

*Population and Reproductive Health
Oral History Project*

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Fred T. Sai

Interviewed by
Deborah McFarlane

March 11, 2004
London, United Kingdom

This interview was made possible
with generous support from the William and Flora Hewlett Foundation.

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Narrator

Fred T. Sai, M.D., M.P.H. (b. 1924) has had a distinguished career in international health, nutrition, population, and family planning. He co-founded the Ghana Planned Parenthood Association, and served as population director at the World Bank following the 1984 Mexico City conference. Sai was president of International Planned Parenthood Federation and chairman of the main committee of the 1994 International Conference on Population and Development in Cairo. The author of numerous publications, he is an outspoken critic of female genital mutilation.

Interviewer

Deborah R. McFarlane is professor of political science at the University of New Mexico. She is the author, with K.J. Meier, of *The Politics of Fertility Control: Family Planning and Abortion Politics in the American States* (Congressional Quarterly Press, 2001). McFarlane worked as an administrator and a consultant in reproductive health in the U.S. and internationally for more than three decades.

Restrictions

None

Format

Five 60-minute audiocassettes.

Transcript

Transcribed, audited and edited at Baylor University; editing completed at Smith College. Transcript has been reviewed and approved by Fred T. Sai.

Bibliography and Footnote Citation Forms

Audio Recording

Bibliography: Sai, Fred T. Interview by Deborah McFarlane. Audio recording, March 11, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Fred T. Sai, interview by Deborah McFarlane, audio recording, March 11, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, tape 2.

Transcript

Bibliography: Sai, Fred T. Interview by Deborah McFarlane. Transcript of audio recording, March 11, 2004. Population and Reproductive Health Oral History Project, Sophia Smith Collection. **Footnote:** Fred T. Sai, interview by Deborah McFarlane, transcript of audio recording, March 11, 2004, Population and Reproductive Health Oral History Project, Sophia Smith Collection, p. 11.

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Dr. Fred T. Sai

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McFarlane This is March 11, 2004, London, England. I'm Deborah McFarlane, and I'm about to interview Dr. Fred Sai. Dr. Sai, let's start with where you were born and grew up.

Sai I was born in a place now called Osu once more. When I was born, it was called Christiansborg, because it's a village next to a castle originally built by, I think, the Danes, and named after one of the kings or whatever, Fort Christiansborg. It passed through many hands. By the time I was born, in June 1924, it was in the hands of the British and it was the seat of government, and it has remained the seat of government till today. So this is Osu, which is now integrated into Accra, which is the capital city of Ghana. That's where I was born.

McFarlane Tell me about your parents.

Sai Well, I can't say anything very much about my father because he died when I was three or four years old. I didn't have any real interaction with him [that I can even vaguely recall]. It was his younger brother, Emmanuel William Adja Sai, who really, by our custom, was given custody of me, and I stayed with him till I grew up. My mother was a very small-statured woman, and she lived until she was ninety-six before she died. She had very little, practically no education

in English at all, a couple of years of schooling in those days, which was in our local language.

McFarlane Which was—the local language is—

Sai It was the Ga language, the language spoken by the majority of people around the castle I've mentioned of Accra today. She was called Emelia Shormeh Omaboe. Her paternal family is quite a famous family, near royalty, in Osu, from where I grew up, but she was unlucky. My father died of one of the infectious diseases. This was before antibiotics and things came in, so things like pneumonia killed people off very, very readily. And I believe, from what I was told, that my father died of [some form of pneumonia and jaundice].

But we grew up, and growing up, in the first few years, one was literally in the women's compound of the family all the time until about eight or so. And then I was moved to my uncle and his compound, and our family always had the male compound and the women's compound. Now, it has changed a bit, but the paternal home is still there. And we do festivals there and [hold major family meetings there], although I myself don't live anywhere near there. In fact, I haven't lived there since I left and went to college. I came to college in England.

McFarlane Do you have siblings?

Sai I have one full sibling, a woman, Mary Ako-Nai, and then later on—I was almost completely grown up—my mother had another child who unfortunately died, another girl. She grew up, married, had three children, and died tragically just a few—no, it was more—in 1985. She died five years after her husband had died. So I acquired her children in addition to my own.

McFarlane And that's how you have six children?

Sai That's how I have six children. I have three daughters. Actually, I had a son, too, but he was killed in an accident at the age of eighteen. But this group, the three I adopted, one girl and two boys, so now I have six—they've all finished college now.

McFarlane Tell me about your education.

Sai Education was interesting. I went to the Basel Mission schools in Osu. They had then become the Presbyterian schools because the Basel missionaries were driven away after the [German defeat in the First World War]. The Basel missions were considered German, so when Germany lost the war they had to leave. And the British looked for a church which was closest to the Basel Mission, and it was the Scottish Presbyterian Church. So the Scottish Presbyterian Church inherited, as it were, the Basel Mission Church, and we became the Presbyterian church. And later on, in independence, we became the Presbyterian Church of Ghana. The schools were considered very good schools, the schools started by the Basel missionaries, and I went to those schools for the first eight to ten years of my life in the place where I was born.

McFarlane Was schooling in English?

Sai In those days, you started the primary [school] in your local language, which in my case was Ga. There was a lot of emphasis on the Bible. There wasn't too much literature in the Ga language. Therefore, the Bible was studied as Ga literature, and it was also the basis of the grammar for what we were learning. This lasted for the first three, four, five years. At that time, English was introduced as a subject. Then, gradually, English takes over. By the time you

get to what they called the middle school, and this was a boarding school—this would be about seven, eight years of schooling—then English was made to take over, and the local Ga language became a subject. So that’s the way they did it.

And then, I had a scholarship to go to Achimota School, which is one of the schools built specifically to make, as it were, English culture, perhaps, better known. But at the same time, fortunately for us, the school had the first principal brought from Kandy in Sri Lanka—no, Ceylon, it then was. And this man called Reverend A. G. Fraser had very, very progressive ideas of, “Yes, let them know the English culture, speak English well, and be Christians, but let them also have knowledge of their own culture”. And so, it was that from my old situation where to be Christian you had to wear European clothes and so on, this school introduced [us to] the wearing of African clothes, drumming and dancing in African settings, and holding school days and national holidays—all of them. So it became quite a premier school, and the education was very, very good. And, in fact—

McFarlane And what period is this that he’s promoting African life, African culture?

Sai This was from around about the time I was born. The school got going in 1927, and I got there in 1940. And this is what we saw there, and [the first principal Rev. Fraser] bequeathed this kind of legacy to the school [and Ghana generally]. The school produced a lot of the leaders of our country and some of the leaders of the other African countries, too. It is quite well known.

McFarlane So it was a school where the children of the elites went.

Sai At that time, it wasn’t the children of the elite because had it been that, some

of us would never have got there. No, I think they did quite a lot of selection from the different regions and social strata of the country. Originally, the stronger part of the school was for teacher training, and gradually it shifted to become a more pure second-cycle education with ambitions even to third-cycle education.

By the time I got there, it had an engineering school. The school had advanced to doing what [was] called the intermediate B.Sc., which was a little higher level than today's A level, but then it was what was required for entering London University [for a three-year undergraduate course]. So the school had introduced that, and that was what [my studies consisted of, the secondary school leaving certificate was issued as the Cambridge School certificate to be followed by the London Intermediate B.Sc.] I got a full scholarship, Cadbury's Agricultural Scholarship, to go into that school. Strangely enough, it only became more for the elite later, post-independence, when fees had to be paid there and there weren't so many scholarships available compared to the numbers who wanted to get there.

And naturally, you know, politicians would always want to force their way into having their children there. I mean, were it a school for the elite, I wouldn't have gone, because my uncle, who I had said looked after me, ultimately fathered thirteen children, and he was just on the African civil service clerk salary. At that time, they totaled—the highest amount earned as African clerks was 208 pounds a year. (laughs)

McFarlane To support thirteen children.

Sai So I can't see how that could have supported me, but I got that scholarship.

And then by the time I finished, there was a need for really expanding the capacity of Africans to do things within Africa. The independence movement had just started being noticed. The war had ended, and the British themselves, I think, had realized the need for creating a core of Africans who could really do the work. So there were people being trained in administration and people that were giving scholarships for all of the subjects that were needed.

McFarlane After the war, were you pretty familiar with the independence movement or the ideas that were coming?

Sai I was pretty familiar, but I left Ghana in '47, and these things came to a head in '48 at home. But in London itself, some of the firebrands were really getting together. I mean, others had gotten together, West African Students' Union, for example, and then came the Gold Coast Students' Union. Several of them started in Britain, and we held regular meetings, and the firebrands and the leaders from home also would come to London and give talks or give lectures. I was, myself, at one stage, the chair for my hall in the students' group, and we got people like Dr. J.B. Danquah [a leader of the movement for Ghanaian independence] and others to come and give lectures to the students. So we were kept pretty much abreast of what was happening at home in those days.

McFarlane So you were involved in this at the same time you were studying medicine?

Sai Yeah, it was just like a hobby. With me, politics has always been something of a hobby. And I did my medicine in London, and you can't be in London—or you couldn't be in London in those days—and not be pretty close to what was happening at home, because London was like a road junction for Ghanaians. Everybody, no matter where they were going, came through there. And during

the holidays, university holidays, so many of them would descend on London, and we kept in touch and kept things going.

McFarlane Tell me about coming to London from Africa. First of all, is it unusual to get a scholarship to go to medical school? Was it at the time?

Sai Well, they had started sending people over for medical education in ones and twos, but in my year we had ten.

McFarlane And which year was this that you came?

Sai This was '47. We had ten straight away, which was quite an expansion, and it kept on expanding until we built our own medical school. So one can say that it was unusual, but the numbers weren't anything to write about. What was unusual for the year before me and my year was that before then practically all the medical students were sent to Edinburgh University for reasons I don't know, but—

McFarlane Historical, I guess?

Sai Historical, I guess. And perhaps like the British colonial system, they thought Oxford and Cambridge for the humanities and for administration and so on, and Edinburgh became the base for medicine. And then the thing changed, and in our time we were put through several different universities and medical schools. Some went to Sheffield, Nottingham, Birmingham, and London.

McFarlane Now, were there ten of you from Ghana here in London? Or were all of—

Sai No, we were scattered.

McFarlane Oh, okay. What was it like for you to come?

Sai You know, it's very interesting that it is only in backward reflection that one realizes some of the pain that must have been there because there was so much

desire to come over and do what was necessary to become somebody that nothing was too much to bear. I mean, it wasn't worth thinking of in relation to the final objective. As somebody put it, it was the hope of every Ghanaian at the time to go to England once, because by the time you return the difference in your life is like day and night. First of all, your position in society, your peer level, compared to those who have not been and so on, were quite big. The potential for progress was huge and the lifestyle that was awaiting you—so the minor irritations that were around were not major issues.

McFarlane And how old were you?

Sai Oh, twenty-four. I came in '47. So I was already in my early twenties.

McFarlane When did you decide you wanted to be a physician?

Sai Again, that's one of the things which came mostly by accident. When I was in secondary school or in the junior college, I wasn't planning to be a physician. I just loved science. I was one of those they thought could handle any subject matter area. So in the end, what made me choose medicine was A, the scholarship was complete. Your parents didn't have to help in any way. You got a scholarship. B, you got a job when you got back home which was respected, and C, you will be looked after. You got accommodations. You could get a car and everything else.

So it was more of this rather than the altruism which we also had drilled in us when we were in this Achimota School. Once a month or something, we had to do what was then called social service, and that would take groups of students with groups of masters into the villages around to go and look at what were the problems in the villages. And one group will be handling the villagers'

sores and talking with them about their health and so on. Another group will be teaching them about water and all that sort of thing—things which have now become the new development approach were being practiced in those days with the students, and so I also got that feeling of perhaps it would be good to do something in the health field.

The first scholarship I was offered was for teaching in the school in which I was, but I had been a junior master there and I didn't like the way they treated us, so I refused the scholarship. And I knew that teachers were not likely to be as comfortable as the doctors I could see around were, so I chose that. But then when I came and I started the medical course, that was really when I got enthused with the potential of what medicine would give one in the social sense and social work field.

Amazingly enough, when I finished part one of the medical degree, I was offered a scholarship. When I accepted the scholarship, which was in physiology, I chose to emphasize nutrition. And in doing that, I was asked to write a paper, and the paper required my doing research on what was known then about nutrition problems in the Commonwealth. There wasn't very much written, but there was—

McFarlane The entire Commonwealth.

Sai The entire Commonwealth. (laughs) But one paper, which was very, very similar to my thinking was a paper on nutrition in British Africa or British West Africa, and that showed the comparison between the amounts of milk available per African child compared to what was available for the British child here and the level of malnutrition which existed. So nutrition always became

my passion. And when I finished medicine and went and did some tropical medicine, I went into nutrition a little more carefully, and that was how I became the country's chief nutrition officer at one stage in my life. I did finish medicine. I did do some internal medicine, the housemanship here, one of them.

By the time I qualified, the UK Medical Council had made the internship compulsory before full registration, [so I needed to undertake one full year in two different specialties. Fortunately for me] our central hospital in Accra was recognized by my university for registration. So [after my first job in the UK] I went home and did my second there, and I must have been the first Ghanaian who did his internship in Accra after qualifying in London, which (laughs) must be strange to people because now when people qualify they want to stay rather than to go back home, now that we have got lots of qualified specialists who could help them along. And—

McFarlane

But you wanted to go home.

Sai

I wanted to go home for two reasons. My mother had been there alone for seven years, and this is a long time—this is what I mean by looking back on it. Those women who sent their sons and daughters, especially an only son like myself, to Europe and elsewhere to study in those days must have undergone some terrible, terrible psychological and heartrending decisions and fears almost. And when you reflect on it—now, when my child is away for one year and I haven't seen her, I feel something. I mean, seven years—and these children are in places where I've been. I've been with them, so I know what is happening. My mother had absolutely no imagination of what—or no concrete

idea of what I was doing and could be imagining all kinds of things. But—

McFarlane Was she ambitious for you? I mean, was she—

Sai Oh, she was. A couple of interesting stories. When I finished in the Presbyterian schools and I had this scholarship to go to Achimota for the second cycle, my grandmother wasn't happy about it at all because she said—in those days people could go to work without secondary level of education—so she said, “Look, your mother is poor. Your father died and left her without anything. You've got the start. Why don't you go and work and help with the family?” Fortunately, my mother never said a word.

McFarlane Did you feel guilty?

Sai At that time, I felt a little guilty, but I went on. Then, when I got the scholarship to go to England, my grandmother really became the first to be uplifted.

McFarlane So in her social standing—

Sai Oh, suddenly she couldn't wait to see. (laughs) So there was that. But fortunately for me, my grandmother was alive when I went back, and my mother lived to ninety-six, as I said. So she had the opportunity to get both the glory and some of the enjoyment before she passed away.

McFarlane So you went back and then you came back here again?

Sai Oh, I came back several times. I came back to do the program in tropical medicine and hygiene. Then I went back. I came back to do a degree in internal medicine, and then I went to Harvard also to do public health. And between the tropical medicine and the internal medicine, I had held the post of nutrition at home. And it was really when I was doing this nutrition job that I

got the population, the family planning bug, because—

McFarlane Tell me about that.

Sai —because I was looking after these children who had kwashiorkor, we call it, protein-energy malnutrition these days. And the scientific papers had already reported that quite a large proportion of these children found with this condition had mothers who were pregnant or who had a sibling less than about eighteen months before the pregnancy, and I found that this was so. And at that time we were not having any kind of fertility advising system at all, so I started advising the mothers of these children—

McFarlane (both voices) Had you studied this in school?

Sai No, but—

McFarlane It was something you observed.

Sai Yes. One had to look at it on one's own, and the only things that we had to use were the rings, the diaphragm, or advice on the spermicides and that kind of thing at the time. The pill was not in, and the IUD was not there. Anyway, the main thing was the idea and advising them on how to space the children better. We had our government, which was not very much in favor of this, so all of this had to be done without any kind of advertisement, had to be done quite on the quiet. Even the name of the condition carries its own meaning. It's the name of the second girl, and when I told a woman, "Your child has got kwashiorkor," she would say, "Oh, doctor, but I'm not pregnant," because they thought it was a sibling rivalry between the coming and their index child to such an extent that when the next child is born and it's not of the same sex, the family will say to the index child, Oh, you have been upset for nothing.

You've been jealous about nothing. It's nothing that he's coming to take away from you, and so on. But that's the way they thought, but it was necessary to educate them.

McFarlane So the thinking is, it's something to do with the rivalry instead of nutrition.

Sai Yes.

McFarlane Okay.

Sai That, yeah, I am the child and I'm going to be deposed from my mother's affection, and my things are going to be shared with this oncoming thing: that's the way our people understood it. So they linked it with the two children, but they didn't link it with the inability of the mother to look after two children so closely together. So that was our job to do, so I went into it.

And at the same time, I realized that there were people like Dr. Anum Barnor, Dr. A.A. Armar and others, who were also having this thought. And they had gone to meetings organized by the IPPF [International Planned Parenthood Federation] and so on, and they thought it was time to form an association. But all of this had to be done very quietly because the national government was not ready for it.

McFarlane Tell me about that, and give me just a rough date here.

Sai Well, Kwame Nkrumah came into government first, I think, in '54, but it was in 1957 that the country became independent and he became the prime minister of the then independent country. And he let it be known that his number one priority was the independence of all Africa, but one of the things which he thought was that Ghana was too small a country.

McFarlane Population-wise?

Sai Population-wise. And therefore, we shouldn't be bothered by this new fancy idea of controlling fertility. So he wasn't going to have any of it, and importation of these things was banned. So it went on. Before 1966, we couldn't be in favor of family planning overtly. When he was removed, in February 1966, then all of the different persons who were thinking about it and doing something about this came together and started to coalesce. And as we started doing this the new government, the interim government, called the National Liberation Council, had a commissioner for economic planning and finance, Mr. Emmanuel Omaboe, he was then [Sai adds: now called Nana Wereko Ampem II], who was quite taken by population himself, for personal reasons, he tells me. And so he convened a group to start working on a policy for the country, and Lyle Saunders and a gentleman, Gordon Perkins, came to Ghana at the invitation of the Ghana government to help us look at how this could be done. I was made one of the consultants to them, and we wrote the population policy of Ghana, which ultimately was launched in 1969.

But while this was happening, we started forming the National Family Planning Association. This was launched in 1967 [as the Planned Parenthood Association of Ghana]. And we decided, the doctors on the association decided, that for people to realize that we weren't talking about a medical issue, we should see to it that the presidents of the association were non-medical, that non-medical people should help them with their thinking, and I think we did well by that decision.

So until fairly recently, no doctor had been president of the association. We have had religious leaders, lawyers. We've even had an engineer classmate of

mine who had been the president of the association, and we from the association helped steer things along to get the national policy. The national policy was launched, and, unfortunately, although we had the national policy, the implementation had, to say the least, a checkered ride. The government which replaced the one which had the policy written—the civilian government—although it embraced the policy, didn't give it the political leadership and support needed.

Tape 1, side 1, ends; side 2 begins.

This policy went, first of all, into demographic analysis of the growth rates and so on. But then it started looking at the population in terms of its needs: the need for employment—education first—employment, health services, and other things. And major emphases were put on education, employment, and social services, particularly for health.

McFarlane This is really forward thinking.

Sai It was. It was such an advanced document that AID actually got it reproduced and distributed widely, and I believe the Philippines was the first country in which this particular policy formed a basis for their own thinking of where their population plans and programs should go to. We said we were going to manage fertility voluntarily through family planning, no coercive methods. All available methods could be used, which was also another advance. But, as I said, when we developed the family planning program, the secretariat—to be the lead institution, there were lots of problems of harmonization between the ministry of health, ministry of education, and other ministries. I'm not sure the extent to which the problem was structural rather than personal, but in the end

a gap got created, almost as if the secretariat wanted a parallel family planning program, rather than coordinating and strategizing.

McFarlane Explain that a little more.

Sai Well, for example, the ministry of education and ministry of information have education and information dissemination. If the secretariat wanted to play a coordinating role, my feeling was that it should sit with them to find out what they can do in disseminating the information of family planning and what they would need for that, so that the family planning secretariat should not own public address systems and motor vehicles carrying them into the places, but these will be owned by the ministry of information. And if the secretariat has to go seek for funds for them then to do so they should not have a stock of condoms which they are going to distribute. It is non-governmental organizations and agencies like ministry of health, which should be empowered to distribute the condoms. But that would mean then that the secretariat would have access to funds which would help them to be, as it were, giving grants for these purposes, for the line agencies to do their family planning work. And as soon as they appeared to be doing any of the family planning work [themselves], there was friction between them and the agencies.

McFarlane The family planning agencies?

Sai Yeah. The line agencies, which would do family planning.

McFarlane And were these mostly NGOs?

Sai No, government line agencies as well.

McFarlane Okay.

Sai In fact, at that time, the only NGO in this field was the national family

planning program, Planned Parenthood Association of Ghana, and it was being supported by the IPPF in all respects. So it really didn't need very much from the national secretariat. But it was the government line agencies which we thought should be—because education, for example, had the opportunity to introduce family planning, population education into all levels of education, and we wrote this in the program plan at the beginning. But how could they be helped to do that should have been the thing which the national secretariat and the National Population Council should be trying to wrestle with.

McFarlane Now, was the national secretariat a secretariat for population?

Sai Yeah, it was for family planning. We didn't call it for population because we have the census bureau and other national agencies dealing with aspects of population already. So this one—we didn't call it population, nor did we really push the population end. We pushed the family planning end very much. But we lost that feeling, A, of direction that the secretariat is not an implementing agency, but B, and more importantly, that funds and resources that it got should be fed through implementing agencies.

Of course, the implementing agencies are no angels. They have their own priorities, and they would go ahead. In fact, in a way, it reminds me very much of what is happening in the HIV/AIDS field right now, because we have got our HIV/AIDS national council—we call it the Ghana AIDS Commission—and we have got the line agencies. By this time, we've got lots of NGOs, so the commission has been able to get money from the World Bank, the British government, and elsewhere. And we call for proposals of what they are going to do to further the objectives laid down by the commission, and if they are

furthering any of the objectives they get the support.

So the commission itself is doing nothing except being on platforms, extolling them, helping to organize various groups that should be involved, like the chiefs and so on, telling them why they should be involved. And in hindsight, these are the ways in which the secretariat should have worked, but somebody should have given them a good source of money, good source of funds to start.

McFarlane So that they actually had the resources to encourage people to—

Sai Yes.

McFarlane It sounds like you learned a lot through the Ghana National Family Planning Secretariat.

Sai Oh, I learned a great deal through the failures we had there. And unfortunately, we still haven't been able to put this into good practice with the National Population Council we have today because it's not very well resourced, and this is something I'm trying to work out to see that it is better resourced. The other way will be for us to link it more closely with the HIV/AIDS program.

McFarlane In the late '60s, when you're working with the secretariat, were you thinking about population? I mean, you talked about birth spacing.

Sai I myself didn't work on the secretariat. I was in the ministry of health—

McFarlane I forgot. Okay.

Sai —and I got involved with the thinking and so on. Another doctor, a gynecologist, was the head of the secretariat. But, as I said, we were reluctant to call it population or population control because we didn't want any of the

methods that would do for real population control if that were the aim.

McFarlane Tell me about that.

Sai Well, I mean, if you look at the Chinese, who said this was population control, you had disincentives, serious disincentives by way of government housing, for example, by way of government services if you were not towing a certain line. To me, if you are thinking of population control, then incentives and disincentives, whatever their ethics, will have to be seriously considered. If you're thinking of family planning and using that as the rationale—the health of the woman, the health of the children, as the rationale—then you cannot bring in incentives and disincentives and still be ethically sound.

So the main thing is to educate the person and let the person look at their own circumstances. The unfortunate problem there is, A, How do you educate people who have very little formal education; B, who are so very poor; C, whether because of poverty or because of, as it were, the distance between them and governmental services of all kinds, makes it impossible for them to realize the next level of attainment? How do you ask them to stop having children when perhaps this is their only hope, shall I say? And they can see we hadn't moved at that time too far away from [the idea that] the labor you have is the labor around you, or the labor you will have is the labor you produce, and so on, the family unit being the labor unit. So this has to be juxtaposed against the rising need of the country for providing schools and making people go to school, and gradually we can get there. Now, when you talk to people who are completely literate, they will tell you that it costs too much to send the children to school. So they're not going to have more than two or so, two or

three children. They've now seen it.

The time we were talking about, was soon after Nkrumah, and the country was reasonably wealthy in terms of what it was trying to do. So people had free education, completely free. Health services were completely free. Suddenly, we got ourselves into a situation where none of this was truly free anymore, and yet everybody had realized the value of education, especially second-cycle education, which was proving to be the most costly.

McFarlane Second cycle was—

Sai High school—

McFarlane Okay.

Sai —being the most costly for the family because scholarships were nowhere near enough to cope with the numbers. B, that if you did well in second cycle, you got university education, and like my thinking of old, university education made such a difference to your life and your opportunities that most people wanted this for their children. And so, the second cycle became one of the major tools for making people understand the need for them to look at that and the health of the children and the woman. These are the three main—

McFarlane And those are messages that were disseminated deliberately?

Sai The messages were broadly disseminated, but it took a long time for the messages to be understood. And again, unlike today, when the government and everybody else are talking about the HIV/AIDS problem, the government would not talk about the family planning situation. That's taken a long time, for the governments of Africa to want to talk about the family planning situation.

McFarlane How do you understand this? Is it the labor issue, the family-labor issue? Why are people so conservative on—

Sai First of all, I think most of them have got more children than we would want them to have.

McFarlane Most of the leaders?

Sai Most of the leaders in those days. Second, they really didn't think that this would help in development.

McFarlane So they hadn't made the link.

Sai They hadn't made the link, and where they were trying to make the link—you remember that at this time, socialism was the philosophy.

McFarlane This was late '60s.

Sai Yes, late '60s, early '70s. Socialism was the philosophy for most Africans, and socialism was maintaining that people are [the best] resource. Even the Chinese came to Bucharest [in 1974] and preached this: the human is the best resource. And they removed everything that they were doing [in family planning directly], and they attributed [success to] development [and the lack thereof to] hegemonism and all kinds of things at that time, although [many] knew that [there were family planning] programs [that] had already started advancing very well. India in Bucharest in '74 preached the theme, Development is the best contraceptive.

The economists were doing their research and showing how unrelated development and population size was, and it has taken a long time for the [science] really to tease out and show their relatedness. The fact that some of the facts they were using—related to, say, migration of adults rather than

increasing population because of births—was immaterial to some of them because, I mean, I heard people talking about the United States growing fastest when its population was growing fastest.

McFarlane Oh, so the more growth, the more economic development?

Sai There you are, and we had to face the argument of growth with people who had already got skills or are just ready to get their own food is completely different from growth with people who have to be educated, have to be trained and skilled for fifteen years before they started any production. Anyway, that's behind us now, but these were the things which were making [many of our African leaders] uncomfortable.

McFarlane Was this frustrating to you?

Sai Oh, yes, it was frustrating. It was frustrating because one could see, at the same time, how colleagues elsewhere, especially in the Thai situation—I moved in '72 to come to London. And soon after I had to visit Thailand and I met with Mechai [Viravaidya]. And he was starting his own private [organization], and I was one of those who signed off on his first grant—

McFarlane How interesting.

Sai —from IPPF. And to see how fast he was being able to move and how slowly I was moving was something of a bit of a shame for me, you see. But, you know, fortunately, the populations we were dealing with at the time were not too large, but the thing we kept on telling them was that the growth momentum of this population is so huge that if nothing is done we would get into trouble.

McFarlane When did you first realize this?

Sai Oh, this came after 1960, I think, after I had realized the link between this and the children. Then I came to Harvard, and when I did my public health I did some demography.

McFarlane So the public health school was teaching demography?

Sai School of Public Health. They have a school of public health. I did some demography, and that was when I started realizing that if we went on the way we were going on we might get ourselves in trouble.

McFarlane Around that time, what was the population of Ghana?

Sai I'd say about six million.

McFarlane And what is it now?

Sai Twenty. (laughs)

McFarlane So you went to Bucharest as—

Sai At that time, I was assistant secretary general in IPPF. I had left Ghana.

McFarlane How did that happen?

Sai Well, I was with the political group which came into power after our first coup with this government, and I took the job of director general of the health services of Ghana. Then the government was toppled by another coup, and I had to leave.

McFarlane You were in danger?

Sai Well, not physical danger, but I had to leave my job. I hadn't been in a political position, a political job. I was in a technical job, and it's not as if I wasn't qualified for it, because I was. I had been deputy director of the ministry in the '60s anyway, and I had become a professor in '66, so I was quite qualified for it. But [the soldiers] wanted their own people, and so I have to leave.

But, fortunately for me, I had actually been approached before [the coup about] whether I would come to London. Earlier at IPPF we had interviewed Dr. Julia Henderson to be secretary general of IPPF. At the time I was a volunteer, vice-president for the Africa region of IPPF—I believe this was in '69 or thereabouts—and she took the job. And after working for a year or two, she decided to reorganize the place. And one of the things she wanted in her reorganization was to bring [on board a] technical assistance to herself. And so, she turned around to ask me whether I could do it, but I temporized a little bit. But as soon as this [coup] came, I decided I would take it and I took it. So that's how, again, I was there.

McFarlane So you came here with your family?

Sai I came here with my wife and the youngest two children. The older ones chose to stay in Accra and complete their education. So both of my daughters, despite the fact that I lived here for six years, did their university education in Ghana, although the organization would have paid for it if they wanted to, but they chose to be educated in Ghana. You see how quickly things change. Today, I don't think any Ghanaians coming overseas would leave their children to be educated in Ghana because we don't think the quality of the university is as high as it could be.

McFarlane But at the time—

Sai At the time, I considered it very high, and it was. And we had started a medical school, but neither of them would [be a doctor]—actually, when they finished, my younger daughter, number two daughter, went to Nairobi to do veterinary medicine there. The older one has decided to stay in sociology where she's at

work now. [She has a political job as a special assistant to the president of Ghana.]

McFarlane So you came here in—

Sai In '72 through '78.

McFarlane So you had worldwide [responsibility]—

Sai That gave me very, very wide responsibility for going into the technical areas of the family planning movement and everything happening and opened up the knowledge gate to know the real intricacies of contraception, what it means and the arguments to use, the argument being used against it, the international debates, and so on. I was given the responsibility also as the foreign relations officer for the IPPF in those days. It was quite a mind-enlarging period for me, and I benefited by it greatly.

McFarlane Could you give me some observations about that period and what you were learning and doing?

Sai Well, one of the major issues was [the actual practice of] family planning. How clinical should [the services] be? And there were many, many coming from the medical profession who thought that if it is not going by all of our clinical tenets—which came from illness, looking after illness, mind you—that we couldn't be doing right. Once we are going to give somebody something which we say is medicine, they should be given full examination. There should be laboratory, [a prescription should be issued to be filled by a qualified pharmacist and the client should be followed up like a sick patient]. There should be this. There should be that. Well, I said, no to that, of course. So this was one of the debates, which finally now has been resolved reasonably in

favor of not to medicalize the family planning [services if at all possible].

Unfortunately, here [in the UK], for example, they still need a prescription to get ordinary contraceptive pills.

McFarlane

Did you always believe that?

Sai

I sort of always half believed that because, you know, I have the experience of what we call medical field units, not that I worked with them but as the deputy director in charge of public health [and training] at [one] time, [I got to learn about it]. The French had this system, organization, against the grand endemic diseases. [Within it] they had people whom they trained from a very [low educational level] but specifically [for some selected tasks]. And these people would go out in teams, and they had a set of criteria. If you have [these] criteria [and symptoms], this is the medicine you give. And they helped to bring down so many diseases: yaws, smallpox, meningococcal meningitis, and so on. And we also had a similar [organization] we called the medical field units for controlling epidemic diseases, and so on. So I didn't see why, if we could do that [for infectious diseases], we couldn't handle [family planning] the same way.

[One] great [example] which had happened [in the field of infectious disease control] was the elimination of yaws in many parts of the [Caribbean]. [Here the program] was based on the principle [that] maintaining the vehicles would probably require more serious knowledge than doing the injections. So [The whole activity was based on driver and automobile technicians]. Get a technician or get two, a driver and a technician who can also drive. Teach one or both of them [how to give an intramuscular injection]—and the syringes

were made [with two marks on them. During a home visit they examined the skin, if nobody in the house had the yaws spots the house was left alone, if] there was somebody with the spots, the whole house gets half, half, half. The one with the spots gets [a full dose], and then you move on. And [within a short space of time yaws] vanished from those islands.

I mean, all you had to teach the people was take the person, look at their buttock, put your hand there, and put the syringe like that—a part of the quadrants of the buttock. It didn't require knowing the anatomy of where the nerves are going for them to do this, so I had the feeling that we could use some of these methods. The major ethical problem was if you went there and the last child is having diarrhea, are you going to just go and preach family planning to the family and leave the child with the diarrhea? So a system which would be able to handle some of these is what you want and not necessarily a full medical system.

So the people have to know that if you're dealing with women, unfortunately, we have to face ourselves the ethical question of the odd girl who has hypertension, for example. What would you do? So you have to take people who can take blood pressure and train them to do these things. It's now being done in Zimbabwe. But the main thing was, this debate led us onto the community-based distribution programs, which started with condoms and now have expanded into all kinds of areas.

McFarlane And you saw this start while you were here at IPPF?

Sai Yes. Yes, while I was here in IPPF with Malcolm Potts and a man, Dahram Gupta, who handled the India one. These were started in those times when I

was [the assistant secretary general]—that was one major one that we did.

McFarlane Were you always in favor of that?

Sai Oh, I am. You know, when you see a lot of unnecessary death and suffering, anything which would close the gap between those who are likely to suffer and those who have the expertise should be something you should encourage. I mean, just because in the West doctors are doing deliveries of women, that's no reason why we should think of deliveries as a doctor's responsibility. When I was training here, midwives took us out with teams into some parts of London to deliver the women. So why shouldn't we find ways of having birthing places for women to be sure that they get the proper attention? All you need is [a system] to evacuate them quickly and safely if an emergency occurs. And fortunately, that, after a long time, is beginning to sound like the idea whose time has come. Who the somebody delivering the women will be is the important thing, but I don't see why a fully trained midwife should not be capable of doing this. It doesn't require a doctor.

[I was present when my] wife delivered [one of my children] in the hospital but I refused to call the doctors. I said, when I was training, you called the doctor only when things were going wrong. So I was sitting there when they delivered the baby, the midwives delivered the baby. I congratulated them, but the obstetrician was very upset because, at that time, I was quite a senior in the ministry, and he didn't see why his chief's wife should deliver without his being there. I told him, I said, "I was trained to think that when you are there, then things are going wrong." (laughs)

McFarlane So you've been thinking in those directions a long time.

Sai Yeah.

McFarlane Is it your common sense or professional public health training or both?

Sai Oh, I think it is more the professional public health training and the observation on the ground after the training we get I think we doctors allow our training here [in the UK] or in America to influence our thinking more than we should. Yes, let it form a good basis as a springboard for us to think, but let's start thinking, All right, which of the skills that I have been given can I impart to somebody who can be my extender? And which ones do I have to retain? To me, that is the thing. Why else, perhaps, I'm fighting to make the health services [more accessible, more friendly and more cost effective.]

Tape 1 ends; tape 2, side 1 begins.

Editor's note: The first several minutes of Tape 2 were accidentally recorded over. Passage from verbatim transcript p. 34 has been moved to the beginning of the transcript of Tape 3.

In the deleted section of Tape 2, McFarlane asked a question along the lines of, How do you think the population issue fit into family planning? Dr. Sai later wrote:

[To me population is a very big issue dealing with numbers and their increase or decrease, structure by age and sex, spatial distribution, employment and many other issues. Family planning has a more limited focus. Firstly, it is for the health of women and children. Secondly, by dealing with spacing, limitation or increasing of births it impacts directly on population growth rates and through that the structure of populations. Thus family planning could be considered as one and only one of the tools for managing some aspect of

population.

It is quite possible, in some African countries, for a good family planning program to have the initial effect of increasing the population by improving child survival rates. Some opponents of family planning programs have falsely tried to say that the programs are anti-families and do not contribute to socioeconomic development. They point to countries like the U.S. and some in Europe whose economies grew rapidly while their populations also were growing. Even if some of this is historically true, it is obvious that none of those countries reached the rates of population growth of developing countries, particularly in Africa, that we are witnessing today. No region has managed to develop rapidly with growths of over 2 percent per annum. Much of sub-Saharan Africa today has population growth rates of over 2.5 percent

Secondly, we need to remember the great difference between countries growing through migration of educated and trained adults and growth due to a large infusion of births. Growth through births and a lowering of infant and childhood mortality means a large number of dependents to be sustained by a relatively small proportion of working-age men and women. All the needs of children have to be met. There are heavy expenditure needs such as educational training and health care. Countries have no choice to opt out of some responsibilities today as they could during the periods of European rapid growth. The new world order calls on all countries to accept certain rights of children and childhood.]

Sai

I mean, this country [the UK] was sending children into coal mines, into prisons, instead of to school. Children were going into coal mines to help bring coal out. Today all African children, by world consensus, should be going to school. They shouldn't even be tending sheep in the field—a very right moral stance to take. But if they are to go to school, then resources for the school and [quality] of the school, the expansion of the school, all should be taken into account. And therefore, we were facing a completely different situation from their situation, not only the growth rate that, fortunately, is much better because of biotechnological development of various kinds, but here we are, Ghana, needing to really resource these central programs for children once they are born and that they are properly resolved for the life that is ahead of them. And we haven't got it organized. So if by some way we can slow down the demand side of the equation while we accelerate the supply side of the equation, we will be better off. And this has reasonably been accepted.

Second thing we can think has been accepted is that if the resource side is coming up and if good investment is going in, slowing down the demand side, especially at the lower ends, this permits better investment in the youth group. And that youth group then can be really what we should be, but we're not showing how good slowing down of the population can be put to use. But that requires that we have got the investment coming into the system. The third thing that has been learned is that simply preaching cutting down the growth rate can be done at the policy level in doing the macro-calculation, but as a strategic intervention it carries no message whatever.

McFarlane Interesting, yeah.

Sai So this is where people were in conflict. Nobody will go to a family and say to them, Cut down your growth rate, or, Limit your number.

McFarlane For the good of the country.

Sai Or for your own good, even. Limit your numbers so you will get lots more money: you can't say that. But space the children better so the wife can be better able to look after them. Point to them that it was in her interest, that if the child follows the other by one year or so, the chances of each being a healthy child are much better, that you want the woman also to be able to [rest and improve her health].

Of course, that's in our own tradition. Women [in some of our cultures] never went back to their husbands before the [last] children had grown their full teeth. And [others] have all kinds of markers that they have to use before a woman could go back. So you find in African traditions, very traditional homes, most of the children are spaced three years apart. And so soon you start telling them, It is for your own good. And then, when they have accepted that, you can then bring in the other [ideas], that today, the children are not going to be helping you work the farm. They have to go to school daily, so you need to know how you can help them to go to school. And you'll get neighbors to come and help the farm, and that will have to be another level of discourse altogether.

McFarlane Would you like—(phone rings; pause in recording)

You were talking about traditional African birth spacing a few minutes ago.

Sai Yes.

McFarlane And there are markers for such.

Sai Yes. You know, when the extended family with women having their own compound and that sort of thing, there were quite serious controls implicit in various accepted ways of living. For example, when a woman delivers, she goes to her mother's home or the women's home and stays there. And she may stay there, in case of some people, until the child has grown its full milk teeth. In other cases, they have the way the child walks which would determine when the mother would go back.

McFarlane How competent the walking is?

Sai How confident the walking is and so on. So these were all markers which helped to space the children, and I was amazed when I looked at my parents. They were spaced at three-year intervals—my mother's group a little longer than that—but all of them were spaced like that. Yes, there were lots of them, but the spacing was very good.

But today, with monogamy, with nuclear family living, we've lost that. With urbanization, with education, we've lost these. Something should replace them, and it is beginning to make these to come together for those of our people who are not educated. That requires education programs for family planning. So it shouldn't be put in terms of population. And why should they worry about the population of Ghana when you can bring the thing down to their own living circumstances?

And so, I think, gradually, we've found the difference between national accounting, which requires that we do something about the population. We know how many schools we want and so on. Let's get the size of our problem.

So from that point of view, yes, we should know how the population—with a capital P—is doing. But as a matter of program planning, it is these things—how people view their life circumstances—that are important. And why we made these two conflicting issues in the debate, I don't understand.

McFarlane Well, it could be related to some of the socialism debate.

Sai Yes, and when we come to the socialism debate, there was also the quite—I don't know whether it was nonsensical or it was disingenuous or it was just plain trying to cause mischief—the debate about whether family planning was not hidden genocide. I don't know whether you know, but there was a time—

McFarlane Did genocide come up in Bucharest?

Sai Genocide came up only tangentially. But before that, at some of the meetings that we had been—I was at a meeting in Tanzania where one of the youngsters referred to me as an Uncle Tom, that literally, I had been bought by the Americans and the white people to preach their message of genocide to kill off the black races.

McFarlane Wow. Was that shocking?

Sai Actually, I wasn't shocked. I was sad because—I wouldn't be upset if it had come from somebody who had not gone to university and so on. But for a person who had gone to university, who probably—in fact, I didn't ask him whether he was married; he was in his early thirties—who probably had no children at the time, and he was obviously doing the right things for himself, but this was a line he wanted to shoot. It made me sad because we weren't in a set-up where, as it were, there were Caucasians and Americans to whose gallery he could be playing. But this was African thinking about our problems there,

and he was shooting this line.

McFarlane And so, demonstrating, well, you know, that's a demographic comment.

Sai Yes.

McFarlane When you were here and working for IPPF in the '70s, undoubtedly you had contact with USAID and UNFPA [United Nations Fund for Population Activities].

Sai Yeah.

McFarlane Do you want to comment a little about your contact and perspectives on USAID, and we'll move on to UNFPA?

Sai Actually, USAID had done IPPF a very big favor just before I got here, but I knew it because I was on the voluntary group of IPPF. They had decided to give IPPF quite a lot of money, a matching fund. In fact, originally, they wanted to give more. I can't quote the figures, and IPPF volunteers quite rightly said no, they would rather have the thing by way of a certain percentage of their total so that anything which can happen to this fund doesn't break down the organization. Do you realize how much—

McFarlane I didn't know that.

Sai —foresight they had at that time?

McFarlane I was just thinking, what prescience. (laughs)

Sai So we started taking the money, and it helped expand the IPPF programs widely and the support—in fact, the organization changed to the extent that the center was now able to source money and really help [the] associations to carry out programs. So it helped us do the business of planning at all levels, recruiting competent staff rather than depending on volunteers to do the work.

And all that kind of thing happened with the U.S. [support], and because of the balance it stimulated the European inflows even more.

McFarlane Could you explain that a little bit to me? I've heard this before. How did that stimulate your appeal inflows?

Sai Well, you know, the world of giving is a funny world. The Swedes had been giving money, the Scandinavians generally, and then the Dutch had been giving some sums. But, you know, when one country comes with such a huge amount, suddenly it makes yours look rather small, especially when the group itself has said, No, we don't want it to be too one-sided because our policies—it's human that they would feel they have to influence our policies the extent to which—I think there is a psychological stimulant to the others. I'd like to see to it that the weight is not too much there or to see to it that if a voice is to be heard, my voice also should be heard.

And it was after that that a donors' meeting started, that IPPF now had the donors themselves also coming, the group of donors, meeting with the secretary general to discuss what their consensus [was] about where we should be going and that sort of thing. Just as advice: they have no influence on our policymaking, because the policymaking body was separate, but the secretary general can transmit to the policymaking body what these donors are thinking or feeling, what they would like to support, what they would not like to support.

And it was in that forum that we tried to hammer out the need not to have individual projects that each group would support, as opposed to having a program assistance pull together, and it went on reasonably well. When I got

there, this was what was happening. And I think it was '73 or so when you had your Helms Amendment because of the "A" word, and abortion suddenly became an issue. Fortunately, at that time, there was, to me, a reasonable amount of rationality about it, and AID agreed that we should keep their account separate, that as long as none of their money went into any of the abortion-related business, fair enough.

IPPF itself—I mean, I considered us very timid in this field in those days. And I wasn't happy, but it was what the organization wanted. As a servant, I had to agree with the line that the organization itself would not be on any side of the abortion debates, that it would follow strictly what governments did and what individual family planning associations did in relation to their government laws and regulations. After all, you can't have an association in a country like India, whose government says [to women], You [can] have an abortion, but tells your association, You [can't] do it. The government will have every right to close [the association down]. So the U.S. agreement with us that none of their money should go into it was a fair agreement at the time. And I would have thought, if it were today, it would still be the fairest agreement. It would have removed a lot of tensions. So that was what happened and which I personally felt very sad about.

McFarlane You thought that IPPF should take a stronger position.

Sai At that time, I thought IPPF should take a stronger position because we took a position on sterilization, for example, that yes, it's a valid method of family planning. But coerced sterilization, be it from India or from China, would not be acceptable, and our family planning associations could not be involved in

that. We took that stand, and I wanted us to take a stand.

McFarlane A similar stance on abortion.

Sai Especially after *Roe v. Wade*, that A, that it is a woman's choice, number one. Unfortunately, it's hemmed in by various kinds of legislations of countries, and we cannot openly fight a country's legislation. But the associations themselves should obey their national laws while doing everything possible to point out the inequities of the laws. I wanted that. I wrote it a couple of times, but it was not put forward. Finally, they did get something, which was quite watered-down version of this kind of idea, and that became the IPPF stand for a long time. I think they have now got something a bit stronger. But the thing which I found most upsetting was the fact that *Roe v. Wade* had freed the American woman, and America wanted the outside woman not to be freed.

McFarlane The Helms Amendment said [USAID] population funds couldn't be used for any abortion-related—

Sai That's right.

McFarlane Were other USAID funds able to be used?

Sai Well, I think these were the only funds which came through us—

McFarlane That came through here, okay.

Sai —at IPPF. But I don't think any USAID funds were used [for abortion] anywhere, but the thing which I liked about it is to say USAID funds cannot be used for abortion. It didn't say that USAID funds cannot be used by anybody—

McFarlane Who touched it.

Sai —who touched abortion, like it is being done today. So that's the difference

between then and now.

McFarlane So you knew [Reimert] Ravenholt and all these—

Sai Very, very well. I knew Ravenholt very well. I mean, he brought another kind of spirit into a field which was strewn with a lot of controversy. He himself created quite a few on his own, but his heart was in the right place as an epidemiologist. He found that this business was a major issue for mankind as a whole, and he went at it with suitable zeal, I thought. I mean, his training programs and his readiness to give instruments and so on for use in the field and his readiness to find ways in which the moneys could be used—and again, like I said earlier on, to demedicalize, as much as possible, the field—I think was very, very helpful to the field.

McFarlane And so, you were here just almost up until the time he left you, I see.

Sai Yeah.

McFarlane Talk to me a little bit about UNFPA and your dealings with them.

Sai UNFPA and we had very good relationship. First of all, Julia Henderson had been a major UN person, so she knew all the roots of the [system]. And I believe that UNFPA's founding also had the blessing of not only the UN system, but through General [William] Draper, the non-governmental organizations and others found that this could only be a push for the family planning field. So with us, the relationship was very good. Rafael Salas and Julia Henderson, and myself, had a very, very good, cordial, personal relations, with consultations, backwards and forwards. And I think when Nafis Sadik came on, she and Julia had even more close relations. I left in 1978, and so from then I was not too sure what their relations were—but I have no reason

to think that their relationship changed. And today, the relationship is even stronger if anything because, I mean, I see that although we are a non-governmental organization, [both organizations have] all paid staff, the IPPF president, and the chief executive are constantly having chats on various issues [with the UNFPA staff]. I think in planning the major UN conferences, IPPF [is always] in the background, having a consultant situation with UNFPA, which finally led to the '94 one when the NGOs had full participating role and ability to talk in open forum rather than simply in the committees.

So the period saw a change in the relationship between the non-governmental sector and the intergovernmental sector. The non-governmental sector became much more of both a visible and an audible partner, whereas, for example, in '74, the non-governmental sector could only whisper in the corridors and talk to their delegations or talk to the secretariat on what should be done and so on. And there was a separate non-governmental forum in Bucharest. By '84, there was a briefing session for the non-governmental sector every morning, and they had, I think, one or two representatives who made a brief statement and they could attend the committee meetings, but they [had] to be invited to speak. By '94, those accredited to the meeting could be allowed to speak, apart from the fact that they were also assisted if their countries nominated them to be members of the national delegation. And in '94, I was president of the IPPF, the [honorary] president. But I was also alternate lead for my country, so that's how I came to chair the [main committee of the conference.]

McFarlane

As—

Sai As the delegate for my country.

McFarlane Yes.

Sai I couldn't have done it as an NGO leader. So how schizoid can you get on an issue like this? So I could—and people like Avabai Wadia from India were on her country's delegation. And so, apart from the NGO *qua* NGOs being recognized as full partners in the meetings, there were people who have strong NGO [connections] who are coming to be national delegate representatives. The International Women's Health Coalition, for example, had done a lot of briefing all over the place, and they had several of their people in the delegations that were represented. So the chain started from the '70s, and it flourished until Nafis Sadik was handling the [conference] herself and made them full partners. I think it was a good thing. I'm not sure [what] some of the people think—in like the U.S. government today—[if they] find it such a good thing that the NGOs have got such a voice, but I don't think it can be pushed back. I think it will stay, and that's something we started in the '70s and we've kept afloat.

McFarlane And you left IPPF in '78. Why did you leave?

Sai Oh, first of all, Julia, who invited me, was leaving, and I wasn't sure that I will have the same space, so I left. And I had a family tragedy, too, which required me at home more. My son had been killed in an accident, the only son. I don't think the family would be able to handle being in separate places, so I felt, I better go home and be with them. The other thing was my mother, too, had unfortunately, while I was away, allowed a foolish thing to be done to her. She got cataracts, and then while I was waiting to go home and see [to] its

treatment, somebody said Africans could treat it, so she went for treatment and she got completely blind. So these made my staying outside a little bit of a test for me, so I decided to go home and stay home for some time, sort out as much out as possible. So I went and I did—things got reasonable. I remained as an advisor/consultant to the IPPF, and I got another job with the UN University. They threw me around a little bit but not being away from home too much.

McFarlane The UN University is where?

Sai It's headquartered in Tokyo, and it was started by the UN to look at what are the most pressing issues facing mankind and make groups around these issues in various centers and get the highest levels of thinking onto them, whether they should be researched, whether it should be capacity building, and so on. And one of the areas they chose at the time was world hunger. And [Nevin] Scrimshaw, I think, was the chief advisor [on] it, and Scrimshaw and I have known each other since my Harvard days and my nutrition days. So when he heard I was leaving [the IPPF], he thought I should be part of a group to deal with [the world hunger project of the UNU].

McFarlane So you were back home, but you were still working with them?

Sai With a group in Tokyo and in other parts of the world. I mean, my job was to get some of the issues in Africa and parts of Europe and the Caribbean and help weave them together. And the major issues that we identified really were capacity building, particularly in the field of research, and so we started looking at who could be A, trained, what centers could be brought up to scratch to be able to handle some of the training and so on. And we did that. Unfortunately,

I don't believe they thought population, core population, was such a major issue, but I kept on telling people that you couldn't do nutrition without doing population. So to me, their difference is nonexistent, and how we handled it was important thing.

McFarlane And you were also working part-time for the Planned Parenthood, IPPF.

Sai Yes, as an advisor to Carl Wahlren, [the new chief executive], and his group at the time. So we would come here, [London], and give advice on various issues, and particularly, I think, again, the [main thing] was this business of how to make the family planning programs more acceptable to the lower half of the population, if I may say so, than it was or how to shape the messages and the services. And this took a lot of thinking, and it's so locale specific that we had to go into different countries and discuss with them, the associations themselves, how to make their services much more acceptable. When you look at the size of the problem and the numbers of the returns of our associations, you wonder whether really they should consider service provision as a major task. And my advice was, Look, there is a lot of need for models, so why don't we deliberately set out to make our service provision models, models of quality—

Tape 2, side 1, ends; side 2 begins.

—models of efficiency and models of acceptability, because our government services usually endorsed these. I don't believe anybody who was going to benefit, including myself—I never, when I was deputy director of services, tried to find out themselves why—this was [the] early '60s that I was deputy director. But by the time I came to be professor, in '66, I had learned some

lessons.

So when we were doing the Danfa project, I actually went to the villages and asked them what they wanted to see of us health people when we come. We'd say, We want to help. They said they wanted water. (laughs) That's what they wanted, number one, and then, number two was the health care system. And we sat down [at] palaver [Sai adds: small group meetings to sort out discord], and we agreed that my wife and some other people would go to the water people, trying to sort out the water for them while [of the medical school] deal with the health [issue]. And that's how we got the Danfa [project] organized. I'm going into detail about that later. But this concept of going to the people and finding out how you could serve the people or what they wanted and the way in which they wanted it was one of the concepts that we tried to bring out into our family planning programs in those days. How successful it became I don't know, but we tried.

McFarlane But you were really thinking along those—

Sai Yeah.

McFarlane Go directly—

Sai Yeah.

McFarlane And you stayed in Ghana, now, for another four years?

Sai I stayed in Ghana until '85 doing all of these things and—

McFarlane Oh, so the Carnegie Corporation is—

Sai Not—

McFarlane —'83, '84. You're still Ghana-based.

Sai I was still Ghana-based. I didn't move out of Ghana from '78 to '85. So I did

all of those. I mean, anything which came along which would pay (laughs) and I could do, then I took it on. So I was, as it were, a freelance consultant in those days, and that's how I came to work with them [at Carnegie] too. That was Jill Sheffield who invited me to [be a] consultant on that issue, and that was when she wanted to deal with safe motherhood issues and adolescent reproductive health issues.

And we were struggling with some other questions of how to really reach adolescents before they fell into traps. And then this very ethical question of, if you provide care and support for pregnant adolescents—which made them have a job, have a room, and so on—whereas adolescents who are not pregnant, haven't even got to secondary school, they are walking around, why should the ones who “fail society,” in quotes, be given the [support and help] and the ones who are not doing any such thing be left alone? I don't think that question has been confronted. But in countries which haven't got very good education systems, for people to continue—when you have so many youngsters being forced to leave school and having to sell dog chains and so on to make a living—to use [pregnancy and childbirth] as [a reason for supporting an adolescent] and leave the others, large numbers, non-supported, is an ethical issue that we have to face. I haven't faced it myself, and I know that my government is trying to grapple with the problem. But I think the world needs to know that this is an ethical problem that we cannot simply [wish] away by providing help for those who have become pregnant.

McFarlane In a sense, it becomes an incentive.

McFarlane But it's politically difficult to talk about it in a lot of cultural contexts.

Sai It is in every cultural context that I know. It's difficult to talk about, but we need to confront it. Of course, yet they will say there is a lot of facilities for failed education and training for all of the youngsters. So these ones are losing out on something, but in my community they are not really, compared to the others who are also not having education, not having any training.

McFarlane That's an interesting point. So you stayed in Ghana until—well, as much as you were staying, you certainly were traveling a lot. (laughs)

Sai Yeah.

McFarlane You were based in Ghana until '85.

Sai Yeah. I went to [the International Population Conference in Mexico] in '84, I led the Ghana delegation to Mexico.

McFarlane Oh, I want to hear about this.

Sai I led a Ghana delegation to Mexico. There were funny personal sides to it, too. I had been told that if I got there, they would like me to chair the main committee, so I tried and I got funding. At the time, I'm sure, the Ghana government wasn't particularly interested. We had got a military government; it was a revolutionary government and so on. So I tried to get myself nominated to be with the delegation. I don't know what happened, but I don't think my name got on the paper. So I got to our mission in New York, and I told them that I expected my name on the paper.

McFarlane Name on the paper—

Sai The nomination from the country. Your country has to nominate its delegation and submit it. It has to go through the embassy to the UNFPA, which was the secretariat for the conference.

McFarlane Okay. Thank you.

Sai So I got to my mission's head, a man called Victor Gbeho. And I told him that I expected my name to be on the paper, but I haven't heard anything because I was traveling. But he knew me and knew my standing in the population field, so he said, "No problem." So he put [my name down and sent] it to [the UNFPA], and so it was that I joined first the preparatory committee in New York and then to go to Mexico. And I took my wife, and I was made the chairman. And I went and took the chair, and there was nobody in Ghana's seat, so I put my wife in Ghana's seat. (laughs) And the Ghanaians came back later. Two of them, they had lost their luggage and all sorts of things. And I was paid for by the Population Crisis Committee. Fred Pinkham—who then was [the president of the PCC]—and I did manage to get this thing going. We had some very, very rough times. I mean, people thought Cairo was bad, but I personally think that 1984 was much worse, because 1984 had an intractable discussion about the Israeli-Arab conflict, and it almost hijacked the whole conference.

McFarlane How did that take place?

Sai Well, they said, We're dealing with population, and population movements due to conflict, such as the occupation of Arab land by Israelis since '67, [should be a legitimate issue for the conference to tackle]. These were population issues [for sure, but not the ones we thought Mexico should be dealing with]. So, fortunately, I decided to have a committee to deal with it, and this was headed by a Frenchman called Léon Tabah. And the committee got [down to this work] while we did the work of the population and family planning [required

of the conference].

McFarlane That's a brilliant maneuver, isn't it?

Sai Oh, it was. (McFarlane laughs) It was, and we managed it quite well. But in March or April, when we were doing the PrepCom—

McFarlane The PrepCom is—

Sai Preparatory committee, for preparing the draft that was going to be dealt with in Mexico. Early on, when we were doing it, you had, I think, a Democratic government. And then Reagan came in '84, didn't he?

McFarlane Eighty-two.

Sai Was it '82? Reagan, '82. [Reagan was elected in '80 and inaugurated in '81.] Okay. But they—his policy—

McFarlane Yeah. I can't tell you what happened in Congress because they're too—

Sai Anyway, the Mexico City Policy—we [started the original] negotiations [at the PrepCom] with a man called [Richard] Benedick. Ambassador Benedick was one of the people who did the earlier negotiations for the conference.

McFarlane This was the American?

Sai Yeah.

McFarlane Benedick—

Sai Uh-huh. So we had gotten many things accepted when we went to Mexico, thinking that we were going to have an easy time of it, and then came the news before we got to Mexico that Benedick was not there. It was going to be James—

McFarlane Buckley?

Sai Buckley. James Buckley and Alan Keyes, and these gentlemen really tried to

read us the riot act in Mexico.

McFarlane So you didn't know about this until you got to Mexico City?

Sai I knew that people would change, but I didn't know who they were. And I had been given a hint that this Mexico City Policy was going to be the stand of the Americans, but I didn't really think that they would want to carry it to the extremes that they carried it. Anyway, we managed, despite this, to get quite a lot of agreement on the document. And what helped me at that time was something which the UN had not given too much thought to at the time, to make for real formal steps to be taken in these negotiations—literally making it appear that if you say you want a consensus, that even if one person is holding out, you still haven't got a consensus. In those days, we didn't have it [that way], so one was able to say something like, I think a large majority agrees with this, therefore we'll put it down and move on, yes.

I remember once even asking for a voice vote. I said, "Let's hear the yeas. Let's hear the nos." And then one of the participants—I believe he was from Portugal or something—was very nasty. He said, "It's only in developing countries that you can take a vote this way." So I said, "I would like that statement withdrawn, or we won't go on." And he sat there, and then several went around him. And then he said, "I withdraw it," and then he got up and [left]. I said, "I like to tell those who don't know that [even] the mother of parliaments, the British Parliament, carries votes this way. It must be very developing. Let's go on." Everybody clapped, and we set the tone for the meeting.

Anyhow, so we went on, and finally we got to a point where the document

had to be agreed. And I got to know later that Buckley and Keyes actually wanted to walk out of the last session, but I think by then they had taken the pulse of the world. And the world had told them that they should just reserve on some issues and move on. So we got the agreement and we worked with it. And to me, that was a much more difficult assignment than the [Cairo] one.

But what brought this up was [that] the World Bank was, at that time, looking for a population advisor. And I didn't know, but [A.W.] Claussen [president of the World Bank at the time] was at [the conference on] a particular day [when I was in the chair]. So the World Bank delegates said they thought I was the one to [be recruited for the Bank], and he came and sat in the meeting and saw my performance. And apparently, he went and said, "Just ask him. If he will take the job, give it to him." So I was invited and I went around [the Bank for] interviews and I was given the World Bank job. So from Mexico to the World Bank, (laughs) that's how it happened.

McFarlane

And you moved your family.

Sai

And I moved the family. That was a nice period. I really enjoyed working in the World Bank because it's the one place which brought together academia and field work.

McFarlane

Interesting.

Sai

That's the thing I have for the World Bank when it is working well, because there are some very, very bright people in all of the fields in which they are operating there, people who could easily be university professors or have been university professors and people who are interested in writing and then either the same or others who are interested in seeing how things really operate in the

field. People like us—who have been in the field, in academia, and now back to the field—were also there, and I found it very, very encouraging.

McFarlane So this was a really good period in terms—

Sai It was a good period.

McFarlane In spite of the American government.

Sai Oh, I mean, (laughs) that was an irritation, though. It kept us thinking of ways to go around them. (laughs)

McFarlane And you were there five and a half years.

Sai I was there until mid-1990. Yes.

McFarlane What do you think some of your greater accomplishments are from that period?

Sai Well, one was making the Bank accept to work with non-governmental organizations much more closely, in my field anyway. Because when I went for the interview, [Ernie] Stern, [was then senior] vice president. When I mentioned that I thought it was possible for them to work with non-governmental organizations more than they were, he said, oh, no, no. They would work with governments and if the governments wanted them, then the [governments could include] NGOs—but now the [Bank has] found ways of working with non-governmental organizations and listening to them. I mean, that was one thing [I did] which I think was a good thing. I tried to also make them realize that perhaps just having one population advisor wasn't a very good thing, but [that] some of the more challenging regions had to have their own, and I believe they've accepted it. I definitely think Africa has got somebody now. That's another thing which I think is good.

Then the issue of bringing more of their development people to understand what the population people want to see done and how it has to be done is something—because, true, they are right when they say development itself will make people do family planning or fertility regulation better. Yes, but you want to see how during your development activities or messages you can put in your family planning things across, and this we hadn't found. So one of the activities which we started—which I'm not sure is still going on, but I know that a remnant of it has been panned off to a group—is to get some funds and get universities in a few countries with social science and practitioners to go into some of their difficult areas and do this thing which I said earlier on of listening to the people. Just deliberately do it as a research action. Go and ask them what they feel. The thing I said I learned in nineteen-sixty-something when I was doing the Danfa project: go and sit with the people, their leaders. Go into their villages, into their homes, and so on. Find out what it is they want. Find out what they want about their children, population, and so on. And then with them, identify what agencies can do that they are not doing. Provide them the leadership through seminars and so on to bring the agencies and themselves together to listen to these things. And then, when these others have been done, let's introduce our family planning messages.

And this activity went on in Ghana, in Nigeria, in Kenya, and I think in a couple of other places. They've been written [up], and the process is going on. And now they've made the team which was handling it an NGO, based in Kenya, the African Population Advisory Council or something.

McFarlane And this is a derivative of World Bank?

Sai This is a derivative of this World Bank activity which we started on listening to the people in their needs for population. And I don't know how extensively that has been spread now, but if it has been spread it's a good thing.

McFarlane Did you find the Bank a bureaucratic place to work?

Sai Yes, it was, but also it could be easy because it did have the money. What made it difficult [were] the processes that they had to go through for trying to get the proposal actually done. One can understand the need for accountability and so on. It probably requires it. But without their having their own people in the countries helping the country to identify the things, it was a tedious process—a person or persons to come from Washington, stay for only a couple of weeks and appreciate all of these things that I'm talking about and put it on paper—for it to be a presentable project.

So we tried something else which unfortunately failed, but I think it would have failed where we put it. And that is to write the outlines of the population project, that it should include A, B, C, D, E, and to advance the money as a fund, and let the people actually write the proposals, the people who are going to do something write the proposal and access the fund. And the money was made available for Nigeria. Unfortunately, for many, many, many reasons, it didn't work, largely because people thought with the money there, they should be given the money before they did a proposal.

McFarlane Um-hm, but your idea was to get the implementers to do the planning.

Sai To do more of the planning than they had been doing.

McFarlane Rather than having one group plan and the other group—

Sai Yes.

McFarlane —implement.

Sai Because right now, that's more or less what we are doing with our HIV/AIDS program, because we've got the national response strategy but we don't develop an activity. We can identify voluntarily testing and counseling as one priority area. Originally, we identified awareness creation as another area, but the NGO that wanted to do awareness creation is the one that is to write a proposal for awareness creation, to say what they are going to do, what they would need for doing it, and so on. And then we'll have it evaluated, and when it's evaluated, if they've satisfied the people who are doing the evaluation, they are given the money, and then they are supervised or monitored.

I believe that way—of course, the Bank, if it does it that way, sits with the people in the countries. But how many of the people it sits with are people who are really ground-floor people, who are really in tune with what is happening in their villages, digging in the villages and so on? And how to get that is one of the problems that we need to confront in this field. I think it's getting better, and through the NGOs it's getting a lot better.

McFarlane Why did you decide to leave the World Bank?

Sai Oh, I was too old for it anyway. I mean, there's a time when everybody has to retire. Originally, when I went, I went for three years only. So in fact, when I went in '85, I was already, what, [over] sixty years old, which—

McFarlane So this became one of your first retirements.

Sai (laughs) One of my—it became my first of final retirements.

McFarlane Well, it doesn't sound—(Sai laughs) at that point, you were very much aware

of—you must have been aware of the AIDS crisis by the—

Sai Oh, yes. The AIDS thing came in the '80s, so we had already started looking at what was happening and what could happen. I must confess that I never thought it was going to be as bad as it has turned out to be. I thought it was going to be bad once it hit Africa, but I didn't think it was going to get as bad and as quickly. But we were aware of it, and it was being included in proposals that were being made to look at it from [the] point of view of its effects on the population. Some of the research people were already beginning to even do research on the economic impact of the AIDS crisis and making models for what could possibly happen, but I left there before the major impact was noticed.

McFarlane And then did you go back to Ghana?

Sai Oh, yes. I went straight back to Ghana.

McFarlane In '90.

Sai In '90.

McFarlane May I ask you when did you first become aware of HIV/AIDS? Do you remember?

Sai I think it was—it must have been '84—'82 or [8]4. Probably, I think the International Health Council meeting in Washington—yes, this took place in '82. I think that was when they were first mentioning this Mexico City Policy. And at that time they also mentioned that HIV/AIDS or something was occurring on the West Coast, which was creating a problem, so that was the first time I heard of it. Then [a year after], I went to the Bank, there was the international conference which took place in Washington. That was where

Bush went and he was booed, you remember. And then, that was where I really became alive to what was happening because a minister from Uganda came and talked very eloquently about their condition even then and what a serious condition it was proving to be and a difficult problem there. So that was when, and soon after that, a professor [Kwashie Quartey] and some persons in Ghana also announced that the thing was beginning to be a problem in one of our areas. This is an area in which we've been working seriously recently, so that's another. And so, it must have been [between] '82, '84 [that I learnt about it]. I think it was [in] '86 [though that I realized its likely seriousness].

McFarlane But you had no—you didn't know how devastating it would become?

Sai I didn't know how devastating it was going to be. When I went to the Bank and I started seeing the models—if you remember, the original models, although alarming, they didn't get anywhere near what happened later. So yes, they were alarming, but we didn't think [things] were going to be as bad. But when they started doing the economic impact analyses and the groups that were getting affected, then the real seriousness of it started to get home. By the time I left the Bank, I was convinced that this was one of the most serious development challenges facing Africa, so I knew that ultimately I would be involved.

McFarlane And you went back to Ghana—

Sai In '90.

McFarlane —and you were supposed—you were retired, right?

Sai Yeah.

McFarlane Okay, you're supposed to be retired. (laughs) And then you become—you really retired in '90?

Sai I really retired to the extent that I didn't take on any paying job or full-paying job, shall we say, after that. But at home I didn't feel I could retire and I could move myself away from activities, although the government which was in power was not one which I was particularly close to or with a lot of affection for. I still felt some shame and guilt about the lack of progress in the population field, family planning field in Ghana, so I made it quite clear that I was available and would help in that field. In fact, not long after I went home, I got a call from the [office of the] president of the country [J.J. Rawlings] to come and see him. I went and saw him. He said he had been told that I would be able to make some very good inputs into the development programs and plans, so he would [like me to send him some written advice about Ghana's development approaches.]

Tape 2 ends.

[*Editor's note: See note on page 29. The following passage is recorded at the beginning of Tape 2.*]

Sai I told him I had learned something about general development, but I wouldn't begin to know what to say about national or third world development. But if you wanted something about population and family planning in development, then I would be able to help with that.

McFarlane Now, he wanted something about development, period.

Sai Period, yes. And I'm not sure that he was really able to tease it out in his own mind and give what he meant, but I wasn't particularly anxious to be involved so broadly. So I left, but I let it be known that I would be prepared to work in the family planning/population field. At that time, they were starting to reformulate UNFPA assistance in the country, and small groups were meeting in various parts to discuss the old family planning program and what needs to be done to put the thing better on the road. And it was decided that one of the omissions of the previous population program and its policy was that there was no—*[end section from Tape 2]*

Tape 3, side 1, begins.

McFarlane Just go back to meeting with the president.

Sai Yes. I hadn't been home very long in '90 when I was called to have a visit with the president, [J.J. Rawlings]. And his request was that he had heard I could make some very useful inputs into thinking [on] national development plans and programs and that he would therefore like me to put some thoughts on paper about my views on directions of national development programs for him. So I told him that I couldn't do that, because I haven't been in the country for a long time, and it is not my field, not development planning generally, but if he wanted anything on population and family planning in development, then I would be able to provide some thoughts on it. But soon I got to know that UNFPA and USAID were helping to revisit Ghana's population effort to see what kind of structures could be put in place for the thing to work better and what kind of programs and projects should be put on

the road. And I joined the effort unofficially. Finally this came to a head in late '92, when it was decided that the National Population Council had to be reformed, because the old one had died.

McFarlane Toward government change or just—

Sai I don't think anybody took actual steps to kill it, but the secretariat never convened a meeting of the commission or council and they just carried on. So the council had to be reformed and the secretariat revamped. So I was made chairman of the newly formed council, and we quickly started revising the old policy, bringing it up to date. [By adding] things like the environment, the aged, adolescents, some issues which require special attention which had not been in, and it was reformulated. And this time we insisted that we would like to have a law to back up the council, so a law was also passed. And I stayed there for some time and decided, I've done enough for them. But that was not a paid job. I was just doing it pro bono, as it were.

McFarlane And your international relationships would be important, too, for—

Sai Um-hm.

McFarlane —for models and resources. Is that correct?

Sai Yes, I think both UNFPA and USAID were reasonably happy that they had somebody like me being the chairman of the [new council]. And we had, as an executive, a lawyer who had been dean of the faculty [of law in the University of Ghana and who had also] been IPPF executive director for the [Africa regional office in Nairobi], Kenya. And in the beginning it worked well, but lately, I'm not sure that it is doing as well. And I think it is a question of resources. This is happening in many places, that with the emphasis on

HIV/AIDS, the family planning/population field is beginning to see itself the Cinderella of the development field once more and this is something we have to watch. I'm not sure quite what I'm going to do about it, but it's one of the things which I'm setting myself to try and help correct in the next few [months and years if necessary].

McFarlane Interesting. Cinderella. (Sai laughs) Let me just (pause in recording)— [It is March 12,] 2004, in London, and this is day two of the oral history with Dr. Fred Sai. Dr. Sai, I think when we left off, you were back in Ghana and about to, or beginning to, chair the population commission.

Sai Yes.

McFarlane And I guess I'd like to start off by asking, at what point had it become a population commission? Because in the first years it was the Family Planning Association.

Sai No, the Family Planning Association was and is different. That's the non-governmental organization. But when we wrote the national population policy we called it Family Planning for National Development on Progress—or something, Population Planning, I have forgotten—but we wrote that policy. And one of the structures set up [under] the policy was a national committee, and this national committee was [and is called, the National Population Council]. At the time [it was], put under the ministry of economic planning and finance. And so that was the committee I was referring to. And the committee had a secretariat, and the secretariat was the National Family Planning Secretariat. That was called that, National Family Planning Secretariat, and it was meant to be a coordinating secretariat.

But I mentioned how it tried to do some of the actual operation of things itself and how it created a lot of both interagency and interpersonal problems of various kinds. Finally, for about four or more years, the [council] was not convened at all, so the [council] really died. So when the country went to constitutional rule in 1992, it was necessary to look at these things again.

And that was the time when the international donor community, UNFPA, and others felt that it was time that this committee was revitalized in one form or another. And that led to some of us, with the aid of UNFPA foreign assistance, in terms of policy personnel and USAID assistance with people coming as consultants help to revisit the whole structural arrangements that were to be in the population field. And we agreed to have a national population council, and this council this time was placed under the presidency. And the secretariat was revamped and given its clear mandates of planning strategy development, monitoring and evaluation, and a coordinating mechanism, rather than to have any direct implementation role.

One of the activities that the [council] undertook immediately was to revisit the old population policy, which was developed and launched in 1969. So twenty-something years later several things had changed in the population field, or had been added to what we understood as the major population issues at the time. And among these was the question of aging, the issue of adolescents, and the issue of the environment—[those are] a few that I remember we visited—and then we asked why [family planning had] not succeeded the way we thought it would.

So apart from the internal problems that I have mentioned, we felt that if

there had been a law establishing the [council] and backing it up, giving it some kind of teeth for its coordination role and so on, it might have operated better. So we got a law actually passed, so now the national population council is backed up by the national population council law, and it's operating in the same way like the AIDS commission is. At one stage, I personally felt that we should, instead of having an AIDS commission, alter the national population council composition and constitution and make it the population and HIV/AIDS council or commission. But the record of the council, although I had been chairing it, didn't convince me that it had enough clout, enough support from the government itself, for it to be of strength in the leadership.

At that time, for example, I took on the job as chairman of the council. I tried to see the president for four years. I never saw him. I saw the vice president, but it wasn't clear that the thing had been delegated to the vice president at the time. So when you have a situation where the president was such a powerful force—I mean, there are presidents who delegated or who made it known that they wouldn't second guess the people at the front line. But when you have a president who would second guess and not delegate too much and whose order was law—[whose] command was to be obeyed by everybody, as it were—if you want to see him and he doesn't see you in a job which you consider important, the best thing to do is to leave. So I left that job after we had got the law and we got the things straightened out and so on because, at the time, he was [saying] things like, the only contraceptive available to men was castration. I mean, if (laughs)—I felt this was not on for me, and when you want to see him to correct the thing, he wouldn't see you. It wasn't

right. I hope he has learned that lesson now.

McFarlane Same president?

Sai Oh, no. (laughs) His term was over, fortunately, so in 2001 he had to go. And in 2000, we had the elections and the new president [J.A. Kufuor], [of] the party to which I belong—I must make it clear—[my party] actually came into power. And although [the previous government] had tried to establish the HIV/AIDS commission, the secretariat was not functioning or anything, so I took charge of that and started running with it. So that's the [story of] the National Population Council. Right now, it's still not adequately resourced, in my view.

And one of the things I mentioned yesterday which I would like to emphasize as one of my concerns today is not only in Ghana but in the whole field, the whole field as I look at it now: it is beginning to appear as if HIV/AIDS programs are becoming an enemy of family planning programs instead of there being a harmonized or synchronized program so that we can use the resources better, because I believe that good family planning, reproductive health programs, have to be the backstop for HIV/AIDS programs. We cannot run vertical HIV/AIDS programs forever. It has to be integrated into something. I agree with it starting as a vertical program to get momentum—to get the space, to get the education, to get people to understand—but I think we have to make people understand that family planning *qua* family planning has a lot of contribution to make in the HIV/AIDS field. And when you are talking of holistic programming, which is the only way to sustain programs in the long run, if we do not bring the two

together more closely we will be heading toward some very difficult times.

McFarlane So when you assumed the position responsible for the AIDS commission, were you starting off with a vertical strategy?

Sai More or less, yes. We had to start off with a vertical strategy. A, because of the whole international approach to it, B, that the resources were available for that kind of strategy, but C, which is perhaps the most important: there had been much denial in other parts of Africa that this is serious, and I didn't feel that we can afford that luxury in Ghana. We were surrounded by countries—Ivory Coast, Burkina Faso, and so on—which had got rates which were beginning to get quite frightening. So if we wanted to do something, we wanted to do it almost like a hammer going straight for some point, and so I agreed very much with the initiation of the vertical strategy.

But I thought I could help also to provide the links and then gradually, if possible, as we bring the prevalence rates down, the strategies themselves will interweave. And on the ground floor, I must say that some of the strategies are interweaving. I mean, our support of the National Family Planning Program, the NGO, for example, is one way in which the two are being brought together.

McFarlane So does that mean family planning workers are being trained?

Sai Yes, and HIV workers, vice versa also. And the ministry of health, which is the major agency, also has a national AIDS control program, which does the epidemiological work, the vertical counseling, the voluntary counseling and testing, the mother-to-child transmission thing, and also does the treatment now that we have got treatment. So although the planning, overall planning, is

done by the commission, the detailed planning of these activities is entirely the ministry of health's responsibility, and so it is mixed up with the ministry's other work of family planning and maternal and child health. So although there is a vertical approach, as it were, to the awareness creation, to the behavior-change communication, when it comes to many of the services that are to be given to the people who have got HIV or AIDS, the services are integrated into other health services and other care services within the communities.

McFarlane

And this was your vision for the population—

Sai

This was my vision for the population council in the beginning. Unfortunately, the politicians and some of the technical people refused to be properly briefed as to what those of us who actually wrote the policy and wrote the plan for the secretariat had in view. So for example, when the ministry of health appointed its person to be the ministry of health's liaison person with the population council, the person was appointed to be the executive secretary of the population council without reference to the ministry of health. And he immediately tried to cut his actual links with the ministry of health and started doing things which ministry of health thought was their province—for example, training nurses to do things in family planning. The secretariat should have said, We want nurses trained for family planning.

McFarlane

How can you do this?

Sai

How can you do it? And we will say, These are the resources we need for doing it, so give us the resources. And we want resources in terms of A, B, C. But they started doing some of these things themselves. Ditto in education and communication, ditto in condom distribution, and so it became such a jumble,

but I think we have learned. And at that time, strangely enough, they had some money through the population council commissioners—council, as it then was. But now, the moneys are going more directly to the line agencies, and the council we should help with planning and so on is therefore being deprived of their resources, and the grant-in-aid, which can be used for bringing people in line, is no longer with them. And I will try to fight and see the extent to which we can bring the thing back into balance.

McFarlane

So are you still the presidential advisor for—

Sai

Yes, I am. I'm not as directly involved with the AIDS commission, but I am the advisor. The person who is actually the council chairman is somebody whom I recommended for it, a lady called Mrs. (unclear). She had been the UNFPA's chief of the Africa region based in New York for quite a while. She had done a good job, and in her previous life she was [in] the ministry of finance in Ghana—economic planning chief of the ministry, so she knows the Ghanaian scene completely thoroughly, like myself. And she had started by doing a good job, but she's starved of resources for her group. And because of staff, financial resources—the personnel situation is not too good. You know, when you have got a situation where the country is rapidly developing, the many donor agencies who are interested in this field are recruiting Ghanaians to help with our secretariat. Then you have the AIDS commission, which is also recruiting Ghanaians. The number left for a group that doesn't have a lot of money that cannot move outside of the system to attract with salaries is very difficult to handle, so I'm still struggling as to how to make the population council a much more effective instrument than it is at the present time.

McFarlane I'd like to back up a bit and move out of Ghana and talk about your role leading up to Cairo. (Sai laughs) I'm not sure where the good transition is here, but—

Sai I think my role leading up to Cairo perhaps (laughs) requires that we move a bit further back, hasn't it?

McFarlane Okay.

Sai Maybe some other time, we can talk about what I consider my real major international conference impact, because there was one with World Health and UNICEF on the Nestle-Merck controversy. You remember that?

McFarlane Yes, I do. Would it make more sense to you to move in that—

Sai To group them—those four.

McFarlane Right.

Sai Well, (laughs) I have been saying to myself, if I have to write memoirs, I should try and write about the four that made a difference. And these four, in my view, would be the Infant and Young Child Feeding Conference in Geneva in 1978, was it, or '78, and then the Mexico Population Conference in 1984, then the Safe Motherhood Conference in Nairobi in 1987.

McFarlane And who sponsored that?

Sai I'll come back.

McFarlane Okay.

Sai And then the Cairo conference. The first one, the Infant and Young Child Feeding thing was put together by WHO and UNICEF, World Health Organization and UNICEF together. It was in response to the major controversy that started with the article "Nestle Kills Babies," if you

remember, where they were maintaining that artificial feeding was killing more babies than it was saving, and there was the boycott of Nestle and so on. The WHO decided to bring the sides together, and so they organized the conference.

We brought together the scientists, the activists, and some representatives of the WHO regions, and, at that time, I was just getting ready—I had just left the IPPF, and I had taken on the task of being an advisor to the UN University, one of the UN university coordinators. And I got this invitation to come to this meeting, and I wasn't too sure in what capacity I was going, but when I agreed, (name unclear), who was the chief of nutrition at WHO, and one other person called me and said, Oh, when are you arriving? We want to meet you at the airport.

I said to myself, Meet me at the airport? Since when have these people started meeting people at the airport when they are coming to meetings?" (laughs) So I knew something was afoot. I went and they met me, and they said they wanted me to be the moderator of this meeting and would I be ready to do it.

McFarlane They didn't tell you until you got to the airport?

Sai No.

McFarlane They were afraid you wouldn't come? (laughs)

Sai I don't know. I don't know what they thought. Anyway, we agreed, and I chaired the meeting. It was one of the toughest meetings if you imagine, because the scientific evidence was being looked at from a half-full/half-empty kind of angle, and the activists wanted the World Health Organization to

endorse their stand of the boycotting and write a communiqué which meant this thing should not be given except on prescription. And naturally, the industrialists and commercial people were also not doing too well at all, so I had to try and bring these things to a situation where we could start thinking along our straight lines. Yes, we don't want complete advertising, but no, we don't want complete banning either—that we need to have the situations quite clarified, conditions under which these things could be harmful, and conditions under which they could be done with good results and so on.

So we came to some kind of a rationale and it followed that there should be developed a code of marketing for baby food. And this happened, where now we have got the international code of marketing of baby foods, and there are groups who follow it and groups who have passed laws in their countries, including my own, to see to it that these things are observed. I believe that that was a good thing which happened. I'm not sure that—the Western world, by and large, doesn't care a hoot about the thing because I've seen it on American TV, a lot of advertising of baby foods which the code did not allow, but since it was not an international law but a code of behavior nothing much can be done within national laws.

McFarlane

Can you give me an example of what doesn't fall within the code?

Sai

What doesn't fall within the code is, within hospital practice, for example, if a mother has died and a family have got good water and so on and they can look after the child, there's absolutely no reason why the child should not be given formula milk. If a child has got some kind of a thing, or the mother has got an illness because of which they cannot breastfeed, there's no reason why efforts

should not be made to feed the child properly. After a child has breastfed for six months, if the family feels, then they can do something with feeding the child. There's no reason why they should not be permitted to do that, although the advice is that they should try to give more of the familiar foods than to go into breastfeeding.

What the code really wanted to do—and maybe it went even beyond that—is to see to it that people in developing countries did not feel that the baby milk formula is the thing nature has given mankind for its children, that mankind came with breasts and breast milk to be followed by natural foods which are eaten in the house. Cow's milk has been a bonus in certain circumstances and situations, and we should notice that, rather than simply move. The one major thing which didn't fall within the code is for working women who really understand and opt out, and even there, the countries were being advised to give them feeding breaks, if possible, to breastfeed their children, they themselves were being advised to express the breast milk, store it if possible for the children. Or, the third is to have baby-friendly work places where they could bring their children to and a long maternity period, which—the Swedes, I think, made it six months or something like that. We have got a three-month period, and by the end of three months the child has got much of the benefits that it could get from the breast milk.

But I thought being the facilitator for a thing of such tremendous international importance was a major thing in my CV, and I look back on it with—despite the hard fights and struggles and so on—I'll tell you a story (laughs) of something which happened which amuses me because I don't know

where I got the thing from. At one point, there was a lot of fight about— somebody made a remark which somebody considered sexist, gender—and the group was very annoyed about it. And the other said, But the Bible did this, and somebody else did that. And the thing was getting so tense—

Tape 3, side 1, ends; side 2 begins.

—fighting about somebody who had made a sexist remark, which we obviously didn't want, and so on. I got up and looked at them, and I said, "I don't know about you people, but there are things which old men do when they sit down for a long time. And I want to get up and go and do it, so let's all go for a physiological break." And everybody started laughing. We came back, we were on track, and we started our discussions again. So that's one.

McFarlane Had you thought through the strategy before the meeting?

Sai No.

McFarlane It was your skill in bringing these groups together.

Sai One simply had to sit there and listen to what was happening, and yes, you have to know the field. You have to know the controversy as it had unfolded. That I did know, and having been asked—I told you yesterday. Having been a clinical nutritionist for children, I knew many of the actors, especially the scientific actors, whose findings were being used in some cases, abused in other cases for maintaining the controversy. So it wasn't—the difficult thing was to make people realize when they are drawing extreme conclusions rather than anything else or to make them realize that when you are negotiating, you simply don't say, Mine or nobody else's, and so on. So that came out well, and the code is in existence. The extent to which it is helping the field, I have not

done any evaluations, so I don't know. But I think at the time, it was a very important conference. The next one was '87, the—

McFarlane I'm going to stop right here and just make sure—(pause in recording)

Sai The next time was in 1987, the Safe Motherhood Conference held in Nairobi. At that time, I had been in the World Bank for a couple of years when we started planning it, and it—

McFarlane And you'd already been through the Mexico City experience.

Sai I'd been through the—so really, I should have mentioned the Mexico—now that you've mentioned it, but I mentioned the Mexico City experience. We discussed that a fair amount yesterday, but that was the first of the population conferences where we actually brought in not as much but some of the issues, the gender issues, and the maternal mortality issues and what was causing so many women to be dying. And yes, abortion was mentioned as one of the major causes of maternal mortality, but nobody dared want to get beyond to say, 'Therefore we should think about how to make abortion more readily available. Because, I mean, [the] insistence was that nobody should think of abortion as a method of family planning. And also, it would have created a lot of rumpus at the time because the Mexico City Policy was already out to the public, and people knew what the Reagan administration was going to say. So this policy came in, and we couldn't do anything about it.

But the major reason why I think this particular conference was very important, A, was the fact that although the non-governmental organizations were not given too much face in the conference, they were given daily briefings and their people went around. The parliamentarians, as a group, had been and

made their own declaration and contribution to the conference, and then the question of maternal mortality and sexually transmitted infections started being looked at—infertility. In fact, the whole issue which later came to Cairo as reproductive health started being [recognized] there.

The second reason why I thought this was major, apart from the controversies which I have mentioned: the Arab-Israeli war, which we managed to keep contained. We couldn't completely remove it, but by giving it a full committee with a good expert sitting as the chairperson, Léon Tabah, we managed to prevent it spoiling the atmosphere of the conference. Otherwise, that conference would have been a disaster. The second was the Mexico City Policy and the discussions which made the American contingent quite a bit worried—worried sufficiently, too.

McFarlane Let me ask you. So are you saying that the Americans, because of the American Mexico City Policy, that it made the whole conference more conservative at least toward the abortion issue?

Sai Well, it put a damper on the conference as far as the abortion issue was concerned, because many didn't know how it was going to play later on, and the resources that the U.S. was putting in the field [were] sufficiently big at the time for groups depending on U.S. resources to be worried about what would happen if they lost their resources. But fortunately, the science was so stark because the WHO had, in [the early 1980s], I think, come out with [findings and later] a publication which had, for the first time, put before the world the fact that there were 500,000 women a year who were dying unnecessarily from childbirth and related causes, that in many places, quite a proportion of these

deaths were due to unsafe abortion.

And even apart from death—for each death, you can think of about fifty women who would have long-term adverse effects of various kinds, including the [disabling] fistulae and [other diseases], which people got if they got married too young or their bodies were not mature or bad obstetrics or non-existent obstetric practices. So this gave some kind of a [reason] for looking at women and the [need to examine] why women were so vulnerable in this field. But it was also at the same meeting that the first hint of, let's not look on women as objects who are just going to be given injections or pills and then they stop having children, and look at [them as persons with] other [needs was found to be a necessary challenge].

In fact, the Latin Americans had the words “transformation of society,” which found its way into the background [documentation] of the conference—that society needs to be transformed—but it wasn't developed as well as it got developed in Cairo ten years later. So many of these medical [discussions] came up in Mexico, but there was a real, real tug of war in Mexico. And the thing which made Mexico perhaps easier was that whereas [for] 1974 Bucharest, it had been the developed countries that said, Let's have the conference—so it was the developing against the developed countries, with the U.S. being among the leadership, literally, for upholding the family planning and so on—this time [in 1984, it was the other way round. The developing countries wanted the conference]. [During] the [early] preparation towards Mexico, you had a different administration, and therefore they went with the rest of the group [about] the importance of family planning. There wasn't too much discourse

about contraceptives and what evil they were doing and so on.

By the time we came to Mexico to the actual conference, the politics had changed in the U.S. Abortion was a bad word, and even the contraceptives, some of them, were being challenged seriously [by the U.S.] And on the other hand, you know some of the women were [also] challenging Depo-Provera and what it was doing to women or why it should be given to women at all.

McFarlane Were these women's groups?

Sai Some women's groups, yes.

McFarlane Were they chiefly from the developing or developed world?

Sai Chiefly from the developed world [but there were some vocal ones from the developing countries as well].

McFarlane What do you think about that?

Sai Oh, I went on record quite a lot to say that the science that they were quoting was absolutely, incredibly faulty, that this, for women in the kinds of circumstances in which I came, was a godsend. Because when you have women whose husbands have been known to pull out IUDs, you want something which the woman can have quietly and their husband doesn't know. And [Depo] was [then] the best, and it had been proved in Thailand. We have got it in Kenya, but the women themselves weren't given the option of choosing the Depo-Provera rather than anything else. My own country was no exception at the time.

So I felt that the women were not doing their sisters in the developing countries any favors by trying to fight the introduction of this [product], because, you know, the circumstances of American women especially, are so

incredibly different from the circumstances of developing country women, even the educated developing country women in those days, that we had to be very, very careful in what we looked on as denial of rights. Yes, the right to choose is a right, but the right to choose requires that you choose something which you can achieve. But if I said the woman has a right to choose the contraceptive and I know that if I told her that one out of ten thousand might develop a cancer in a circumstance where the word cancer means death, the word cancer means “[deadly] infection,” are you advising the woman to choose or not choose? And so, there is a need to have a completely different kind of approach. When you see a woman who has one in twelve chances of dying from the next pregnancy, why should you talk to her about one in a hundred thousand chances of developing a cancer thirty years from now [from a contraceptive]?

You know, the ethical positions have to be weighed completely differently, and this kind of discussion never entered some of the debates in the field about contraceptives and when and why they should be used—I mean, the competing risks. And one could tell an educated person who was fighting. They say, Look, if this were a risk for the life of the woman, the next child would take her into the grave in the next four or five years, whereas Depo is unlikely to do anything to her for another forty years even if the things that we are saying [are] true, by which time she would have looked after the existing children and everybody else.

And anyway, I don't believe that the issue was resolved. It took a long time. You know that [Depo] was banned in the U.S. for quite a long time until

recently. It took a long time before it was released. Fortunately, many of the [developing] countries felt that they were strong enough on their own to use these things, and they kept on using them.

McFarlane Were these groups unable to process scientific information or just had ideological positions?

Sai I think partly unable to process scientific information, or unwilling to process scientific information accurately because, again, the circumstances were different. And when you are somebody who hasn't traveled through Africa, hasn't traveled through rural India, haven't traveled through rural Bangladesh and rural Thailand, their approach—we have to be generous and say the approach is colored by the circumstances they know, not the reality that is out there. So the view that I bring to my task and the language that I bring to that task is completely different from the view and language that I bring to [the opponents from the advanced countries].

In fact, one of the people who was a very good ally in this field—and I'm sure she doesn't mind my mentioning it because she mentioned it publicly all the time was Sharon Camp, who is now the head of the Allan Guttmacher Institute, she stated quite openly that she had been using Depo-Provera and was quite happy with it, thank you, irrespective of what [many others] were saying. As a [demonstration of] what I call the “fringe echo” from what was happening in the United States, in Tanzania, one of the doctor parliamentarians there thought he was going to lambaste the Family Planning Association with this Depo-Provera issue. So he got up and made fantastic claims that Depo-Provera was making women bring forth children which were

half animals and so on. I mean, you see the extent. (McFarlane laughs) So we managed to get the scientific evidence across to their government. And so he was called [to a meeting,] and they sat in what they call the [Politburo], and he was asked to substantiate. He couldn't substantiate anything, and fortunately, the government made the decision to give the Family Planning Association leadership in planning Tanzania's [total] family planning program, turning an adversity into a good thing. At that time, I was with the IPPF. So that was a battle.

By the time we came to Mexico, this battle was also on, but we managed to get a good document out of Mexico. And one thing which we were afraid of when we were going into Mexico finally was the [possibility of losing one of the major gains of Bucharest. We] had Article 14f of the Bucharest convention [The World Population Plan of Action, adopted by the 1974 World Population Conference in Bucharest—ed.], and this was the article which stated that [it was the right of couples] and individuals [to] have information and services [for planning their families, that] they should be allowed to have the number of children they want and the spacing of them, [they should take into account] the needs [of their] current and future families, and they should have the information to do so. The word individual [was contested, and] it took about a week to negotiate [this short text] in Bucharest because the Catholics and their group—America was not one of them—wanted couples only, not individuals. That was [permitting fornication and] promiscuity.

So we were frightened that when we got to Mexico, this [article] which took such a lot of bargaining would disappear. Fortunately, it didn't, and, to

me, that was one of the greatest achievements of Mexico and Bucharest before it. And Mexico, it was where we went on to say it was the responsibility of governments to give [couples and individuals] the services to enable them to implement their own decisions.

McFarlane Individuals.

Sai Yeah, and couples. Couples and individuals, but the individual was the important thing. And then came my [move from home]. I went to the World Bank, and we had gotten the facts of the Safe Motherhood [situation], of the maternal mortality figures and Allan Rosenfield and Deborah Maine [had written] a seminar paper, “Where is the ‘M’ in MCH?” where they talked about children and their health taking over the major resources and everything else, although the programs are called Maternal and Child Health and the women are forgotten. If they are remembered, they are remembered only for their contribution to the health of the children, not for their own health and their own needs. So the World Bank, with [concerned staff, such as Anthony Measham], Barbara Hertz, [myself and others], and then with Family Care International, which is headed by my friend Jill Sheffield. And finally, UNICEF came in and—what do you call it—the UNDP [United Nations Development Program] also subscribed to it, but the whole thing was developed within the World Bank that we should have a major international conference to draw attention to the needless deaths of women due to pregnancy and childbirth-related problems. And this was organized, and the Kenya government agreed to host it, and the president agreed to come and open it. So we had a very good conference there.

McFarlane This was something that really was initiated through the Bank when you were there?

Sai Through the Bank, yes. Some of us were on the ground floor of getting it together. Tony Measham was the health advisor, and he and others did quite a lot of work on what it would cost to prevent these deaths. And the cost they worked out was something like, in many of the African countries, two dollars per capita. If that went into efforts to do good programs to save women's lives, these deaths could be prevented. So apart from the economics, the health aspects were looked at, why the health services had failed so badly. And it was in this that the basis was also broadened to show what social, cultural, and other things, some other things which you would have seen in the book [by Fred Sai] *Adam and Eve [and the Serpent: Breaking the Bonds to Free Africa's Women* (Accra: Ghana University Press, 1995)], how many of these issues were playing a role in getting this happening.

It was at this conference that Mahmoud Fathalla [a leading OB/GYN] from Egypt who has been president of FIGO [International Federation of Gynecology and Obstetrics], and now he's back home as a professor—he had also worked for the Rockefeller Foundation—he devoted attention to something in a paper which touched everybody, bringing all of these [complex background problems] together to answer the question, Why did Mrs. X die? And it started from the pregnancy of Mrs. X's mother and how the delivery was and how she was born premature and how she was in circumstances she couldn't get any education, couldn't get this, couldn't get that, grew up without any knowledge of her body or anything like that and how that led to her not

knowing about anything in the world. Therefore, not knowing, she was given to marriage when she was twelve or thirteen—got pregnant. She didn't know how to prevent getting a child, got the child.

And then all of this [time] he was showing the exit points. If this had been done for her, she wouldn't have gone to the next stage, all the way up to when she came into labor and didn't know where to go. By the time she got to the hospital, the doctor wasn't there, no supplies, nothing. By the time the doctor came and he started the operation, she died. So all of the [potential and removable] blocks [were] presented there, and we decided to initiate the Safe Motherhood Initiative.

But the thing which (laughs) made my personal part difficult was, I got together a small group to listen to the discussions as we went on and help provide a declaration of what our intent would be. And apparently, they never got on because there was some preconceived idea by some that we wanted to create another UN agency for safe motherhood, and others felt that we wanted to create a fund which would require going around for safe motherhood. And because of that, the group could not agree to give us a declaration of what we wanted to do, so this came to [me] the night before we were supposed to close the meeting.

So I simply had to sit down with somebody [Ann Starrs, I believe] and dictate a declaration which I would read to them in the morning, and I read the declaration to them in the morning. I believe there was just one modification from the floor, and it was passed. And we thought it better [have the declaration] put out by [one of the major UN agencies] that had clout. Since

this was Safe Motherhood, Halfdan Mahler, the then director general of the WHO, should be made to write an editorial in *The Lancet* and include the declaration from Nairobi. So this [is why] in the literature [the declaration] appears like that, although the final document from the Nairobi conference has it under the moderator's name. But that is what we had been working to, and now we have been holding annual or biannual reviews: the last was a ten-year review that we held in Sri Lanka to examine what had been achieved. And we felt very sad because for most of the countries, there hadn't been any move, [no achievement; in fact for some countries things were very much worse in 1997 than in 1987].

Fortunately, in the year 2000 maternal mortality was taken up in the millennium development [considerations] at the UN so it is back on the international agenda as something which needs to be done. And I believe that the next ten years will see a lot of movement. But the area of it which really, really hurts me most is the percentage of these women who die from unsafe abortion. Research done in Ethiopia, for example, showed that thirty to fifty percent of maternal mortality was due to unsafe abortion. Same thing in parts of Nigeria the same. [For my] country, it's coming down, but it's still about 20 or so percent.

McFarlane

Is it legal in your country?

Sai

It is restricted. People say legal or illegal. I think the abortion situation should be described as either liberal or restricted because in many countries it is restricted, but in quite a few of them, the restrictions are such that if the doctors did want to help, they can help without having any difficulty. And that

is the situation in my country. The law was changed in 1985. [It was liberalized in many ways. The persons permitted to perform abortions were stated:] they have to be gynecologists or doctors trained to do it. The place [in which] it can be done: government hospitals, [or private hospitals and clinics] registered by the ministry for maternity cases. Then the [exemptions that are conditions under which abortion is permitted are stated:] rape and, incest. In case there is enough evidence that the child, if born, will have problems or will not survive, that's another. Then, for the mother's health, and we [could] use the WHO [charter's definition] of health, which is emotional, physical, psychological, and other things.

And therefore, really, generally, if a doctor in Ghana wants to help a woman, he should be able to do it. So my approach to this in my country right now is, let's train the doctors to know how to [perform abortions safely], and let's train them in what the law means and give [them] the facilities. So that's the way we are going. We have had a lot of push about trying to make it as liberal as the South African law, which I have the greatest admiration and respect for. But instead of going that far, knowing that in the current environment we are going to face very tremendous pressures, I would rather live with what we have.

McFarlane Pressures from the churches or—

Sai From the churches, even from individual groups, even from women's groups. In fact, I remember my friend, [the late Professor] Ransome-Kuti, when he was the director of medical services or [minister of health] in Nigeria, tried to get the laws liberalized. It was the National Council of Women or [some

powerful group] got up and said they were going to have him removed. And they [went] to see the head of state to see that this [suggestion was not entertained. The] leader [of the women's group] came to a meeting in Sierra Leone at the time, and she was very proud of herself, wanted to report this [success] to us, [but] she was hooted out of the place and she went back home, and they lost the opportunity.

McFarlane Are these women that are members of conservative churches?

Sai I don't know what their religion is, but, you know, that's a lot of hypocrisy.

McFarlane Or upper-class women that—

Sai Well, of course, upper-class women for sure. And for me, the major thing about the abortion law is its discriminatory implementation. That any very highly educated person, any person with a lot of money who wants to have an abortion, no matter the stage, can have it in any of our countries, no matter how strict the laws. I mean, even the priests who are preaching—we have helped the priests, or their children, or their relations, and yet you see them and they are preaching against the poor people for whom religion is such a major staff of life, that you shouldn't want normally to interfere with [their] beliefs. So that's one reason why I'm very upset about any restrictive laws, and having been trained in medical ethics, it should be between a woman and her doctor, finally.

McFarlane Do you really think it should just be her doctor? I mean, if, just given the few doctors—

Tape 3 ends; tape 4, side 1 begins.

Sai But like I said the other time, midwives are very competent to handle

pregnancy and [some of] its related [problems,] if they are properly trained [supervised and given the proper backup]. And with the current technology for abortion, you don't need really an awful lot of training to be able to perform a good abortion. In any case—

McFarlane But in Ghana right now, it could only be a doctor, a physician.

Sai According to the law. But if we interpret our laws [properly], as a doctor you can delegate any of your responsibilities to any [other trained person], provided you are responsible for [what they do]. So we have that [permission] within our laws [governing the] full [practice, of medicine] so [the statement doctor in the laws does not have to restrict us; it] doesn't have to. And because of the situation of unsafe abortion, many of our midwives are trained in [handling] unsafe abortion [anyway; and] it's the same method to get [either the products of conception or the] unsafe tissue out. And so, they are trained already so they can be used without any difficulty whatsoever. And the evidence, wherever it has been tried, is that there is no difference in failure rate, no difference in complications, provided they follow the guidelines that they are given. Anyway, so that is another area in which I have been involved, the safe motherhood activities worldwide.

And recently, a couple of years ago, I think, we held a meeting in Tunis to [review] what really works and what didn't work because from Sri Lanka, on the tenth anniversary in '97, we learned that skilled attendants at birth was number one [need for success]. Number two is evacuation, and [three] is a support hospital [with] emergency obstetrics care facilities [and trained staff] being available. [But before all these the] most important [requirement is]

avoiding delay at home in seeking help and how these can be brought about. So later on, two years ago, we had [this] meeting in Tunis, selected a few countries which had made progress to see what they had [achieved and how]. Sri Lanka was number one. They really had done very well indeed. Botswana was another case where they were doing well, and I've forgotten the others, but about four or five countries came out and reported what they were doing. And we're now trying to get the funding necessary to get the governmental input so that these [findings] can be [evaluated and applied] worldwide [to] see whether we cannot bring these rates down.

McFarlane By saying, "we are trying to get the funding," who—

Sai Oh, I'm talking about the international community. There is an international agency. What do they call themselves? Interagency Group [for Safe Motherhood] they call themselves, and now they have changed [and expanded it] to The Alliance for Safe Motherhood and Neonatal Health. And this is an alliance which is helping to bring resources to bear, bring their research findings to bear, and so on. But previously, the World Bank, the WHO, UNDP, one of the non-governmental organizations, Family Care International, was the interagency group with the secretariat based with Family Care International. [They have been] doing all of the international stimulation activities [and] getting the documents out in the field. And WHO was the center for [producing] the newsletter, which was [supposed to be connecting the field together and disseminating new findings]. But now the secretariat is going to be located inside WHO, I am told, and this is the new alliance which is the group that I'm talking about.

McFarlane But just for my knowledge, are there women's groups in this movement?

Sai Yes, there are. First of all, the International Confederation of Midwives is in it, and I believe there's one or two women's non-governmental organizations involved in it, too. Well, the White Ribbon Alliance, that's not strictly a women's group, but that is in it, too. So that's the Safe Motherhood [Initiative]. And now Cairo.

McFarlane Would you like to take a break?

Sai Yeah, if we have done—(pause in recording)

McFarlane —Cairo part.

Sai Into the Cairo [story]. By the time the preparations for the Cairo conference got going, I had left the World Bank and I had gone home. I wasn't in on the very first preparatory committee, but by the time of the second I had become the chairperson of the National Population Council, so I was to lead the Ghana delegation to New York. So—

McFarlane How far in advance do the preparations begin?

Sai Oh, this must have been at least two years [earlier], probably three, because it was '93 that I went to the second PrepCom, so the first PrepCom must have been in '92, [and there were preliminary UN discussions as to whether to have a conference and where to have the conference prior to that]. And I was immediately made the chair [of the PrepCom] for helping to facilitate the negotiations, and so, we got going on writing. The secretariat had prepared a basic document which was going to be [used. Prior] to this I had been to the Africa regional meeting, which was in 1992, and it was held in Dakar. And fortunately, the Africans had changed their tune quite considerably, and we

were now ready to accept family planning, even to the extent of giving ideas of population growth [rates] that we would like to see and that sort of thing and contraceptive prevalence rates and things like that.

I was quite surprised and very happy to see the advance that had been made, [including the realization that] the Safe Motherhood program that we were talking about had been taken aboard. And a whole lot of women's status improvement issues were discussed, which was very good. So when we came to the negotiations [in New York in 1993], I felt that if our African countries' leaders have given permission for these to be discussed, we should be able to get them discussed at the international level. And true enough, there was pretty good agreement on some of the general lines of the conference. (pause in recording)

And I must say at this point that prior to this, there has been the Rio conference on the environment in '92, where population and family planning had not had a good reception. And I think it upset many of the women's groups. So they came together and they came in strength and they had really done their homework this time and they helped the cause no end by insisting on the rights and statuses of women being made a major program issue within the Cairo or the ICPD, as it really is, to give it its proper name, International Conference on Population and Development.

So during the [PrepCom], the papers that were being put forward had to give us the major lines. And the most major of the major lines was, this field cannot move if it dealt with population growth and its numbers as a central issue, that the central issue should be the development of the human as a

whole, the needs of the human, their needs for security, need for education, need for whatever, need for health and so on. And this human should have within it, as the central issue, the woman human, and so the women's issue became the central issue, really, to me, around which everything else was revolving. Yes, men's issues were brought in, but that was A, when it comes to the poor, everybody was poor, but B, when it comes to helping women or educating men to relationships, their sensitivities, their sensibility towards the needs of their womenfolk, that they should be prepared, too.

But the main thing was to try to make governments realize that leaving women behind in any way or treating women as number two in any way is not on. Not only is it not on in human terms, because they are equal, but it's not on in development terms, because their contributions so far have been marginalized. They've been making contributions which are [ignored. Because] much of it has not entered into [economic] accounting, it is considered as nonexistent. But what is even more important, if you make it enter the accounting then you will be able to help positively enlarge it, if it needs to be enlarged, or really channel it or help channel it in terms where it can be even better. It can be even better [with more] inputs than it is [getting the such inputs should be made available].

And then apart from [the women] themselves, if you look at the family at home, their contributions [both] biological and social [are important]. So far, [these are much more] than the other party, [the male], contributes that there is a need to look at all of these and make the woman [the center of the development equation] and not only because of fertility demands. In terms of

family planning, [that] her needs [should] be looked at sensibly, [and the male] should be made to take an appropriate part even in this. Where it comes to the choice of family planning methods making the woman herself a party, a lead party really, in the development [of the] program [is essential], insofar as these programs are affecting them [most directly].

So that's what's agreed literally, but when it comes to the details, like contraception, there was a whole lot of talk. In fact, this was one of the areas where there was a question of this Depo-Provera. Why should doctors take the decision for the women and so on? This is where that [controversy] re-emerged. In the end, all medically accepted contraceptive methods, clinically proven methods, could be made available, and provided the choice is not taken from the person who is receiving it. Then the issue of unsafe abortion—and this was the one which took the headlines—one can look at it from two angles, one positive and one negative. The positive angle is that but for the huge and unnecessary inconsequential debate about unsafe abortion, with so much happening in the world at the time, the conference might not have received the international media's attention. But with this debate about unsafe abortion, this conference received so much media attention—I don't believe any other [UN] conference had received that before, which from point of view of getting the international [community and developing] country leaders awake, it did an awful lot in the end for Cairo because it sent quite a few of either the actual leaders or the immediate and responsible advisors as delegates to the meeting in Cairo, which was good.

In the end, the agreement was that A, abortion should not be taken as a

method of family planning, which we agreed to, but B, where the law permits, then it should be made [accessible and] safe. Those two, as far as I'm concerned, were major advances. In fact, whether you consider abortion a method of family planning or not really [depends on] your definition of family planning. If you keep family planning only as a preventive issue, then, of course, it is not, it's post hoc. But if you give family planning as any method of spacing the children or limiting their numbers, then it is. So it's neither here nor there, but my main gripe is with "where the law permits", and this is where [the opponents of abortion] have devoted a lot of attention trying to see to it that the law does not permit [or the implications of exemptions,] and not making providers think clearly in terms of what they can do. But the program goes into all the other areas which will help empower families—the woman first—families and individuals, generally, by way of education, by way of economic development and so on, so that they will be able to make the proper choices. And I believe that by the time we came out of Cairo, having had such powerful world leaders—[Gro Harlem] Brundtland, I think, was then [the representative] from her country. She hadn't become the director general of WHO. She made a powerful speech. [Benazir] Bhutto, Pakistani prime minister, she then was, made an equally powerful speech.

Two areas which were in contention was this business of [women's] equality, and many of the Islamic communities found equality difficult because their laws of inheritance and things were derived from either the Sharia or the Koran, I don't know which, but made the woman less than equal, and they found this very difficult. Another area was adolescents and adolescent sexuality

and adolescent reproductive health. The word for adolescent doesn't exist in many languages, so it was literally being translated as children. Sexuality is a very difficult word to interpret for many, many people and languages. I'm not even sure that the people who speak English, [that] all of them [are] able to differentiate between sexuality, sex [and] gender. These are three which are a problem. [According to some Islamic representatives] we were advocating promiscuity if we talk about adolescent sexuality, [that] we wanted children to be taught how to go to bed [with the opposite sex].

McFarlane

How to be—children being sexually active.

Sai

Yes, so this created a lot of rumpus, and it has to be explained word by word, word by word, so these two created some kind of problems. I must confess that in the major negotiations in Cairo, I distributed the [sections of the draft program of action] among my vice presidents, and I took all of the preamble I [personally] chaired. I made [the discussions] open to all delegations. I must confess that in that discussion the Vatican representative was a very helpful person. Yes, he made his points, but where the language had to change to make it acceptable to some of them, it was a useful change. It wasn't a change that one could find anything offensive about, and when people have been criticizing a part of it, [what] we say is that this consensus is to be implemented within the cultural, religious, and other realities of the nation. That was giving [nations] an opt out [some complained]. And I said no, the UN consensus had to be operated within these, but we went on to say, so long as [the action is] not in contravention of internationally agreed human rights consensus. And once the human rights consensus had been agreed, [including such

rights as] the International Declaration of Human Rights, The Convention for the Elimination of all kinds of Discrimination against Women. This [latter] one has been agreed as a treaty, and it is operational. So none of the things that we have written can be thrown away because of culture. If by throwing it away because of culture or religion, it is confronting [an agreed treaty] or the human rights principle [then it has to stay.] That is an interpretation which [many] people do not understand but which should be made quite, quite clear.

In fact, last week—no, this week, Monday, Tuesday, in the Netherlands, this was something which we were discussing, and which we made quite clear, that that phrase was put there because, yes—like I have been mentioning about making people appreciate how to use the injectable—the use of the injectable should be understood within our culture, and the fact that men are irresponsible, and I have seen a man who does not contribute a penny to his wife’s upkeep. The wife has had five children, and when the wife went behind him and went and had an IUD, he took [her and the provider] to court in my country. And he came to tell me he’ll call me as a witness for him, that “I wasn’t consulted when the midwife put the IUD in.” I said, “Yes, you can take me as a witness, but I’ll tell you that you are going to lose if you get me as a witness because I’m going to say, “The one who pays for the household upkeep is the one who should have the decision-making power, not the one who comes for two minutes and goes.””

The case never went forward, but these are the kinds of things which we want many to understand for us so that some of these unnecessary arguments would not come about. And fortunately, having made all of these agreements,

again, and fortunately, the U.S. at this time had a leader who was really most helpful, a man called Tim Wirth, and he managed to help forge agreement among many of the donor countries. [This was unlike] other times when the U.S. spoke a lot [on] the floor and had a lot of countries trying to oppose unnecessarily. This man worked his magic, mostly outside of the hall, and that position was [very acceptable] to many. It affirmed the positions of many of the developing countries, and we therefore had none of the North-South divide that usually happened.

And I've forgotten one thing. Quite earlier on in the [preparatory committee]. We agreed that population was not going to be considered as simply, [a discussion of] the numbers. It went beyond that as simply a numbers game and that there is no evidence that the major environmental problems of the world as a whole [and] population, [as] numbers of people, [are directly] related, but that the major global environment issues are affluence related. [These are more related to bad] industrialization policies, [poor disposal of wastes], and greed. The major ones which are related to numbers relate more to agricultural land [destruction] and erosion, and these are largely mediated by poverty and lack of adequate technology, which is also a result of poverty. Now, having agreed to this up front, the major points which made population an issue, which was untouchable in Rio, disappeared from our agenda, because we have agreed that both sides, [North and South,] are going to have population problems. One is related to affluence and greed. The other is related to poverty and lack of resources and that kind of thing. So we agreed and moved on, and I believe that this was something which helped the Cairo

consensus a great deal. Where we respected the scientific facts, we had very few difficulties. It's when we came to these issues about abortion which was killing [women] and yet people say we shouldn't touch it and what technologies are permissible and not permissible and then confrontation with some of the religious or customary interpretations of man-woman relations. But, in the end, having done the preamble, which a lot of them accepted, we managed to get through with the documents.

Unfortunately, by the time we came to the five-year review of Cairo, you have a change of government, and the U.S. government had been hijacked by the extreme rightists and Christian fundamentalists. And when you're dealing with people whose agenda is based solely on belief, it is, to quote one of your own, the U.S.'s own senators, "My mind is made up. Don't confuse me with the facts. So I believe in—" (laughs) Because I can't imagine, for example, that today, in today's world, a cardinal can actually have the courage to say that condoms are full of little holes which allow the sperms to get out. I mean, it is incredible, and it calls the scientists to dissent and say, Look, if we are going to have an argument, let's base the argument on facts, not on fiction. If you are simply going to say, "I believe you shouldn't use a condom," say so, but don't try to back it up with any facts which are false facts.

McFarlane

Now, what was your role? You chaired the committee at Cairo?

Sai

I chaired the [main] committee [which developed and agreed the report of the conference, the Program of Action]. We [had] tried [at the PrepComs] to get a document, [and we had not succeeded completely.] In U.N. terms, when there are phrases or whole paragraphs which some people disagreed [with during the

final session of the PrepCom], they will say, Put square brackets around them, which means that when we go to Cairo, the major areas of discussion will be those things in the square brackets, so usually it cuts down the work that has to be done there. So my job was A, first to help agree with the total text, paragraph by paragraph almost, and then finally, to help agree to remove the square brackets, having agreed on proper text. So you have to send little groups here, little groups there, to go and come back with an agreed text. Sometimes it's a whole chapter that needs to be re-negotiated, and this is what I did in Cairo, bringing it all together so we could have the document. Then we finished. And fortunately, for the first time, the Vatican actually agreed to the consensus and put its reservation at the back, but previously they had refused to agree to the document simply because they could not agree to have the word *contraceptive* in the document.

McFarlane Now, what was the Vatican's standing here?

Sai Well, the Vatican standing is one which has changed, because they are a non-state member of the UN [and] therefore they don't have a vote, but they have the right to be at every one of the UN commissions and meetings, and at these they can have a vote.

McFarlane And they're the only religion that can do this?

Sai They are the only religion that can do this, and they manage to get a handful of countries, no more than ten or a dozen, that will vote the way the Vatican wants every time. And because of this, the work of 180 countries has to be held up. And the thing which hurts me about that is that when we went to Cairo, two issues that needed a lot of discussion were funding and

implementation. And because of this obsession with abortion and with adolescent sexuality, these were marginalized, and they were just given short shrift and no directives, no agreements were made very much. There was something about funding, but it was drawing [figures] out of the hat. About seven billion [U.S. dollars] being required a year by the [year] 2000, the developed countries to pay two thirds, the developing countries to pay one third. And nobody really gives too much of a debate as to how these moneys were to be obtained because, I mean, you can say this and it can be done through reallocating existing sums. But we couldn't, and that's why implementation, it didn't get any looking at all.

McFarlane So the abortion issue kind of ran the agenda out.

Sai That's right, and then five years later we came to review what had been achieved and what had not been achieved. And, again, instead of it being a real debate on what has been achieved and how, or what has not been achieved and why, it went to renegotiating of some of these texts again, and you can imagine the texts that were being renegotiated. Fortunately, again, there was a decisive agreement on these texts which had been the texts of contention, and we have got them straight again. So we're in good shape as far as the consensus are concerned, but we would be in better shape if the U.S. government were sending better signals.

McFarlane By '99, the U.S. government delegation had changed?

Sai Oh, it changed by '95 because '94 we had the Democrats. Oh, it was '99 that you changed.

McFarlane The Congress changed—

Sai The Congress changed, yes.

McFarlane —in '94, fall '94. It went Republican.

Sai And the government changed in 2000 was it? Or 2001.

Tape 4, side 1, ends; side 2 begins.

Sai The American—

McFarlane Stance changed.

Sai I don't think the American stance had changed by '99. That's why we were able to win the things around, but since then the signals that are being sent are not quite right. In '99, the Vatican and their group stood their ground the same way, but they didn't get away with it again. But now, I believe—and that's why I'm very happy we are not having a negotiation conference for 2004—because I believe if we went into a negotiation conference like '94, like we've been doing every ten years, these agreements would all be thrown back by your government, in a way. I mean, they tried to do it in—what do you call it?—in the East Asia meeting, a year or so ago, and it was a very tough regional meeting, I'm told. I wasn't there.

McFarlane The Asian?

Sai The Asian, and the thing was reported on the internet. No, I think the signals being sent by the current U.S. administration together with the Vatican in this field at the present time, the signals are most disturbing to many, many of us in the field. To withhold money from everybody, every group that has anything to do with abortion, irrespective of where they get the money from, and that they [should sign]—I won't touch abortion. It's a litmus test for non-governmental organizations to access U.S. money. For a country in which,

rightly or wrongly, abortion has been declared the right of the woman, it is most surprising to say it, to be most charitable, and most surprising, dogmatic position to disseminate, because it gives the world the feeling that if you are president of the country which has got most money, you can do things which you are not permitted to do in your country in other people's countries, and that dualism of acceptance of legality troubles people. I know it troubles me a great deal when I consider my relations with the U.S. as an administration, as opposed to the U.S. as people.

McFarlane And you wrote this up—you wrote at least one editorial.

Sai Yeah.

McFarlane Can you tell me about where it is and—

Sai No. I don't remember—

McFarlane There was one in the *L.A. Times*—

Sai It was in the *L.A. Times*. I—

McFarlane —shortly after the Bush administration—

Sai Yes, I think I wrote something in the *New York Times*, too, earlier on. I'm not sure, but we feel powerless outside to know just quite what to do to make the American people know what we feel. Although I know that we have got some supporters or some advocates—I'll use the word loosely—in the U.S., against what is happening, I don't think the constituency is big enough for the size of the problem. And, you see, unfortunately for us, with this Al Qaeda thing, with the international level of insecurity, the political agenda is so big and so urgent that things like reproductive health or education of women are beginning to get something like, Oh, these things are so very small in relation to national

and international security, that nobody is taking care of them. But these are things which have become the agenda of some people who know that they can use this security [problem] as a cover whilst they are behind it, nibbling away at both international and, I'm afraid, internal U.S.-agreed positions, because I'm sure that if they get a chance they'll throw off *Roe v. Wade*. And it is amazing the extent to which this particular issue really has taken over the political debates in the U.S. for so long.

McFarlane The abortion issue.

Sai The abortion issue. Because look at this country: this country has made its move forward, and they've come to a point—Britain, they don't consider that this is worth becoming the major national debate in its relations with the world. They don't, and it is a very surprising thing to us—

McFarlane That the U.S. would.

Sai That the U.S. does this, that it considers it so important in its debate to the rest of the world that it doesn't care a damn what it does to U.S. relationship or how you view U.S. Like I've just mentioned, that this is an administration which is prepared to put the jack boots on you because you say you want to help girls not to die from abortion. I mean, where is Christianity in this? I think it is baffling to ask, because here we are, we said, within your cultures and your religions, the Pope's group, the Vatican group at one stage in '93, when we were discussing—no, early '94—when we were discussing the Cairo paper, they said the document did not have any ethical or moral dimension to it.

I couldn't take it. I told them, I said, "Look, at the back of this room, if you bothered to look, a meeting was held here last week on the ethics and

moral implications of family planning. The papers are there, and these have informed this [document]. And number two, what makes you think that the Vatican ethics should be a monolithic ethic for the rest of the world? Ethics have a relationship with national customs, cultures, laws, and realities, and you can't say we don't have [any].”

They were so upset, but that is the kind of thing which we are doing now. I mean, one of the reasons for having the abortion laws [in the 19th century] was that the [barber surgeons] were killing the women [even more than those dying from childbirth.] So the law [should be seen] apart from the religious group which was holding its own view. The real compassionate people who made the law made it to save women's lives. Today, you've got a technology which is safer than carrying a pregnancy, [to term] and you are forcing people to go to the backstreet so they can die because of the law. The law meant to save them is now killing them. It is not killing them in the U.S., but the Administration is insisting that it should kill them outside.

McFarlane Internationally, you think this has long-term implications.

Sai To those of us working in the population, family planning, and safe motherhood fields, it has very long-term implications. I mean, we love America. I trained in Britain. My basic medical training was in Britain. My internal medicine training was in Britain. I went to America only for the master's degree in public health, and then my head went there, and all of my links have been with America and Americans since then. So when I'm talking about these things—somebody wrote once that, because I criticized a book that he wrote, that they got anti-Americans to come and do the review of the

book—no, in fact, you have to love America and Americans to be bothered enough to want to make these views known. If you didn't [love America], you wouldn't care [to make these views known].

McFarlane In terms of what you see as the impact of this policy in this administration—certainly there's the resource they share, but you see certainly the moral issue.

Sai The moral issue, and, to me, even the bigger issue is this, that we took a long time to get many of the leaders, particularly our African leaders, to get the courage to start speaking forcefully for the women on family planning and [their] right to education, their right to choose, their right to be considered as equal, improvement of their status. And when the U.S. started sending out these vibrations, I could see that the courageous stand [of the leaders] was being threatened. And when you have leaders who could feel happy at leading on every issue but this one, which I consider of crucial importance, I feel upset. And it is this, that the signal [is that] you don't have to be a courageous leader on this issue anymore because the U.S. will not give you money for various things if you do.

McFarlane So you see it as tied to other U.S. resources.

Sai I think it will be ultimately. Even if it isn't today, it will be. I mean, first of all, if I take my country as an example; the National Family Planning Association of Ghana, the biggest NGO in the country for this issue, by its not signing, it lost, I think, six hundred thousand dollars. Now that meant its youth programs had to be curtailed. Now if these youth programs are not to go completely, then the government has to find some money from somewhere to maintain them. If the government doesn't have it, and no other donor is prepared to

pick it up, we've lost a program which was working in a very important field for both girls and boys. And if somebody were to tell my president or somebody without our being present, Look, all you have to do is to tell these people to do A, B, C and the money will be re[instated he might just do it or think those who refused to sign did not have the nation at heart.]

But [it is saddening] for ideology to make us suffer [and see closed] a program [which] the whole world agrees is a major program for today. It's a very painful thing for one to hear a man like Chris Smith say that, "It's our money, and they should do what we want them to do with our money." I don't know whether you've seen the film called *America's Other War*. You might want to see it. If you talk to Steven [Sinding of IPPF] or Jill Sheffield of Family Care International [they might get it for you.] I mean, this is an unheard-of situation in international donor [recipient--] relationship. It's our money. If they don't want to do what we want them to do, they can leave it.

McFarlane It's coming from a rich but relatively unsophisticated country perhaps.

Sai Diplomatically unsophisticated maybe, but I think it is the arrogance of power which is now being displayed. The arrogance of both economic and military power, but I don't believe that for Christians—I mean, this is the thing which hurts, too. It's almost enough to drive the Christianity out of one, for Christians who preach humility, who preach appreciation of the other person's point of view—I mean, it's incredible that we go back to the origins of Christianity. If you don't believe what I believe, then you are wrong. (laughs)

McFarlane Why isn't there a follow-up meeting in 2004?

Sai That's what I've said. As far as I'm concerned, it's a good thing [that we are

not having another negotiating conference].

McFarlane Yeah, but why isn't there just procedurally?

Sai Procedurally, it should have come up. I don't know who should have brought this up, but a country should have invited, [first. The country] deals with UNFPA to show that it was prepared to bear quite a lot of expense for the secretariat, and, I think, also, quite honestly, people are afraid that, like I said [a conference might only want to rewrite the 1994 Program of Action]

McFarlane Don't want to—

Sai You simply don't want to go there. It will be a bad use of time and money, [both the developed and developing countries.] At one stage [the Japanese] wanted to host [a conference]. This is something I was told by top people there, [in Japan]. At one stage [they] wanted to host it, but they also wanted to have the issues of migration and aging as the real major issues. And both of these could create enough of a problem on their own, and if you add this to this sexual and reproductive health areas, then you have got all of the ingredients, the three stones necessary for building up a very good campfire. (laughs) So I know many in the field who felt, Look, this is not the time to call a meeting. You said you were drawing the [1994 program] up for twenty years anyway. Fortunately, in 2000, the U.N. system as a whole agreed on the [Millennium Development Goals, MDGs]. Why don't you take from those the areas in which the things you are dealing with can be fitted and move the field forward rather than go into negotiations again, which I thought was a very good idea, and that's what we are doing.

McFarlane You mentioned—there are a couple of things I want to follow up on. You

mentioned your letter to the Pope, which is published, and it's published in *Fred Sai*—

Sai A booklet called *Fred Sai Speaks Out*.

McFarlane That IPPF published.

Sai That IPPF published, yes.

McFarlane Tell me about the letter to the Pope and the responses you've gotten.

Sai Well, we wrote that letter in all earnestness because, honestly, when you look at the signs, Chile's example, the example in Eastern Europe and other places, [when] contraceptives weren't properly distributed or handled—a very good preventive for unsafe pregnancies- unwanted [pregnancies were frequent and maternal mortality rates high.] [When contraceptive prevalence rates rose, both unsafe abortions and maternal mortality decrease.] So my view was that for people or a group that is so very concerned about the inviolability of life, however started, once it has started, getting a preventive would be highly desirable. And I think they have in the philosophy or ideology categories of [pregnancy, too]. And I honestly felt that pitched against their position on abortion, that preventing pregnancy would be a more acceptable option. Number two, that so many, when you look at the statistics, such a proportion of Catholics are also using these things already, that why not help free their minds to do it, especially those, like I said, who are not educationally endowed, really, to appreciate the extent to which they can be free to make a choice. [Many illiterates believe] the word of their [religious leaders] is the word directly from God. So why not have compassion on them and let them feel that they have been freed to do this. My friend [Fernando] Tamayo [of

Colombia] used to say, when they started vasectomy and tubectomy in their country, tubal ligation—

McFarlane In Colombia?

Sai In Colombia. We discussed with some of the fathers, and we told them, Look, if every time a woman takes a contraceptive she has to come to confess that she has sinned, then you make it easier for her by cutting the tube, and she confesses once, and that's the end of it. She's not having the tube cut again. She says, "I won't do it again." She never does it again. If a dodge like this is available, why should we bother about the whole thing, knowing the extent to which it is now being accepted except in places like where I come from, as I have said. I honestly wrote with that in mind, and one of the cardinals—if I were in IPPF I probably would find the letter—replied to say we were looking for cheap popularity and cheap advertisement [and] that's why the letter was written.

McFarlane That's all you got?

Sai That was the tone of the responses I got from several of the cardinals and bishops. But from the Pope's office itself we didn't get [reply], but we know that letter went.

McFarlane Interesting. You wanted to say a few words about reproductive rights.

Sai Yeah, I really feel that we should make it [a human right]. First of all, we have got human rights: the right to life, the right to liberty, and all that sort of thing. And when you start teasing some of these rights out, and you look at the things which happen in the field of human reproduction, you find that some of these rights cannot be fully enjoyed if reproductive rights are not made really

known and enjoyed by the people. Let me give an example. If a woman of thirteen is coerced into marriage because her parents have a right on how to dispose of her until she's twenty-one, and she gets into marriage and she gets pregnant and because she is biologically immature she dies, her right to life has been violated.

And we should recognize that the right to life does not mean somebody taking a gun and shooting you only, or somebody cutting you up, putting you into prison [without due process] only, but anything that anybody mediates which ends up in your death or could end up in your death is denying you of your right to life. And so, these children must be taught what it means for them and must be allowed to reach a position where they will be able to develop their ability to take hold of their own life and then the other things which come into the field is to continue with the examples.

A woman was writing that no matter the circumstance, any life is precious, and therefore, no abortion in any circumstances, I was reading this morning. The very first "public" abortion, public in quotes, which was done in this country, UK, was in [1935], I think, and the surgeon who did it actually informed the attorney general that he was going to do it so that they could put him up for trial. Because the girl who had been gang raped by four people had threatened and tried to commit suicide, and the [surgeon and the family] knew that she would go ahead and do it, short of her being tied to a bed for twenty-four hours each day.

So [the surgeon performed the operation], and sure enough, the attorney general in view of the law at that time [had to] try him, so he was tried. And he

was tried, and his defense, if I remember rightly, was that his profession was to save life and alleviate pain and so on and so forth. And this was a situation where pain of an extreme nature had been caused to somebody who is threatening to take her own life because of the result of this, and he couldn't in all conscience let it go, so he has done it. He was freed, and the medical council said if he hadn't done it, if the facts came up, he could have lost his license. The law was changed in England based on this: the right to life was more important than some laws.

And if we want to, we can look at all of the areas, many areas, in human reproductive relations and find the kinds of wrongs that we are doing individuals and communities by withholding things, by permitting certain services or certain [denials] to go on. I mean, body integrity: why should a child have her clitoris or other parts of female genitalia cut off because somebody from some time when they didn't know anything about human biology thought that this was the seat of evil? And I'm told that it used to be done even for epilepsy in some societies in the dim and distant past. I mean, how—

McFarlane Genitalia mutilation for epilepsy?

Sai Ye[s], my friend [of the history of medicine told me of another reason for clitoridectomy for some children,] oh, what do you call it? Children who [like to play with their sex organs or indulge in] a lot of sex.

McFarlane Oh, for promiscuity?

Sai For promiscuity or—there's another word which will come to me.

McFarlane Okay, whatever promiscuity means.

Sai Yeah, but they used to even in Western societies cut the clitoris. They didn't do

the full infibulation obviously, but if you go through its back history enough—you are a historian—you might come across it. If you want to, you can find from Mahmoud Fathalla. He hasn't brought out the papers, so I haven't seen the references that he uses, but today when we know of body integrity as a right, when you do this to somebody, you are denying them their human right to body integrity. And then look at the right to autonomy to decide and the extent to which this autonomy is flouted all the time, simply because you are a woman. I didn't start with this business of testing for sex determination so [a health worker] can do discriminatory abortion. This is something which has brought our own field to shame, and I believe we are rightly saying no to [its continuation]. You shouldn't do it. We simply don't think it is right. Yes, there can be ethical dilemmas, but these have to be resolved in other ways. I'll bring up one. An Asian woman has got four [daughters], and the husband says, "If you have another girl, you are out of this house." She gets pregnant. You test. It's a girl. Is she to be out of the house with nothing at all with her [five] girls as beggars? Or are you going to do [the selective abortion]?

So there are ethical dilemmas, but whilst we are trying to handle them, let's know that we are confronting a human rights issue, which probably shouldn't be confronted that way. The teaching of the society to know that women are as valuable as men is what should be confronted, and it is because of all these things which we see in practice and which are allowed to happen, both by denial and by withholding or by insistence on doing certain things. It makes reproductive rights a major, major area for confronting human rights as a whole.

McFarlane Have you always felt this strongly about FGM [female genital mutilation], or I've heard people call it FGC [female genital cutting] now?

Sai I can't say I have felt very strongly about it [all the time] because I didn't know much about it. I'm not a gynecologist, so I haven't been examining women too much, especially. And as I left clinical medicine, as I developed as a [rounded] human being and a professional more, I left clinical medicine and I was more involved in the managerial areas of medicine. So I really didn't know too much [about FGM in detail] until I got into family planning as a major specialty, and then I started finding out about it and I got quite upset about it. That and the abortion [problem] are two [issues] which have [raised] a lot of passion in me. The abortion one, the passion arose from a couple of situations which I had to confront myself personally.

We were here in London studying, and I had two friends who had come to study with us from Ghana, and one got pregnant. I knew a doctor. I was living with him, and the doctor helped her. This was in 1949. The doctor helped her. Within about three months, I heard that the other friend doing nursing somewhere else was unconscious in a hospital in South London, and what was the matter? We went there. She had got pregnant. She couldn't get anybody to help her, so she had taken an overdose of barbiturates. She died and she was the only daughter of an only daughter who died giving birth to her.

Tape 4 ends; tape 5, side 1, begins.

Sai —[Another case] was [that of] a nurse who was working in the hospital in which I was working as a young doctor in Accra, the central hospital. And she came and saw me one evening and said she was pregnant, and she would like

to have assistance. She hadn't finished her nurse's training. I said I didn't do any such thing. I didn't do surgical practice. "But you are with surgeons"—she was working in the theatre—"why don't you ask one of your surgeons there to help you?" I don't know whether she did or not. At that time, I was looking after fevers, including people with tetanus. One week later, I saw her on a stretcher with tetanus. I couldn't save her, and she died. I mean, you can't see this and then walk around and say, "This law is a good law. It should stay." Look at the investment that has been wasted if you want to put it in simple economic terms, and look at the humanity, too. So these are things which have brought on a lot of passion in me about these issues.

McFarlane I wanted to ask you—I think this is somewhat related. Many of the interviews we've done, people have had fairly strong feelings on both directions about the numerical targets and women's health in Cairo, and I wanted to know your perception of that.

Sai Well, I have never supported numerical targets of any kind.

McFarlane Even if you're in a ministry planning.

Sai That's what I'm coming to. Numerical targets of any kind in the field in program [implementation.]

McFarlane On the ground.

Sai On the ground. I think you cannot do without numerical targets or numerical aspirations when you are in planning, because, like I said about our national plan for population, we did write [about] the rate at which the population was growing. We did take a look at the rate at which our resources were growing. And we did state that if the country went on doing this it will never be able to

educate all these children and that the rate will have to be A, B, C, D, [and E] before [any progress is made]. So the rate at which the children are coming into the system literally [had to be] slowed [down. But] that is for the national accounts, if I may say so, if I may use that term. The national account says you can build three thousand primary schools and five hundred secondary schools a year. How many children can you cope with if that is the rate at which you are going? If your population is growing at this kind of rate, what does it mean? This is the kind of account that you show to the ministry of finance and the ministry of economic planning, but that has nothing to do with Mrs. Kofi in the village.

McFarlane So you rely on the science that says if Mrs. Kofi has a certain status, that she'll probably have lower fertility.

Sai Exactly. The science has told me that Mrs. Yao and her friends who went to secondary school for twelve years or whatever, school for twelve years, are having fewer children than Mrs. Kofi and her colleagues who are farming in the village. So what can we bring to Mrs. Kofi also which makes Mrs. Kofi's fertility] also come down? Let the accountants of the numbers do their accounting [in the national population councils and the ministries of finance and planning.] It's necessary because that is what will make them decide whether a school should be built in Koforidua or a [hospital should] be built, and [if so where], and the two are not irreconcilable. They're not mutually exclusive, and I found it very difficult to understand why that became an argument, but it became an argument because you have countries in which people have said to a health worker, "You should cut so many tubes in this

year.”

McFarlane Where was that done?

Sai Oh, India had the vasectomy [program under]Indira [Gandhi whose] son [Sanji] was like that. I mean, when you introduce this kind of target into the program at the consumer level, then you are calling for [inhuman] or real wicked [sharp] practices, which [are] not good for anything, and from that point of view I did agree [with those opposing targets]. IPPF here, when [India was aggressively pursuing the sterilization program intervened.] We allowed the Indians [and the Indian Family Planning Association] to come forward with a very strong statement that we were not in support of it. I am sure it would be [misinterpreted by some as IPPF not supporting sterilization, but that was not it] [We supported sterilization] but we were not in support of [the approaches being advocated by the Indian program]. We wouldn't agree to it, the same thing with the Chinese [policy of] one-child family, for example. We understood it, and we appreciate why they were doing it, but in human rights terms one could not go along with it. And as [Bongarts of the Population Council] showed [later], if they allowed themselves a little time, they could achieve the same aim by making [families] have two children, but a little wider spaced than they were doing [at the time, and encouraging the youth to start childbearing late in their twenties].

And, of course, [the serious population problem resulted from] their own mistakes of previous years, [which] led them into a situation where they were in such a bind that they had to do something [drastic]. But even [in pursuing these drastic policies now], you could see that it was their anxiety to fulfill

certain [laudable objectives] for their population [that was driving them, such as] every child must have schooling to a certain level, and their resources were not growing to the same extent. I am not justifying it, but that is more explainable than [killing children, especially female infants,] or giving a health worker, the target of sterilizing ten men, where it doesn't matter which men. Old men were being sterilized because, I have to sterilize ten men. (laughs)

McFarlane Well, what I see is some of the conflicts in the population field, you don't have.

Sai In me.

McFarlane Yes, that the whole woman's health versus the numbers.

Sai I think that I came to population—I'm not even sure that I can claim to have come to population. That's the difference, that I am truly a public health physician. And when you are a physician by training, the first is the individual with whom you relate, and the second is the community with which that individual relates. And so, if you move at it in that kind of a step-wise movement, you don't get the conflict, because the numbers of this game turns out to be very difficult to really prove [as useful] for the [individual to appreciate]. Yes, on the aggregate, if you have individuals who have six children and some who have two children, the likelihood is that the ones who have two children might be doing better. But in some situations, individuals with six children who have been left a huge farm can probably do better than if they had only two children. So at the individual level it doesn't work, and wanting to make the individual make a contribution cannot be based on numbers only or mainly.

McFarlane Are you optimistic?

Sai I would have left [the field] if I weren't. No, in fact, it is more big issues like the world insecurity and so on which are making me a little uncomfortable rather than the population and development issues. Yes, there are difficulties to face, but from everything that I see, we are moving in the right direction. Like the stock exchange: the [graph] may be moving [north and south], down and up, but on the whole [our field is] moving [more northeastward which is the right] way. The development indicators are all in the right direction. Even if in countries and regions like mine the changes [though] very, very tiny, they are still changes, and they will take off one of these days. There is a simile or something which I use. [Its] the tomato ketchup syndrome. You open a [new] Heinz bottle of tomato ketchup and try to make [some] fall on your plate, and you have a drop. You shake it, a drop, you shake it, a drop, [and you] shake it, and then suddenly whoosh! The whole thing is on your plate. So hopefully, that's what will happen in Africa. Economists call it the take-off point. Some will arrive at it earlier than others. Some require a little more shaking than others, but a lot of the bigger issues around the world, the insecurities and so on, distract attention from going on to this, distract resources for many of these, so they may slow down.

McFarlane Will the AIDS epidemic?

Sai The AIDS epidemic is taking so much resources, and, you know, yes, it will probably cause a decrease in the ultimate population that we will reach, but as an effect on slowing down population growth rate, it's miniscule right now. It's changing the compositions. It's changing the death proportions, but with a

situation where most of the people who get AIDS have two or three children before they die and the majority of these children will live their full lives, no major region—or country in Africa, anyway—is going to have a negative population growth because of AIDS. The number of years it takes to double might be increased by a fraction of 25 percent or something, but it will double. And so, yes, we want to stop it because we don't want ill health [and premature deaths], and that is why we want to stop it. And whilst we are trying to stop it, we should strengthen our family planning programs, too.

McFarlane In wrapping up, do you have any general recommendations for people who will plan and manage programs in the future?

Sai Plan and manage programs in the future.

McFarlane I think we can glean it from what you've said during your oral history. I just wondered if there were anything you'd like to add.

Sai Yeah, I think it is good to have a major overall plan, depending on where you are, be it national, regional, or district. It is good. It is good to have [programs] for implementation of the overall plans. I think it would be necessary [though] not simply to write the objectives that you want to achieve with your implementation. If you are forced to write the [targets], it would probably be best to write them in proportion terms rather than in numbers terms.

McFarlane Explain the proportion.

Sai Let's say, what's the average number of children that are being had in my country right now? And total fertility rate is 4.3. And I would prefer somebody to say, I'll cut the total fertility rate of the total country by a third, rather than saying, I want my people to have an average of two children, the people on

whom I'm going to work. I mean, if the total fertility rate of the country is at 4.3 and you want to come to 3.3, that's a fair enough thing, but after that, don't bring it down to the level and say, Mrs. X should therefore have two children, or Mrs. Y.—you want to find now the kinds of activities that will make Mrs. Y make a choice not to have so many children and be prepared to support those. And it is this kind of area that family planning has not been successful with in developing countries.

It is too complicated, I believe, because it may require that family planning works with the water supply system of the country, that it works with the education system of the country. And we have [to learn to] work across the board like that. And so my advice would be for all countries which are in this bind of development right now, African [countries] especially, to see how they can translate this cliché of holistic development into active, on-the-ground holistic development. I believe that that is where we want to go if we can.

McFarlane And do you have any concluding words about your perceptions of population/family planning politics? We've talked about the baffling American example, to be kind.

Sai Yes, I honestly believe that the major political issue is behind us. I don't believe anybody questions the freedom to plan one's family, as a controversial issue anymore.

McFarlane In most of the world.

Sai In most of the world. What people question is, how do you make that a priority over other needs of the individual? And if you turn it around and make the individual want it, then you are not making it a priority over the other

needs of the individual. That's number one, but number two, which is more important, the other needs of an individual, being food, water, shelter, and education—the extent to which you can make your family planning program a component and a contributor to the provision of these things, you give your family planning program the right to have a priority rating. If it is not a contributor to these things, it doesn't deserve that right, and this, I think, should be our philosophy.

McFarlane I have at least one other question which is, did you ever think about leaving this field? I mean, you might have had an easier life.

Sai No, because the field kept growing. You see, I was in nutrition allied with fevers because children with nutrition always had—you always had the fevers and so on. And then I went into this field, and when I went into it, it was called family planning. Look at the ways it has ballooned, and now I'm not sure [of the boundaries anymore what with] women's rights advocacy, adolescents advocacy [and] what [have you], so no, I have never really felt like leaving this field. I got into it completely [voluntarily].

McFarlane Is there anything else we should discuss about your career and—

Sai Yeah, I'm not sure anymore.

McFarlane Should I—

Sai Yeah. (pause in recording) Starting my career, I wanted to be a clinician, and I did internal medicine. But after doing that nutrition thing and seeing what nutrition meant, suddenly I had a lot more altruism. And it looked to me and to others that I was going along a very dangerous route, because the people who did public health in my country were not doing as well as the people who

did the clinical areas of medicine. But then I found that in my case it was beginning to look different. Whether it was because I was, if not the first, then certainly one of the first to have got the full internal medicine accreditation before going into public health—whether that was the reason, I don't know. So I didn't really have the kind of difficulty that I thought I noticed in the ones who did public health, because all they had available for them was the progress I call Dead Men's Shoes. They would finish from one level in the ministry and [then] went to the other level. And when somebody died or moved, they went to the [next] level. But in my case, I found that not only was I moving backwards and forwards from clinical medicine into administrative medicine, but then I could go into international work with a foot in [an] agricultural organization, which is an area we haven't talked about very much, and then back to academic work as professor of community health in my school, and then get attached to that, being director of medical services, being required to go outside and do work, and all of that.

So I didn't feel that my choice has let me down any. And then when one got recognized for various things, it was nice. It was no longer time to leave the field that has been so good to one. But I must say that it probably was because I didn't stay true to one of the specializing areas in public health. That here I was starting in clinical medicine, going to nutrition, from nutrition going into some kind of population, from population going into all of the other areas, moving backwards, academia to administration, and so on. So not only was it exciting, it was getting its rewards.

No, I think a time of my life that we didn't talk too much about was when

I was with the [Food and Agriculture Organization, FAO]. That was a period when the [UNFAO] opened a regional office in Accra, and they brought a man called Chief Akin Deko, a Nigerian, to come and head the office. They wanted nutrition to be a major part of the push in Africa because that was considered one of the major problems. So they asked me to join them, and at that time I felt—I wasn't particularly anxious, but I went and spoke with our president, who was [Kwame Nkrumah] at the time, and he agreed that I should go join them. Fortunately, for me, although I joined them, I still stayed in Accra, which was the regional office. And that was the time when, really, I got to know Africa.

McFarlane Approximately what time was this?

Sai This was 1963 to 1966. I got to know Africa because the post was regional nutritional advisor, and sub-Saharan Africa was a total region, so I could travel through all the countries and discuss at the highest possible levels with the ministers of health, ministers of agriculture, and so on. And I really managed to get a very, very good knowledge of the problems and issues confronting the continent in both health and nutrition. And this, I think, stood me in good stead when later on I moved out into both the population field and other fields in health. I think that was definitely a very good push for me because—

McFarlane It made you more likely to go into population/family planning?

Sai It made me more likely—well, it emphasized for me the fact that being in public health was a good thing. And it also made me more aware of the links between nutrition and population, which, as I said, I had noticed at the individual level. But it became a major eye-opener to see that it was operating

at the country levels, too. So that gave me some more impetus for that. And because of that, too, when I joined the IPPF I had the basic knowledge they required for Africa and the relationship of that field to food and nutrition issues, and so on. So that was a major one.

McFarlane Is there anything else that we should add?

Sai Well, for this field, I don't think I have left anything, that I have forgotten.

McFarlane I want to thank you, and express what an honor it is for me to be able to sit down with you.

Sai I'm glad we have been able to do it. Now tell me—(pause in recording)

McFarlane —recording, just hold on. Oh, okay. We are recording.

Sai We are recording now. But just recently, President Jimmy Carter visited Ghana, and for some reason I'm one of the people who gets invited to the [US] Embassy quite frequently. And the ambassador, a lady, she is a very nice person.

McFarlane The current one?

Sai The current one. And we really get along nicely. She really is doing her work well. I admire the way she's friendly, the way she goes around the country, and the things she does. Well, President Carter came, and I was invited to a reception for him. And then, the reception finished, and the next morning I got a call from the USAID director saying that the ambassador would like to speak with me because it didn't look as if President Carter had received an answer to his letter to the presidency. And I said, "Oh, this is not like our president, that a man like Carter would write to him and he wouldn't reply to it," so I would try and find out what had happened. So she says, "Speak to

President Carter for him to tell you what the concern is.”

And he said he was really concerned that he had written—the last one was November something and he hadn’t received a response, so he was concerned about the meeting he was going to have with the president scheduled for the afternoon. They had traveled from Accra to the northern part of the country. He was on his hot thing, which was the elimination of Guinea worm, which is such a disabling disease. Although people don’t think it is a serious disease, when it is serious it can prevent people from doing their farm work, and it can create quite a lot of havoc with farm economics at the family level. And President Carter has been trying to get this eliminated from all around the world. And it looked at one stage as if we were doing very well, and yet it turns out that this time our figures have started going up. So he was concerned, so I managed to get an appointment to see the president.

So I went and saw the president and I said, “This is the concern, that President Carter didn’t get a response to his letter asking to see you and discuss this. [My] president said he was sure he asked that this response be given,” and so on. So I called again and told President Carter that the president will see him as agreed and that there is no reason for him to think that this was a personal problem, that president was very happy to know the work he was doing. He admired the work that President Carter was doing, and it turned out that perhaps there was some kind of an administrative lapse and that’s why the [reply] had not been written. The reply to the letter had not come.

So we got on the telephone and told President Carter this and he had the meeting in the afternoon. It was July 10, and I’ve just been told that my [role]

help[ing] to make the [meeting] go [well] was recognized by him, [President Carter] on the internet. I haven't seen it myself, but it looked as if they got the name wrong. They put "Professor Akai" or something, but if you look at it you'll find that I was the one who was the intermediary. But I'm saying this simply to show how the relationships at the personal level, and at ordinary levels are very good between us and the U.S. And unfortunately, the vibrations [internationally and the pronouncements of the U.S. administration could give a completely different picture.]

end of interview

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