**EDITORIAL**

**Mainstreaming Africa’s Reproductive Health in International Development**

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The *African Journal of Reproductive Health* was established in 1997 to give visibility to the peculiar nature of reproductive health in sub-Saharan Africa1. The journal was founded on the premise that following the International Conference on Population and Development in Cairo1 and the World Conference on Women in Beijing, China1, there would be an upsurge of programmatic activities on reproductive health in many African countries. The *Women’s Health and Action Research Centre,* founders of the journal, therefore, identified the need for the journal to provide a forum for documentation of such activities, which would lead to an improved understanding of the determinants of reproductive ill health in the continent.

Five years after, we feel that the journal has met its primary objective of documenting the state of reproductive health in many African countries. To date, the journal has published articles on various issues in reproductive health from many countries in Francophone and Anglophone Africa. Indeed, we are pleased that the high rating accorded the journal by practitioners in Africa has manifested in increased submissions of manuscripts, which has now made it possible to increase the publication frequency and circulation of the journal around the world.

A second objective of the journal has been to assist in mainstreaming Africa’s reproductive health within the developmental agenda of international agencies and organisations. Through its multi-disciplinary approach, we were hopeful that various economic and social determinants of Africa’s reproductive health would be highlighted by the journal, which would enable relevant developmental organisations to include these issues in their programmatic support to Africa. Although time is rather short to evaluate the success of the journal in this aspect, recent developments give us cause for concern. In the first place, there has been little change in the profile of organisations that provide support for reproductive health in Africa. The same organisations that provided support in the pre-Cairo and pre-Beijing periods are still the dominant actors in providing support for reproductive health in Africa several years after these conferences. In large part, these have been mainly international private foundations, UN agencies and bilateral organisations.

Secondly, African countries themselves have continued to show total lack of commitment to alleviating the factors that lead to reproductive ill health in their various countries. To date, several articles carried in the *African Journal of Reproductive Health*  suggest that Africa is still ravaged by high rates of sexually transmitted diseases, HIV/AIDS, maternal mortality, unsafe abortion and infertility.2-5 Various factors identified as perpetuating these diseases include poverty, high rates of illiteracy, the practice of harmful customs and traditions, fragile health and social infrastructures, internecine wars and conflicts, and the lack of appropriate laws and legislations to protect disadvantaged groups, especially women and children2, 6-8.Despite the rising rate of democratisation in Africa, only a few of these countries have shown significant and measurable concern for the deplorable state of reproductive health in their countries, and have put in place tangible systems to address the problems. It is reasonable to suggest that unless African countries lead the way and show substantial political will, and desire to resolve these problems, itis unlikely that international agencies and organisations will increase their current level of funding and support for reproductive health in Africa.

A third reason for our concern for the future of reproductive health in Africa is the unchanging attitude of major international agencies towards providing developmental assistance and support to African countries. In this regard, we refer to the continued insistence of major aid agencies, especially the International Monetary Fund (IMF) and the World Bank, that aid to African countries be tied to various conditionalities. It is now well known that the execution of these conditionalities in several African countries have in the past led to further deterioration of various health and social indices in these countries9’10.Unfortunately, many of the loans that were obtained by African countries under the stringent conditions imposed by the IMF and the World Bank were never properly utilised for improving the lives of the people. These led to a huge burden of unmitigated debt for which many African countries now expend a substantial portion of their annual budgets, leading to escalating poverty in many African countries and deplorable standards of living. Yet, the IMF and the World Bank continue toadvocate more loans as their prescription for developmental efforts in Africa, as evidenced by the World Bank recent request that African countries with high rates of HIV obtain loans to purchase anti-retroviral drugs.

With the failure of the IMF and the World Bank to shift grounds on these issues despite persistent international pressure, it is clear that the future of social development and reproductive health in Africa will continue to be bleak, especially in the first decade of the new millennium. For one, many governments in Africa still lack social conscience and will continue to pursue personal, corrupt and poorly conceived policies at the expense of carefully thought-out, mass-oriented develop­mental programs despite obtaining these loans. In addition, the coming into being of the new administration in the United States is likely tolead to further support for the conservative policies of the international financial systems and worsen the state of social development and health in Africa.

While Bill Clinton was in office as president of the United States of America, itwas evident that the attitudes of international lending agencies towards Africa did not change; however, he mitigated the effects of these policies by giving special considerations and dispensations to African countries. The first evidence that President George Bush will not give these concessions to African countries is his recent statement that he intends to reinstate the "gag rule", which prevents orgamsations that support abortion services in developing countries from receiving financial support and assistance from the United States Government. This rule had been put on hold by President Clinton, which had allowed several of these organisations tosolve the problem of unsafe abortion that kills several women each year in Africa11.

It is clear that the coming decade will be a difficult one for social development and reproductive health in Africa. We strongly believe that the enthronement of internal democracy and good governance is the panacea toalleviating the current social problems that African countries find themselves, and to improving the state of reproductive health in the continent. In particular, we believe that loans are important for both short and long-term social and economic development of African countries. However, international organisations can contribute to alleviating reproductive ill-health in Africa by giving these loans unconditionally, and only to African governments that show genuine concerns for the problems of their citizenry, especially those that have enthroned the principles of transparency and accountability in the management of their resources. We recommend that loans should only be approved for tangible developmental projects that have the potentials to act as long-term investment in countries obtaining them. In addition, plans should be put in place to monitor such projects as one of the conditions that must be fulfilled for obtaining further loans for other developmental projects.

In conclusion, the *African Journal of Reproductive Health*is fully conversant of the difficulties that lie ahead in its efforts to mainstream Africa’s reproductive health in international developmental agenda. Africa’s developmental needs cannot be sequestered in the mesh of doctrines and paradigms that presently govern these issues in other parts of the world. They are unique, deep-seated and extensive, and require multi-sectoral and multidimensional approaches to resolving them. We welcome articles that will describe and analyse these issues in the coming years and that offer alternative and innovative solutions to the problems of development and reproductive health in Africa.

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