REPORT OF THE NATIONAL SUPPORT STRUCTURE WORKSHOP ON SOUTH-SOUTH COLLABORATION

HELD ON THE 11th JUNE 2009

CROWNE PLAZA MONOMATAPA HOTEL, HARARE
ZIMBABWE

SUBMITTED BY

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Executive Summary

A one day national support structure workshop on South – South cooperation was held on 11 June 2009 at Crowne, Plaza Monomatapa Hotel, Harare, Zimbabwe under the auspices of the Honourable, Dr. Henry Madzorera the Minister of Health and Child Welfare, who is a board member of Partners in Population and Development (PPD). The objective of the workshop was to form a National South – South structure that would enhance implementation of South – South activities in Zimbabwe.

Participants to the workshop included senior government officials, members of Parliament, representatives of UN agencies, civil society, NGOs, the media fraternity and academics. 109 delegates attended the meeting. The Minister of Health and Child Welfare Honourable Dr Madzorera officiated at the event while the PPD Executive Director and UNFPA Country Representative delivered special remarks on this very important meeting, organized to strengthen the South – South support structure in Zimbabwe.

Four Technical presentations were delivered to enable participants to understand the Zimbabwean perspective with regards to South – South and sustainable development in the context of ICPD and the Millennium Development Goals (MDGs). These presentations covered the following areas:

- Update on what Zimbabwe has done in implementing South –South initiatives
- RH and Achievements of ICPD Goals in Zimbabwe
- Integrating RH and HIV/AIDS to meet MDGs in Zimbabwe
- Recent Issues in Reproductive Health and HIV/AIDS

The PPD Executive Director, Mr Harry Jooseery presented a framework for the formation of a national task force to spearhead South – South activities in Zimbabwe. The framework was adopted for implementation.

The following recommendations were made:

- There is need for a small committee to look into the modalities of coming up with the composition of the task force. Zimbabwe National Family Planning Council was tasked to co-ordinate the formation of the National Task Force.

- The Task Force should have not more than 25 members constituted by various organisations including government departments, civil society, and private sector and academic institutions.

- ZNFPC should explore further on the terms of reference of National Economic Consultative Forum (NECF) to make sure there is no duplication of roles with the proposed National support structure for South – South Cooperation

- All existing fora should be consulted before the final task force is formed.

Dr Gordon Bango, Chairperson of the Zimbabwe National Board of Family Planning (ZNBFP, gave a vote of thanks. He thanked all for sparing their time to come and

participate in the discussions on strengthening South – South Cooperation in Zimbabwe.

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1. Introduction

Partners in Population and Development (PPD) is an intergovernmental alliance of more than 20 developing countries Zimbabwe included. This alliance provides the mechanism to promote partnership and cooperation between member countries, towards achieving the goals of the International Conference on Population and Development (ICPD) programme of action (PoA) and the Millennium Development Goals (MDGs). A one-day workshop was held in Harare on 11 June 2009 to deliberate on the formation of a National Task Force (NTF) to enhance South - South Cooperation (SSC) in the field of Reproductive Health (RH), Population and Development in Zimbabwe.

See Annex '1' for the Programme of the day

2. Participants

Participants to the workshop were senior officials representing various Government Departments, non-Governmental Organizations, Civil Societies, Portfolio Committees of Parliament, Parastatals and Media Houses.

Annex '2' gives the profile of the participants.

3. Proceedings of the Workshop

3.1 Opening Ceremony

Special guests and the Chief guest gave special remarks as part of the opening ceremony of the event.

3.1.1 Welcome Remarks by Dr. Gwinji

Dr. Gwinji, the Permanent Secretary for Health and Child Welfare gave the welcome remarks. Special welcome was extended to Mr. Harry Jooseery, the Executive Director for PPD. Dr Gwinji commended the Ministry of Health and Child Welfare and the Zimbabwe National Family Planning Council for organizing the long overdue workshop. He also recognized the presence of Dr. Timothy Stamps and Dr. David Parirenyatwa, former Ministers of Health and Child Welfare and previous Board Members of PPD.

Dr. Gwinji pointed out that the purpose of the workshop was to promote better understanding and appreciation of the concept of South-South Cooperation, as well as strengthening the national support structure for South-South collaboration in population and development.

Dr. Gwinji hoped that by the end of the day the meeting would have established an inter-ministerial task force for Zimbabwe to spearhead South - South activities. He also hoped that areas for capacity building in Reproductive Health would have been identified.

Annex '3' provides the full text of the welcome remarks.

3.1.2 Address by Harry Jooseery, Executive Director for Partners in Population and Development (PPD)

The Executive Director for PPD, Mr. Harry Jooseery started by congratulating Dr Henry Madzorera, the Minister of Child and Welfare on behalf of PPD Chair, Mr. Ghulam Nabi Azad, Minister of Health and Family Welfare, India and the Board members of PPD for convening the workshop. He was convinced that the Minister's vision, farsightedness and leadership would indeed be the guiding force that would reshape the reproductive health conditions in Zimbabwe. He went on to mention his gratefulness to the instrumental role of Zimbabwe in the formative years of PPD, as Zimbabwe is one of the ten founding members of PPD. He made special recognition of the important contributions and support of Dr. Timothy Stamps and Dr. David Parirenyatwa to the South-South Cooperation

Mr. Harry Jooseery extended his thanks to the UNFPA Country Representative, Mr. Basile Tambashe for Technical and Financial support provided to PPD for various events. He narrated the history of PPD since ICPD in Cairo in 1994 and the role played by UNFPA.

At a global level Mr. Harry Jooseery mentioned that since ICPD, the quality of life had substantially improved and that the Cairo agenda had not remained a blueprint. It had ushered important changes in many parts of the world and should be applauded as the major turning point that had reshaped programmes and policies on Reproductive Health (RH), Adolescent Sexual and Reproductive Health (ASRH) and many other culturally sensitive issues.

Mr. Harry Jooseery however noted that ICPD and the MDG goals were far from being achieved. The funding for Reproductive Health Programmes had fallen by 60% in the past 10 years. Current Global Economic and food crises were noted to jeopardize the world economic progress with hunger and malnutrition increasing. He also said that in the developing world, the quality of life had either remained stagnant or decreased. However, he was happy to highlight the progress made in Zimbabwe in the area of Family Planning/ Reproductive Health and HIV as compared to other countries in the Sub Saharan Africa.

Mr. Harry Jooseery pointed out that many countries in Africa, Zimbabwe included were facing challenges in meeting Reproductive Health unmet needs. Low investments in Family Planning for the last decade had heavy casualties. He therefore said, 'we need to reposition Family Planning and HIV/AIDS programmes into the development agenda, and integrate Family Planning with HIV and AIDS" as well as promoting good governance and political commitment.

Mr. Harry Jooseery on behalf of PPD made a commitment to increase support and technical assistance to Zimbabwe. The fact that Zimbabwe was still in the progress of socio-political reconstruction to address burning issues, Mr. Jooseery said that PPD pledged to increase its presence in Zimbabwe in the area of Capacity Building, Reproductive Health Commodity Supply and Security, and Exchange Programmes. Hence, PPD invited Zimbabwe to participate in policy dialogue on Reproductive Health and HIV to be held in Nairobi 3-4 August 2009 and the 5th Asia Pacific Conference on Sexual and Reproductive Health.
Mr. Jooseery then talked of the PPD strategic Business plan (2008-2011) and that PPD would be focusing on the four major areas:

- Advocacy
- Capacity building
- Exchange of experience and good practice
- Training and Research

The need for private and public sector partnership, NGO participants, Academia, Media agencies, Civil Society and professional bodies was highlighted.

The full text of the speech by Mr. Harry Jooseery is in Annex '4'

3.1.3 Address by the UNFPA Country Representative, Mr. Basile O. Tambashe

On his remarks Mr. Basile O Tambashe, the UNFPA Country Representative started by acknowledging, "there could not be a better opportunity to pay extra attention to South to South initiatives than now". He went on to talk about the ICPD and the MDGs and the various strategies needed to achieve the MDGs. He however noted that the world was experiencing one of the worst financial crises ever and that more resources were needed to fund the various activities. Mr. Tambashe underscored the need for building networks and strengthening existing partnerships at national, regional and international levels. Hence, there is need for the flow of information, experience and expertise through South-to-South Cooperation.

Mr. Tambashe said UNFPA recognized PPD as its strategic and important partner in carrying forward the ICPD agenda. He highlighted the UNFPA's support to South-to-South initiatives in Zimbabwe. These included supporting national delegation to annual PPD and board meetings, study visits by government officials to other countries. He also reiterated that Zimbabwe had a lot of knowledge and experience that could be shared with other PPD member countries. He highlighted commendable progress that had been recorded in Family Planning (Contraceptive Prevalence Rate which was at 60% in 2005), HIV prevention, the near universal literacy rate and gender equality and that Zimbabwe is the first country in Southern Africa to experience a decline in HIV prevalence among adults from 20.1%in 2005 to 15.6% in 2007.

However, in spite of these achievements in the health sector Mr. Tambashe noted that these gains would be "difficult to sustain as long as progress in other MDG targets remain inadequate". He noted that people were worse off compared to what they were in 1990. He highlighted that 6 women were dying everyday from pregnancy and child bearing related causes, 4 in every 5 people were living on less than 1USD per day, limited access to food, clean and safe water.

Commenting on the National South to South Support Structure Workshop, Mr. Tambashe, hoped that an effective Support Structure would emerge which should

have capacity to coordinate efforts, minimize duplication and reduce transaction costs. He also hoped that the workshop would facilitate building consensus on key issues.

In conclusion, Mr. Tambashe reaffirmed UNFPA's commitment to increase investment towards South-South Collaboration. He also took the opportunity to challenge other partners to support this initiative.

Annex '5' gives the full text of Mr. Tambashe's speech

3.1.4. Address by Chief Guest Honourable Dr Henry Madzorera -Minister of Health and Child Welfare

The Minister of Health and Child Welfare Honourable Dr Henry Madzorera was the chief guest at the occasion of the one-day workshop on Strengthening National Support for South-South Co-operation in population and development. He extended special welcome to the Executive Director for Partners' in Population and Development (PPD), Mr. Harry Jooseery from Bangladesh. He thanked all who made the workshop a reality by sparing their time to attend the workshop.

Dr Henry Madzorera pointed out that South-South Co-operation was the brainchild of the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. He went on to highlight the main goal set during the ICPD in 1994 as "to achieve universal access to reproductive health by 2015 through a holistic approach." He then said as part of the efforts towards the realization of this goal, countries have recognized the potential of South-South Collaboration, where governments will assist each other in different ways. These include long and short-term training programmes, observation study tours, sharing of resources, technical expertise and consultant services.

Since the ICPD, membership of PPD has expanded from the original nine to 24. The Honourable Minister was proud to mention that Zimbabwe together with other countries in the South – South Cooperation has assumed a position to share with developing countries in the region's technical expertise and experience in reproductive health and population development.

The Honourable Minister outlined the following millennium development goals (MDGs) to be achieved by 2015.

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV, AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop global partnership for development

Dr Madzorera pointed out that a careful perusal of these MDGs implicitly and explicitly requires all stakeholders to revisit the Population growth factor in view of economic development in order to slow population growth as it impacts on social and economic development as well as the environment. He reaffirmed Zimbabwe's commitment to the principal goal of the ICPD "To ensure universal access to

Reproductive Health services by 2015". He pointed out that this was mutually reinforced in the Maputo Plan of Action, which was premised on sexual and reproductive health in its full context as defined at ICPD in 1994. The Maputo Plan of Action identified South-South Co-operation as a strategy to attain both the goals of the ICPD and the MDGs. The major action areas for the Maputo plan of action inter alia include integration of HIV, STI, malaria, sexual and reproductive health rights, strengthening community based sexual and reproductive health services, and repositioning of Family Planning as a key strategy for the attainment of the MDGs.

Dr Madzorera pointed out that since ICPD, Family Planning services in Zimbabwe had immensely contributed to the increase of contraceptive prevalence rate (CPR) currently at 60% from 48% in 1994. Knowledge of family planning methods is almost universal at 99% from 96.3% in 1988. Total fertility rate (TFR) has significantly decreased to 3, 8 children per woman from 5.5 in 1988. Despite these successes, the unmet need for Family Planning was 13% (ZDHS, 2005/6). He emphasized the need to reach out to all underserved populations.

The Honourable Minister of Health and Child Welfare called upon different sectors to see how best they could create synergies to harness resources and efforts towards the attainment of MDGs, notwithstanding the crucial importance of South- South Cooperation. He concluded the sp by expressing his gratitude to all the partners for their technical and financial support in population and development activities.

See Annex '6' for the full text of the official address by the Honourable Minister of Health and Child Welfare

3.2 Technical Presentations

3.2.1. Overview of what Zimbabwe has done in implementing South-South initiatives by Dr. Stella Simela-Chiriva Executive Director ZNFPC

Dr Stella Simela – Chiriva opened the session by giving an overview of South-South activities implemented in Zimbabwe. She pointed out that Zimbabwe is one of the founding members of South –South alliance and hosted the 1st Partners' Board Meeting held from 19-20 April 1995 to draft bye-laws, partner work programme and to select the site of the partners' secretariat In Zimbabwe ZNFPC is the focal institution for coordinating South – south activities.

She pointed out the major focus areas for Zimbabwe's South-South Activities as:

- Strengthening institutional capacity to undertake South –South activities
- Expand ongoing RH Training Courses and offer study tour opportunities for South- South Exchange Programme
- Strengthening regional cooperation and develop collaborative strategies
- Resource Mobilization

Dr Simela-Chiriva updated the participants on the following activities:

(a) Observation Tours

- In 1999 a team of Parliamentarians visited Uganda to observe their AIDS
- ProgrammeZimbabweans officers have participated in the annual Indonesian Observation Tours offered by National Family Planning Coordinating Board

(BKKBN) in various areas of RH

- Private Midwives visited Ugandan counterparts to study their programme

(b) Fellowship Programme

- Makerere University (Uganda) has been offering short courses on Monitoring and Evaluation
- In 2009 one officer from ZNFPC was sent to Cairo for a one year Diploma in Demography

c) Study Tours to learn about the Zimbabwe experience

Zimbabwe hosted study tours for the following countries:

- Malawi - on RH/FP programme - for Training in Implant insertion
- Bangladesh -on HIV and AIDS management
- Mozambique- on the RH programme
- Botswana – on youth programme
- Swaziland – for Training in Implant insertion
- Uganda – for Training in Implant insertion
- China – on FP and Contraceptive delivery systems

(d) Strengthening regional cooperation and developing collaborative strategies

The following were some of the collaborative activities that Zimbabwe had engaged in support of South-South Co-operation:

- Global Leadership Training Programme (GLP) was implemented in Zimbabwe by ZNFPC, Population Secretariat (Uganda) and National Council for Population and Development (NCPD) Kenya in their respective countries
- Two Regional trainings were conducted in Zimbabwe for GLP on Adolescent Sexual and Reproductive Health (1995 &1996)
- Orientation Course on RH Service Delivery Guidelines for Programme Managers (supported by UNFPA and JHPIEGO)
- University of Zimbabwe in collaboration with MOHCW & ZNFPC piloted the screening of Cancer of the cervix using VIA technique.
- Dissemination was done at PPD 6th Board meeting in Beijing and in Bangkok at the Asia Regional Conference of Obstetricians & Gynaecologists. This was later replicated in other countries

(e) Advocacy and Resource Mobilization

Zimbabwe has not done much in the area of advocacy and resource mobilization for South-South activities

(f) Regional meetings hosted

Zimbabwe has hosted high profile South – South Meetings that included:

- PPD Board meetings and Executive committee meetings in1995 and 2001
- Interregional Workshop on reduction of maternal morbidity and mortality
- Roundtable meeting with donors in1999 to establish linkages with donors to
- implement population and development programmes
- Regional proposal writing workshop for East African Health Network

Discussion

The meeting noted that South-South activities were vibrant in the beginning followed by a period of lapse. It was noted that the focal institution for South – South Co-operation, ZNFPC, has been experiencing leadership changes since the inception of South-South Initiative.

3.2.2. Recent advances in Reproductive Health and HIV by Professor Z Mike Chirenje –University of Zimbabwe Department of Obstetrics and Gynaecology.

Professor Z. M. Chirenje presented on the recent advances in Reproductive Health and HIV. In his presentation Professor Chirenje covered global estimates of the number of cases and Incidence of Cervical Cancer in 2002 for Europe, North America, Central and South America, Africa and Asia. It was noted that Asia had the highest number of cases and incidences. He also presented on the magnitude of cervical cancer problem among Zimbabwean women according to the Zimbabwe Cancer Registry (2006) and it was pointed out that female cancers registered in 2002 were as follows:

Cervix uteri (771)	25.9%
Kaposi sarcoma (478)	16.1%
Breast (304)	10.2%
Ovary (74)	2.5%
Cervix corpus (40)	1.3%

He stated that it can therefore be concluded that 1 in every 4 women diagnosed to have cancer had cervical cancer.

The Professor presented on the Epidemiology and Treatment of Cervical Cancer and he highlighted that cervical cancer is often slow growing, with progressive generalised wasting for several months that creates difficult home care in low resourced settings. He pointed out that family members complain about the unbearable smell that is socially embarrassing and impossible to eradicate. He also reported that survival of cervical cancer patients after treatment in a study by Zimbabwe Cancer Registry demonstrated that only 26.8% were alive after 3 years (Chokunonga et. al. Int. J. Cancer, 2003). The peak age for cervical cancer is 46 years resulting in major catastrophic loss for immediate family, community and national economic loss.

Professor Chirenje also presented on the Natural history of HPV and the development of cervical cancer and pointed out that it takes on average 10 years for the high-grade precursor and invasive cancer to develop.

The professor highlighted what needs to be done by African countries in order to address issues related to cancer as follows:

- *Each African country needs comprehensive cancer control programme, which should offer prevention, early detection, curative therapy, pain relief and palliative care*

- *Each country will determine best vaccine entry points (schools, adolescent health centers, Expanded Programme of Immunization), target groups,*

- *Monitoring and evaluation*

He highlighted that the HPV Vaccine Programmes should have the following essential components:

- Targeting girls 9 to 14years,
- Boys before sexual onset and
- The catch up age group should 15-26 years if HPV DNA is negative.

He concluded the topic on Cervical Cancer by mentioning that vaccinating the correct target group has potentially huge impact in primary prevention of cervical cancer. However, effectiveness of vaccination takes up to 30 years to demonstrate impact.

Global Overview of HIV and AIDS Epidemic

The second part of Professor Chirenje's presentation covered an overview of HIV and AIDS epidemic. He pointed out that HIV/AIDS was first recognized in 1981 in a rare case of pneumonia and later Kaposi sarcoma among young homosexual men in United States of America. He mentioned that the first AIDS case was reported in Zimbabwe in 1985. In his presentation he covered on components of translation of evidence based knowledge into HIV prevention strategies. After Voluntary Counselling and Testing the following could be offered:

- Education and behavioural modification
- Drug abuse treatment
- Condoms
- Prevention of mother to child transmission of HIV (PMTCT)
- Sexually Transmitted Infections (STI) treatment
- Antiretroviral therapy (ART)
- Microbicides, Circumcision, Vaccines

He presented on the study on Microbicides for HIV Prevention HPTN 035, which was conducted in Malawi, South Africa, Zambia, Zimbabwe and Philadelphia in USA. The study results showed that while results for PRO 2000 Gel were encouraging, it could not be concluded that PRO 2000 Gel is an effective microbicide. Professor Chirenje however noted that additional studies were needed to give conclusive results. He informed the meeting that United Kingdom Microbicides Development Programme was conducting another study of PRO 2000 Gel, which was expected to be completed later in 2009.

Discussion
Professor Chirenje's presentation generated discussions from the participants.

Circumcision *was noted to be one of the ways of reducing HIV transmission. A question was posed on the efficacy of African Traditional way of circumcision versus the surgical hospital procedures. The response was that there were no comparative studies done on this issue due to ethical considerations. However, Professor Chirenje highlighted haemorrhage and sepsis as major risks associated with the traditional circumcision.*

Participants also questioned ***the role of Zimbabwe Broadcasting Holdings in the education of the community on Cervical Cancer.*** *They felt that it was a social*

responsibility for the National Broadcasting Corporation to seriously embark on mass education on Cervical Cancer and other health issues.

*It was discussed that **the diaphragm cap** was not an alternative of microbicides in the prevention of HIV infection since it only covers the cervix and does not protect the vaginal wall.*

***Visual inspection of cervical cancer with Acetic Acid (VIA)** was noted to work and participants felt that cervical cancer screening should be provided to all eligible women free of charge.*

3.2.3. Reproductive Health (RH) and Achievements of ICPD Goals by Dr Chimusoro - Provincial Medical Director Midlands

The presentation on Reproductive Health (RH) and Achievements of ICPD Goals was delivered by Dr Chimusoro, the Provincial Medical Director, Midlands, on behalf of Miss M. Nyandoro, the Deputy Director Reproductive Health in the Ministry of Health and Child Welfare. Dr Chimusoro highlighted the reproductive health objectives as follows:

- Provision of family planning services and reproductive health commodities
- Provision of quality maternal and child health care services
- Provision of friendly adolescent reproductive health services
- Raise awareness and increase community participation in reproductive health.
- Engender all reproductive health services

Dr Chimusoro pointed out that the implementation of the Reproductive health Strategies are governed by the National Reproductive Health Policies, Standards and Guidelines. On family planning, the CPR had increased from 48% in 1984 to 54% in 1999 and to 60% in 2005/06 (ZDHS). However, the unmet need for family planning remained high at 13%.

On the provision of quality maternal and neonatal health (MNH) care services Dr Chimusoro reported on the following achievements:

ACHIEVEMENTS

- ✓ Maternal Mortality Ratio declined from 695 in 1999 to 555 deaths per 100 000 live births by 2005/6 (ZDHS)
- ✓ Neonatal Mortality Rate declined from 29 in 1999 to 24 deaths per 1000 live births by 2005/6 (ZDHS)
- ✓ Over 3100 health providers had been trained in Emergency Obstetric and Neonatal Care since 2005
- ✓ Procurement and distribution of Emergence Obstetric and Neonatal Care supplies, drugs and equipment, including anaesthetic machines had been continuous (value estimated at US$1.7 Million - UNFPA)
- ✓ A national study on Maternal and Newborn Health was conducted in 2007- 2008
- ✓ An Obstetric Fistula Study was conducted in March 2009

- ✓ An ASRH Coordination Forum comprising the following: MOHCW (Chairing), ZNFPC (Secretary), NAC, UNFPA, UNICEF, WHO, Ministry of Education, Sport, Arts and Culture and a youth representatives.

- ✓ An assessment on the friendliness of selected health institutions in providing ASRH services was conducted in 2008

- ✓ A Maternal and Neonatal Health (MNH) workshop for parliamentarians conducted in 2007

Dr Chimusoro concluded by giving an outline of future plans for Reproductive Health in Zimbabwe which include operationalisation of the Maternal and Neonatal Road Map, and the ASRH strategy as well training health workers in core reproductive health skills.

3.2.4 Integrating Reproductive Health and HIV/AIDS to meet the MDGs in Zimbabwe-Dr Elizabeth Mbizvo - National PMTCT Technical Advisor AIDS and TB Unit Ministry of Health and Child Welfare

Dr Mbizvo, the National PMTCT Technical Advisor presented on Integrating Reproductive Health and HIV/AIDS to meet the Millennium Development Goals (MDGs) in Zimbabwe. She started by acknowledging the central role of sexual and reproductive health (SRH) in the achievement of the MDGs. She also emphasized the critical linkages between SRH and gender inequality and poverty alleviation, which need to be addressed if MDGs are to be achieved.

Dr Mbizvo went on to explain that in Zimbabwe the majority of HIV infections are in:

- Sexually transmitted or are associated with these
- Pregnancy
- Childbirth
- Breast feeding

The presentation also covered the key linkages between SRH and HIV and AIDS, which are:

- Learn HIV status
- Promote safer sex
- Optimise connection between HIV, AIDS and STI services
- Integrate HIV, AIDS and maternal and infant health

Dr Mbizvo discussed the rationale for linking SRH and HIV and AIDS care and stated that they both serve the same target population and promote safe and responsible sexual behaviour. Some of the benefits of such linkages were discussed as:

- Improved access and uptake of key HIV and AIDS & SRH services
- Better access of People Living With HIV and AIDS to SRH services tailored to their needs
- Reduction in HIV and AIDS related stigma and discrimination
- Greater support for dual protection against pregnancy and Sexually Transmitted Infections
- Improved quality of care
- Enhanced programme effectiveness and efficiency

The fundamental drivers of the HIV/AIDS pandemic as discussed by Dr Mbizvo include gender inequality, poverty, stigma and discrimination, some cultural practices (e.g. vaginal practices; lack of male circumcision), high-risk sexual behaviour (concurrent sexual partners).

Dr Mbizvo also presented the figures that helped the participants to understand the challenges being faced in achieving Millennium Development Goals 4, 5 and 6 each and every year

EACH AND EVERY YEAR

536,000 Maternal deaths (MMR 555/100,000 in Zimbabwe)

500,000 Infants are infected with HIV (17,354 in Zimbabwe)

700,000 Infants born with congenital syphilis

13% of the population in Zimbabwe have an unmet need for safe and effective contraception

340 Million new curable Sexually Transmitted Infections occur annually

80 million estimated unwanted pregnancies / 68,000 deaths from unsafe abortion

Unsafe sex is the second most important risk factor to health

2,800,000 deaths from HIV/AIDS

2,200,000 die from active TB (40,000 notifications & of these 15% died Zimbabwe)

1,000,000 die from Malaria – 90% African children

Dr Mbizvo outlined the essential interventions needed towards achieving Millennium Development Goals 4, 5 and 6. The following were some of the interventions offered in Zimbabwe.

- Sexual and reproductive health services available to all individuals
- Universal HIV testing for pregnant women, ARV prophylaxis and ART for eligible HIV positive women
- Screening (especially those HIV positive) for active TB and treatment
- Universal syphilis testing and treatment for pregnant women and their partners
- Insecticide-treated nets and malaria treatment
- Skilled care in every childbirth
- Emergency Obstetric and Newborn Care facility in every district
- Access to family planning services and dual protection
- Integrated Management of Childhood Illness (IMCI) in every district
- IMCI drugs and vaccines in every Health Centre

- Early HIV infant diagnosis and treatment for infected infants
- ARV prophylaxis or ART and co -trimoxazole for all HIV-exposed infants
- Optimal infant feeding strategies (AFASS) for HIV positive mothers

She presented on the comprehensive four-pronged approach to PMTCT of HIV and stated that was they had the following components:

- Preventing HIV infection
- Prevent unwanted pregnancies (births) among HIV-infected women
- Provision of ARV, safe delivery practices and infant feeding options to reduce MTCT
- Provision of care and support for HIV-infected mothers, children and families

Dr Mbizvo went on to mention that in Zimbabwe in 2009 there were 1560 PMTCT sites. 920 of these sites were offering comprehensive PMTCT services (on site HIV testing, ARV prophylaxis.141 of these sites had ART services available). There were 640 sites offering a Minimum package of PMTCT services (ARV prophylaxis but refer for testing)

The following was presented as ways of optimizing the connection between HIV/AIDS and STI services

- Promote and provide STI management as a key strategy to reduce HIV transmission
- Implement Sexually Transmitted Infections programmes as a package of HIV/AIDS services (safer sex information and counselling, routine offer of HIV testing and counselling, condoms)
- Provide STI management to PLWH in all HIV/AIDS care and treatment services

The participants were updated on the promotion of safer sex and what Zimbabwe had done:

- Developed policies that support dual protection
- Policy supports comprehensive safer sex services for young people, PLWH and other key populations
- Promote condom use for dual protection within all family planning and HIV prevention programmes
- Providing full range of sexual and reproductive health services (including prevention) for PLWH
- Inclusion of services that address gender-based violence (counselling, emergency contraception, HIV post-exposure prophylaxis)
- Promoting the empowerment of women and girls to negotiate safer sex and access sexual and reproductive health and HIV/AIDS services.

Strategies of learning one's HIV status that can be promoted were highlighted and these include:

- Provider initiated testing counselling in family planning and antenatal care services and all other health facilities
- Routinely offer HIV testing and counselling in STI services
- Early HIV infant testing from 6 weeks of age in and are in the process of scaling up the service
- Provider initiated testing and counselling to all TB clients

In conclusion Dr Mbizvo summarized the presentation by emphasizing that SRH services expand entry points for accessing HIV prevention and care, increase efficiency and cost effectiveness of programmes.

Panel Discussion

It was observed that there is a glaring absence of the old age in reproductive health programming. The Ministry of Health and Child Welfare acknowledged that there was no deliberate effort meant to address the needs of the aged in reproductive health.

The need for standardisation of training in reproductive health was also noted especially the training of youth peer educators

Whilst the television is the preferred medium for education on reproductive health it has noted that the majority of people prefer to watch the programmes on the satellite channels.

Opportunistic Infection (OIs) Clinics should be well managed and integrate services so that they do not seem to stigmatise patients.

4. Partners in Population and Development (PPD) Mission and Programme for South – South Cooperation: National Support Structure in Zimbabwe – Mr Harry Jooseery, Executive Director PPD

4.1 PPD Programme for South-South Co-operation

Mr Harry Jooseery PPD Executive Director presented on Partners in Population and Development vision, mission and programme for South-South Cooperation,

Vision

To drive the global reproductive health agenda in order to attain sustainable development by the year 2014.

The mission of PPD

To assist each Member Country and other developing countries to address successfully the sexual and reproductive health and rights and population and development challenges through South-South Collaboration by raising a common voice and sharing sustainable, effective, efficient, accessible and acceptable solutions considering the diverse economic, social, political, religious and cultural characteristics of our countries.

Membership

Mr Jooseery pointed out that membership to PPD is limited to developing countries and especially those in economic transition. The country should also be committed to ICPD goals and MDGs and show willingness to collaborate with other developing countries on RH, Population and Development Programmes

Structure of PPD

Mr Jooseery presented on the Structure of Partners in Population and Development which he said was constituted as follows:

- ***Board Members*** from all Member Countries whose role is to look at the issues of governance, policy/advocacy and resource mobilization;
- ***Partner Country Coordinators*** (PCC) from all Member Countries who are the Focal persons for coordinating South-South Initiatives at country level.
- ***Secretariat of PPD*** is a catalyst, centre point and clearing house for networking, sharing and exchanging information
- ***PPD has Regional Program Offices*** in China and Uganda;
- ***PPD* has a Permanent Observer Office** in New York;
- ***International Program Advisory Committee****, which gives* guidance on program development, implementation and future directions.

4.2 Strategic Direction and focus areas

The PPD Executive Director pointed out that the strategic direction of Partners in Population and Development covers the following four major areas:

- Advocacy -for the alliance and its priorities
- Alignment-with member countries priorities
- Alliance building at all levels
- Assets creation and consolidation for the alliance's sustainability

The following were outlined as the Focus / Priority Areas;

- Integration of MDGs and ICPD goals
- Promotion of RH and rights
- Improving gender equality
- Strengthening the integration of RH and HIV/AIDS
- Improving Adolescent Sexual and RH
- Improving Reproductive Health Commodity Security.

Strategic Business Plan (SBP)

Mr Jooseery informed the meeting that PPD had developed a four-year strategic business plan (2008-2010). This plan is designed to establish specific goals as well as time bound outputs that PPD will strive to achieve in support of the strategic plan (2005-2014). It is also a tool for mobilising resources from member countries as well as donor organisations and foundations.

The Goals of the SBP were outlined as follows:

- Strengthen South-South Co-operation

- Strengthen capacities at systems, institutional and individual levels
- Strengthen networks and partnerships
- Improve voluntary family planning and other reproductive health services
- Enhance resource availability

Goal 1: Strengthening South-South Co-operation will be achieved through creating awareness and better understanding on the concept and needs of South-South Co-operation at national levels. Creation of national support structures in member countries will assist in strengthening the South-South co-operation.

4.2 PPD Programme Activities

Mr Jooseery also shared with the meeting on the PPD program activities as indicated below:

- Strengthening policy advocacy initiatives at global, regional and national levels

- Partnership / Networking-PPD developed networks of 17 partner institutions from member countries in Africa, Asia, Latin America and Middle East for the exchange of information and experience as well as collaborative initiatives in the area of training and research

Capacity development

It involves assessment of capabilities of partner institutions in member countries to conduct capacity development programmes and also identifying training gaps in technical and managerial areas of member countries and mapping the needs of member countries for capacity building at system, organisational and individual levels. PPD developed a four-year capacity development plan and Generic modules in four priority areas

Fellowships

PPD strengthens human resource base in member countries by exchanging expertise and experiences with other professionals and programmes in the field of RH, Population and Development as well as offering scholarships.

Information sharing/ Exchange through the PPD website

4.3 National South-South Support Structure for Zimbabwe

Mr Jooseery presented on the approach for the formation of a National Support Structure for South-South Co-operation in Zimbabwe.

Approach

- Organize a workshop to develop a National Action Plan that will be implemented under the supervision of Zimbabwe PCC
- Organize quarterly follow-up meetings during the implementation of the Action Plan
- Prepare a quarterly technical report: focus on key achievements, lessons learned, main challenges in the implementation process, and make recommendations for the sustainability of the National SS Structure in Zimbabwe;

- Document the process of creating a National South-South Support Structure in Zimbabwe and the implementation of Action Plan.

Objectives of the National South-South Support Structure

- Mr Jooseery stated that the objectives National Support Structure were to:
- Coordinate with the government and other stakeholders in the field of RH and development;
- Promote knowledge and information sharing, documentation and dissemination of lessons learned and best practices.
- Advocate an enabling environment for the promotion of RH programs through South- South Cooperation;
- Facilitate national capacity building, including training and research on RH, population and development;
- Increase visibility of PPD and promote the concept of South-South Cooperation.

Annex '7' provides the proposed terms of reference for a National Support Structure for South-South Cooperation

The PPD Executive Director concluded the presentation by challenging Zimbabweans to:

- Take ownership of South-South Initiatives at national level;
- Advocate for allocation of resources in the national budgets for South-South Cooperation;
- Establish and strengthen national level support structures and systems, including networks and partnerships
- Ensure sustainability.

Discussion and Way Forward

The formation of a National Task Force was endorsed by the participants and they suggested a small committee to look into the modalities of coming up with the composition of the task force. Zimbabwe National Family Planning Council was tasked to co-ordinate the formation of the National Task Force.

The participants felt that an effective Task Force should have not more than 25 members constituted by various organisations including government departments, civil society, and private sector and academic institutions.

The existence of the National Economic Consultative Forum (NECF) was highlighted but it could not be established whether it had a sub-committee that looked at the aspects of reproductive health and population. ZNFPC was tasked to explore further on the terms of reference of NECF. It was further highlighted that all existing fora would be consulted before the final task force is formed.

A suggestion was made to increase the annual subscription fee to USD40 000 as what India and China were contributing.

It was recommended that organizations interested to be members of the Task Force should write to Zimbabwe National Family Planning Council expressing their willingness to be part of the Task Force.

5. Closing remarks-Dr Gordon Bango Chairperson Zimbabwe National Board of Family Planning

Dr Bango, the Chairperson of Zimbabwe National Board of Family Planning in his closing remarks commended the Ministry of Health and Child Welfare (MOHCW) and the Zimbabwe National Family Planning Council (ZNFPC) for organizing this successful workshop. He also thanked the participants for their thoughtful and probing contributions in all the plenary sessions.

Dr Bango pointed out that the workshop had been the entry point in the effort to strengthen South-South activities in Zimbabwe. He reiterated that the successful hosting of the workshop was a milestone in the quest for improved South – South cooperation. He emphasized that it was a step further in the realization of the vision of achieving the millennium development goals by 2015, a vision which spurred on developing countries at the ICPD in 1994 to come together and form Partners in Population and Development (PPD).

He hoped that it was a starting point to nurture experience through exchange programmes. He pointed out that the spirit of sharing and collaboration is what South – South alliance seeks to engender and promote among partner member countries and with other developing countries.

Dr Bango thanked the Executive Director for Partners in Population and Development Mr Harry Jooseery for the financial and technical support for the workshop and also for putting Zimbabwe high on his agenda for support. He extended special thanks to the legislators, heads of government ministries and nongovernmental organizations, donors, representatives of both the bilateral and multilateral agencies who managed to attend the one-day meeting.

On behalf of the Ministry of Health and Child Welfare he wished everyone a safe journey to their various work stations.

Annex"1"

PROGRAMME FOR NATIONAL SOUTH-SOUTH SUPPORT STRUCTURE WORKSHOP

CHAIRPERSON: Dr Dhlakama – Principal Director-Planning, Monitoring and Evaluation, Ministry Health and Child Welfare (MoHCW)

TIME	ACTIVITY	FACILITATOR
0800 – 0845 hrs	**Registration**	Ms. Nyakurimwa/ Mrs. Tinarwo
0845 – 0900 hrs	**Welcome Remarks**: Permanent Secretary, Ministry of Health and Child Welfare	Dr. Gerald Gwinji
0900 – 0930 hrs	**Address by the Special Guests:** • Executive Director, Partners in Population and Development (PPD)	Mr. Harry Jooseery
0930 – 1000 hrs	• Remarks by Country Representative, UNFPA, Zimbabwe	Mr. Basile O. Tambashe
1000 – 1030 hrs	**Address by Chief Guest:** Honourable Minister of Health and Child Welfare	Dr. Henry Madzorera
1030 – 1100 hrs	T E A B R E A K PRESS CONFERENCE (Hon. Minister and ED of PPD) (Group Photo)	
CHAIRPERSON: Prof. Marvellous Mhloyi **– University of Zimbabwe, Centre for Population Studies**		
1100 – 1120 hrs	Update on what Zimbabwe has done in implementing South –South initiatives	**Dr. Stella Simela-Chiriva –** Part Country Coordinator (PCC) and Executive Director - ZNFPC
1120 – 1140 hrs	RH and Achievements of ICPD Goals in Zimbabwe	Ms. Margaret Nyandoro, **Deputy Director Reproductive Health, MoHCW**
1140 – 1200 hrs	Integrating RH and HIV/AIDS to meet MDGs in Zimbabwe	Dr. Owen Mugurungi, **Director AI & TB, MoHCW**
1200 – 1230 hrs	Recent Issues in Reproductive Health and HIV/AIDS	Prof. Z. M. Chirenje, **University o Zimbabwe – Department of Obstetrics & Gynaecology**
1230 – 1300 hrs	Panel Discussion	
1300 – 1400 hrs	L U N C H B R E A K	
CHAIRPERSON: Dr. Tsungai Chipato – **University of Zimbabwe, Department of Obstetrics and Gynaecology**		
1400 – 1430 hrs	PPD Mission and Programmer for South – South Cooperation	PPD Staff
1430 – 1500 hrs	National Support Structure for South –South Cooperation in Zimbabwe	Mr. Harry Jooseery, **Executive Director, PPD**
1500 – 1530 hrs	Discussion	
1530 – 1600 hrs	T E A B R E A K	
1600 – 1630 hrs	Constitution of the National Task Force (NTF) on South – South Cooperation, and Way Forward	**PCC / Executive Director, PPD**
1630 – 1700 hrs	Discussion	
1700 – 1710 hrs	Closing Remarks	Dr. G. Bango – **Chairperson, Boa of ZNFPC**
1730 hrs	Cocktail hosted by the Honorable Minister of Health and Child Welfare	

ANNEX "2"

Participants' List

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Dr Davis Dhlakama	Principal Director Policy Planning, Monitoring and Evaluation	Ministry of Health and Child Welfare, P.O. Box CY 1122, Causeway, **Harare**
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Dr Gordon Bango	Chairperson Zimbabwe National Board for Family Planning (ZNBFP)	Provincial Medical Director Matabeleland South P.O. Box 2962, **Bulawayo**
Dr Tsungai Chipato	Board Member – ZNBFP	UZ College of Health Sciences tchipato@zol.co.zw
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E Mwale	Producer	Spot FM Zimbabwe Broadcasting Holding Pockets Hills P.O.Box 444, Highlands

ANNEX "3"

Welcome Remarks by the Permanent Secretary for Health and Child Welfare – Dr Gerald Gwinji at the occasion of National South - South Support Structure Workshop

Mr. Chairman – Dr Dhlakama

Honourable Minister of Health and Child Welfare and Board Member for Partners in Population and Development (PPD) – Dr. Henry Madzorera

Honourable Deputy Minister Of Health And Child Welfare – Dr. Douglas Mombeshora

Honourable President of the Senate – Mrs. Edna Madzongwe

Honourable Speaker of the House Of Assembly – Mr. Lovemore Moyo

Honourable Members of The Senate

Honourable Members of Parliament

Honourable Members of the Chief's Council

The Health Advisor to the President and Cabinet – Dr. Timothy Stamps

Heads of Government Departments, Institutions and Organisations

Ministry of Health and Child Welfare officials

The Executive Director for Partners in Population and Development – Mr. Harry S. Jooseery

Country Representative of UNFPA – Mr. Basile Tambashe

WHO Resident Representative – Dr. Custodia Mandhlate

Country Representative of United Nations Agencies

Country Representatives of USAID, DFID, EC, JICA, JSI and Crown Agencies

Partners Country Coordinator and ZNFPC Executive Director – Dr. Stella Simela – Chiriva

Members of the Media Fraternity

Invited Guests

Ladies And Gentlemen

Good morning!!!

It gives me great pleasure and honour to welcome you all to this very important workshop on the establishment of a national task force on South-to-South Cooperation. I would like to recognise the presence of two special guests and former board members of partners in population and development (PPD) for Zimbabwe who are with us today. Firstly, the former Minister of Health and Child Welfare, and founding member of PPD, now the Health Advisor to the President and Cabinet, Dr. Timothy Stamps. Secondly, the immediate past Minister of Health and Child Welfare Dr David Parirenyatwa who is also the Member of Parliament for Murehwa North,

Please allow me also to extend my special welcome to the Executive Director for Partners in Population and Development (PPD) Mr. Harry S. Jooseery who has travelled all the way from Bangladesh to support us today. I trust you will enjoy your stay in our beautiful country and also be able to sample some of our tourist attractions like the Victoria Falls and Great Zimbabwe.

I am pleased to note that this workshop is taking place at a time when Zimbabwe is coming out of economic difficulties that had besieged us for a couple of years now.

Let me commend the Ministry of Health and Child Welfare and the Zimbabwe National Family Planning Council, which is the country's focal agency on South-to-South Co-operation for organising this workshop, which in my view was long overdue.

The purpose of this workshop is to promote better understanding and appreciation of the concept of south-to-south cooperation, as well as strengthening national support for south to south in population and development. We would also like to update you on what Zimbabwe has done in implementing South-to-South initiatives and also on what has been done towards achieving the millennium development goals.

Drawing upon the experiences of the Partners in Population and Development (PPD) member countries, which are already working in this direction, the national taskforce shall enhance the cooperation among institutions such as the media, NGOs and

members of parliament that can provide valuable inputs into the process of increasing support for South to South activities.

This workshop could yield immense benefits, which arise from programmed, serious, and dedicated networking and rapport with stakeholders.

Zimbabwe is blessed with educated people with technical expertise we can tap from in implementing population and development programmes. We have therefore invited policy makers representing different sectors which include legislators, heads of government departments and institutions, multilateral and bilateral agencies, the academia, health, education, population as well as the media to help in giving impetus to our South-to-South initiatives. I urge you to engage in sincere exchanges so that we develop a common and shared vision with a view to map the way forward.

It is my sincere hope that by the end of this workshop we will have established an inter-ministerial task force to spearhead South-to-South activities. I am also hoping that through this workshop we will be able to identify areas for capacity building in reproductive health, gender and population.

Let me now thank you in advance for having found time today, leaving your busy schedules and travelling long distances for some of you to come and share with us experiences and ideas in implementing South to South initiatives. We sincerely value your contributions.

I Thank You!!

ANNEX "4"

Speech by the Executive Director for Partners in Population and Development Mr Harry Jooseery On the occasion of National Support Structure Workshop for South – South Cooperation and Sustainable Development

H. E. Dr. Henry Madzorera - Honorable Minister of Health and Child Welfare, Government of Zimbabwe and PPD Board Member,

Dr. Gerald Gwinji - Permanent Secretary, Ministry of Health and Child Welfare,

Mr. Basile O. Tambashe - Country Representative, UNFPA

Dr. Dhlakama, Principal Director, Planning Monitoring and Evaluation, Ministry of Health and Child Welfare,

Distinguished Guests, Ladies and Gentlemen,

I am pleased to welcome you to this workshop on "South-South Support Structure" jointly organized by the Ministry of Health and Child Welfare, and Partners in Population and Development.

Honourable Minister, please allow me to congratulate you on behalf of the Chair of PPD, H.E. Mr. Ghulam Nabi Azad, Minister of Health and Family Welfare of the Government of India and all the Board Members of PPD and on my own personal behalf and wish you the very best of success in leading the country for the promotion of health and well-being. I am convinced that your vision, farsightedness and leadership will indeed be the guiding force that will reshape the health conditions in the country. I wish also to thank you whole heartedly for sparing your precious time to be with us this morning, despite your busy schedule. This is indeed a testimony of your unrelenting commitment and engagement in promoting South- South Cooperation for the attainment of ICPD and MDGs. Your Excellency, thank you once again.

Ladies and Gentlemen, Zimbabwe is one of the 10 founding members of PPD and has indeed played an instrumental role in its formative years. H.E. Dr. Timothy Stamp, the founding Treasurer of PPD, has been a strong supporter of South-South Cooperation who fought relentlessly to make PPD a reputable intergovernmental organization worldwide. It is a pleasure paying tribute today to this great fighter who did not leave any stone unturned to push forward his strong conviction in the sprit behind South- South Cooperation. Dr. Stamp, the history of PPD is hence marked by the extraordinary contribution of this son of Zimbabwe and as I visit this country, I have a feeling of immense recognition and gratefulness to this great country. I cannot also forget the important contribution of the former Minister of Health, Dr David Parirenyatwa for his unrelenting support to and belief in South- South Cooperation, and also for supporting me personally, having been a very good friend of mine.

I would also like to thank Mr. Basile O. Tambashe, Country Representative, UNFPA for the technical and financial support provided to PPD for organizing different events.

Honourable Minister, ladies and gentlemen, PPD is an intergovernmental organization established within the framework of the International Conference on Population and Development (ICPD) in Cairo in Egypt in 1994. This alliance provides the mechanism to promote partnership and cooperation between developing countries, towards achieving the ICPD and the Millennium Development Goals. The Secretariat is based in Bangladesh; we have a Regional Office for Africa in Kampala, Uganda, a Program Office in China and a Liaison Office in New York, USA, where we are also a Permanent Observer to the United Nations.

Fifteen years after ICPD, we cannot but rejoice at the tremendous achievements registered in the area of Reproductive Health, Population and Development. The quality of life in general has improved substantially in the world. We can proudly say that the Cairo Agenda has not remained a blueprint. It has ushered important changes in many parts of the world and ICPD must indeed be applauded for having been the turning point that has reshaped policies and program addressing Women's Reproductive Health, Adolescent Sexual Health and many other culturally sensitive issues. We note with satisfaction that for the last 15 years the broad concept of reproductive health which was adopted at Cairo has been incorporated in increasing number of government policies. Though Reproductive Health was not included into MDGs in 2000, we are glad that it has been added as an additional target in the Millennium + 5 document adopted in 2005.

However ladies and gentlemen**,** we are going through a very difficult period and the ICPD and the Millennium Development Goals, are far from being achieved. Donor countries have shied away from their commitment to Official Development Assistance (ODA). The funding for the RH program has fallen by 60% during the last ten years. The challenges ahead are daunting. The growing population of the world is emerging once again as a threat especially in the developing world. We are now talking of the re-emergence of the Population Growth Factor. Population of the world has increased by 114% from 1960 to 2005 and is projected to increase over 9 billion in 2050.

Together with the dramatic increase in world population we face the rise in global warming and environmental degradation. It is projected that the average surface temperature will rise by 1.1 to 6.4 degree Celsius over the 21st century with serious implications on public health and questions the very survival of human species on earth. In 1990s approximately 600,000 deaths occurred worldwide as a result of weather-related natural disasters, 95% of which took place in developing countries. Current global economic and food crisis further jeopardizes the world socio-economic progress. As the global economic crisis deepens, hunger and malnutrition are likely to increase. Reduced incomes and higher unemployment will greatly impact on the purchasing power of the poor. Poor people are becoming lesser fortunate and more destitute. The quality of life of many in the developing world has either remained stagnant or decreased. About half of the world's population could face food shortages by the next century due to slash of crop yields from 20% to 40%. In 2010, 33% of Africans would be food insecure.

In addition, it is unfortunate that many developing countries are still patriarchal with strong gender discrimination and other forms of social exclusion adversely effecting Reproductive Health. The rise of religious bias and fundamentalism retard progress and unfortunately contribute enormously in making girls and women easy prey to male dominance. The religious opposition to modern contraception, abortion and women empowerment in some parts of the world are very strong, particularly in Africa. The use of contraceptives is 21% in Sub-Saharan Africa while the world average is 59%. Total Fertility Rate is 5-6 births per women and ¾ of women in Sub-Saharan Africa need but do not have access to Family Planning. One out of every 15 women in sub-Saharan Africa dies of a pregnancy related cause, and there are 910 maternal deaths for every 100,000 live births in the continent. Access to safe, legal abortion services is severely restricted in most sub-Saharan African countries, and approximately 31,000 sub-Saharan African women die each year from unsafe abortions. In Africa alone, 100 million women and girls have had genital mutilations. Twenty seven out of the 46 states in Africa still practice Female Genital Cutting. In addition, an estimated 22 million people were living with HIV at the end of 2007 and approximately 1.9 million additional people were infected with HIV during that year. Two third of HIV infections among 15-20 years old occur in Africa.

We are happy to lean however that Zimbabwe has a series of positive indicators that give hope to a nation, which is still fragile. The percentage of married women aged 15-49 using any method of contraception is 54% and Total Fertility Rate is 3.69 in Zimbabwe. We note with appreciation that 98% of Zimbabweans are knowledgeable on the causes, methods of transmission and prevention of HIV/AIDS, and that HIV prevalence has declined from 24% in 2001 to 15.6% in 2007. The high school attendance of both girls and boys and the literacy rate of young men and women aged 15-24 at 98% is indeed very impressive.

Zimbabwe's experience in family planning is remarkable and needs to be shared with others in the developing world, especially the path taken by the Zimbabwe National Family Planning Council's (ZNFPC) Community Based Distribution (CBD) programme, established early in 1967, with a view to providing safe, low-cost and effective family planning services in both urban and rural areas. The Male Involvement programme of ZNFPC using a mix of electronic and print media and community based campaign made positive impact in targeting men and couple as decision makers in the family. The Women's University in Africa is a pioneer of gender equity in tertiary education in Zimbabwe, which has the ambition of cutting across the African regional boundaries to offer the best service to meet the needs of both male and female mature students, and is indeed another successful approach. These are lessons learnt that need further documentation and sharing with other countries with similar background.

However ladies and gentlemen, the roads towards achievement of ICPD and MDGs are imbued with dark spots and hence need to be embarked on with caution, especially in conditions of vulnerability. Many countries in Africa, including Zimbabwe face challenges of meeting RH unmet needs. RH services, including Family Planning in many regions are unavailable, inaccessible or unaffordable.

The low investment in FP for the last decade has indeed caused heavy casualties. We need to reposition Family Planning and HIV/AIDs program into the development agenda, integrate Family Planning with HIV/AIDS for a more concerted effort and

positive result. While we need to find new champions for Family Planning and promote greater resource mobilization for Reproductive Health programs, we need perhaps more importantly to reinforce political commitments and promote good governance, especially in the region.

South-South Cooperation entails that we have among us the skills, capabilities and expertise, and if we can galvanize our efforts together, we can improve the destiny of our children. PPD will ensure that developing countries, despite their low resource base, are able to fully utilize their comparative advantage and become leaders in their respective fields. PPD will continue to develop and build institutional and individual capacities, continue advocacy for better access to Family Planning Services, and the integration of Reproductive Health with HIV/AIDS for a balanced sharing of resources, and work for a secured supply of affordable and quality RH products and services in our member countries.

In the context of promoting South-South Cooperation, RH and HIV/AIDS programs in Zimbabwe, PPD commits to provide increased support and technical assistance. As you can see, a new SS ODA is now emerging with new opportunities for the less fortunate. Despite the economic downturn, some countries like China, India, Indonesia, Tunisia, Morocco and Egypt are prepared to provide technical assistance to our member states and we pledge to facilitate the process to reach Zimbabwe. We understand that Zimbabwe is not a rich country and that it is in the process of an important socio-political reconstruction to address burning issues. PPD pledges to increase its presence in Zimbabwe in the area of Capacity Building, RH Commodity Supply and Security, and Exchange of Experiences.

PPD signed a memorandum of Understanding with China in the presence of the former Minister of Health, Dr David Parirenyatwa in 2006 and has been providing training to professionals in Zimbabwe on varies issues related to RH and Population, and will also with assistance from China provide RH equipment to Zimbabwe to the tune of $ 800,000 in 2010. The Executive Director of ZNFPC, Dr Stella Simela-Chiriva, attended a workshop last month in China together with representatives of 5 other countries recipients of equipments, and technicians have also followed training related to the management of the equipment. Additional fellowships were provided to professionals in Zimbabwe to follow courses on Maternal Health, RH and Demography in Egypt, Bangladesh, Thailand and Indonesia between 2007 and 2009. Additional fellowships will be awarded to the Ministry of Health in 2010 for a one-year degree course in Demography at the Cairo Demographic Centre. Those who excel will also be provided with fellowship to obtain more advanced degree in the area. PPD will also facilitate transfer of RH commodities to Zimbabwe.

Zimbabwe has been invited to participate in the Policy Dialogue on RH and HIV/AIDS to be held in Nairobi between 3-4 August 2009 for parliamentarians and PPD will bear all the costs. We have also invited the Minister of Health together with the PCC to attend the 5th Asia Pacific Conference on SRH and Rights which PPD, UNFPA, IPPF and China are organizing in Beijing between 18th and 20th October 2009. This will also coincide with the PPD Board Meeting.

Honorable Minister, ladies and gentlemen, PPD has developed a new Strategic Business Plan (2008-2011) that was approved by its Board at its last meeting in November 2008. As stated in the plan, in the next four years PPD will focus on:

1. Advocacy
2. Capacity Building
3. The exchange of experience and good practice
4. Training and Research

We wish Zimbabwe to be involved in all these four areas of focus of PPD and play a more active role in South-South Cooperation. I have the firm conviction, that together we will build a better future for our children. We need to create a solid foundation of strong and coherent partnership. Besides cross-sectoral collaborations between and within governments, we need also a strong private and public sector partnership, participation of NGOs, academia, professional organizations, media agencies and all other branches of the civil-society in a spirit and movement that acknowledge and respect the roles and responsibilities of all and in addition provide necessary conditions for the growth of each and every one.

PPD wishes to create an effective National Task Force in Zimbabwe to galvanize efforts to promote South-South Cooperation, with the involvement of respective stakeholders. While Zimbabwe can share a lot of its experiences, it can also learn from the experiences of other countries. The PPD will provide technical and financial assistance to the National Task Force to enable it achieve its objectives.

It is my earnest wish, ladies and gentlemen, that Zimbabwe, as a founding member of, PPD continues to play a leading role in the promotion of SSC in the area of RH, Population ad Development and remains a forerunner in the region. Let us join hands to continue promoting the partnership and strive to improve the quality of life of our brothers and sisters in the developing world. I have the firm conviction that together we will make the world a better place to live in.

Ladies and Gentlemen, I thank you for your attention.

ANNEX "5"

Speech by the UNFPA Country Representative, Mr Basile O. Tambashe
On the occasion of National Support Structure Workshop for South – South Cooperation and Sustainable Development

Honorable Minister of Health and Child Welfare, Dr Henry Madzorera,
Honorable Deputy Minister of Health and Child Welfare, Dr Mombeshora
The Secretary for Health and Child Welfare, Dr Gerald Gwinji
Senior Government Officials here present
The Executive Director, Partners in Population and Development, Mr Harry Jooseery
Board Members of ZNFPC
The Executive Director, ZNFPC, Dr Simela Chiriva
Delegates from the Ministry of Health and Child Welfare and other Government Departments here present,
Colleagues from the UN
Colleagues from Bilateral Partners
Distinguished guests, ladies and gentlemen
All protocol observed

I feel greatly privileged to join you today on this important event in the history of South - South partnerships in Zimbabwe. The them 'National South - South Support Structure' suggests that Stakeholders at national level are coming together to dialogue on how to translate commitments made at various regional and international for a into tangible action plans for Zimbabwe.

Honorable Minister,
There could not be a better opportunity to pay extra attention to South – South initiatives than now. It is 15 years since the launch of the International Conference on Population and Development Plan of Action, and past the halfway mark towards the millennium declaration countdown to 2015 for the MDGs. The world is experiencing one of the worst financial crises ever. More resources than ever before are required to fund the various strategies necessary for attaining the MDGs. Yet overseas development assistance, remittances from diaspora, overseas capital investment, and export commodity prices have all significantly dwindled. We therefore need to do business differently. It cannot be business as usual! It is time to explore different ways of maximising aid effectiveness, and consider new ways of forging strategic partnerships.

Honorable Minister,
In 1994, during the ICPD, member states gave UNFPA a new mandate based on the rights of individuals. 179 governments reaffirmed that every person has a right to determine the number and spacing of their children. For the first time, they agreed that everyone has the right to attain the highest standard of sexual and reproductive health. Member states also agreed that the empowerment as well full and equal

participation of women is not an end in itself, but a vital precondition for sustainable development.

As UNFPA we believe that building networks and strengthening existing partnerships can effectively contribute to sustainable development. In this era of globalisation, countries seek not only to further develop their knowledge base and human capacities; they also want to contribute to the global pool of knowledge. In the UNFPA strategic plan for 2008 to 2011, provision of technical assistance is based on this interconnectedness, more specifically in building networks at national, regional and global levels for flow of information, knowledge, experience and expertise through South - South Cooperation. In this regard, the PPD - itself a product of the 1994 ICPD - is a strategic and important partner for UNFPA. We both share an unwavering commitment to build stronger national, regional and global networks to carry the ICPD agenda forward.

Honorable Minister,
In Zimbabwe, UNFPA has supported various South – South initiatives organised by the PPD. Over the years we have contributed to knowledge generation and sharing of experiences. We have consistently supported the national delegation to attend the annual PPD General and Board meetings. Most recently (2008), the CO supported a study visit by the Ministry of Women's Affairs, Gender and Community Development to Ghana to learn from their experiences in implementing the Domestic Violence Act.

Ladies and Gentlemen,
There is a lot of knowledge and experience that Zimbabwe can share with other PPD members. Commendable progress has been recorded in Family Planning, HIV prevention, literacy and gender equality. Zimbabwe is the first country in Southern Africa to experience a decline in HIV prevalence amongst adults from 20.1% in 2005 to 15.6% in 2007. At 60% the CPR remains on of the highest on the continent. Outside the health sector, the near universal literacy rate is yet another gain which needs consolidating and defending.

However, these gains will be difficult to sustain as long as progress in the other MDG targets remains inadequate. In Zimbabwe, six women continue to die every day from pregnancy and child bearing related causes. Four (4) in every five (5) of us are living on less that 1 USD per day. Families and communities have limited access to food, clean and safe water. In these areas, progress on the targets we set for ourselves has been slow and in some instances we are works off today as compared to our position in 1990. Ladies and gentlemen, this is unacceptable.

We hope that from this workshop an effective national South - South support structure will emerge. That structure should have capacity to better coordinate our efforts, minimise duplications, and reduce transaction costs. We also hope that the deliberations of this workshop will facilitate building consensus on key issues. We should be able to speak with one voice on calling for increased investment in health and other social sectors, on better stewardship of available funds, on bolstering national level capacity building and health systems strengthening, and on more pro-poor policies.

In conclusion let me reaffirm UNFPA's commitment to increase investment towards South -South cooperation, and take this opportunity to challenge other partners to support such a noble initiative. We also call for members of the PPD to be more than ever united to support the South - South initiative and demonstrate its value addition in this situation of urgency.

Ladies and Gentlemen,

Together, I believe we can all work to ensure that:

Every pregnancy is wanted
Every birth is safe
Every young person is free of HIV
And every girl and woman is treated with dignity and respect.

With these words, I thank you.

ANNEX "6"

Speech Delivered by Honourable Minister of Health and Child Welfare, Dr Henry Madzorera on Strengthening National Support for South-South Co-Operation in Population and Development

Mr Chairman – Dr Dhlakama, Principal Director Policy Planning, Monitoring And Evaluation - MOHCW

President of the Senate –Mrs Edna Madzongwe

Honourable Speaker of Parliament – Mr Lovemore Moyo

Honourable Deputy Minister of Health And Child Welfare- Dr Mombeshora

The Permanent Secretary for Health And Child Welfare Dr Gerald Gwinji

Honourable Members of Parliament

Honourable members of the Chiefs' Council

Executive Director, Partners in Population and Development (PPD)- Mr Harry Joosseery

Heads of institutions and organisations

Ministry of Health And Child Welfare officials

Members of the Zimbabwe National Board Of Family Planning

Country Representative of UNFPA- Mr. B. Tambashe

WHO Resident Representative- Dr. Custodia Mandhlate

Country representatives of various United Nations agencies

Partner Country Co-Coordinator (PCC) and executive director- Zimbabwe National Family Planning Council- Dr. S.S. Simela Chiriva

Invited guests

Ladies and gentlemen

I am pleased to welcome you all to this very important one-day workshop on strengthening national support for South-South Co-operation in Population and Development. I would like in the first instance to extend a special welcome to the Executive Director for Partners' in Population and Development (PPD), Mr

Harry.S.Jooseery and his team from the PPD office in Bangladesh. I also want to recognise the presence of Honourable Members of Senate, House of Assembly and the chief's council, heads of institutions and organisations, ZNFPC board members, academics and other distinguished guests. I would like to thank you all for making this workshop a reality by sparing your time to be with us today.

South-South Co-operation is the brainchild of the international conference on Population and Development (ICPD) held in Cairo, Egypt in 1994. One of the main goals set during the ICPD in 1994 is to achieve universal access to reproductive health by 2015 through a holistic approach.

As part of the efforts towards the realization of this goal, countries have recognized the potential of South-South collaboration, where governments will assist each other through a number of different modalities. These include long and short-term training programmes, observation study tours, sharing of resources, technical expertise and consultant services. Following this collaborative arrangement or mechanism, nine developing countries, Zimbabwe included established themselves as Partners in Population and Development (PPD), as an intergovernmental vehicle for the promotion of South-South Co-operation in 1995. Most importantly Zimbabwe hosted the first PPD board meeting in Victoria Falls in 1995.

Since the ICPD, membership of PPD has expanded from the original nine to 24. To this end, Zimbabwe together with other countries in the South – South cooperation has assumed a position to share with developing countries in the region technical expertise and experience in reproductive health and population development.

The Millennium Development Goals (MDGS) agreed in September 2000 at the Millennium summit, to guide and harness efforts towards the attainment of global sustainable development, cannot be isolated from the broader scope of the ICPD. Instead, they should be regarded as an extension of ICPD if a holistic approach is to be adopted.

The Millennium declaration outlined eight goals to be achieved by 2015. These are:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality

- Improve maternal health
- Combat HIV, AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop global partnership for development

A careful perusal of these MDGS implicitly and explicitly requires us to revisit the population growth factor vis- a vis economic development. the ICPD noted the need to slow population growth in developing countries, citing its impact on social and economic development as well as on the environment.

The health related Millennium development goals 4, 5, and 6 hinge on the following objectives:

- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases

Zimbabwe, as a nation, has reaffirmed its commitment to the principal goal of the ICPD i.e. “to ensure universal access to reproductive health services by 2015”. This was mutually reinforced in the Maputo plan of action which is premised on sexual and reproductive health in its full context as defined at ICPD in 1994. The Maputo plan of action identifies south-south co-operation as a strategy to attain both the goals of the ICPD and the MDGS. The major action areas for the Maputo plan of action inter alia include integration of HIV, STI, malaria, sexual and reproductive health rights, strengthening community based sexual and reproductive health services, and repositioning of family planning as a key strategy for the attainment of the MDGS.

Since ICPD, Family Planning Services in Zimbabwe have immensely contributed to the increase of contraceptive prevalence rate (CPR) currently at 60% from 48% in 1994. Knowledge of family planning methods is almost universal at 99% from 96.3% in 1988. Total fertility rate (TFR) has significantly decreased to 3,8 children per woman from 5.5 in 1988. Despite these successes, the unmet need for family planning is at 13% (ZDHS), 2005/6). There is need to reach out to all underserved populations.

Adult HIV prevalence has declined from about 24.6 % in 1996 to 20.1% in 2005 to 18% in 2007 and 15.2% in 2008.

Concerted efforts are being made by all stakeholders to further reduce the prevalence to a single digit.

Maternal and infant mortality remain our major concern in Zimbabwe. In 2005 maternal mortality ratio was 555 per 100, 000 live births. This emphasises the obstetric risk of pregnancy and childbirth. On the other hand the under five mortality rose from a level of 58 deaths per 1000 births during the 1990s to 82 deaths per 1000 births in the period 2005 to 2006, whilst the infant mortality remains high at 60 deaths per 1000 in 2005/6.

However, I am happy to mention that according to the ZDHS 2005/6, 93% of births in urban areas and 58% of births in rural areas occurred in a health facility. The use of these facilities can be attributed to the efforts of our community-based workers who are vital cogs of information on antenatal care, postnatal care and referrals.

Globally, family planning was characterised by periods of intensive funding and attention. Donor funding seems to have been shifted towards the curative aspect of diseases especially HIV and AIDS than on the preventive side where family planning is premised on. Government budgetary allocations for reproductive health and family planning have also been dwindling. A thin line of synergy between the corporate sector and its involvement in population and development also exacerbates the situation. Ladies and gentlemen this scenario presents a compelling case that continued neglect of family planning in developing countries like ours will severely undermine the attainment of the MDGS. Therefore there is dire need for collective effort from all fronts to:

- ✓ Increase resources for reproductive health in alignment with the Abuja declaration of 2001 on HIV/AIDS, tuberculosis and other related diseases, which recommend the pledging of 15% of the national budget towards health.
- ✓ Scale up political commitment to reproductive health and family planning programmes.
- ✓ Position youth friendly sexual and reproductive health services as key strategy for youth empowerment development and well-being.

The MDGS present challenges to social development initiatives and their cross-sectional nature calls for intersectoral policies and strategies, co-ordination among various government departments, NGOs, private sector and multilateral and bilateral agencies. Although some MDGS especially 4, 5, and 6 explicitly fall under the health sector, it does not imply that actions to achieve them is the prerogative of the health fraternity, but more importantly is the role it assumes of co-ordination and implementation of policies to achieve the target of these MDGS.

Today, ladies and gentlemen, is the platform for all of us from different sectors to see how best we can create synergies to harness resources and efforts towards the attainment of MDGS, notwithstanding the crucial importance of South- South Co-operation.

At this juncture let me express our gratitude to all our partners for their technical and financial support in population and development activities.

I thank you

Annex "7'

Partners in Population and Development (PPD) Terms of Reference of National Task Force for South-South Cooperation (NTSSC)

The National Task Force (NTF) for South-South Cooperation endeavours to enhance South-South Cooperation (SSC) in the field of Reproductive Health (RH), Population and Development. It will bring together representatives of the Government, international organizations, policymakers, NGOs, CSOs, researchers and private sector engaged in the field of RH, Population, and Development. Partners in Population and Development (PPD) will provide technical and other forms of assistance to the NTF to enable it achieve its objectives. The Secretary of the NTF will consult PPD Executive Director and the Chair of the NTF as and when needed.

Goal

To promote the achievement of ICPD Goals and the MDGs through South-South Cooperation

Objectives

- To coordinate with Government and other stakeholders in the field of Population, RH and Development;
- To promote knowledge and information sharing, documentation and dissemination of lessons leant and best practices on RH, Population and development programme;
- To advocate for an enabling environment for the promotion RH program through the South-South Cooperation modality;
- To facilitate National Capacity Building, including training and research on RH, Population and Development;
- To increase visibility of PPD
- To promote the concept South-South Cooperation.

Mode of operation

1. NTF will consist of 15 members from relevant ministries, United Nations Agencies, Non Governmental Organizations (NGOs), Civil Society Organizations (CSOs), and private sectors working in RH;
2. The NTF will be chaired by the PCC;
3. The Secretary of the Task Force will be determined
4. The NTF will meet quarterly at a place and time designated by the chair;
5. The NTW will discuss salient issues pertaining to RH programme and propose intervention programme to promote ICPD goals and MDGs;
6. The NTF will facilitate collection of data and documentation on best practices on RH programme for sharing with other countries;
7. The Chair of the NTF will report quarterly to the Chair of PPD, the Board Member of Ghana and to the Executive Director of PPD;
8. The secretary will submit minutes of proceedings of all meetings of the NTF to all members and to the Executive Director of PPD.

Duration of membership:

Duration of membership will be for a period of two (2) years and may change as per guidance of the Chair and Executive Director of PPD and depending on change in environment. A member cannot claim to retain membership.