arrangement would be preferable.

AID FOR REHABILITATION

Wars, civil strife and natural catastrophes have struck a large number of developing countries. Because of this, aid for economic reconstruction and social rehabilitation has become an important part of development cooperation. Since 1992, Community expenditure on this area, under various budget headings (EDF and from the Community's own budget), has amounted to some ECU 300 million annually.

In countries that are emerging from a crisis situation, this aid is intended progressively to take over from humanitarian assistance,

preparing the ground for the resumption of long-term development. Its objective is to facilitate the relaunch of economic activity, to contribute to social and political stability and to re-establish the institutional capacity needed for the successful transition of the countries in question.

With this in mind, the Commission made a proposal to the Council and European Parliament which resulted, in 1994, in the establishment of a budget line for rehabilitation aid (B7-5076). Below is a brief description of the financing decisions already taken by the Commission under this budget heading:

Angola: ECU 303 000 for social rehabilitation in a suburb of Angola (water supply, reinstatement of a school and a dispensary, assistance to set up micro-enterprises).

Angola: ECU 720 000 to equip health centres in the municipality of Viana.

Angola: ECU 880 000 for relaunching agricultural production and trading in Kwanza-Sul province.

Angola ECU 260 000 for the rehabilitation of rural community infrastructures (health centre, school and water plant) and to support agricultural production.

Angola: ECU 750 000 to improve the provision and management of water supply in Cunene province through training actions and the creation of pump maintenance networks.

Eritrea: ECU 745 000 for a programme to relaunch agricultural production, in favour of returnees and people displaced by the conflict.

Eritrea: ECU 400 000 in the form of technical assistance for a period of 18 months in Asmara for the coordination of rehabilitation projects undertaken by NGOs.

Madagascar: ECU 200 000 for technical assistance in rehabilitating road infrastructures (linked with EDF-funded works to the value of ECU 8.5 million).

Madagascar: ECU 300 000 for the technical studies needed in connection with the main reconstruction works resulting from the cyclones at the beginning of 1994 (ECU 17.5 million-worth of work funded by the EDF).

Zaire: ECU 1.7 million to set up a technical assistance team which is due to operate in three regions, coordinating the transitional support programme for the health sector (ECU 24 million, coming mainly from the EDF).

Lebanon: ECU 3.5 million for the rebuilding of nine primary schools.

Cambodia: ECU 9.2 million for the European programme for the rehabilitation of Cambodia, covering four areas of activity: institutional support, rebuilding in Phnom Penh, strategic studies and technical coordination.

SUPPORT FOR HUMAN RIGHTS

The promotion and safeguard of human rights and democracy are essential factors in international relations and lie at the heart of the relationships that the European Union and its Member States have with third countries.

Respect for human rights and democracy, furthermore, are seen as vital components for balanced and sustainable development and their promotion must, consequently, be one of the basic objectives of the EU's development aid policy.

In March 1991, the Commission submitted a communication on this subject to the Council and Parliament. This led, in November of the same year, to the adoption by the Council of a resolution on human rights, democracy and development.

While recognising the possibility of resorting to 'appropriate action' in cases of grave and persistent violation of human rights, or where there has been a serious interruption to the democratic process, this resolution gives a high priority to positive action in this area.

This explains the creation, in 1992, of budget line B7-522, which is designed to provide support for democratisation and human rights in developing countries. This allows for support to be given to a certain number of actions in this area, in accordance with the general orientations laid down by the Council.

ECU 14 million was set aside under this budget heading for 1992. The figures for 1993 and 1994 are ECU 16 million and ECU 14 million respectively.

Below is a brief description of the financing decisions taken so far under this budget line for the 1994 financial year:

Africa: ECU 960 000 to strengthen the role of the press as regards democratisation and the defence of human rights by improving the working conditions of journalists and media organisations (partnership actions, networking, public awareness-raising).

Africa: ECU 725 000 to establish a scheme including a 'system of alert', inquiry missions and legal assistance for journalists who are victims of human rights violations or who have had their freedom of expression curtailed.

Africa: ECU 68 500 for a study into the current position of television, and its role as an instrument for the development of democracy, in various African countries

West Africa: ECU 150 000 to study the possibility of establishing an ethical framework for the written and electronic press.

West and Southern Africa: ECU 124 000 for seminars to raise the awareness of political leaders and civic society in the fight against corruption.

Burkina Faso: ECU 20 000 for a project aimed at strengthening the participation of civil society in the development process, in particular through awareness-raising actions among the rural population on the social status of women and the protection of children.

Burkina Faso: ECU 85 000 for an international conference which will provide the follow-up to the Vienna Conference on Human Rights and to the implementation of the recommendations made by the NGO Forum.

Cape Verde: ECU 255 000 for a programme to consolidate the electoral system through computerisation, and by training at both central and local levels.

Comoros: ECU 10 200 to provide training materials on women's rights for female instructors.

Ethiopia: ECU 25 130 to support the democratisation process through actions in support of independent institutions in civil society.

Ethiopia: ECU 200 000 for a programme of civic education targeted at the judicial level (tribunals, judges, procurators, advocates) in certain parts of the country.

Ghana: ECU 32 845 for an identification study into those activities of the National Commission for Civic Education (NCCE) which could be eligible for EU support.

Kenya: EC 72 000 for eight population awareness-raising workshops on human rights, to be held in the framework of a general civic education programme.

Madagascar: ECU 17 000 for an information, education and training activity on the exercise of democratic freedoms, for people working in cultural organisations which have contacts with the grassroots.

Malawi: ECU 60 000 for a project, in the context of election preparations, providing for cases of political intimidation or lack of media objectivity to be investigated rapidly and notified to the national and international authorities.

Malawi: ECU 132 859 to allow, at the request of the political forces within the

country and of the UN's election unit, for professional international monitors to be present to supervise voter registration and ensure the free and open conduct of the election.

Mozambique: ECU 2 million as a contribution towards technical measures enabling Mozambicans to participate in the committees established by the general peace agreement, in advance of the elections.

Mozambique: ECU 540 000 to provide technical assistance to the National Election Commission, in particular in the form of training for personnel involved in electoral registration and in the preparation and technical organisation of the election, which is scheduled for October 1994.

Namibia: ECU 200 000 for a voter training activity during the 12-month period leading up to the legislative and presidential elections, scheduled for the beginning of 1995.

Namibia: ECU 250 000 for a study mission for Namibian MPs and officials to EU, ACP and Commonwealth countries. The project is designed to strengthen the management and coordination work of the country's legislative chamber.

Rwanda: ECU 47 800 for the promotion and dissemination of information about human rights through educational radio broadcasts and written texts in which legal provisions are explained in common parlance.

Senegal: ECU 26 500 to organise a workshop for African historians on 'the heritage of history and the democratic process in Africa', the proceedings of which will be published.

Somalia: ECU 70 000 to identify and promote initiatives designed to strengthen civil society and to provide help to international NGOs in encouraging the assumption of more responsibility at the local level.

Zimbabwe: ECU 199 175 to support the implementation of penal reform through the establishment of a system which provides an alternative to prison for lesser offences. This should lead to a reduction in the prison population and the institution of a more coherent and workable system in this area which is in conformity with the wider public interest.

Jamaica: ECU 200 000 for technical assistance in reforming the national electoral registration process.

Various ACP: ECU 78 000 for a civic education programme on positive experiences of democratisation, for women's and young people's organisations.

Egypt, Morocco, Sudan: ECU 142 000 for a programme to promote, defend and support freedom of expression in North African countries, with an emphasis on the threat posed by religious extremism and the lack of free speech among the press.

Morocco, Tunisia: ECU 185 000 for preliminary research into positive actions to support the civic rights of women, with a view to their participating in the democratic life of their countries.

West Bank, Gaza: ECU 46 000 to implement education strategies for the Israeli public in order to improve their understanding of and support for the human rights of the Palestinian population.

West Bank, Gaza: ECU 43 000 for a human rights promotion and education campaign so as to provide a solid basis for democratic participation in the framework of the newly-established Palestinian autonomy.

West Bank, Gaza: ECU 160 000 for a training programme for judges and lawyers with a view to providing young people with a new model of justice.

West Bank, Gaza: ECU 34 000 for a project to help bring together Palestinian families, through the provision of advice, legal assistance, research and information.

West Bank, Gaza: ECU 204 000 for a long-term project aimed at developing a political and democratic culture, in advance of the first national elections.

Israel: ECU 42 000 for a project designed to allow Jewish and Arab children to meet, in an educational setting, so as to enhance mutual understanding.

Lebanon: ECU 28 000 for an awareness-raising and training activity, using videos devoted to non-violence and human rights issues, for people from various sections of society. The aim is to help consolidate the process of national reconciliation.

Palestine: ECU 33 268 for a preliminary mission to the occupied territories and to Tunis, with a view to setting up a programme to help finance future elections in the occupied territories.

Palestine: ECU 1.5 million for a reserve fund allowing the EU to take prompt action once possible areas for intervention have been identified in connection with the forthcoming elections.

Asia: ECU 35 440 for an action in the countries of south Asia aimed at creating a network which is able to identify and condemn violations in the field of trade union rights and more general human rights. The objective includes being able to indicate to national bodies, strategies for defending such rights.

Burma: ECU 52 250 to fund a documentary which will highlight the repression suffered, and the battle for democracy waged, by 1991 Nobel Peace Prize winner, Aung San Suu Kyi, who has been under house arrest since July 1989.

Cambodia: ECU 800 000 (in 1994) and a further ECU 800 000 (in 1995) for a multi-annual programme to promote human rights. This includes assistance to the public, judicial, educational and information sectors as well as to NGOs and to the UN centre for human rights.

India: ECU 260 000 for a programme to train elected local representatives in their civic rights and obligations, in order to strengthen local government bodies.

Nepal: ECU 102 000 for the strengthening and coordination of the work of grassroots organisations with a view to increasing people's knowledge of human rights issues.

Various developing countries: ECU 216 000 for a training project to improve the skills of broadcast journalists from Africa, Asia and the Indian Ocean. The objective is to prompt them to examine their professional practices so as to take account both of the democratisation of public life in their respective countries and of the need for a 'pluralist' outlook in the field of information.

Various developing countries: ECU 142 400 to provide vocational training for journalists so as to allow the press to play its part in the democratisation process and to familiarise it with the treatment of human rights questions.

Various developing countries: ECU 188 000 for a training programme designed to achieve conflict resolution on a cross-cultural basis as well as preventive diplomacy, and hence to contribute to a democratic political culture.

HUMANITARIAN AID

Aid decisions

The Commission has recently taken the following decisions to provide humanitarian aid (including emergency and food aid):

ACP countries

Guinea: ECU 300 000 for medical aid to the people of Conakry to tackle a cholera epidemic.

Kenya: ECU 590 000 for Somali refugees living in camps near Mombasa and Malindi.

Kenya: ECU 215 000 for medical and sanitary assistance for the victims of the internal disorder in the Garissa region.

Rwanda

In our last issue, we published the most recent figures for humanitarian aid given in response to the crisis in Rwanda up to the end of June.

Faced with the enormous needs of the people who have been affected by the conflict and the huge refugee crisis that has arisen, the Commission has taken the following new decisions:

— on 20 July, ECU 12 million for Rwandan and Burundian victims in Rwanda, Burundi, Tanzania, Zaire and Uganda;

— on 22 July, ECU 22.21 million for basic essentials (food, water, medicines etc) and to pay for the cost of transporting the aid. This sum includes ECU 10.21 million for the purchase of 17 000 tonnes of cereals;

— on 27 July, an initial allocation of ECU 75 million from an agreed sum of ECU 150 million which will allow for large injections of aid over a three month period.

It should be noted that the EU is able to provide the sum of ECU 150 m thanks to a remarkable gesture of solidarity on the part of the ACP countries. In fact, the resources available under the heading of humanitarian aid had already been exhausted. However, together with the 12 EU signatories to the Lomé Convention, the 69 other ACPs agreed to forego some of their own allocations, namely the hitherto unused funds from previous Conventions, to help the victims of this uniquely tragic disaster, which has struck an entire region of Africa.

The humanitarian assistance deployed in the different countries affected by the tragedy will be managed on a regional basis and with whatever flexibility is needed to allow the humanitarian organisations to respond to changing circumstances, notably in respect of population movements.

In addition to EU assistance, which has reached some ECU 300 million (including bilateral aid from the Member States) since the assassination of President Ndadaye of Burundi on 21 October, significant amounts have been provided by other members of the international community. These include, in particular, the United States, Canada, Japan and Australia. This is not to mention the financial contributions and remarkable work of the various NGOs and UN agencies who are battling to deal with one of the biggest human catastrophes this century.

Liberia: ECU 1 million to provide food for displaced people in the counties of Margibi and Grand Bassa.

Liberia: ECU 200 000 to help tackle a cholera epidemic in Monrovia.

Malawi: ECU 300 000 to provide nutritional aid for the people affected by drought for the second year running and for the drilling of 60 new wells.

Mozambique: ECU 320 000 for victims of Cyclone Nadia in the province of Nampula.

Sierra Leone: ECU 400 000 for displaced people from the Kono district.

Somalia: ECU 1.618 million for the continuation, for a six-month period, of four medical/nutritional and sanitary projects.

Sudan: ECU 840 000 to cover, for a six-month period, the cost of transporting humanitarian assistance by air to people in the south of the country.

Zaire: ECU 6 million in medical and nutritional aid for displaced people living in transit camps in Shaba and North Kivu.

Haiti: ECU 2 million to provide medical/nutritional aid for a four-month period to the poorest sections of the population.

Papua New Guinea: ECU 123 000 for displaced people in Bougainville following the troubles in the north-west of the island.

Non-ACP countries

Brazil: ECU 150 000 in medical/sanitary aid for the townspeople of Fortaleza.

Peru: ECU 110 000 for the continuation of a medical project for the people of the Apurimac River region, displaced as a result of the activities of the 'Shining Light' organisation.

Cuba: ECU 9.994 million in aid for the people under a plan which consists of four elements. These are the purchase and distribution of medicines for optical neuritis, the provision of simple hospital equipment, improvements to drinking water quality, and food aid.

Armenia: ECU 5.45 million to help displaced Armenians living in a state of extreme poverty.

Azerbaijan: ECU 5 million to provide food and medical aid, and basic essentials, for displaced people.

Belarus: ECU 560 000 to provide medicines and surgical material for the Nol Clinic in Minsk — the only specialised facility in the country for children requiring surgery.

Georgia: ECU 5.62 million to provide food, clothing and medical/sanitary aid to displaced people.

Ex-USSR (Armenia, Azerbaijan, Georgia, Tadjikistan, Kirghizistan): ECU 20 million in emergency food aid for vulnerable sections of the population and displaced people.

Ex-Yugoslavia: ECU 33.981 million in continuing aid (to the end of August) for victims of the conflict.

Yemen: ECU 720 000 in food and medical aid and basic essentials for the victims of the conflict.

Afghanistan: ECU 1.975 million for medical and sanitary aid for the displaced people of Kabul and Jalalabad.

Afghanistan: ECU 1 million for the supply and transport of essential equipment to people displaced as a result of the civil war.

Cambodia: ECU 256 000 to continue for a further four months the artificial limb programme for victims of anti-personnel mines.

Sri Lanka: ECU 250 000 to cover, for three months, the cost of transporting essential products and medicines to the people trapped on the Jaffna peninsula by the fighting between government troops and Tamil separatists.

FOOD AID

The Commission took a decision to finance food aid as set out in the chart which follows:

Country/ Organisation	Cereals	Milk powder	Vegetable Oil	Other Products
(tonnes)				
ICRC	17 000	—	—	800
UNHCR	—	1 710	—	—
Angola	40 000	—	1 500	—
Malawi	50 000	—	—	—
IRCF	12 000	—	—	—
Burundi	—	—	—	12 500
(ECU)				
ICRC	8.15 million			
Angola	1.00 million			
China	6.10 million			

Operational Summary

No. 82 — September 1994

(position as at 9 September 1994)

EEC-financed development schemes

The following information is aimed at showing the state of progress of EEC development schemes prior to their implementation. It is set out as follows:

Geographical breakdown

The summary is divided into three groups of countries, corresponding to the main aspects of Community development policy:

— the ACP countries (Africa, the Caribbean and the Pacific), which signed the multilateral conventions of Lomé I (28 February 1975), Lomé II (31 October 1979), Lomé III (8 December 1984) and Lomé IV (15 December 1989), plus the OCT (overseas countries and territories) of certain member states of the EEC, which get the same type of aid as the ACP countries;

— the Mediterranean countries (Maghreb and Mashraq), which signed cooperation agreements with the EEC since 1976 and 1977;

— the ALA developing countries of Asia and Latin America, beneficiaries since 1976 of annual aid programmes.

The information within each of these groups is given by recipient country (in alphabetical order).

Note

As the information provided is subject to modification in line with the development aims and priorities of the beneficiary country, or with the conditions laid down by the authorities empowered to take financial decisions, the EEC is in no way bound by this summary, which is for information only.

Information given

The following details will usually be given for each development scheme:
— the title of the project;
— the administrative body responsible for it;
— the estimated sum involved (prior to financing decision) or the amount actually provided (post financing decision);
— a brief description of projects envisaged (construction work, supplies of equipment, technical assistance, etc.);
— any methods of implementation (international invitations to tender, for example);
— the stage the project has reached (identification, appraisal, submission for financing, financing decision, ready for implementation).

Main abbreviations

Resp. Auth.: Responsible Authority
Int. tender: International invitation to tender
Acc. tender: Invitation to tender (accelerated procedure)
Restr. tender: Restricted invitation to tender
TA: Technical assistance
EDF: European Development Fund
mECU: Million European currency units

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Please cover only one subject at a time.

DESCRIPTION SECTOR CODE

A1	**Planning and public administration**
A1A	Administrative buildings
A1B	Economic planning and policy
A1C	Assistance to the normal operations of government not falling under a different category
A1D	Police and fire protection
A1E	Collection and publication of statistics of all kinds, information and documentation
A1F	Economic surveys, pre-investment studies
A1G	Cartography, mapping, aerial photography
A1H	Demography and manpower studies
A2	**Development of public utilities**
A2A	Power production and distribution
A2Ai	Electricity
A2B	Water supply
A2C	Communications
A2D	Transport and navigation
A2E	Meteorology
A2F	Peaceful uses of atomic energy (non-power)
A3	**Agriculture, fishing and forestry**
A3A	Agricultural production
A3B	Service to agriculture
A3C	Forestry
A3D	Fishing and hunting
A3E	Conservation and extension
A3F	Agricultural storage
A3G	Agricultural construction
A3H	Home economics and nutrition
A3I	Land and soil surveys
A4	**Industry, mining and construction**
A4A	Extractive industries
A4Ai	Petroleum and natural gas
A4B	Manufacturing
A4C	Engineering and construction
A4D	Cottage industry and handicraft
A4E	Productivity, including management, automation, accountancy, business, finance and investment
A4F	Non-agricultural storage and warehousing
A4G	Research in industrial technology
A5	**Trade, banking, tourism and other services**
A5A	Agricultural development banks
A5B	Industrial development banks
A5C	Tourism, hotels and other tourist facilities
A5D	Export promotion
A5E	Trade, commerce and distribution
A5F	Co-operatives (except agriculture and housing)
A5G	Publishing, journalism, cinema, photography
A5H	Other insurance and banking
A5I	Archaeological conservation, game reserves
A6	**Education**
A6A	Primary and secondary education
A6B	University and higher technical institutes
A6Bi	Medical
A6C	Teacher training
A6Ci	Agricultural training
A6D	Vocational and technical training
A6E	Educational administration
A6F	Pure or general research
A6G	Scientific documentation
A6H	Research in the field of education or training
A6I	Subsidiary services
A6J	Colloquia, seminars, lectures, etc.
A7	**Health**
A7A	Hospitals and clinics
A7B	Maternal and child care
A7C	Family planning and population-related research
A7D	Other medical and dental services
A7E	Public health administration
A7F	Medical insurance programmes
A8	**Social infrastructure and social welfare**
A8A	Housing, urban and rural
A8B	Community development and facilities
A8C	Environmental sanitation
A8D	Labour
A8E	Social welfare, social security and other social schemes
A8F	Environmental protection
A8G	Flood control
A8H	Land settlement
A8I	Cultural activities
A9	**Multisector**
A9A	River development
A9B	Regional development projects
A10	**Unspecified**

ACP STATES

New projects are printed in italics and offset by a bar in margin at left

Projects under way are marked with an asterisk and with words or phrases in italics

ANGOLA

Rehabilitation national roads in the South-West region: Namibe-Serra da Leba section. Resp. Auth.: Ministry of Construction. 18.5 mECU. Road rehabilitation by int. tender (conditional). Supply of equipment and T.A. Project on appraisal. 6th and 7th EDF.
EDF ANG A2d

Health project «After urgency». 15 mECU. T.A. to the Ministry of Health, supply of medecines, health projects in Luanda, ★ fight against AIDS. Works, supplies, T.A. and training. Project in execution. 7th EDF.
EDF ANG 7007 A7

Rehabilitation Programme. Resp. Auth.: UTA CE-ANG. 16 mECU. Identification, appraisal and execution of rehabilitation actions for rural and urban develop- ★ ment. Actions managed by NGOs. ***Date financing June 94.*** 6th EDF.
EDF ANG 6036 A2, A3

ANTIGUA AND BARBUDA

Livestock development. Phase II. Resp. Auth.: Ministry of Agriculture. 0.130 mECU. Supply of equipment. Project on appraisal. 7th EDF.
EDF AB 5003 (7001) A3a

BELIZE

Community Development Programme. Resp. Auth.: Ministry for Social Services. 0.150 mECU. Project preparation study. Short-list done. Project on appraisal. 6th EDF.
EDF BEL 6002 A6b

BENIN

Fish breeding. Applied research and popularization actions. Resp. Auth.: MDRAC. Estimated cost 2 mECU. Project on appraisal. 6th EDF.
EDF BEN 6009 A3d

Rehabilitation of the Cotonou-Hilacondji Road. Resp. Auth.: Ministère des Travaux Publics et des Transports. Estimated cost 17 mECU. Rehabilitation works over 93 km. Works by int. tender. Supervision, geotechnical control, follow-up, evaluation. ★ Project on appraisal. ***Date foreseen for financing September 94.*** 7th EDF.
EDF BEN 6017 A2d

Support to the Structural Adjustment Programme. General Import Programme. Phase III-94-95. 9.4 mECU. ★ ***Date financing June 94.*** 7th EDF.
EDF BEN 7200/002 A1c

BOTSWANA

Wildlife conservation and utilization in Central and Southern Botswana. Resp. Auth.: DWNP. Estimated cost 6.4 mECU. Construction of buildings and staff houses, supply of equipments, T.A. and training. Project in execution. 7th EDF.
EDF BT 6001/7001 A3e,A5i

BURKINA FASO

Douna Plain development. Resp. Auth.: Ministère de l'Agriculture et de l'Elevage. 2.050 mECU. EDF 2 mECU, local 0.050 mECU. Works, supplies, T.A. Project on appraisal. 7th EDF.
EDF BK 6005/7002 A3a

Tougan — Ouahigouya — Mali border road. Resp. Auth.: Ministère des Travaux Publics. Modern earthroad. Supervision: short-list to be done. Estimated cost ★ 13.5 m ECU. Project on appraisal. ***Date foreseen for financing July 94.*** 6th and 7th EDF.
EDF BK 7004 A2d

Support programme to S.M.E's. Resp. Auth.: Ministère de l'Industrie, du Commerce et des Mines. 10.500 mECU. Investments, agencies, T.A. and training, line of credit. Projet in execution. 7th EDF.
EDF BK 7006 A4,A5

Support to the Structural Adjustment Programme. General Import Programme. 93-95. Hard currency allowance to import ACP and EC goods, with negative list. 38 mECU. T.A. for starting and follow- ★ up. Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF BK 7200 A1c

Sectoral Adjustment Programme — Agricultural — Livestock. 9.6 mECU. Works for production, supply of equipments, T.A., training. Project in execution. 7th EDF.
EDF BK 7008 A3a

Sectoral Adjustment Programme — Agricultural — Cereals. Estimated cost 12.500 mECU. Support for institutional reform, works, supply of equipments, T.A., ★ lines of credit. Project on appraisal. ***Date foreseen for financing September 94.*** 7th EDF.
EDF BK 7009 A3a

Sectoral Adjustment Programme — Agricultural — Environment. Estimated cost 1.950 mECU. Soil map and inventory, soil management and T.A. Project on appraisal. 7th EDF.
EDF BK 7010 A3a

Support project for fight against AIDS and STD's. Resp. Auth.: Ministère de la Santé. 1.350mECU. Rehabilitation works, ★ supply of equipments, training. ***Project in execution.*** 7th EDF.
EDF BK 7013 A7b,c

BURUNDI

Ruvubu Game Development. Resp. Auth.: Ministère de l'Aménagement, du Tourisme et de l'Environnement. 4 mECU. Supervision and management. Elimination of conflictual sources between the game and population. Make the game accessible to the tourism. Works, supplies, T.A., training and awareness-raising. Project on appraisal. 7th EDF.
EDF BU 6029 A5i

Support project for micro-enterprises. 10 m ECU. Support to prepare technical dossiers, management follow-up. T.A., training. Project on appraisal. 7th EDF.
EDF BU 7004 A4, A5

Support programme to the National Authorising Officer. *Resp. Auth.: Ordonnateur National. Estimated cost 1.570 mECU. Supply of equipment. T.A., training, evaluation, support mission. Project on appraisal. 7th EDF.*
EDF BU 7014 *A1c*

CAMEROON

Support to the health services. Resp. Auth.: Ministère de la Santé Publique. 8.5 mECU. Works, supplies of medicines by int. tender, T.A. by restr. tender after prequalification. Project in execution. 6th and 7th EDF.
EDF CM 6030 (7004) A7e

Road maintenance programme. Resp. Auth.: Ministère des Travaux Publics. 22.5 mECU. Maintenance in 3 regions: Tikar plain, Ayos-Bertoua, Yaundé. Project in execution. 7th EDF.
EDF CM 6031 (7005) A2d

Integrated rural development programme in the North-East and North-West Benoué regions. Resp. Auth.: Ministère du Plan et de l'Aménagement du Territoire. Estimated cost 13.350 mECU. Works, equipments, T.A., training. Project on appraisal. 7th EDF.
EDF CM 6002/7001 A3a

Development of the Mandara Mounts region. Resp. Auth.: Mission de Développement Intégré des Monts Mandara (MIDIMA). 9 mECU. Works, supply of equipments, T.A. evaluation, studies. Project in execution. 7th EDF.
EDF CM 6026 A3a

General Import Programme. Hard currency allowance to import ACP and EC goods with negative list. 20.200 mECU. Project on appraisal. 7th EDF.
EDF CM 7200/001 A1c

CAPE VERDE

Support to the start-up of the Praia's technical school. Resp. Auth.: Ministère de l'Education. Direction Générale de l'Enseignement. Estimated cost 0.980 mECU. T.A., supply of equipments, scholar-ships. ★ ***Project in execution.*** 7th EDF.
EDF CV 6001/003 A6d

Rural electrification – Praia. Resp. Auth.: Municipalité de Praia. Estimated cost 1.457 mECU. Works and supply of equipment for the electrification of 3 centres in 'Praia rurale'. (Diesel power station and LT/MT distribution network). Project on appraisal. 7th EDF.
EDF CV 7005 A2ai

Solar Regional Programme. Accompaniment actions for the pump part. 3rd part. *Resp. Auth.: Cellule nationale de réalisation du P.R.S. Estimated cost 0.507 mECU. Constructions, rehabilitations, equipments, support mission, sensibilization. Project on appraisal. 7th EDF.*
EDF CV 7006 *A2b, A3e*

CENTRAL AFRICAN REPUBLIC

North Region development programme. Phase II. Resp. Auth.: Ministère

de l'Economie, du Plan, des Statistiques et de la Coopération Internationale — Ministère des Eaux, Forêts, Chasse, Pêche et Tourisme (M.E.F.C.P.T.). 14.6 mECU. Works, supplies and T.A. Works by direct labour, supplies by int. tender, T.A. by restr. tender after prequalification. Project in execution. 7th EDF.
EDF CA 6002/7002 A3a

Support to the Structural Adjustment. General Import Programme. Hard currency allowance to import ACP and EC goods with negative list. 10 mECU. T.A. foreseen. Project on appraisal. 7th EDF.
CA 7200 A1c

COMOROS

Seed, support and market-garden development. Resp. Auth.: Ministère de l'Agriculture. 5.912 mECU. EDF 5.4 mECU, local 0.512 mECU. Production of improved vegetable material. Rural development actions, infrastructures, training teams. Works,
★ supplies and T.A. ***Date financing June 94.*** 7th EDF.
EDF COM 5002(7001) A3a

Micro-projects. Estimated total cost 3.4 mECU, EDF 2.5 mECU, local 0.4 mECU, local communities 0.5 mECU. Warehouses, rural hydraulic and electrification, health, education, works, supplies, T.A. Project on appraisal. 7th EDF.
EDF COM 7102 A3a

Support to the Structural Adjustment Programme. General Import Programme. 93-95. Hard currency allowance to import ACP and EC goods, with negative list. 5.500 mECU. T.A. for starting and
★ follow-up. Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF COM 7200 A1c

Sea-access to the Moheli island. Resp. Auth.: Ministère de l'Equipement — Direction Générale des Travaux Publics. 3.250 mECU. Works, by int. tender. T.A. for further investigations, tender dossier and works supervision. Project on appraisal. 7th EDF.
EDF COM 6006/7003 A2d

Development of cultivations for export. Resp. Auth.: Ministère du Dev. Rural. 1.900 mECU. Vanilla and improvement of quality (laboratory, management, marketing). Supply of non wood ovens. Crop diversification. Equipments, T.A. and training. Project on appraisal. 7th EDF.
EDF COM 7004 A3a

CHAD

Cotton rural roads maintenance. Resp. Auth.: Ministère des Travaux Publics. 7 mECU. Rehabilitation works and supervision. Project in execution. 7th EDF.
EDF CD 7004 A2d

Support to the Structural Adjustment. General Import Programme. Hard currency allowance to import ACP and EC goods with negative list. T.A. foreseen.
★ 15.200 mECU. ***Project in execution.*** 7th EDF.
EDF CD 7200/001 A1c

CONGO

Support to the anticipated general elections. 0.200 mECU. Contribution for the printing of ballot papers. Imprimerie Nationale and Imprimerie des Armées. Project on appraisal. 7th EDF.
EDF COB 7004 A1c

Support to the Health Development National Programme. Resp. Auth.: Ministère de la Santé. 10 mECU. Construction and rehabilitation works, T.A., training, supply of equipments and medicines. Project in execution. 7th EDF.
EDF COB 7005 A7

Market-gardening around Brazzaville. Resp. Auth.: Ministère de l'Agriculture, des Eaux et Forêts, de l'Elevage et de l'Environnement. Agricongo. 3.400 mECU. Works by acc. tender, supply of agricultural inputs, training, evaluation, line of credit.
★ Cofinancing with France. ***Project in execution.*** 5th, 6th and 7th EDF.
EDF COB 7001 A3a

COTE D'IVOIRE

Support programme to coastal cities. 28.5 mECU. Social and economic infrastructure, planning and management of municipalities. Project in execution. 7th EDF.
EDF IVC 7002 A8a, b

Support to the Planning Directorate in the Ministère de l'Agriculture. 0.756
★ mECU. T.A., equipments, training. ***Project in execution.*** 7th EDF.
EDF IVC 7010 A3b

Support programme to the 'pineapple market'. Estimated cost 7.780 mECU. EDF 6.100 mECU, O.C.A.B. (Organisation Centrale des Producteurs – Exportateurs d'Ananas et des Bananes), 1.680 mECU. Works, supplies, T.A., training, studies, line
★ of credit. Project on appraisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF IVC 6016 A3a

Support to the Structural Adjustment Programme. Phase III. 28.800 mECU. Hard currency allowance to import ACP and EC goods, with negative list. T.A. foreseen. Project on appraisal. 7th EDF.
EDF 7200/002 A1c

DJIBOUTI

Fight against desertification and development of livestock husbandry in Western-Djibouti. Resp. Auth.: Ministère de l'Agriculture et du Développement Rural. 1.665 mECU. Supply of equipment, studies, T.A. Project on appraisal. 7th EDF.
EDF DI 6008 A3a

Health training programme. Resp. Auth.: Ministère de la Santé Publique et des Affaires Sociales. 0.750 mECU. T.A., scholar-ships, seminars, training. Project on appraisal. 7th EDF.
EDF DI 7101/002 A7e

Construction of a laboratory for waters and soils analysis. *Resp. Auth.: Ministère de l'Agriculture et du Dév. Rural. 0.115 mECU. Works and supply of equipments. Project on appraisal. 7th EDF.*
EDF DI 7005 *A3e,i*

Primary schools rehabilitation in the District of Ali Sabieh. *0.366 mECU. Buildings, sanitation, kitchen and refectory. All by direct labour. Date financing August 94. 7th EDF.*
EDF DI 7006 *A6a*

DOMINICAN REPUBLIC

Integrated health programme in the south-east. Resp. Auth.: Secretaría de Estado de Salud Pública y Asistencia Social (SESPAS). Total cost 9.8 mECU. EDF 8.8 mECU, local 1 mECU. Physical health infrastructure by direct labour or acc. proc., health materials and equipment by int. tender, training, health education, T.A. Project in execution. 7th EDF.
EDF DO 7008 A7a,b,c,e

Geological and mining development programme. 23 mECU. Studies, programmes managements, works, T.A. and evaluation. Project in execution. 7th EDF.
EDF DO SYS 9999 A4a,e

Hydroelectric project «Los Toros». Construction of an hydroelectric power station. Civil works, supply of electromechanical and hydromechanical equipment. Capacity 9.2 Mw. Annual output 57.27 Gwh. Estimated cost 25.4 mECU. Project on appraisal. 7th EDF.
EDF DO 7005 A2ai

Provincial development programme «Puerto Plata». *Resp. Auth.: Oficina Técnica Provincial de Puerto Plata. 1.400 mECU. Drinking water, sanitation, education, equipment. Date financing August 94. 7th EDF.*
EDF DO 7013 *A8b,c*

EQUATORIAL GUINEA

Essential goods import programme. Resp. Auth.: Presidency of the Republic. Estimated cost 1.5 mECU. Hard currency allowance to import essential goods. Project on appraisal. 5th and 6th EDF.
EDF EG 0000 A1c

Conservation and rational utilisation of the forest ecosystems. Resp. Auth.: Ministry of Agriculture, Livestock farming, Fisheries and Forests. Directorate General for Forests. 5.070 mECU. Land Classification and Use Master Plan — National System of Conservation Units — Forest Training and Research Centre. T.A. and supply of equipment. Project on appraisal. 6th EDF.
EDF EG 6001 A3c, e, i

Rural development programme in the South-East. Resp. Auth.: Ministère de l'Agriculture. 4.500 mECU. Works, supplies and T.A. Project in execution. 7th EDF.
EDF EG 6005 (7001) A3a

ERITREA

Rehabilitation Programme. 3.7 mECU. NGO projects for health, veterinary services, water supply and demobilization of
★ soldiers. ***Project in execution.*** 7th EDF.
EDF ERY 7255 A7,A8

ETHIOPIA

Strengthening of water supply and sanitation in Addis Ababa. Resp. Auth.: Addis Ababa Water Supply and Sewerage Authority. Estimated cost 1.990 mECU. Supply of metering and control equipment. T.A. and consultancies. Project on appraisal. 7th EDF.
EDF ET 5006/7 A2b,A8c

Rehabilitation of the Addis-Ababa – Modjo – Awasa Road. Resp. Auth.:

Ethiopian Road Authority. Estimated cost 40 mECU. Works and supervision. Project on appraisal. 7th EDF.
EDF ET 7005 A2d

Support programme for ethiopian students in former Soviet Union. Support to 1,153 students to finish studies and ★ come back in Ethiopia. 1.900 mECU. ***Date financing June 94.*** 7th EDF.
EDF ET 7006 A1c

Wildlife conservation in Southern Ethiopia – preliminary phase. *Estimated cost 2.712 mECU. Works, rehabilitation, equipments, T.A. and training. Project on appraisal. 7th EDF.*
EDF ET 7011 A3c,d,e

Social Rehabilitation Programme. *Estimated cost 9.106 mECU. EDF 7.495 mECU, NGO's 1.611 mECU. Rehabilitation of health (including water and sanitation) services and of agri-pastoral activities. Works, supplies, T.A. and training. Project on appraisal. 7th EDF.*
EDF ET 7012 A3-A7-A8

Reintegration of Ethiopian Nationals displaced from Eritrea. *Estimated cost 2 mECU. Works, training, line of credit, T.A. and supply of equipment. Project on appraisal. 7th EDF.*
EDF ET 7255/001 A8b,e

GABON

Support for rehabilitation of the national health system. Resp. Auth.: Ministère de la Santé Publique et de la Population. 11 mECU. Supply of equipments, essential medicines, T.A. and training, evaluation. Project in execution. 7th EDF.
EDF GA 7002 A7

Mining development programme and diversification. Resp. Auth.: Ministère des Mines, de l'Energie et des Ressources Hydrauliques. Estimated cost 14 mECU. Works by direct labour and int. tenders, équipments by int. tender, T.A., follow-up and evaluation. Project in execution. 7th EDF.
EDF/SYS/GA 9999 A4a

Support to the Structural Adjust- ★ **ment.** 13.2 mECU. ***Project in execution.*** 7th EDF.
EDF GA 7200 A1c

GHANA

Human resources development programme. 5 mECU. Supply of equipments. T.A. and evaluation. Project on appraisal. 7th EDF.
EDF GH 7003 A6

Small and Medium Enterprises Development Programme. Assistance in the preparation of business development plans. Financial contribution to the Ghana Venture Capital Fund. 4.8 mECU. Projet in execution. ★ ***T.A. for monitoring.*** 7th EDF.
EDF GH 7004 A5b,e

Western Region Agricultural Development Project. *Resp. Auth.: Ministry of Food and Agriculture. 15 mECU. T.A., buildings and training, supply of equipments. Project on appraisal. 7th EDF.*
EDF GH A3a

Lomé IV – Microprojects programme. *Resp. Auth.: Ministry of Finance & Economic Planning. 7 mECU. T.A., transport equipment, materials and supplies. Project on appraisal. 7th EDF.*
EDF GH A3a

Protected Area Development in South Western Ghana. *Resp. Auth.: Ministry of Land and Forestry. 5 mECU. T.A., buildings, equipment and supplies. Project on appraisal. 6th EDF.*
EDF GH A3a

Woodworking Sector Development. *Resp. Auth.: Ministry of Finance & Economic Planning. 4.5 mECU. Equipments, T.A., overseas training. Project on appraisal. 7th EDF.*
EDF GH A3c

Transport Infrastructure Programme. Phase II. *Resp. Auth.: Ministry of Roads & Highways. 70 mECU. Works, supplies, supervision, training. Project on appraisal. 6th and 7th EDF.*
EDF GH A2d

General Import Programme III. *Resp. Auth.: Ministry of Finance & Economic Planning. 32.2 mECU. T.A. for monitoring. Project on appraisal. 7th EDF.*
EDF GH A1c

University Link. University of Ghana – Vrije Universiteit Brussel. *Resp. Auth.: Ministry of Education. 1.2 mECU. T.A., equipments scholarships, evaluation. Project on appraisal. 7th EDF.*
EDF GH 7101/001 A6b

GRENADA

Microprojects programme. Resp. Auth.: Ministry of Labour, Social Service, Community Development. 0.220 mECU. Water supply, road improvements, repairs and extension of schools, medical and community centre and sports grounds. Project on appraisal. 7th EDF.
EDF GRD 7102

Rehabilitation of the Bellevue-Grenville Section of the Eastern Main Road – Grenville – Mama Cannes portion. Resp. Auth.: Ministry of Works. 2 mECU. Works by direct labour, small T.A. and supply of equipment for repairs. Project on ap- ★ praisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF GRD 7002/001 A2d

GUINEA

Development of the secondary towns. Resp. Auth.: Ministère de l'Aménagement du Territoire. Estimated cost 7 mECU. Buildings, market, railway stations, roads, T.A. and training, management, work supervision, supply of equipments. Project on appraisal. 7th EDF.
EDF GUI 7008 A8a,b

Information System for the National Programme to Support Food Security. Resp. Auth.: Ministère de l'Agriculture et des Ressources Animales. 1.600 mECU. Supply of equipments, permanent T.A. follow-up, ★ evaluation. ***Project in execution.*** 7th EDF.
EDF QUI 7004 A3a

GUINEA BISSAU

Rural development programme. 23.8 mECU. Improvement of food and fisheries production, line of credit, microprojects, T.A. and training. Project in execution. 6th EDF.
EDF GUB 6001 A3a

Project for the rehabilitation of social and economic infrastructures. Resp. Auth.: Ministry of Public Works. 11 mECU. Road rehabilitation, schools, health centres, urban roads, markets, water and sanitation. Construction of secondary bridges, access roads, supply of a ferry. Works, supplies and T.A. Project in execution. 6th and 7th EDF.
EDF GUB 6013 (PRI) A7, A8

Cultural actions promotion programme. Resp. Auth.: Secrétariat d'Etat à la Culture et à l'Information and EEC Delegation in Bissau. 1.650 mECU. Safeguard of the cultural heritage, training, manifestations, studies. Projet in execution. 7th EDF.
EDF GUB 7008 A5g,i

General Import Programme. 8 mECU. Hard currency allowance. T.A. foreseen. Project in execution. 7th EDF.
EDF GUB 7200 A1c

Support project to improve land resources. *Resp. Auth.: Ministère des Travaux Publics. Estimated cost 1.200 mECU. Technical actions to prepare the creation of a land registry. Works, supply of equipments, T.A. Project on appraisal. 7th EDF.*
EDF GUB 7012 A1f

João Landim bridge construction. *Resp. Auth.: Ministère des Travaux Publics. Estimated cost 23 mECU. Project on appraisal. 7th EDF.*
EDF GUB 7013 A2d

GUYANA

Immediate action programme for the Demerara Harbour Bridge. Resp. Auth.: Ministry of Finance. 8 mECU. Works, supplies, T.A. and training. Project in execution. 7th EDF.
EDF GUA 6011 (7002) A2d

New Amsterdam water supply. Resp. Auth.: Ministry of Finance. 4.5 mECU. Construction of the ring main system, reservoir, supplies T.A. and training. Project in execution. 7th EDF.
EDF GUA 6012 (7003) A2b

General Import Programme. Phase II. Hard currency allowance to the Bank of Guyana to import EEC-ACP goods with negative list. 1.850 mECU. 0.150 mECU for T.A. follow-up and evaluation. Project on ★ appraisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF GUA 7200/001 A1c

JAMAICA

Credit scheme for micro and small enterprises. Resp. Auth.: Planning Institute of Jamaica. Implementation by Apex Institution and Coordination and Monitoring Unit. 7 mECU. Line of credit, T.A. and ★ evaluation. Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 5th, 6th and 7th EDF.
EDF JM 5020 A4,A5

Water Supply, sewerage, institutional strenghtening programme.

Resp. Auth.: National Water Commission (NWC). Estimated cost 18 mECU. Works, supplies and T.A. Project on appraisal. 7th EDF.
EDF JM 7005 A8a,b,c

KENYA

Revival and Development of the Swahili Culture. Resp. Auth.: Ministry of Home Affairs and National Heritage. National Museums of Kenya (N.M.K.). 1.990 mECU. Safeguarding, acquisition and restoration, supply of equipment, T.A. Project in execution. 7th EDF.
EDF KE 7004 A5i

Road sector. Preparatory phase. Studies. *Resp. Auth.: Ministry of Public Works and Housing. Estimated cost 1.693 mECU. Studies and T.A. Project on appraisal. 7th EDF.*
EDF KE 7010 *A2d*

KIRIBATI

Seaweed development programme. Total cost estimated 1.280 mECU. EDF 1.100 mECU, local 0.180 mECU. Buildings, equipment, credit, T.A. to the general manager, monitoring evaluation. Project on appraisal. 7th EDF.
EDF KI 7002 A3a

Training for Kiribati. Estimation 1.440 mECU. Human resources development. Supply of equipment, T.A. monitoring evaluation. Project on appraisal. 7th EDF.
EDF KI 7004 A6

LESOTHO

Structural Adjustment Programme. Phase II. Hard currency allowance to import ACP and EC goods with negative list. 8 ★ mECU. T.A. foreseen. ***Date financing June 94.*** 7th EDF.
EDF LSO 7200/001 A1c

LIBERIA

Rehabilitation Programme. Resp. Auth.: EC aid coordination office in Monrovia. 25 mECU. Essential repairs to water and power supply systems, restauration of basic health and school facilities, distribution of seeds and tools, improved access to isolated regions, assisting the re-integration of ex-combatants and returning refugees. Implementation by local NGOs and European NGOs. Project in execution. 6th and 7th EDF.
EDF LBR 7001 A1c

MADAGASCAR

Kamolandy bridge reconstruction. Resp. Auth.: Ministère des Travaux Publics. 1.540 mECU. Submersible-type bridge. Project on appraisal. 6th EDF.
EDF MAG 6027 A2d

Renovation of provincial airports. Cofinancing with France. EDF 16.4 mECU. Works, equipment and supervision. Project in execution. 6th EDF.
EDF MAG 6016 A2d

Improvement of the agriculture and fishing in the Far South. Resp. Auth.: Ministère d'Etat, du Développement Rural. 1.900 mECU. Works, supplies, study, T.A. and evaluation. Project in execution. 7th EDF.
EDF MAG 7003 A3a

Road infrastructure rehabilitation. Resp. Auth.: Ministère des Travaux Publics. Estimation 72.500 mECU. Rehabilitation works, supervision. Project on appraisal. ★ ***Date foreseen for financing end 94.*** 6th and 7th EDF.
EDF MAG 7004 A2d

Support programme to rehabilitate social and economic infrastructures. *Interventions after cyclones. EDF part estimated 17.500 mECU. Railways and road rehabilitation, small hydraulic works. Social infrastructure rehabilitation, reinsertion of damaged people. Technical expertise study to be done for roads. Works, supplies, supervision and control, evaluation. Date financing June 94. 7th EDF.*
EDF MAG 7009 *A2, A8*

MALAWI

Structural Adjustment Facility (SAF) — General Import Programme. Resp. Auth.: Reserve Bank of Malawi. 30.6 mECU. Hard currency allowance to import ACP and EC goods, with negative list. T.A. for management and audit purposes. Project in execution. 7th EDF.
EDF MAI 7200 A1c

Limbe-Thyolo-Muloza Road. Works, construction by int. tender (conditional). Works and supervision. Project on appraisal. 6th and 7th EDF.
EDF MAI 6021 A2d

MALI

Support to develop rural credit. Resp. Auth.: Banque Nationale de Développement Agricole. BNDA. EDF part 1.910 mECU. T.A. and line of credit, training. Project on appraisal. 7th EDF.
EDF MLI 6001/002 A5a

Fight against silting up and development of forest resources in the Northern regions. Resp. Auth.: Ministère de l'Environnement – Direction Nationale des Eaux et Forêts. 6.810 mECU. Infrastructural works, forest and trees, supplies, follow-up and training. Project in execution. 7th EDF.
EDF MLI 6001/001 A3a

Development of secondary towns in the 4th and 5th regions. Resp. Auth.: Ministère de l'Administration Territorial et de la Décentralisation. 5 mECU. Water supply in 3 towns, sewage works, markets, schools, waste collect systems in 6 towns. Works by acc. tenders. Supply of equipments and T.A. Project in execution. 7th EDF.
EDF MLI 7008 A2b

Better use of surfacing waters in the 5th region. Consolidation. Resp. Auth.: Gouvernorat de Mopti. Estimated cost 5.750 mECU. EDF 5 mECU, local 0.750 mECU. Works, irrigation, supply of pumps, inputs, T.A., follow-up and evaluation, training, research. Project on appraisal. 7th EDF.
EDF MLI 6005/002 A3a

Reconstruction of primary schools in the North (Gao region). Estimated cost 1.934 mECU. Reconstruction of ±21 schools (±126 class-rooms), water points, supply of equipments. Works by direct labour, coordination and supervision by ★ volunteers organization. ***Project in execution.*** 7th EDF.
EDF MLI 7013 A6a

Support to the programme for the rehabilitation and maintenance of priority roads. *Resp. Auth.: Ministère de l'Equipement et de Transport. Estimated cost 41 mECU. Rehabilitation and strenghtening of 380 kms of bitumenised roads (Ségou-Koutiala-Burkina Border-Ouan-Sévaré) and strengthening of 180 kms of the Diéma-Didiéni road. Supervision. Project on appraisal. 7th EDF.*
EDF MLI 7004 *A2d*

Support to the decentralisation programme. *Estimated cost 0.600 mECU. T.A., studies and expertises, communication campaigns, equipments. Project on appraisal. 7th EDF.*
EDF MLI 7009 *A1b*

MAURITANIA

Second Road Programme. Resp. Auth.: Ministère des Travaux Publics. 7.350 mECU. Supply of equipment and materials by int. tender. Studies, auditing, T.A. and ★ training. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF MAU 6004-7004 A2d

Support to the management of the Kaedi Municipality. Resp. Auth.: Ministère du Plan. 0.850 mECU. Works and T.A. ★ by the NGO AFRICA 70. ***Project in execution.*** 7th EDF.
EDF MAU 6007/001 A1c

National measures to support the Solar Regional Programme. Estimated cost 2.520 mECU. Infrastructural works (tanks, wells, pipes) and sensibilization, training and follow-up for the recipient communities, works and T.A. Project on ★ appraisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF MAU 6116/001 A2a,ai,b

MAURITIUS

Mauritius Institute of Public Administration and Management (MIPAM). 1.205 mECU. Supply of equipment and T.A. ★ ***Project in execution.*** 7th EDF.
EDF MAS 7101/001 A6e

Human resources Centre in Rodrigues. Estimated cost 0.800 mECU. Works, supply of equipment, T.A. and training. Project on appraisal. 7th EDF.
EDF MAS 7101/002 A6e

Support to the Industrial and Vocational Training Board. IVTB. 2.500 mECU. Rehabilitation works, supply of ★ equipments, T.A. and training. ***Date financing June 94.*** 6th EDF.
EDF MAS 6101/001 A6b,d

Cyclone Hollanda rehabilitation programme. 1.970 mECU. Rehabilitation of the telecommunication inrastructure for both national and international grid. Supply of equipments and alternative communication systems. Project on appraisal. 3rd and 5th EDF (remainings), 6th and 7th EDF.
EDF MAS 7003 A2c

MOZAMBIQUE

Training for railway staff. Phase II. T.A. for the regional School at Inhambane and the provincial centres of railway training.

20 mECU. T.A. and supply of equipment. Project on appraisal. 7th EDF.
EDF MOZ-REG 6409 A2d, A6d

Rehabilitation project for the reinstatement of refugees and returned people in the rural sector. 12 mECU. Project in execution. 7th EDF
EDF MOZ 7012 A3a

Roads rehabilitation programme in the Zambezia and Sofala provinces. Resp. Auth. : Ministère de la Construction et de l'Eau. Estimated cost 30 mECU. Roads and bridges rehabilitation. Works and supervision. Project in execution. 7th EDF
EDF MOZ 7005/001 A2d

Beira-Inchope Road Rehabilitation. Resp. Auth.: Ministère de la Construction et de l'Eau. Estimation 25 mECU. Works over 111 Km. Supervision. Project on appraisal. 7th EDF.
EDF MOZ (REG) 7005/002 A2d

Institutional Support to the Ministry of Culture. Resp. Auth.: Ministère de la Culture. Estimated cost 1.950 mECU. Establishment of a culture and development forum, improvement of the Documentation Centre, staff training, planning unit, equipment, and T.A. Training. Project on appraisal. 6th EDF.
EDF MOZ 7016 A6

Youth's social-economic reinsertion. Resp. Auth.: Ministère de la Culture et de la Jeunesse. Estimated cost 1.950 mECU. Supplies, T.A. and pilot actions. Project on appraisal. 6th EDF.
EDF MOZ 7017 A8b

Supply of voting material. *Estimated cost 13 mECU. Project on appraisal. 7th EDF.*
EDF MOZ 7004/001 A1c

Rehabilitation of the rural Health System. *Estimated cost 42 mECU. Rehabilitation and renovation of 7 rural hospitals and 2 health centres. Supply of essential medicines and equipments, T.A. Project on appraisal. 7th EDF.*
EDF MOZ 7018 A7a,e

NAMIBIA

Support programme for the mining sector. Resp. Auth.: Ministry of Mines and Energy. Day-to-day administration by the Industrial Development Corporation. 40 mECU. Mine development, expansion, drillings, tiling plant, recuperations, small scale mining. Works and supplies by int. tender. T.A. and training. Project in execution. 7th EDF.
EDF NAM SYS 9999 A4a

Institutional support for the Ministry of Agriculture, Water and Rural Development. Resp. Auth.: Ministry of Agriculture, Water and Rural Development. 1.3 mECU. T.A. for agricultural planning and marketing and production economics. Project on appraisal. 7th EDF.
EDF NAM 7003 A1c

Namibia Integrated Health Programme. Resp. Auth.: Ministry of Health and Social Services. 13.500 mECU. Infrastructures, equipment, training and T.A. Project on appraisal. Date foreseen for financing 2nd half 94. 7th EDF.
EDF NAM 7007 A7

Expansion of NBC transmitter network and production facilities for educational broadcasting. Resp. Auth.: Namibian Broadcasting Corporation. Estimated total cost 5.7 mECU. EDF 5 mECU, local 0.700 mECU. Works, supply of equipments, technical training and technical consultances. Project on appraisal. 7th EDF.
EDF NAM 7005 A6i

Rural Development Support Programme for the Northern Communal Areas. Resp. Auth.: Ministry of Agriculture, Water and Rural Development. 7.7 mECU. Strengthening of the agricultural extension service, training of extension officiers and establishment of a rural credit system. Supply of office equipment, vehicles, agricultural inputs, T.A., training, evaluation. Project in execution. 7th EDF.
EDF NAM 7011 A3a

Rural towns Sewerage schemes. *Resp. Auth.: Ministry of Local Government and Housing. Estimated cost 2.500 mECU. Works, supplies and T.A. Project on appraisal. 7th EDF.*
EDF NAM 7015 A8c

NIGER

Small-scale irrigation in the South Zinder. Resp. Auth.: Ministère de l'Agriculture et de l'Elevage. 1.800 mECU. Works, ★ supplies, training. ***Project in execution.*** 7th EDF.
EDF NIR 7009 A3c

Vocational and technical training project (NIGETECH). Resp. Auth.: Ministère de Finances et du Plan. 3.8 mECU. Seminars, scolar-ships, trainer training, T.A. Project on appraisal. 7th EDF.
EDF NIR 7101 A6d

Road infrastructures and telecommunications. Rehabilitation of Tillabery-Ayorou (Tender launched), Farie-Tera and Say-Tapoa roads. For telecommunications: hearth station in Arlit and administrative centre in Niamey. Works and supervision. ★ Project on appraisal. ***Date foreseen for financing end 94.*** 7th EDF
EDF NIR 7005 A2d, c

Integrated development programme in the sheep-farming zone. (Azaouak, Tadress and Nord-Dakoro). Resp. Auth.: Ministères de l'Hydraulique et de l'Environnement, de l'Agriculture et de l'Elevage, de la Santé Publique et de l'Education Nationale. 18 mECU. Rehabilitation works, wells, drillings, supply of equipment, T.A, training, ★ evaluation and follow-up. ***Project in execution.*** 7th EDF
EDF NIR 7012 A3a

Support to the Structural Adjustment Programme. General Import Programme. Hard currency allowance to import ACP and EC goods with negative list. 20 mECU. T.A. foreseen. Project in execution. 7th EDF.
EDF NIR 7200 A1c

Strengthening of the «Centre de Formation et de Promotion Musicale». (CFPM). 0.632 mECU. To continue and develop musical cultural actions. Supplies ★ and T.A. ***Project in execution.*** 7th EDF.

NIGERIA

NITEL Maintenance training programme. Resp. Auth.: Nigerian Telecommunications. 10.5 mECU. Rehabilitation works, supply of equipment, T.A. and training. Project in execution. 7th EDF.
EDF UNI 7008 (6004) A2c

Borno region anti-poverty programme. Improvement of the agricultural productivity and water management. Assistance to the farmer associations. Estimated total cost 16,100 mECU. EDF 15.400 mECU, local 0.700 mECU. Works, supplies T.A. training, research, line of credit. Project on ★ appraisal. ***Date foreseen for financing September 94.*** 7th EDF.
EDF UNI 7009 A3a

PAPUA NEW GUINEA

Third Structural Adjustment Programme. General Import Programme. 8.5 m ECU. Same as 2nd programme. Project in execution. 7th EDF
EDF PNG 7201 A1c

Human resources development programme. Resp. Auth.: National Dept. of Education (NDOE) and Commission for Higher Education (CHE). 15 mECU. Works: building renovation, university construction, rehabilitation works, works supervision, scholarships, training. Works for the university by int. tender. Project in execution. 7th EDF.
EDF PNG 6008/7001 A6a,b

Ramu road improvement. Resp. Auth.: Department of works. Estimated cost 20 mECU. Upgrading of 73 Km of the Ramu highway (Pompuquato bridge to Usino junction) from the present gravel pavement to a bituminous sealed pavement and associated bridge works. Works and supervision. Design study: short-list done. 6th EDF.
EDF PNG 6017 A2d

Environmental Monitoring of Mining. Resp. Auth.: Dept. of the Environment and Conservation. EDF 1.6 mECU. T.A. for 30 man/months and technical consultancies. Training. Project in execution. 7th EDF
EDF PNG 7001 A4a

E.U. Programme Management Unit in support of the National Authorising Officer (NAO). *Estimated cost 1.200 mECU. T.A., training and auditing. Project on appraisal. 7th EDF.*
EDF PNG 6001 A1c

RWANDA

Drinking water supply in the Bugesera East. Resp. Auth.: Ministère de Travaux Publics. 9.920 mECU. Pumps, treatment, tanks, renovation existing network. Works, supplies and supervision. Works: int. tender already launched. Project on appraisal. Date foreseen for financing 1st half 94. 7th EDF.
EDF RW 6007 (7002) A2b

ST. KITTS AND NEVIS

Development of Social Infrastructure – Phase II. Resp. Auth.: Ministry of Education and Ministry of Works, Communications and Public Utilities. 0.925 mECU. Construction and supply of furnitures for primary schools, supply of equipments, T.A. for supervision of works. ★ Project on appraisal. ***Date foreseen for financing end 94.*** 5th and 6th EDF.
EDF SCN 6001 A6a

SENEGAL

St-Louis regional development programme. 22.5 mECU. Jobs creation, lines of credit, T.A. to the S.M.E's, training, studies. Health centres, clinics, medical equipments and consumables, training, information. T.A. to the Direction Régionale in St-Louis and to the Service des Grandes Endémies in Podor. Drainage network, sanitation. Environmental protection with wind-breaks. T.A. Study of a water-engineering scheme in Podor. Works by acc. tender. Supplies by int. tender. T.A. by restr.
★ tender. Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF SE 6002/7002 A3a

Support to the economic development of the Ziguinchor region. 1.990 mECU. Line of credit for SME's and support to the artisanal fishery. Supply of equipments, T.A. Project on appraisal. 7th EDF
EDF SE 5024/7001 A3a

Support to the Structural Adjustment Programme. General Import Programme. Hard currency allowance to import ACP and EC goods with negative list. Estimated cost 16 mECU. T.A. foreseen.
★ ***Project in execution.*** 7th EDF.
EDF SE 7200/001 A1c

Support to develop SMEs in the Dakar region. 1.990 mECU. Line of credit, management unit in coordination with Banks, projects and NGOs. T.A. and sup-
★ plies. ***Date financing June 94.*** 7th EDF.
EDF SE 7010 A5

Priority programme to generate employment. P.P.G.E. Resp. Auth.: Ministère de l'Economie, des Finances et du Plan. 1.990 mECU. To alleviate the social impact of the austerity mesures and of the F.C.F.A. devaluation of the most devaforised urban populations. Line of credit, supplies. T.A.,
★ audit. ***Project in execution.*** 7th EDF.
EDF SE 7009 A8b

SEYCHELLES

Marin and coastal centre. Resp. Auth.: Ministry of Foreign Affair – Planning and Environment. Estimated total cost 0.675 mECU. EDF 0.325 mECU, local 0.350 mECU. Renovation and equipping of a centre for international, regional and local research. Works and supplies. Project on appraisal. 7th EDF.
EDF SEY 7003 A8f

SIERRA LEONE

Agricultural Sector Support Programme. Resp. Auth.: Ministry of Agriculture. 14.3 mECU. Construction of stores, rehabilitation of feeder roads, vehicles, agricultural inputs, materials, T.A. for project management, training. Project in execution. 7th EDF.
EDF SL 7001 A3a

Improvement of Freetown – Conakry road link. Estimated cost 30 mECU. Reconstruction of about 120 Kms of road from Masiaka in Sierra Leone to Farmoreah in Guinea. Works and supervision. Project on appraisal. 7th EDF.
EDF SL 7004 A2d

SOMALIA

Rehabilitation programme. 38 mECU. Project in execution. 6th EDF
EDF SO 6029

SWAZILAND

Technical Cooperation programme. Resp. Auth.: Government of Swaziland (N.A.O.) 1.860 mECU. T.A. 12 person-years to selected agencies in the public and parastatal sectors. Project on appraisal. 7th EDF.
EDF SW 7001 A1f

Science and Mathematics Advice and Regional Training (SMART). Resp. Auth.: The University of Swaziland – Training Dept. 0.720 mECU. Supply of equipment and materials by int. render. Project on appraisal. 7th EDF
EDF SW 6101/7 A6b

Rural dams rehabilitation and construction project (Phase II). *EDF estimated part 1.993 mECU. Works, T.A. and supervision, training, surveys. Project on appraisal. 7th EDF.*
EDF SW 6012/001 *A3a*

TANZANIA

Support for Aids Control in Tanzania. Resp. Auth.: Ministry of Health. 3 mECU. To strengthen health and other support services. Supply of equipment and T.A. Project on appraisal. 7th EDF.
EDF TA 08000/000 (7001) A7c

Mwanza-Nyanguge Road Rehabilitation. Resp. Auth.: Ministry of Transports and Communications. Estimated cost 35 mECU. Rehabilitation of 62 Km of trunk roads (Nyanguge-Mwanza and Mwanza airport) and rehabilitation of Mwanza sewerage system (main works). Design study ongoing. Project on appraisal. 7th EDF.
EDF TA 6021 A2d

Support to Ministry of Finance, Zanzibar. Estimated cost 1.300 mECU. Equipments and T.A. Project on appraisal. 7th EDF.
EDF TA 7007 A1c

Support Unit to N.A.O. Estimated cost 2 mECU. Equipments and T.A. Project on appraisal. 7th EDF.
EDF TA 7008 A1c

Mwanza Water Supply. Phase II. Resp. Auth.: Ministry of Water energy and minerals. Estimated cost 11.100 mECU. Works, pumping equipments, studies and supervision. Short-list done. Project on appraisal. 7th EDF.
EDF TA 5005(7) A2b

Iringa Water Supply. Resp. Auth.: Ministry of water, energy and minerals. Estimated cost 9.100 mECU. Pumping, Treatment, storage and distribution. Works, equipments, design and supervision. Short-list done. Project on appraisal. 7th EDF.
EDF TA 7009 A2

Support to the Structural Adjustment Programme. General Import Programme. Phase III. Resp. Auth.: Bank of Tanzania. 30 mECU. T.A. foreseen. Project
★ on appraisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF TA 7200/002 A1c

Assistance to the 1994-95 Electoral process. *Estimated cost 1.700 mECU. Supply of voting material and equipments. Project on appraisal. 7th EDF.*
EDF TA 7017 *A1c*

TOGO

General Import Programme. Hard currency allowance to import ACP and E.C. goods. T.A. for management and implementation. 17 mECU. Project in execution. 7th EDF.
EDF TO 7200 A1c

TONGA

Vava'u Airport Development Project. Resp. Auth.: Ministry of Civil Aviation 2.130 mECU. Works. supply of equipment and training. Works by direct labour, supplies by int. tender. Project on appraisal. 5th and 6th EDF.
EDF TG 5003-6001 A2d

TRINIDAD AND TOBAGO

Support to the Structural Adjustment Programme. General Import Programme. Hard currency allowance to purchase EEC and ACP goods with negative list. T.A. for six months for GIP implementation and the use of counterpart funds. 9.7 mECU.
★ Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 6th and 7th EDF.
EDF TR 7200 A1c

Small business development programme. Resp. Auth.: Small Business Dev. Corp. SBDC. 2 mECU. Supply of line of credit, training and supervision and evaluation. Project on appraisal. 7th EDF
EDF TR 5016 A5e

Training project for young farmers (AYTRAP). Assistance for the young farmers to create rural enterprises. Estimated cost 7.300 mECU. EDF 5 mECU, local 2.300 mECU. Line of credit, T.A. and monitoring. Project on appraisal. 6th and 7th EDF.
EDF TR 7002 A3a

UGANDA

Structural Adjustment Support Programme General Import Programme. Phase II. 30,250 mECU. Hard currency allowance to import ACP and EC goods. There is negative list of items not eligible (military-luxury items). Project on appraisal. Identification study: short list done. 7th EDF.
EDF UG 7200 A1c

Human resources development programme. Resp. Auth.: Ministry of Finance and Economic Department. 12.8 mECU. Infrastructural rehabilitation, equipments, T.A. and training. Project in execution. 7th EDF.
EDF UG 7001 A6b, c, d

Smallholder Tea Development Programme. (STDP). Resp. Auth.: Uganda Tea Growers Corporation (UTGC). 20 mECU. Increase in the production and quality, management improvements, infrastructure development, institutional and financial sustainability, environment conservation and regional development. Works, supply of equipments, T.A. and training.
★ Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF UG 6002/7002 A3a

Uganda health project. Phase III of the Rural health Programme, West Nile Health Programme and the Uganda Blood Transfusion Service Project Phase II. Infrastructure rehabilitation equipment (vehicles, furnish-

ings, offices), medical supplies and tests, in service training and T.A. and management. 20 mECU. Project in execution. 7th EDF.
EDF UG 6012/7003 A7

Support to the Uganda Investment Authority. Resp. Auth.: Ministry of Finance. 1.950 mECU. Supply of equipments and T.A. Project on appraisal. 7th ★ EDF.
EDF UG 7005 A5e

Road maintenance programme in the South West. Resp. Auth.: Ministry of Works. 20 mECU. Works, supplies and ★ supervision. ***Date foreseen for financing September 94.*** 7th EDF
EDF UG 7004 A2d

ZAIRE

Temporary assistance programme for health care (P.A.T.S.). Rehabilitation programme. Estimated cost 18.500 mECU. To ensure that the health-care services that are still operating survive. Implementation by NGOs and local organizations. Project in execution. 7th EDF.
EDF ZR 6029 A7a,b

ZAMBIA

SYSMIN III – General import. Resp. Auth.: Bank of Zambia. 60 mECU. Project in execution. 7th EDF.
EDF ZA 9999 - SYS A1c

Social Sector Support Programme. Resp. Auth.: Ministries of Health, Education, Water Affairs and Local Governments. 12 mECU. Rehabilitation works and health infrastructures, water supply, education. Supply of drugs and equipments, and T.A. ★ Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF ZA 7003 A7,A8

Reorganisation and restructuring of the Department of National Parks and Wildlife Services. Resp. Auth.: Department of National Parks and Wildlife services. Estimated cost 5 mECU. Works, supplies and T.A. Project on appraisal. 7th EDF.
EDF ZA 7002 A3c,d

Private and Cooperative Livestock Service Network Development Programme. Estimated cost 1.950 mECU. Short and long term T.A. Privatisation ★ Funds, training. ***Date financing June 94.*** 7th EDF.
EDF ZA 6018 A3a

Rehabilitation of main runway at Lusaka International Airport. *Resp. Auth.: Ministry of Transport. Estimated cost 5 mECU. Works and supervision. Project on appraisal. 7th EDF.*
EDF REG – ROR 7319 – ZA *A2d*

Structural Adjustment facility – Supplement to phase II. *11.800 mECU. General Import Programme. Project on appraisal. 7th EDF.*
EDF ZA 7200/003 *A1c*

ZIMBABWE

OMAY Kanyati and Gatshe Gatshe land use and health programme. Resp. Auth.: A.D.A. 4.6 mECU. Raising the standard of living of rural populations. Conservation and improved utilisation of the Wild Life resource, support to agriculture and improvement of social infrastructure. Road network, water, sanitation, building of a district hospital, equipment and supplies. Project on appraisal. 7th EDF.
EDF ZIM 6004/7002 A3a

Structural Adjustment Programme. Resp. Auth.: Ministry of Finance, Economic Planning and Development. 32 mECU. ★ General Import Programme and T.A. ***Date financing June 94.*** 7th EDF.
EDF ZIM 7200/001 A1c

Support to the Faculty of Veterinary Science of the University of Zimbabwe. Resp. Auth.: Faculty of Veterinary. 9.1 mECU. Supply of vehicles and equipments. T.A., University link, fellow-scholarships. For Zimbabwe and SADC region. Project on appraisal. 7th EDF.
EDF ZIM 5004/7001 A6b

Wildlife Veterinary Project. Resp. Auth.: Department of National Parks and Wildlife Management. EDF 1.500 mECU. Increase of wildlife population, particularly of endangered species: black and white rhino — tourism development, works, supplies, T.A., training and evaluation. Project on appraisal. 7th EDF
EDF ZIM 6018 A5c, A8f

Overseas Countries and Territories (OCT)

NETHERLANDS ANTILLES

Curaçao – Business Development Scheme, phase 2. Estimated total cost 5.366 mECU. EDF 4 mECU. Development of international competitiveness in the export sector. Management training strategy. Project on appraisal. 7th EDF.
EDF NEA 6013/001 A5d,e

Support Public Library in Curaçao. Resp. Auth.: Public Library Curaçao. Estimation 0.650 mECU. Works, supply of equipment, training. Project on appraisal. 7th EDF.
EDF NEA 7003 A6g

ARUBA

T.A. for managerial training. Estimated cost 2.320 mECU. EDF 1.980 mECU, local 0.340 mECU. A training unit will train private and public executives and will advise companies on demand. (These services will be paid). Supplies T.A. and evaluation. Project on appraisal. 7th EDF.
EDF ARU 6006 A6b

NEW CALEDONIA

Construction of a vocational training centre for apprentices. Estimated total cost 2.95 mECU. EDF part 0.830 mECU. Works by acc. tender. Project on appraisal. 7th EDF.
EDF NC 7002 A6d

FRENCH POLYNESIA

Pearl Oyster programme. Resp. Auth.: EVAAM. 1.150 mECU. Supply of research equipment and training. T.A. and researches. Projet in execution. 7th EDF
EDF POF 6006 A3d

TURKS AND CAICOS ISLANDS

Water and sewerage in Providenciales. Resp. Auth.: Ministry of works. 3.600 mECU. Water supply works and pipes. T.A. Project on appraisal. 7th EDF.
EDF TC 7001 A8b,c

WALLIS AND FUTUNA

Holo-Fakatoi Road in Wallis (RT2). EDF 0.600 mECU. Bitumen road. Project on appraisal. 7th EDF
EDF WF 7001 A2d

Normalisation works in the territorial road n° 1 (RTI) in Wallis. 1.125 mECU. Rehabilitation works. Project in execution. 7th EDF
EDF WF 7002 A2d

Construction of the territorial road n° 1 in Futuna. 0.840 mECU., Works and rehabilitations. Project on appraisal. 7th EDF.
EDF WF 7003 A2d

Purchase of public works equipments. Resp. Auth.: Service des Travaux Publics du Territoire. 0,500 mECU. Project in execution. 7th EDF
EDF WF 7004 A2

Regional Projects

BENIN — BURKINA — NIGER

Regional project for the management of the 'W' national park and adjoining game reserves. Estimated total cost 10 200 mECU. To establish three management units and 10 bridges and 20 observation posts with their equipment. Building and rehabilitation of administrative, technical and social buildings, tracks and bridges. T.A., training and studies. Project on appraisal 6th EDF.
EDF REG 6122 A5i, A8f

CAMEROON – CHAD – CENTRAL AFRICAN REPUBLIC

Faisability study: Ngaoundéré – Touboro – Moundou Road. 1.900 mECU. ★ Short-list done. ***Project in execution.*** 7th EDF.
EDF REG – CA 7203 A2d

CENTRAL AFRICA AND UDEAC

Regional Centre Bananas and Plantains (C.R.B.P.). Resp. Auth.: C.R.B.P. Strengthening of infrastructures and management. 2 mECU. In Nyombé. Project in execution. 7th EDF
EDF REG 6217 A3a

Inter-states transit in Central African Countries (T.I.P.A.C.). 5.5 mECU. To set up a regional scheme for transit transport. T.A. and training. Project in execution. 7th EDF.
EDF REG 7202 A2d

EAST AFRICAN COUNTRIES

Statistical training centre for Eastern Africa in Tanzania. Resp. Auth.: Secretariat of the centre. 5 mECU, Widening of capacity. Construction of class-rooms, offices and housing. Project on appraisal. 5th EDF.
EDF REG 5311 (7) A6b

Strenghtening Economic and Policy Research in NARS in Eastern Africa (NARS: National Agricultural Systems). Technical and logistic support for building-up strong socio-economic programmes in NARS in Eastern Africa. 1.150 ★ mECU. ***Project on execution.*** 7th EDF.
EDF REG 7306 A3c

PALOP COUNTRIES – ANGOLA – MOZAMBIQUE – GUINEA BISSAU – SAO TOMÉ & PRINCIPE – CAPE VERDE

Regional training for Middle Staff Statisticians. 3.5 mECU. Training of 900 middle staff statisticians in the five countries. Building-up a modular training system, training for trainees, workshops-newsletter. T.A. Project on appraisal. 7th EDF.
EDF REG 7901-002 A6b,j

Regional Centre for Health Development. 3.480 mECU. Strenghtening of public health systems in the 5 countries and better management of 385 sanitary districts. Training programmes, trainers training, T.A. for starting. Projet in execution. 7th EDF.
EDF REG 7901-003 A6bi

Regional Training Centre for public administration and enterprise management. 7 mECU. Supply of equipments and T.A. Project in execution. 7th EDF
EDF REG 7901-004 A6b, e

COTE D'IVOIRE – ETHIOPIA – MALI

PAN African Rinder – Pest Campaign. Phase III. To improve financial autonomy of the livestock services, improving the vaccination programmes, supporting farmers associations and privatisation of certain profession in the livestock sectors. estimated cost 15.600 mECU. Project on appraisal. 7th EDF.
EDF REG 5007/003 A3a

MEMBER COUNTRIES OF C.O.I. – INDIAN OCEAN COMMISSION COMORES – MADAGASCAR – MAURITIUS – SEYCHELLES

Integral automatisation of telecommunications in the Indian Ocean. Resp. Auth.: C.O.I. 3.3 mECU. Project in execution. 7th EDF
EDF REG 5512 (7) A2c

Technical cooperation framework programme. *1.800 mECU. T.A., auditing and evaluation, equipments, training. Project on appraisal. 7th EDF.*
EDF REG 7501 *A1b*

Regional programme for applied research: fruit-fly. *Resp. Auth.: Ministry of Planning and Development – Mauritius. 1.900 mECU. Supply of equipments, T.A., evaluation, training, followup – management. Project on appraisal. 7th EDF.*
EDF REG 7502 *A3a*

BURUNDI — RWANDA — TANZANIA — UGANDA — ZAIRE — KENYA

Northern Corridor-Rwanda. Rehabilitation of the road Kigali-Butare-Burundi border. Resp. Auth.: Ministère des Travaux Publics. Estimated cost 8 mECU. Project on appraisal. 6th EDF.
EDF REG 6310 (RW....) A2d

MEMBER COUNTRIES OF ECOWAS

Improvement of postharvest utilisation of artisanal fish catches. Resp. Auth.: Sierra Leone National Authorizing Officer as Regional Auth. Off. Technical Secretariat in Abidjan. 8 mECU. Interventions in 16 countries. Project in execution. 7th EDF.
EDF REG 6126 (001) A3a

Guarantee Fund for Private Investments – Financing in Western Africa. FGIPAO – Lomé. Creation of a Guarantee Fund to cover partially credit risks given by Banks to the private sector. Total estimated cost 22.5 mECU. EDF 3.8 mECU – Others: France, Germany, E.I.B., Commercial Banks (E.U.). Development Agencies. Project on ★ appraisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF REG 7115 A5

MEMBER COUNTRIES OF P.T.A.

Regional integration in East and Southern Africa. Assistance to PTA Secretariat. (Preferential Trade Area). Short and long-term. T.A., studies, training. Estimated cost 1.500 mECU. Project on appraisal. 7th EDF.
EDF REG 7316 A1b

PACIFIC ACP STATES

Integrated Regional Programme for management and Control of Fishery. Resp. Auth.: South Pacific Commission. 4.650 mECU. Supply of equipment and T.A. Project in execution.
EDF REG 6709/001 A3a

South Pacific Regional Tuna resources assessment and monitoring project. Resp. Auth.: South Pacific Commission 5 mECU. Supply of equipment, T.A., evaluation, training. Project in execution. 7th EDF.
EDF REG 6709/002 A3a

Pacific regional agricultural programme. Phase II. Resp. Auth.: Forum Secretariat. Fiji. 9.265 mECU. Improvement and dissemination of selected crops, agricultural information and techniques to farmers. T.A. and supply of equipments. Project on ★ appraisal. ***Date foreseen for financing end 94.*** 7th EDF.
EDF REG 6704/001 A3a

ANGOLA — MOZAMBIQUE

Training in the port and maritime fields. Training by experts and consultants. T.A., training and equipment. 0.950 m ECU. Project in execution. 7th EDF
EDF REG 7403 A6b

SADC

SADC Regional Customs Training Programme. Long-term. T.A. to the Botswana, Lesotho, Namibian and Swaziland customs services. Training and equipment. 1.9 mECU. Project on appraisal. 7th EDF.
EDF REG 5412/7 A1b

SADC Language Training Programme. Resp. Auth.: Institute of Languages in Maputo as Regional Project Coordinator (RPC). 2 mECU. English language training and Portuguese language training. Monitoring-evaluation. Project on appraisal. 7th EDF.
EDF REG 6415/6430/6433/7 A6

Regional training programme for food security. Resp. Auth.: Food Security Technical and Administrative Unit (FSTAU) in Harare. 5 mECU. Training and T.A. Supply of equipment by int. tender. Project on appraisal. 7th EDF.
EDF REG 6420/7 A6ci

S.I.M.S.E.C. – Sadc Initiative for Mathematics and Science Education Cooperation. To establish a professional unit, called SIMSEC Unit for information exchange, teacher training curriculum development, staff development, research cooperation and support for teachers' organisations. Project on appraisal. Estimated ★ cost 5 mECU. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF REG 6428 A6b

Wildlife Management Training Project. Resp. Auth.: SADC Sector for Inland Fisheries, Forestry and Wildlife. 8 mECU. Staff training, equipment and teaching materials, long-term T.A. evaluation. Project on appraisal. Date foreseen for financing March 94. 7th EDF
EDF REG 6408/002 A3e, A6b, A8f

SADC — MOZAMBIQUE

Beira port dredging contract. Resp. Auth.: Ministry of Construction and Water. 15 mECU. Dredging for two years of the access channel to the port of Beira. Works: 2 years, 4 million m^3/year. Supervision and ★ training. Project on appraisal. ***Date foreseen for financing 2nd half 94.*** 7th EDF.
EDF REG 7401 A2d

BENIN — COTE D'IVOIRE — GHANA — GUINEA — GUINEA BISSAU — TOGO

Regional programme to increase awareness in western coastal African countries of natural resources protection. Resp. Auth.: Ministère de l'Environnement-Togo. Estimated cost 10 mECU. Priorities: fight against bush fires and deforestation and for soil protection. Project on appraisal. 6th EDF
EDF REG 6113 A3e

TANZANIA – KENYA – UGANDA – RWANDA – ZAMBIA – BURUNDI – ETHIOPIA – ERITREA – DJIBOUTI

Development and installation of the Advance Cargo Information System. ACIS. 11 mECU. *Supply of computers software and T.A. Managed by UNCTAD.* ★ *Project on appraisal.* ***Date foreseen for financing end 94.*** 7th EDF.
EDF REG 7312 A2c, d

ACP COUNTRIES

Trade promotion. Trade development project. ACP-EC. To improve commercial performances. Estimated cost 7.200 mECU. T.A. actions, in twenty ACP countries on a preliminary period of two years.
★ ***Project in execution.*** 7th EDF.
EDF REG 70001/010 A5d, e

Support to the ACP's cultural events in Europe – 94/95. *Estimated cost 2 mECU. Project on appraisal. 7th EDF.*
EDF REG 7000/016 *A5g*

Assistance to the ACP/E.U. organisations working on the improvement production and commercialisation of base agricultural products on foreign markets. *Resp. Auth.: APROMA. Estimated cost 10 mECU. Training and information actions, on coffee, cocoa and oil seeds. Project on appraisal. 7th EDF.*
EDF REG 6048/002 *A5d*

ACP COUNTRIES AND REGIONS

Programme of Community Support for Statistical Training (COMSTAT) 9.650 mECU. Production of reliable and up-to-date statistics by increasing the number of qualified statisticians working in national statistical systems. Project on appraisal. 7th EDF
EDF REG 70.004/005 A1e, A6e

MEDITERRANEAN COUNTRIES

ALGERIA

Structural Adjustment Support Programme. Sectoral Import Programme for building materials to finish 100,000 social houses. 70 mECU. hard currency allowance to cover CIF imports. Management by Crédit Populaire d'Algérie (C.P.A.). Special accounts in the Central Bank. Banque d'Algérie (B.A.). Purchase by a positive list (electrical equipment — spare
★ parts). Project on appraisal. ***Date foreseen for financing 2nd half 94.***
SEM AL 688-92 A1c

Support to the algerian rural sector. 30 mECU. Project in execution.
SEM AL A3a

EGYPT

Public Enterprise Reform and Privatisation Programme. Privatisations, restructuring operations, addressing policy and managerial issues (employment and labour issues, public sector indebtedness, financing of the restructuring operations, use of privatisation proceeds). Training action programme, Project Management. Estimated EEC contribution 43 mECU. Project in execution.
SEM EGT 506/93 A1b

Nile Valley regional programme — Phase 2. 5 mECU. Project in execution.
SEM EGT A3a

JORDAN

Support for Structural Adjustment. Phase II. Hard currency allowance with negative list. 30 mECU. Project on appraisal.
★ ***Date foreseen for fiancing end 94.***
SEM JO 414/94 A1c

MALTA

Strengthening educational and economic relations with the Community. 1.7 mECU. Scholarships and traineeships, establishment of a Euro-Information Centre, integrated marketing programmes and tourism promotion. Different T.A. and purchase of equipment. Project in execution.
SEM MAT 91/431 A5c, d

MOROCCO

Rural development in the Central Haouz and Tassaut Aval. Resp. Auth.: Office régional de Mise en Valeur Agricole de Haouz. ORMVAH. EEC contribution 21.5 mECU. Irrigation works, tracks, T.A. and training. Works and supplies by int. tenders. Project in execution.
SEM MOR 1088/93 A3a

Drinking water supply and sanitation in the small center. 16 mECU. Project in execution.
SEM MOR A2b

Support to promote and development of remote sensing. Resp. Auth.: CRTS – Centre Royal de Télédetection spatial. EEC contribution 4 mECU. Action for soil vegetation sea (surface temperature), forests control, identification and support to the management of acquaculture zones and macro-seaweed. Specialized T.A. training, supply of equipments by Int. tender. Project
★ on appraisal. ***Date foreseen for financing end 94.***
SEM MOR 486/94 A3a

Support to the «Caisses Locales de Crédit Agricole». EEC contribution 16 mECU. To strengthen local banks for loans to small farmers. Allowance to the CNCA – Caisse Nationale de Crédit Agricole. T.A. foreseen for training, follow-up and parallel
★ evaluation. Project on appraisal. ***Date foreseen for financing end 94.***
SEM MOR 486/94 A3a

TUNISIA

Date-palm trees in the Rejim-Maatoug region. Resp. Auth.: Office de Mise en Valeur de Rejim-Maatoug. EEC contribution 15 mECU. Italy 7 mECU. Drilling works by int. tender. Drilling equipment— Italy. Electrical equipment: Italy. Irrigation equipment: int. tender. T.A. Italy Project in execution.
SEM TUN A3a

Support for the Structural Adjustment Programme. General Import Programme. Hard currency allowance. T.A. for follow-up and evaluation. EEC contribution 40 mECU. Project in execution.
SEM TUN 000/92 A1v

T.A. Programme to promote quality. Resp. Auth.: INNORPI – Institut National de Normalisation et du Régistre de le Propriété Industrielle. ECC contribution 5 mECU. T.A., training, supply of equipment. Project in execution.
SEM TUN 1-94 A4e

Rural development project in Séjnane. Phase II Resp. Auth.: ODESYPANO (Ministry of Agriculture's North-West Agroforestry Development Board). EEC contribution 5 mECU. Work by direct labour, supply of equipments, T.A. and studies, training. Project in execution.
SEM TUN 1286/93 A3a

SYRIA

Electricity Sector Support Programme. Resp. Auth.: Ministère de l'Electricité – Société Publique d'Electricité. SME. EEC contribution 11 mECU. Project management unit, training, master plan, transmission and distribution, fonctionning and control, computerized management system, assistance to the supervision of works (5 sub-stations – funded by E.I.B.). T.A. experts, supply of equipment by int. tender.
★ Project on appraisal. ***Date foreseen for financing end 94.***
SEM SYR 415/94 A2a, i

TURKEY

Vocational training programmes for tourism and mining. EEC contribution 5.4 mECU. Seminars, staff, trainers, supply of equipment, studies. Project in execution.
SEM TU A5c, A4a, A6d

Programme to broaden relations between EEC and Turkey. EEC contribution 3.6 mECU. Scholarships, supply of equipment for the Universities of Ankara and Marmara. Training centre and language laboratory in Marmara. Establishment of a Euro-Turkish 'Business Council'. Project in execution.
SEM TU A6b

WEST BANK AND GAZA OCCUPIED TERRITORIES

Assistance to the Palestinian population of the West Bank of the Jordan and of the Gaza strip. EEC contribution 15 mECU. Health, education, production, environment, water, research and T.A. Project in execution.
SEM OT 93 A3,A6,A7,A8

Assistance to the Palestinian population of the West Bank of the Jordan and of the Gaza Strip. EEC Contribution 20 mECU. Asssistance to the educational sector and T.A. Project in execution.
SEM OT 93/Ex A6b

Sanitation and drainage in Rafaj. 15 mECU. Project in execution.
SEM OT A8c

Assistance to the housing programme of the Palestinian Housing Council. 10 mECU, Works and T.A. Project in execution.
SEM DT 94/01 A8a

Assistance to private credit institutions. 8 mECU. Lines of credit to Economic Dev. Group (EDG), Arab Technical Dev. corp. (RDC), Agricultural Dev. and Credit Company (ADCC), United Agricultural Foundation (UAC) and T.A. Project in execution.
SEM OT 94/02 A5b

Construction and equipping schools and classrooms. Resp. Auth.: UNRWA. 10 mECU. Works by acc. tender and T.A. Project in execution.
SEM OT 94/03 A6a

Establishment of industrial park. 10 mECU. Construction and equipment of industrial parks. T.A. Project in execution.
SEM OT 94/04 A4

T.A. for the implementation of the development for the Occupied Territories. 5 mECU. Ad-hoc T.A. for different sectors. Project in execution.
SEM OT 94/05 A1b

Rehabilitation programme for Palestinian ex-detainees. 10 mECU. To reintegrate into Palestinian economy and society 12,000 ex-detainees. Education, training, job conselling, vocational rehabilitation, medical assistance, business stort-up training and follow-up, family support, wage subsidies. Project on appraisal.
SEM OT 94/06 A6,7,8

Support programme to the Palestinian Police Forces. 10 mECU. Supply of
★ vehicles and equipments. ***Project in execution.***
SEM OT 94/05 A1d

Demographic indicators for the Occupied Territories. Resp. Auth.: Palestinian Bureau of Statistics (PBS). 1.400
★ mECU. ***Date financing June 94.***
SEM OT 94/06 A7c

ENTREPRENEURS OF EUROPEAN AND MIDDLE EAST SMEs

Europe-Middle East Partenariat – Programme – Phase II. EEC contribution 1.400 mECU. Search for potential partners in the European Union. Sectors: construction, infrastructures, sub-contracting: clothing, electro-mechanics, electronics – tourist facilities and food and drinks, for companies located in Egypt, Israël, Jordan, occupied Territories, Lebanon, Syrie. Implementing Agency: German-Arab Chamber of Com-
★ merce (GACC) – Cairo. ***Project in execution.***
SEM REG 251/94 A5c,d,e

EURO-MAGHREB COMMUNICATIONS S.A.R.L. PARIS

Euro-Maghreb training programme in communications. EEC contribution 1.400 mECU. Seminars, scholarships for young professionals from Maghreb countries. Project on appraisal.
SEM REG 687.92 A5g

A.L.A. developing countries ASIA and LATIN AMERICA

BANGLADESH

Coastal Embankment Rehabilitation Project (CERP). EEC contribution 15 mECU. Flood protection, forestry, agricultural development. Works, supplies and T.A.
★ Project on appraisal. ***Date foreseen for financing 2nd half 94.***
ALA BD 9320 A3a

Bangladesh rural advancement Committee (BRAC). EEC contribution 8.150 mECU. Project on appraisal.
ALA BD 9307 A3a

BOLIVIA – PERU

Master Plan for TDPS System. (Operational). 0.750 mECU. Execution of the bi-national master plan for the development of the integrated zone of the Titicaca
★ Lake. T.A.: short-list done. ***Project in execution.***
ALA REG 93/139 A3a

BOLIVIA

Promotion and assistance for small private companies. EEC contribution 8.795 mECU. T.A. and credit management. Short-list to be done. Project in execution.
ALA BO 9339 A5e

Ministry of Development and Environment. T.A. to support the execution of
★ programmes. 1 mECU. ***Project in execution.***
ALA BO 94/42 A3a

Rural development in the Mitzque and Tiraque valleys. 13 mECU. Different, T.A. for bridges, canals, improvement of cultivated soils. Project on appraisal.
ALA BO 94/49 A3a

Support to the export promotion. 0.980 mECU. T.A. and training for 30 bolivians trade representatifs. Establishment of 2 trade promotion offices in Europe. Information data system. Project on appraisal.
ALA BO 94/52 A5d

Support to the artisanal fishery and acquaculture. T.A. to improve know-how. 4 mECU. Project on appraisal. Date foreseen for financing October-November 94.
ALA BO 94/53 A3a

BRAZIL

Disadvantaged childhood in the urban 'milieu'. EEC contribution 8 mECU. T.A. and micro-projects. Short-list to be
★ done. ***Date financing July 94.***
ALA BRA 94107 A8e

Cooperation in the quality sector. *EEC contribution 0.400 mECU. T.A. Short-list to be done. Project on appraisal.*
ALA BRA 9465 *A4g*

CAMBODJA

Support to the agricultural sector and primary education. EEC contribution 49.800 mECU. Supply of equipments, differents T.A. studies. Project on appraisal.
★ ***Date foreseen for financing end 94.***

CHILI

Integrated development programme in the South. EEC contribution 5.500 mECU. T.A. and supplies. Short-list done. Project in execution.
ALA CHI 9358 A3a

CHINA (R.P.)

Development project to improve potato production in Qinghai. EEC contribution 3.100 mECU. T.A. and supply
★ of equipment. ***Date financing July 94.***
ALA CHN 9410 A3a

International Trade School China-Europa. EEC contribution 14.85 mECU. Situated in Jinqiao Pudong region – Shangai. Conception – supervision of the construction equipments, teachers, non ac-
★ ademic staff, training. ***Date financing July 94.***
ALA CHN 9408 A6b

COLOMBIA

Basic service: Ciudad Bolivar. 8 mECU T.A. to the local services. Training. Project on appraisal.
ALA CO94/101 A8b

ACTUAR Project — Family enterprises. 4 mECU. T.A. Project on appraisal
ALA CO 94/40 A5c

Support to the creation of basic technological enterprises. 0.900 mECU. T.A. Project on appraisal.

ECUADOR

Relaunching the production and improving the quality of cocoa. EEC contribution 2.870 mECU. T.A. and equipment. Project in execution.
ALA EQ 93/50 A3a

Management and control of charge and demand of the electricity. (COGECEL). EEC contribution 0.400 mECU. Energy cooperation programme for Cuenca and Ambato cities. Project on appraisal.
ALA EQ 93130 A2ai

Rehabilitation of the Paute zone. Estimation 12 mECU. T.A., training, supply
★ of equipement. Project on appraisal. ***Date foreseen for financing October 94.***
ALA EQ 94/44 A3a

EL SALVADOR

Health and basic health programme in the western region. EEC participation 10 mECU. Drinking water, sanitation, health centres, infrastructures, training, T.A. Projet in execution.
ALA SAL 9330 A7c

Sonsonate Hospital Rehabilitation. EEC participation 7 mECU. Infrastructures, supply of equipment, T.A. and training. Projet in execution.
ALA SAL 9331 A7a

Support to the rural reform – Usulatan – Phase II. EEC contribution 10 mECU. T.A. and supplies. Short-list done. Project in execution.
ALA SAL 9347 A3a

Training in the geothermic energy sector. 0.600 mECU. T.A. and training.
★ ***Project in execution.***
ALA SAZ 94/36 A2a

Support to the Informal Sector. Phase II. *EEC contribution 7 mECU. Project on appraisal.*
ALA SAL 9483 *A5e*

Support to the Coffee Sector. Phase II. *EEC contribution 0.900 mECU. Project on appraisal.*
ALA SAL 9464 *A3a*

Support to the librarian system of the University of Salvador. *EEC contribution 0.950 mECU. Project on appraisal.*
ALA SAL 9467 *A6b*

GUATEMALA

Rural development programme in the Quiche Department. Resp. Auth.:

Ministero de Desarollo (MINDES). 17.500 mECU. Support to the agricultural production and environment production. Support to the micro-industry. Works, supply of equipment, line of credit, T.A. Projet in execution.
ALA GUA 9322 A3a

Development aid to the indigenous populations in Central America. EEC contribution 7.500 mECU. T.A. and supply of equipments. Project in execution.
ALA GUA 9355 A3a

Programme to help children in the street in Guatemala City. EEC contribution 2 mECU. T.A. and training. Short-list
★ to be done. ***Date financing July 94.***
ALA GUA 94109 A8e

Support to the informal sector. 7.500 mECU. T.A. training, time of credit. Project
★ on appraisal. ***Date foreseen for financing October-November 94.***
ALA GUA 94/47 A5

Rural development programme in the Totonicapan Department. *EEC contribution 7.500 mECU. Works, supplies, line of credit, T.A. Project on appraisal. Date foreseen for financing October 94.*
ALA GUA 9481 *A3a*

Rural Development in Baja Verapaz. *EEC contribution 8 mECU. Works, supplies, line of credit, T.A. Project on appraisal.*
ALA GUA 9489 *A3a*

Rural Development in Alta Verapaz. *EEC contribution 7 mECU. Works, supplies, line of credit, T.A. Project on appraisal.*
ALA GUA 9490 *A3a*

HONDURAS

Programme to help children in the street. *EEC contribution 0.600 mECU. T.A. and training. Project on appraisal.*
ALA HO 94118 *A8e*

INDONESIA

EC-Indonesian Forest Sector Support Programme. Resp. Auth.: Directorate General for Forest Inventory and Land Use Planning – Ministry of Forestry. EEC contribution 25.882 mECU. Forest Inventory and
★ monitoring. T.A. for detailed forest survey and mapping, training. Integrated Radio Communication Systems: T.A. for installation and training. Short-lists done. Project on appraisal.
ALA IND 9242 A3c

EC-Indonesian Forest Programme: Forest Fire Prevention and control in South Sumatra. Resp. Auth.: Directorate General for Forest Inventory and Land Use Planning Ministry of Forestry. EEC contribution 4.050 mECU. T.A. for establishment of fire prevention analysis and procedures, 3 pilot projects for fire management units and equipment. Short-list done. Project on appraisal.
ALA IND 9212 A3c

MERCO SUR

EC-Merco Sur cooperation programme and T.A. for the agricultural sector. EEC participation 11.200 mECU. Institutional and technical support in the phyto-pharmaceutical and veterinary sectors. T.A., supplies, training and popularisation. Project in execution.
ALA REG 9316 A3a

MEXICO

Multi annual programmes for business meetings. EEC-Mexico. EEC contribution 5.930 mECU. Business meetings in Europe and Fora in Mexico. T.A. and follow-
★ up. ***Project in execution.***
ALA MEX 94/02 A5d, e

NICARAGUA

TROPISEC — Development of small rural production in the dry tropical zone. EC contribution 7 mECU works, supplies and T.A. Project in execution.
ALA NI 9354 A3a

Consolidation of the 'Low-State' and promotion of the economy. EEC contribution 18 mECU. T.A.: short-lists to be done. Project in execution.
ALA NI 9356 A1b

PAKISTAN

Rehabilitation and protection project after floods. 20.5 mECU. T.A., road works, dam construction. Works by acc.
★ tender. Project on appraisal. ***Date foreseen for financing end 94.***
ALA PK 94/04 A8g

PANAMA

ENERFRIP – Energetic improvement in the 'cold' chain. EEC contribution 0.400 mECU. T.A. and supply of equipment. Short-list to be done. Project on appraisal.
ALA PAN 93183 A2a

PARAGUAY

Durable development of the paraguayan Chaco (protection of the indigenous zones and ecosystem). EEC contribution 14.800 mECU. T.A. and train-
★ ing. Project on appraisal. ***Date foreseen for financing end 94.***
ALA PAR 93/40 A3a

PERU

Support for disadvantaged rural populations in the RENOM and INKA regions. EEC contribution 10 mECU. Microprojects, reafforestation, road infrastructure rehabilitation, improvement of production and marketing, educational and health programmes. T.A. and training. Project in execution.
ALA PE 9244 A3a

Support to the export promotion. EEC contribution 3.774 mECU. T.A. Short-list done. Project in execution.
ALA PE 9357 A5d

Development programme of the Colca valley. EEC contribution 5 mECU. T.A. and supply of equipments. Short-list to be done. Project on appraisal.
ALA PE 9433 A3a

Women in rural milieu. EEC contribution 5 mECU. Piura and Ayacucho re-
★ gions. Improvement of the women conditions. Social services. ***Date financing July 94.***
ALA PE 94/106 A3a

Vocational training programme. 6 mECU. T.A. training technical qualifications for non qualified youngs. Project on appraisal.
ALA PE 94/55 A6d

PHILIPPINES

Rural integrated development programme in the Aurore zone. EEC contribution 13 mECU. Works, supply of equipments and T.A. Project on appraisal.
ALA PHI 9326 A3a

Tropical forests protection in Palawan. EEC contribution 17 mECU. Works, supplies and T.A. Project in execution.
ALA PHI 9337 A3a

COSTA RICA — HONDURAS — NICARAGUA

Action programme for adolescent women and young unmarried mothers. 4 mECU. T.A., coordination, management, follow-up. Supply of equipment. Project in execution.
ALA REG 9246 A8e

THAILAND

European Community Business Information Centre ECBIC Phase I. 2.204 mECU. Supply of equipment, materials, T.A. monitoring and evaluation. Project in execution.
ALA THA 93/761 A5e

URUGUAY

Integral development for rural communities. 4.800 mECU. T.A. Project on appraisal.
ALA URU 94/39 A3a

VENEZUELA

Rural development pilot project in the Cojedes State. EEC participation 5.275 mECU. Improvement of the agricultural products and farmer's organisations. T.A., supply of equipments, line of credits. Project in execution.
ALA VE 9346 A3a

Biosphere reserve upper Orinoco-Casiquiare. 6.396 mECU. Development plan, management, Cortography, inventory, T.A. and equipment T.A.: short-list done. Project in execution.
ALA VEN 93/09 A3a

Support to the establishment of the National Centre for Energy and Environment. EEC contribution 1 mECU. T.A., local services, training, seminars. Short-list to be done. Project on appraisal.
ALA VE 9415 A2a,A8f

VIETNAM

T.A. programme for transition to market economy. EC contribution 16 mECU. Project in execution.
ALA VIE 9336 A1b

ASEAN

EG-ASEAN patents and trademarks programme. Resp. Auth.: EPO — European Patent Office. EEC contribution 6.5 mECU. T.A. and training. Project in execution.
ALA/ASN/REG 9223 A4g

COGEN Programme EEC-ASEAN Phase II. Technology transfert for co-generation of energy from bio mass. EEC contribution 5 mECU. Execution: Institut Asiatique de Technologie (AIT) in Bangkok. T.A. and equipments. Project on ★ appraisal. ***Date foreseen for financing end 94.***

AL-FA

AL-FA (Latin America – Academic Training). Community Latin America university exchange programme. EEC contribution 32 mECU. Post graduate exchanges, students exchanges and T.A. Project in execution.
ALA 94/03 A6b

ANDEAN PACT

Programme to eardicate foot and mouth disease. *EEC contribution 1.800 mECU. Project on appraisal.*
ALA REG 9463 *A3a*

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The LORENZO NATALI Prize for Journalism

In memory of the late Lorenzo Natali, who was Vice-President of the Commission of the European Communities with special responsibility for development cooperation, the Commission is offering the Lorenzo Natali Prize for Journalism.

Articles on development cooperation in one of the official languages of the European Union which appeared in 1993 in a newspaper or magazine anywhere in the world may be entered for the Natali Prize.

The jury will be looking in particular for articles which stand out for their defence of human rights and democracy as vital aspects of economic and social development.

Exceptionally, the jury may decide to award the prize to a medium which has made outstanding efforts to defend human rights and democracy in developing countries.

Submission of work. Articles must be submitted by 30 October 1994 by the author or authors, who must send two copies of the publication in which their work features to:

The Natali Prize Jury
For the attention of Mrs Francesca Mosca,
Directorate-General for Development,
Commission of the European Communities,
Rue de la Loi 200,
B-1049 Brussels.

Articles may also be submitted to any Commission delegation in non-member countries or to one of its offices in the Member States.

The Lorenzo Natali is worth ECU 5000. It will be awarded by 15 December 1994.

The conditions for entry may be found in the Official Journal of the European Communities (C series, no. 192 of 15.7.94).

L'Afrique noire et ses télévisions

(Television in black Africa) by André Jean Tudesq, with a foreword by Hervé Bourges. Antropes/ Institut National de l'Audiovisuel – Economica – 49, rue Héricart, 75015, Paris – 340 pages – Ff 200 – 1992

This is probably the first book on television in French- and English-speaking Africa to give an overall view of what has been achieved and what the problems are. Professor Tudesq, who teaches information and communications at the University of Bordeaux III, where he runs the Media Study Centre, speaks from a position of authority.

The short introduction makes a number of basic points — first, that South Africa is not included because its television was originally 'a western prosthesis grafted onto an African brain,' second, that television is both a social link — obviously — and a means of discrimination because it is still an urban phenomenon and the privilege of the better off and, third, that, in Africa, 'everything to do with television or radio is the business of the State.'

The book is in four parts — the introduction of television (pioneers, television as a criterion of independence, converting the unenthusiastic), television and the state (staff and structures, television as an instrument of power); broadcasts and challenges (programming; educational television, the economic stakes, cooperation and internationalisation) and television and African society (collective reception, audiences, video).

In 1961, only three countries (Nigeria, Zimbabwe and Zambia) had television, but the number increased to 13 in 1965, 20 in 1980 and 37 in 1990. Mr Tudesq concludes with the thought that black Africa has a past, clearly, and 'must also have a future, but not one limited to everexpanding audiences watching more and more imports.' He rightly says that, in this part of the world, television is at a crossroads of states and of satellites and that its future depends both on economic and socio-political trends there and on trends in technology, costs and the role of television in the world.

Alain LACROIX

L'Union monétaire de l'Europe

(Monetary union in Europe) by Pascal Riche and Charles Wyplosz. Editions du Seuil, Paris – 238 pages – 1993

Europe will be forged through currency or not at all, was how the French economist Jacques Rueff, the father of the strong franc and a welcome adviser to de Gaulle, put it in 1949. This book sets out to illustrate the pronouncement in everyday language, highlighting the advantages and disadvantages of the basic process triggered by the Treaty of Maastricht, without going too far into the technicalities of finance.

The advantages are the end of exchange commissions, the end of the uncertainty of the exchange rates as one of the last barriers to trade in Europe, the discipline of a strong ECU, a unit of account for business, the risk premium — devaluation disappears, and a monetary policy shared by Europeans and based on the world's third (Germany), fourth (France), fifth (Italy) and sixth (United Kingdom) economies instead of being decided by the Bundesbank.

The three main disadvantages are the sacrifices attendant on the severe conditions imposed by the Treaty of Maastricht, the governments' limited room for manoeuvre on budget policy and the loss of the shock absorbency of the exchange rates.

If the single currency actually comes about, it will of course provide Europe with monetary cohesion, but it will also be a powerful spur to economic, budgetary and social change in the Member States. The advantages will outweigh the disadvantages, but not until the end, for the costs of convergence are with us now, particularly in the structural funds and the new cohesion fund for the least well-off countries of the European Union.

Maastricht also entails what the writers call an inevitable lie. 'Monetary Union is clearly a major step towards a politically integrated Europe. It reflects a federal way of thinking. But the Twelve cannot say so without clashing with the partisans of a Europe of the nations, starting with the British (and the Gaullists in France).'

Yet the European Union is the only viable prospect in the unstable Europe of today. 'The Germans, who are the first to be concerned by the collapse of the Soviet Empire, are most aware of the fact and have gone so far as to sacrifice the sacrosanct mark to consolidate what they believe to be the only real focus of European stability.'

A.L.

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Maize is Swaziland's main staple food. Farmer Albert Dlamini poses proudly in front of some of his harvest
(Photo The Courier)

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