

Annual
Report 2003*

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Foreword



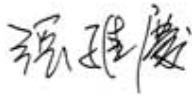
Since its inception at the International Conference on Population and Development (ICPD) in 1994, and after 10 years of high level commitment and effort from the Partners Secretariat and its member countries, South-South collaboration has now been adopted by many developing countries as an indispensable means of designing and managing reproductive health, population and development programmes. The Partners have put the South-South modality into practice and made it a critical tool for effective development and growth. More and more professionals are eager to learn and share workable models, and to go beyond traditional areas of reproductive health, population and development to include Millennium Development Goals such as poverty, gender, human rights and environmental issues.

The year 2003 has been an extremely busy and important year for the Partners. Many countries conducted South-South advocacy events in this year, inviting donors, media, GO's and NGOs to inform them about Partners programmes and activities. Several exhibitions were organized in international meetings and conferences, displaying various reports, documents, posters, brochures and leaflets on the Alliance. The Partners Liaison Office at the United Nations was established in New York. It conducted a series of High Level Policy Symposia in collaboration with UNFPA on linkages between ICPD and Millennium Development Goals.

The eighth Annual Board meeting of the Partners was held in Jakarta in October 2003. It decided to commemorate the tenth anniversary of the creation of the Alliance during the 9th Annual Board meeting in China in September 2004. During the G77 meeting in Morocco in December 2003, Mr. Kofi Anan declared that 19th December 2004 would be celebrated as the first South-South day.

The Partners are grateful to the Netherlands Government and the Hewlett Foundation for granting new funds for promoting developing country expertise and for conducting further corporate advocacy and image building activities.

We gratefully acknowledge the continuous effort, commitment and support of our stakeholders and other donors to make South-South collaboration an attainable and empowering model of development. Our special appreciation goes to our Executive Director for his dynamic leadership, Secretariat staff members for their continuous enthusiasm and perseverance in making South-South initiative widely known, to the Board members, Partners Country Coordinators (PCCs), collaborating institutions and individuals for their assistance and assurance, and, finally, to the Bangladesh government for hosting the Secretariat and giving us all the necessary support



Zhang Weiqing
Chair, the Partners Board, and
Minister, Minister for Health
National Population and Family Planning
Commission of China.



Mohamed Cheikh Biadillah
Secretary, the Partners Board, and
Minister for Health
Government of the Kingdom of Morocco

Statement from the Executive Director



Timothee GANDAHO, MD, Ph.D.
Executive Director - Partners in Population and Development

‘From ad-hoc to institutionalized South-South collaboration’

Globalization, the new system that is interconnecting economies, political systems and cultures around the globe, represents a huge challenge for developing countries. The promise of global markets and information sharing seems to be a mirage when compared with the reality of the growing socio-economic disparities between and within countries. Certainly, the benefits of globalization are not being equitably distributed and shared.

This scenario has been impacting directly on population and development issues. Population growth is jeopardizing the environmental balance while the increase in migration from poor countries to rich ones cannot be restrained even by the most rigid repressive policies. The most valuable human resources of developing countries are being recruited abroad in a manner that is causing endless brain drain even as the largest human group in history is entering the reproductive age. Indeed, nearly two billion adolescents will lead to a massive increase in demand for reproductive health information and services without precedents. Old unsolved regional and global disputes have been driving the world into a spiral of massive and indiscriminate use of violence and wars that are creating a tense and difficult environment for cooperative efforts towards development, in the process diverting considerable amount of funds to development of weapons and security systems.

It is imperative to bring together, on a world scale, scientific, social and political leaders and to put them to work so as to translate our purposes into action. This is a goal that can be achieved only if partnership at all levels, equity between ethics and trade regulations, steady monitoring, and integration in global strategies and policies are stably inserted into national and international responses to global reproductive health, population and development issues. As UNFPA puts it: “Poverty cannot and will not be eradicated without achieving ICPD goals. Universal access to education and reproductive health care are crucial steps that can help to eradicate poverty. Meeting these ICPD goals will

pave a straight road directly toward reaching the Millennium Development Goals (MDG)”.

Partners in Population and Development (PPD) has played a significant role in helping developing countries to improve the quality of life of their women, men and children, as outlined in ICPD goals and MDG. The vision of the Partners is that the road could be made easier by putting into action schemes for more collaboration among developing countries, sharing experiences and expertise, and exchanging resources. South-South collaboration has been increasingly recognized as a key strategy in achieving the goals mentioned above.

As the Partners’ Chairman puts it in the Year 2002 Annual Report: “Partners in Population and Development, has successfully transformed this theory (South-South collaboration) into practice within a very short period of time. There is no denying of the fact that today South-South collaboration has been embraced by many developing countries as an essential way of development in the field of reproductive health and family planning”. However, it is important to recognize that most South-South collaboration is still done on an ad-hoc basis, with inadequate country structures and insufficient national funding allocated for its support.

The year 2003 was a turning point in the Partners attempt to align its efforts with a renewed commitment towards institutionalizing South-South collaboration at the level of member countries as well as international levels. Institutionalization will be the result of modifying the countries’ legal framework, organizational structures, procedures and technical norms; and providing the needed financial support. As this report indicates, most of our efforts during this year depended on this vision and helped member countries build their capacities through the strengthening of leadership, technical assistance, knowledge, and information sharing.



Timothee GANDAHO, MD, Ph.D.
Executive Director

Organization

Established in 1994 during the International Conference on Population and Development (ICPD) held in Cairo, Partners in Population and Development (the Partners) - a South-South Initiative is an inter-governmental alliance of developing countries and a non-profit organization. As of 2003, member countries are: Bangladesh, Benin, China, Colombia, Egypt, The Gambia, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Thailand, Tunisia, Uganda, Yemen, and Zimbabwe. Partners in Population and Development was given Permanent Observer Status at the General Assembly in November 2002 by the United Nations.

By sharing their expertise and relevant experiences, member countries believe that they can transform reproductive health goals outlined in the ICPD Programme of Action into reality. The ICPD+5 recognized the increasing political significance of South-South Cooperation and strongly recommended external funding and support and emphasized the significance of Partners in Population and Development as a major South-South initiative.

The Vision of the Partners

The Partners Vision is that South-South cooperation can become a widely used strategy for building capacity to improve reproductive health status in developing countries as stated in the ICPD Programme of Action emphasized the significance of Partners in Population and Development as a major South-South initiative.

The Mission of the Partners

The mission of the Partners is to expand and improve South-South collaboration in the fields of family planning and reproductive health.

Each Partner will strengthen institutional capacity to undertake South-South exchange activities and will rapidly expand the number of South-South training and consultative programmes.

Long-term collaborative arrangements will be encouraged. The Partners Secretariat will provide a central point for networking among Partners and for identifying opportunities for South-South exchanges and sources of financial support.

The Strategy of the Partners

The Partners' strategy will be to pursue a combination of initiatives implemented by member countries as well as a series of activities implemented by the Secretariat. The way in which the Partners could most effectively achieve this goal is by developing programmes that will help:

- i) build the capacity of institutions and individuals,

ii) promote information sharing and exchange of experience among institutions and individuals.

Institutional arrangements

- A Board constituted of all member countries;
- The Executive Committee, comprising of a Chair, a Vice Chair, a Secretary, and a Treasurer elected for a period of three years;
- Partners Country Coordinator (PCC), one from each member country;
- Secretariat and its staff headed by an Executive Director;
- Partners Liaison Office, New York;
- An International Advisory Committee.

Partners Board Members

The organization is governed by a Board, comprising of one representative from each of the member countries. Board members are ministers responsible for reproductive health programme management or other high-ranking government officials from the respective ministries.

The key functions of the Board are to govern, advocate, provide guidance and support, mobilize funds and other resources for the alliance. There was a change in Board members in the following countries in 2003: India, Indonesia, Kenya, Nigeria and Thailand. Four of the Board members are also members of the Executive Committee. The Board meets annually in one of its member countries. The 2003 Board Meeting was held in Indonesia.

Partner Country Coordinator (PCC)

The Board Member in each member country appoints a senior official from the field of reproductive health and family planning to serve as the link person between the member countries and the Partners Secretariat. Known as Partners Country Coordinators (PCC), those officials are responsible for coordinating activities and providing leadership for South-South initiatives in their respective countries. They develop the country's annual South-South work-plan and liaise with the Secretariat, in-country institutions and other member countries and donors to document and disseminate information about projects, institutions, and individuals engaged in South-South activities. PCCs play a key role in the South-South exchange of expertise in population and organizations and must show demonstrated capacity in reproductive health and development activities.

Executive Committee of the Partners Board

The Executive Committee is to monitor activities so that it can provide guidance to the Executive Director of the Secretariat. The Executive Committee is elected through a ballot among the members of the Board and holds office for three years. Representatives from China, Mali, Morocco and Uganda were elected in the last meeting and now form

the Executive Committee of this tenure as Chair, Vice Chair, Secretary and Treasurer respectively.

The **Strategy** of the Partners

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- ii) promote information sharing and exchange of experience among institutions and individuals.

The **Secretariat**

The Secretariat of Partners in Population and Development was established in Dhaka, Bangladesh in 1996. The Government of Bangladesh has provided office accommodation for the Secretariat and other facilities for international staff members. The Secretariat employs 5 international level and 15 national staff and is headed by an Executive Director. The Secretariat was accorded diplomatic status by the Government of Bangladesh in 2003.



In 2003, three members of the staff joined the Secretariat, namely, Ms. Jin Anrong from China, who joined as the programme officer for Asia region, Mr. Brahim Ouhbouche from Morocco, who is the programme officer for Middle East and North Africa, and Dr. Bruno Benavides from Peru, who serves as the programme officer for Latin America and the Carribean.

The Secretariat serves as a focal point for Networking; facilitates South-South Exchanges; Identifies new opportunities for South-South exchanges and sources of funding; advocates markets, and builds a positive corporate image for South-South exchanges. Exchanges involve technical assistance, fellowships and training, best practices or models for effective reproductive health programming, joint seminars, meetings and workshops

Permanent Observer Office at the United Nations

The Office of Permanent Observer at the United Nations was established in May 2003, following the adoption of General Assembly resolution 57/29 providing observer status for Partners in Population and Development in the General Assembly. The General Assembly through its resolution placed PPD in the category of intergovernmental organizations with permanent observer status at the United Nations. The decision to establish the Office of the Permanent Observer was taken at the meeting of the Executive Committee of Partners in Population and Development in April 2003 and was endorsed by the Annual Meeting of the Board in October 2003. The Office is located in the UN/OPS premises in the Chrysler Building, 405 Lexington Avenue, 4th floor, New York, N.Y. 10174, and comprises Mr. Jyoti Shankar Singh, former Deputy Executive Director of UNFPA as Permanent Observer and Ms. Ruby Garvey as Assistant Attache.

The role of the Office is to:

- Provide high-level representation for Partners at the meetings of the General Assembly and its subcommittees;
- Maintain regular liaison with permanent missions of member countries and, senior officials of UN organizations;
- Explore the possibility of establishing a US committee as a non-profit NGO for the Partners and
- Undertake other information and external relations activities, and develop or participate in projects, relevant to the work of the Partners.

International Advisory Committee (IAC)

The International Advisory Committee comprises of senior population specialists and eminent thinkers both from the North and the South. The membership is voluntary and on invitation from the organization. The International Advisory Committee's role is to advise the Secretariat and the Board on issues regarding population, reproductive health and development.

A member of the IAC, Mr. Balla Musa Silla, former Executive Director of PPD, passed away on the 27th June, 2003. We would like to acknowledge his outstanding contribution to the development of South- South cooperation in population and development.

Institutionalizing S-S Collaboration

To institutionalize South-South collaboration in 2003, Partners in Population and Development carried out various activities of global significance as well as country level programmes.

Global Level

The major themes at the global level were:

- Recruitment of new members.
- Marketing and promotion of developing country reproductive health commodities and technical experts.
- Consultations with Advisory and Steering Committee groups.
- Improved partnerships with other leadership development programmes.
- Strategic planning process

Expand S-S Collaboration

Recruitment of new members.

Benin was admitted as a member of Partners in Population and Development (PPD) during the 8th Partners Board meeting in Jakarta, October 2003. A letter of acceptance and commitment is expected from the Benin Board member who will be invited to the next Partners Board meeting and 10th Anniversary Commemoration in Wuham, China.

Improve South-South Collaboration

The marketing and promotion of developing country reproductive health commodities.

1. The National Population and Family Planning Commission of China (NPFPC), the Dalian Municipal Government, the Ministry of Sciences and Technology, Ministry of Health, State Food and Drug Administration, UNFPA, Partners in Population and Development, the Family Planning Association of Hong Kong and UNAIDS jointly sponsored the 2nd Biennial China Reproductive Health/Family Planning (RH/FP) New Technologies & Products Exposition. This took place from the 25 to 28 October 2003 in Dalian City, China. The China Contraceptives Supply and Development Center (CCSC), the China RH/FP Association, and Dalian Xinghai Convention & Exhibition Center co-organized the event. There were 500 booths set up by 400 manufactures who displayed their products and reproductive health/medical equipment. The High-Technology Forum which was held as part of the Exposition covered four themes: China's population and RH/FP development strategy and project release, contraception and birth control, better and healthier childrearing, and reproductive health.



The event resulted in a number of agreements for commodity and equipment exchanges between other developing countries and China. Twinning of developing countries and sub-regions of China were made for future collaboration.

2. Aplicaciones Farmaceuticas S.A. de C.V. Laboratorios a.f., a Mexican pharmaceutical agency, made a business dinner presentation to the delegates of the 8th Partners Executive Committee Meeting in April 2003 in Mexico City during the Partners 8th Executive Committee meeting in accordance with the Kochi agenda. The dissemination of the information on the experience of Mexico in the production of a low dose injectable hormonal contraception, Cyclofem (Medroxyprogesterone Acetate (25mg) and Estradiol Cypionate (0.5ml suspension)) was highlighted. Participants were informed that, “Cyclofem has become the epitome of a South-South project come true” by Dr Gregorio Perez Palacios, the first Board Member of the Partners in Mexico. The first introductory trials were in Mexico and were followed by trials in Brazil, Chile, Colombia, Peru, Indonesia and Thailand. All of these activities were coordinated by the WHO-Human Reproduction Programme for Research. Cyclofem was approved by the US Food and Drug Administration in 2000.
3. In October 2003, a representative of Famy Care Ltd, an Indian company that is one of the largest producers of Intrauterine devices (IUDs) and Oral Contraceptive Pills (OCPs) in the world, informed participants of the Partners 8th Board Meeting, that about 50% of the National Family Planning requirements of India are met by his organization. FamyCare Ltd was the first company from India to internationally market IUDs and OCs, and has played a major role in initiating a substantial reduction in international procurement prices. FamyCare stressed that the impending crisis in contraceptive supplies in developing countries could be alleviated by a reduction in the cost of procurement without compromising quality. Follow-up plans are underway to explore more collaborative opportunities with the organization. Collaboration between Partners in Population and Development and FamyCare first started in June 2001 during an international Technical Consultative Meeting organized by Partners on Essential Health Commodities in Kochi, India



The 3 major areas for attention highlighted in the strategy were:

a) Information dissemination: Information on the availability of southern experts must be shared widely among the Partners member countries, the New York liaison office, donors, multi- and bi-lateral agencies, country level institutions and Partners' regional networks.

b) Quality assurance: The most important factor in sustaining good quality service in a competitive market is to regularly monitor the service delivered by experts. Feedback from clients who use their services at the end of the contract and maintaining a track record for all consultants on the services they provide are crucial.

c) Capacity building: Based on the feedback received, capacities of the consultants will be necessary to close the gaps in skills requirement and to improve future services. Consultants were to be oriented, and updated periodically on client needs, standards and procedures. The marketing and promotion of developing country technical experts.

The marketing and promotion of developing country technical experts.

The Ministry of Foreign Affairs of the government of The Netherlands provided financial assistance to PPD to work on a programme entitled 'South-South Technical Advisory Services (STAS) from July 2001 to December 2003. The STAS project was designed to improve the capacity of experts from developing countries in providing technical assistance in designing and implementing of Reproductive Health, Population and Development programmes in other countries and in contributing to the attainment of the goals of the International Conference on Population and Development (ICPD) and Millennium Development Goals (MDGs).

A database was developed with 70 high profile experts from 29 developing countries from Asia, Middle East and North Africa, Latin America and Sub Sahara Africa in the areas of Family Planning, Integrated Reproductive Health, STD/STI, HIV/AIDS, Adolescent Health and Safe Motherhood, quality report editing, communication skills, population management, monitoring, services delivery, coaching, teaching and mentoring. The project webpage was made more interactive and information on project activities and progress were updated regularly.

Promotional materials on the project were sent to the member countries of the Partners for distribution among their key contacts. The International Advisory Committee (IAC) meeting in June 2003 in Bangkok, the Partners 8th Board meeting, and the G77 meeting in December 2003 in Morocco were used as platforms to disseminate the lessons learned about the use of experts.

Most experts had broad experience in consulting services both in their countries and regions and with various Partners programmes. Consultancy Updates summarized their work and experience and made them available in the following websites.

http://www.stas-ppd.org/doc/Cosnultancy_update_1.pdf and
http://www.stas-ppd.org/doc/Cosnultancy_update_2.pdf

Senior officials of major donor, bilateral and multilateral agencies such as the Department for International Development (DFID), European Commission (EC), World Health Organization (WHO), Ford Foundation (FF), United Nations Children's Fund (UNICEF), The World Bank and United Nations Population Fund (UNFPA) and The Government of Netherlands were interviewed for their views on existing policies and administrative barriers against a wider use of southern experts.

The report revealed that consultants were traditionally hired through a client's personal network and through head hunters and recruiting agencies. Most clients were found to have made a prior assumption about the poor quality of developing country consultants. Nationality, skills, academic qualifications, experience, attachment or affiliation to a well-reputed institution were very important factors for clients when selecting consultants from developing countries. The findings of this research and recommendations to address these barriers is reflected in the Barrier Analysis Report.

http://www.stas-ppd.org/doc/Barriers_Analysis_Report.pdf

Based on the identified barriers, a marketing strategy targeting major donor agencies and key developing countries was

[designed. http://www.stas-ppd.org/doc/Marketing_strategy_STAS.pdf](http://www.stas-ppd.org/doc/Marketing_strategy_STAS.pdf)

Enhancing Partnerships with Other Leadership Development programmes.

Partnerships with other leadership programmes were enhanced through joint meetings during the year, such as in the David and Lucile Packard Foundation grantees' workshop in Addis Ababa, Ethiopia, held from 26 to 30 January 2003, and the Evaluation Forum, which took place from 12 to 13th February 2003 in Santa Cruz, USA.

Forum participants, who were also leadership grantees of the David Lucile and Packard, Bill and Melinda Gates, and William and Flora Hewlett Foundations, shared their experiences, generated knowledge on tools for assessing the effectiveness and impact of their work, assessed the challenges in front of them, and took stock of the accomplishments of leadership programmes in reproductive health.

Enhancing Capacity Through Strategic Planning Meetings

East Africa and Southern Africa Regional Network

Kenya, Uganda and Tanzania are the members of the East Africa and Southern Africa Regional Network. The Network, convened from 3rd to 5th March 2003, reviewed progress, challenges, opportunities and problems as they went over their 2001-2005 strategic plans. Zimbabwe and Eritrea were invited to participate with a view to making them members of the network.

In updating the meeting participants, the representative of Uganda stated that the Population Secretariat in the Ministry of Finance, Planning and Economic Development, working closely with the Partners Secretariat, had conducted advocacy-skills building workshops at national and district levels, had reached out to key policy decision makers on various reproductive health issues at district and national levels, and had developed specific action plans for 24 districts with the support of UNFPA, USAID and EU. It may be mentioned here that Uganda has a Parliamentarian Association that actively supports EARHN, and links the Secretariat's work with parliamentarians.

Similarly, in Tanzania, a plan of action for the implementation of the EARHN strategic plan was undertaken. Somel NGOs operating in the country, notably AMREF, UMATI, Care Tanzania, TGNP and Marie Stopes, were involved in capacity building activities. Although little was done to strengthen EARHN organizational capacity during the report period, the Network was successfully marketed through the Tanzania Parliamentarian Association, and the production of Kentanuga, the EARHN brochure and newsletter,. These materials were circulated during the Arusha meeting. Advocacy, outreach and coalition building was undertaken through the Tanzania Parliamentarian Association, whose chair also became the Chairman of the Africa Population Commission

Kenya policy on gender was Readical for review by the appropriate ministry. Consultations are currently underway to find out how the problem of female genital mutilation can be tackled in East Africa. It has been suggested that EARHN should work with the East African Community, especially through members of National Parliaments and the East African Legislative Assembly, to develop strategic responses to common problems in the region such as FGM.

The major strategic directions adopted were:

Tanzania

- To strengthen co-ordination mechanisms of EARHN activities
- To improve the resource base for EARHN activities
- To increase awareness and support for EARHN
- To monitor and evaluate EARHN activities
- To harmonize and popularize RH and related policies and work for their implementation.

Zimbabwe

- To develop and expand programmes
- To design and establish a M&E system for capacity building and monitoring of impact
- To strengthen EARHN

- To go for advocacy, outreach & coalition
- To develop a strategy for resource mobilization

Kenya:

- To promote a positive policy environment to enhance EARHN's activities through advocacy
- To identify developed areas of excellence
- To strengthen institutional capacities for collaboration
- To mobilize local/international resources for support of RH activities

Uganda:

- To increase the participation and involvement of key partners in public and private sectors in promoting RH programmes and activities
- To strengthen existing structures and the system for coordination of RH regional, national, district and lower level activities.
- To increase understanding, development and use of RH policies

Eritrea:

- To work for Eritrea's membership in EARHN
- To promote a positive policy environment for the enhancement of EARHN through advocacy.
- To increase participation and involvement of key partners in public and civil society in promoting RH services and rights
- To increase understanding, development and use of RH services, especially ASRH services and policies.

The Partner Countries

Partner Country Coordinators began the process of developing the next Ten-year Strategic Plan when they used the Management Organization Sustainability Tool to assess the Alliance. They met in Jakarta, Indonesia, from 13th to 14th October 2003, under the wings of the Management Sciences for Health and the Partners' Secretariat. New measures to enhance visibility, clarify roles, and to share information on sexual and reproductive health throughout the Partners Network were identified such as standardizing all documents to enclose information on the clarity of roles.

Francophone Regional Network

Dr. Gandaho facilitated a meeting to formulate a strategy on Youth Reproductive Health in December 2003, organized by Dr Tyane, Director, Ministry of Health, Morocco, also a Partners Country Coordinator (PCC). A statement on the role of South-South collaboration and Partners in Population and Development was delivered. The meeting

benefited from the presence of His Excellency, Dr. Mohammed Cheikh Biadillah, the Moroccan Minister for Health, who presided over the meeting. The 150 participants who had assembled on the occasion were from Morocco, Tunisia, Jordan, Senegal, Guinea, Burkina Faso and Lebanon. Representatives of WHO, UNFPA and GTZ were also present.

Country Level

Strengthening Institutional Capacity

Financial Resources Generated From Member Countries

A total of US\$ 337,958 was received in membership contributions in 2003, which represents collections from 14 country members out of a total of 19 (74%), an improvement from the average of 62% per annum collected during previous years. Nearly all member countries financed the sending of additional delegates to attend Partners Board meetings, along with Board members in 2003. The Indonesian Government contributed nearly US\$ 20,000 to meet the cost of the 2003 Board Meeting. China purchased a server for the Secretariat to help improve knowledge sharing and communication among member countries. China also financed the attendance of 6 representatives of member countries to the October 2003 Exposition on contraceptives they had hosted at Dalian.

Skills Development Improvement

Twenty (20) Secretariat staff members and nineteen (19) Partner Country Coordinators who were trained in using management sustainability tools (MOST) went on to develop Secretariat and National South-South Collaboration Action Plans to strengthen the institution based on the outcome of their assessments. Four Secretariat staff and a developing country expert from Morocco attended a consulting skills course in Germany. One Secretariat staff attended a Strategic Leadership workshop in Uganda. Leadership development under the Global leadership and the Visionary Leadership Programmes continued to be implemented during the year.



Participants of "Consulting Skills Course" in Germany.

South-South Exchange Activities

a) Expand South-South Training

Global Leadership Training Programme:

Implementation of the Global Leadership Training Programme ended on 30 November 2003 and was followed by an evaluation undertaken by an independent consultant commissioned by the Partners Secretariat and an external evaluation jointly commissioned by the Bill and Melinda Gates and the David and Lucile Packard Foundations. The programme was undertaken in response to the increasingly complex programme environment of the post-ICPD era in population and development and the need for deep conceptualization of training requirements for a new generation of leaders in reproductive health programme management. It called for upgrading and expanding training opportunities to meet the demand for a much broader and a more diverse set of skills than those required for the narrowly focused population and family planning programmes of the pre-ICPD era. With funding support from the Bill and Melinda Gates Foundation, the Global Leadership Training Programme (GLP) sought to address challenges emerging from the paradigm shift in Reproductive Health theories as well as to bridge the gap to deal with revised national and regional priorities.

With the objective of expanding cost-effective and sustainable training programmes in selected institutions of developing countries, the programme aimed at strengthening the capacity of premier training institutions, and in the process, at providing appropriate training to a new generation of programme managers, planners, service providers and technical experts in the field of reproductive health and population. Substantive areas covered included reproductive health, family planning; prevention of sexually transmitted diseases, in particular HIV/AIDS; adolescent sexual and reproductive health; reduction of maternal morbidity and mortality; and promotion of safe motherhood.

The programme was able to enhance the capacity of 14 premier institutes in 12 developing countries to plan, coordinate and conduct international training and graduated 892 leadership fellows from 81 developing countries, representing all geographical regions. Major achievements of GLP have been intra-country collaboration of several institutions in the offering of courses, as well as inter-country collaboration resulting in sharing experience and expertise. The programme also benefited from close collaboration with major international and scientific organizations such as WHO, UNFPA, Johns Hopkins University, the Population Council, ICDDRDB and IPPF. An International Advisory Committee (IAC) provided enormous support for initial planning review of the implementation experience, continued guidance, and overall guidance for future courses of action.

The evaluation of the programme revealed, among other things that (1) the programme has contributed toward improving and enlarging the capacity of the host institutes in holding advanced training courses; (2) it helped institutes acquire more expertise in innovative training methods and techniques, gain more staff confidence and skills, and develop linkages with other institutes and organizations; and (3) it ensured its clear effectiveness for the Fellows.

The success of the Programme in initiating and establishing a cost-effective leadership training programme in the field of reproductive health and population was possible due to the enormous enthusiasm among the member states and the commitment on the part of Board Members, Partners Country Coordinators and the Institutes. Despite the numerous challenges, the evidence that has been gathered strongly suggests that the programme yielded gains that far outweigh the resources invested in the effort.

The Visionary Leadership Programme

The Visionary Leadership Programme has the purpose of creation of leaders who can make a difference in reproductive health policies in their countries and regions. It is supported by the David and Lucile Packard Foundation, and is being implemented in Ethiopia, India, Nigeria and Sudan. The programme is implemented by a consortium headed by Partners and supervised by the International Council on Management of Population Programmes (ICOMP) and the Centre for African Family Studies (CAFS).

The selection of national anchor institutions was completed in 2003. The Department of Community Health of Addis Ababa University, Ethiopia, and the Adolescent Health and Information Project (AHIP), Nigeria, signed Memorandums of Understanding with the VLP Consortium.

An orientation workshop for all VLP coordinators in National Anchor Institutions (NAIs) was implemented with the purpose of sharing the concept of VLP and to discuss and agree on the expected involvement and activities of NAIs in the programme. The workshop outcome was a one-year action plan for each institution, detailing the activities to be undertaken, and the time frame needed for these activities. The workshop took place in Nairobi on 5-7 March 2003.

All training materials were completed and tested this year. The first draft of the Self-Learning Module was designed and was completed over a period of three months, as the first stage of the VLP process. Its components include reading, simple-to-do exercises, group discussions, field exercises, interviews, preparing a note and personal reflections, all designed to prepare participants for the Two-Week Advanced Leadership Forum.



VLP task force meeting in Dhaka.

The Advanced Leadership Training Module constitutes the frame of the Two-Week Advanced Leadership Forum. It was developed by VLP Consortium staff. The module was tested during the first round of the Two-Week Advanced Leadership Forum in Nairobi and Kuala Lumpur. Three complementary evaluation procedures were put in place: First, a training specialist who had not been directly involved in the development of the manuals acted as an external observer of the dynamics of the sessions. This person provided suggestions to improve the materials used and the structure of the sessions. Second, participants provided feedback on the quality of the materials and their understanding of the issues discussed in the sessions. Their suggestions provided valuable information for the improvement of the module. Third, the staff in charge of the development of materials and sessions conducted in respective sessions were given the opportunity for self-assessment. The mentoring programme was designed to help participants find and implement solutions to problem or issues, which constituted a real organizational challenge and which had already been identified by each participant. The mentoring protocol was prepared for mentors so that it could provide guidelines and establish outputs that should be produced during the process.

The first draft of the on-the-job guidelines has been completed. It is based on the planning exercise done by participants during the two-week long Advanced Leadership Forum. This is an adaptation of the Performance Improvement Cycle, and will help participants to monitor the implementation of their individual plans, and to identify successes, failures, and need for introducing adjustments. The Peer Networking Guideline is under construction. It will contain a series of recommendations on how to network effectively at country, regional and inter-regional levels. A special section will be developed to take advantage of the Internet to facilitate interaction among participants

The Life Story of Mr. Mechai Viravaidya was developed and included in the Self-Learning Module. Additional life stories were proposed, among them those of Senator Juan Flavio of the Philippines and Noreen Kaleeba of TASOUganda. Some leadership profiles developed and included in the Self-Learning Module were that of Ms. Mairo Bello, Founder and Director of Adolescent Health and Information Project (AHIP) at Kano, Nigeria; Ms. Johanna Pattiasina, Founder of Yayasan Sumberdaya (Bina Insani) at Pematang Siantar, Indonesia and Ms. Lucia Wahid, Founder of Kabiro Kawangware Health Care Trust Project, Kenya. Additional profiles developed included those of: Dr. Samir Chaudhury, Founder of India's CINI; Dr. Parwez Choudhury, Founder of Paricharja, Bangladesh; Eddah Gachukia, Kenya; Florence Manguyu, Kenya; Gameda Abecha Mola, Ethiopia; Abebach Govana, Ethiopia; Pooven Moodley, South Africa and Dr Alexander Zinanga of Zimbabwe. Three programme successes that were developed are: Forum for African Women Educationalist (FAWE), Kenya; Mary Joy, Ethiopia; DSW Youth to Youth program, Ethiopia.

Selection of participants and leadership development

The Ethiopian Addis Ababa University worked in close collaboration with the CAFS focal person based in Addis Ababa to float 100 application forms. Final selection was made by staff members of CAFS and ICOMP in May 2003.

In India, application forms were floated in the states of Bihar and Jarkhand, India. ICOMP made reference to a mapping exercise completed with the assistance of CINI

Chetna Resource Center (CCRC) to ensure a good mix of candidates in terms of gender and sector balance. Final selection was made by staff members of ICOMP and Partners in July 2003.

In Nigeria, the floating of application forms was done jointly by a consortium and AHIP, an anchor institution. The consortium and AHIP visited 10 states in Northern Nigeria to distribute 150 application forms to organizations in the north. Final selection was made by staff members of CAFS and Partners in July 2003. Finally, in Sudan, Ahfad University was given the responsibility of floating of application forms. About 150 application forms were floated. Final selection was made by staff members of CAFS and ICOMP in April 2003. Final selections included 83 candidates (16 Ethiopians, 20 Indians, 31 Nigerians and 16 Sudanese), selected out of 319 applicants.

A second round of floating applications was carried out by Mr. Zubair Mamoud and Ms Jaqueline Chishimba who represented the consortium together with the Anchor institutions programme by meeting with potential VLP candidates, stakeholders and host institutions at the state level, government officials, community leaders and NGO representatives in the Northern Nigerian states of Kano, Niger, Benue, Nasarawa, Jose, Gombe and Bauchi, and the Director of National Anchor Institution, Adolescent Health and Information Project (AHIP), Mrs. Mairo Bello in Gidan, Kano.

The outcome of this exercise was that 210 applications were received from Nigerian high officials of NGO and Government for the Visionary Leadership Training Programme.

b) Expanded number of consultative programme

Ten consultative programmes undertaken to discuss policy issues regarding reproductive health, population and development were a hallmark for the alliance in 2003. These programmes covered regions from Arusha in the South to Rabat and Cairo in the North, and from Mexican cities and New York City in the west to Tokyo and Jakarta in the East. Many people were reached in the process, who participated in the dialogue on how to accelerate attainment of ICPD and Millennium Development Goals. New partnerships and networks were established to create synergies for the way forward.

Arusha Meeting:

In Arusha, a regional meeting of the East African Reproductive Health Network (EARHN), sponsored and financed through Partners in Population and Development Secretariat' grants from Packard and the Gates Foundations, attracted additional funding and sponsorship from the Government of the United Republic of Tanzania, UNFPA, Pathfinder International, ECSAHC, AYA, PATH and UNICEF. The meeting was held at the Arusha International Conference Centre from 3 to 5 March 2003. The Meeting:

- discussed progress reports of network member countries,
- critically examined the achievements, constraints and lessons learnt during the implementation of the EARHN Strategic Plan 2001 – 2005,
- revised the EARHN Strategic Plan, and developed Work Plan 2003 – 2005 and
- transferred the chairmanship of the Network from Tanzania to Kenya.

The meeting attracted fifty-five (55) participants, the majority of them from the East African countries of Kenya, Uganda and Tanzania. Other participants came from Zimbabwe, Eritrea and Bangladesh. They represented government ministries, the Tanzania Parliament, the East African Legislative Assembly, the East African Community, East Central and Southern Africa Health Community, Partners in Population and Development, donors, UN Agencies, NGOs and other stakeholders. Other funding sources and sponsors were the East African Community, UNFPA, and the Government of the Republic of Tanzania.

The guest of honor, Hon. Paul Kimiti, representing Hon. Abdallah O. Kigoda, Minister of State, President's Office, stated in his speech that EARHN is yet another demonstration of efforts being undertaken by the people of East Africa to cement an already existing partnership and signified the co-operation of the East African countries in population and development issues. He added that this was in keeping with the spirit of the Africa Union and NEPAD, and should be encouraged and supported. He specifically cited the establishment of the African Population Commission by the Africa Union as an example of Africa's concerns about population growth and development of the continent. In its meeting held in Nigeria it was agreed that the Commission, among other things, should focus on reproductive health, and that special emphasis should be given to legislation and policies, safe motherhood, adolescent health and HIV/AIDS. Mr. Omar M.S. Bendera, the Deputy Permanent Secretary, President's Office, Planning and Privatization, presided over the opening ceremony. Statements were made on various aspects of the ICPD program, including the role of South-South collaboration by Dr. K. Cheluget, Deputy Secretary General, East African Community, Dr. Josephine Moyo, Director, Corporate Development and Information Sharing, Partners in Population and Development, Mr. Teferi Seyoum, the UNFPA Representative in Tanzania.

Presentations were made by Dr. J. Musunguzi, Director, Population Secretariat, Uganda, on MDGs and Dr. Paul N. Senge, IEC Specialist, National AIDS Control Programme, Tanzania, on the Global HIV/AIDS situation. Country reports were presented by Dr. N.A. Mandara, Consultant, HealthScope, Tanzania, Charles N. Oisebe, Senior Population Officer, Partners Country Coordinator, Kenya, and Mr. Dick Muhnezi, Population Secretariat, Uganda. Zimbabwe and Eritrea were invited to participate in the strategic planning exercise and to consider joining as members of EARHN.

The reports showed that despite a number of constraints experienced during implementation, important lessons learned were that undertaking population and RH activities at the district level, be it sensitization seminars for local MPs and other leaders, or training and updating local RH service providers, offered the best approach in the realization of the strategic objectives. It was observed that documentation and sharing of best RH experiences within the region offers unique opportunities for solving common problems.

Mexico City meeting:

The Eighth Executive Committee meeting of Partners in Population and Development was held in Mexico from 21 to 24 April 2003 under the patronage of the Consejo Nacional de Poblacion (CONAPO) of the Government of Mexico. Among the participants were Excellency Mr. Zhang Weiqing, Chair Partners Board and Minister for National Population & Family Planning Commission of China; Excellency Madame

Keita Rokiatou N'Diaye, Vice Chair, Partners Board and Minister for Health, Government of Mali, Excellency Monsieur Cheikh Mohammed Biadillah, Secretary, Partners Board and Minister for Health, Government of Morocco; Excellency Mr. Aman Ullah Aman, Minister of State for Health & Family Welfare, Government of Bangladesh, Dr. Jotham Musinguzi, Treasurer, Partners Board and Director, Population Secretariat, Ministry of Finance, Planning & Economic Development of the Government of Uganda, Ms. Elena Zúñiga Herrera, Member, Partners Board and General Secretary, Consejo Nacional de Poblacion (CONAPO) of the Government of Mexico. Partners Country Coordinators from China, Mali, Morocco, Uganda, Bangladesh, Indonesia and Mexico as well as senior officials in the field of reproductive health and population from the EXCO member countries also attended the meeting.



Mr. Gerardo Lozano, Director General of Technical & Scientific Cooperation, Ministry of Foreign Relations of the Government of Mexico, welcomed the guests. Emphasizing the importance of international development cooperation for mutual understanding, dialogue and agreement, Mr. Lozano said "Reality demonstrates that no country is so self-sufficient as to need no international cooperation, nor any country so backward as to have nothing to share, be it only its weaknesses and needs". Announcing the achievement of Partners in attaining Permanent Observer status at the United Nations, Excellency Zhang Weiqing mentioned that this achievement itself was a recognition of the work and progress made by Partners ever since its inception. The highlights included technical presentations on a South-South collaboration case study by Dr. Gregorio Perez-Palacios, a member, Partners International Advisory Committee, and on Cyclofem, a contraceptive developed in Mexico and endorsed by the World Health Organization (WHO) and the USA Food and Drug Administration; a decision to establish a Partners' liaison office in New York; establish a date and the host for the Partners' 10th anniversary and South-South day on September 9th each year; and a strategy for greater participation of Latin American & Caribbean region countries as members of Partners in Population and Development. Dr. Sridadi Suparto, Partners Country Coordinator, and Deputy for Training & Programme Development, National Family Planning Coordinating Board (BKKBN), Indonesia, informed the meeting regarding preparations for the Eighth Annual Board Meeting scheduled for 15 to 17 October 2003, in Jakarta. The Chair thanked the

Government of Mexico for the excellent hospitality shown and invited all to China on the occasion of the 10th anniversary celebration.

Meeting In Cairo:

In Cairo, a dialogue was held in partnership with the Cairo Demographic Centre (CDC) and the Partners focal institution, the Cairo Technical Office, from 25 to 26 May 2003. The symposium was attended by high-level civil servants in the Ministries of Health and Population, NGO leaders, and leading reproductive health experts of the North Africa and the Middle East

Meeting in Tokyo:

In Tokyo, the 5th Annual High Level Policy Symposium focused on “Poverty and HIV/AIDS” from 5-8th September 2003. It was financed by the Bill and Melinda Gates Foundation and its co-sponsors were UNDP, JOICFP, UNAIDS, NPO2050, Ministry of Foreign Affairs, Japan and Partners in Population and Development. The purpose was to promote and generate effective support among parliamentarians, influential opinion leaders, senior government officials, and NGO representatives in Japan and abroad, who are involved in population and development activities related to South-South cooperation. Dr Nafis Sadik, UN Under-Secretariat General and Special Envoy of the Secretary General for HIV/AIDS in Asia, and Mr Kazuo Kodama, Deputy Director, General



Economic Cooperation Bureau, Ministry of Foreign Affairs, Japan, were the two key-note speakers. Background papers were presented by Ambassador Anwar Karim Chowdhry. Youth representatives were mainly from Japan but there was one representative from Zimbabwe. A lot of interest was generated among the younger generation to address key Millennium Development goals. Japan shared its experience in South-South collaboration for over 4 decades in all areas of socio-economic development.

The Partner Countries

The office organized during October- November 2003 four policy dialogues under the general theme of Population and Millennium Development Goals, in cooperation with the Office of the Under- Secretary-General and High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States. Four 44-48 page monographs were issued by the office in December 2003, containing summaries of o policy dialogues and presentations. These were distributed among permanent UN missions, UN staff, NGOs and the media. UNFPA ordered additional copies for distribution through its own channels. The dialogue was on Population and Millennium Development Goals; Family Planning/ Reproductive Health and

Development; Population and Empowerment of Women; and Population and HIV/AIDS. Some of the dignitaries who participated in the policy dialogues in New York were:

H.E. Ms. Paulette A. Bethel

Ambassador and Permanent Representative of the Commonwealth of the Bahamas

H.E. Mr. Iftekhar Ahmed Chowdhury

Ambassador and Permanent Representative of the People's Republic of Bangladesh

H.E. Ms. Margrethe Loj

Ambassador and Permanent Representative of Denmark

H.E. Mr. Papa Louis Fall

Ambassador and Permanent Representative of the Republic of Senegal

Ms. Thoraya Obaid

Executive Director, United Nations Population Fund (UNFPA)

Mr. Jyoti Shankar Singh

Permanent Observer at the United Nations

H.E. Ms. Marjatta Rasi

Ambassador and Permanent Representative of Finland

H.E. Mr. Crispin Grey-Johnson

Ambassador and Permanent Representative of Gambia

H.E. Mr. Isaac C. Lamba

Ambassador and Permanent Representative of the Republic of Malawi

Dr. Timothee Gandaho

Executive Director, Partners in Population and Development, Dhaka

H.E. Ms. June Yvonne Clarke

Ambassador and Permanent Representative of Barbados

H.E. Mr. Augustine P. Mahiga

Ambassador and Permanent Representative of the United Republic of Tanzania

H.E. Mr. Milos Alcalay

Ambassador and Permanent Representative of the Republic of Venezuela

Ms. Susana Galdos Silva

Management Sciences for Health, Boston

H.E. Mr. Toshiro Ozawa

Ambassador of Japan

H.E. Mr. Robert Guba Aisi

Ambassador and Permanent Representative of Papua New Guinea

H.E. Professor Mwela C. Musambachime

Ambassador and Permanent Representative of the Republic of Zambia;

Dr. George Alley

Special Envoy of the United Nations, Secretary-General on HIV/AIDS and Director Emeritus, Pan American Health Organization

Mr. Anwarul Karim Chowdhury

The Under- Secretary- General for Least Developed, Landlocked and Small Island States.

Prominent persons at international policy levels attended these dialogues:

Arrange long term collaboration

China signed MOU Agreements with Indonesia and Thailand to collaborate in the field of family planning, commodity exchange, and population and reproductive health programmes. The activities include enhancing high-level exchange visits, experts training courses, and experience sharing, technology and commodities security, IEC, and prevention of HIV/AIDS.

Egypt and Kenya also signed Memorandum of Agreements (MOA) with China for the exchange and sharing of health commodities, technical experts, equipment and information. In 2003, the following equipments and commodities were sent from China to the two alliance countries: B-ultrasonic machine, Digital Video Colposcope Imaging System, Digital Video Colposcope Imaging System, Multifunctional Infrared Therapy Machine, Olympus Two-eyed Microscope and contraceptives such as Yuting Emergency Contraceptive Drug, Love Time Condom, Compound Hydroxyprogesterone Caproate Injection and Levonorgestrel Silastic Implant.

After the 2nd China Reproductive Health/Family Planning New Technologies & Products Expo held in Dalian, China, the Chinese Manufacturer of the new type of memory, IUD signed an agreement with Pakistan and Bangladesh for IUD, implant commodity exchange.

Secretariat's Role

Provide central point for networking

In order to meet the challenge for multiple communication and exchange demands for member countries and their allies, The Partners Secretariat continued to update its communication systems and networks in 2003. The Partners website was converted into a dynamic portal to allow for interaction and direct management of country web pages on the site. This is work in progress and numerous orientation programmes on how to take advantage of the new system by alliance members and regional and programme networks will take place in 2004. Web-pages for the Permanent Observer office in New York and the East African Reproductive Health Network and the Global Leadership Programme, were added to the alliance's website. The latter will be a key instrument for continued education, sharing of knowledge and followup of the activities of the Partners leadership fellows.

Identify opportunities for S-S collaboration

There were numerous opportunities for collaboration, particularly with the Partners strategic alliances during the year. Frequent collaborative activities were with the World Health Organization (WHO), UNFPA, the Asia Pacific Alliance, the 2050 NGO in Tokyo, the Global Leadership Forum, and the Johns Hopkins Bloomberg School of Public Health. This table captures the scope and depth of collaborative efforts in 2003.

Collaborative efforts in 2003	
Date :	June, 30th - 1st July, WHO in Geneva Switzerland
Event :	The 16th annual Policy and Coordination Committee (PCC) meeting.
Highlights :	Agencies are invited to contribute to WHO /RH/RHP policy and planning. This Special Programme of Research, Development and Research Training in Human Reproduction is a global programme of international technical cooperation and has the mandate to promote, conduct, evaluate and coordinate research in reproductive health with particular reference to the needs of developing countries. It is being co-sponsored by UNDP, UNFPA, WHO and the World Bank since 1998.
Date :	25 to 29 August 2003 in Ottawa, Canada
Event :	Asia-Pacific Alliance, an alliance of nongovernmental organization (NGOs), government agencies, and related groups from donor countries of the Pacific
Highlights :	Advancing the ICPD Agenda (APA/ICPD) Dr Gandaho was appointed as a member of the International Steering Committee for the Alliance from Partners in Population and Development.
Date :	21 to 25 September 2003, Agra, India
Event :	WHO Meeting on Implementing Best Practices to Improve Reproductive Health
Highlights :	Partners is a member of the Implementing Best Practices Consortium. The launch of the IBP Initiative in India was a dynamic meeting that involved over 280 policy makers, health professionals, research institutes, professional bodies and nongovernmental organizations from the four States and international agencies. This allowed participants to network with other individuals, organizations, and agencies. Through a series of interactive activities, including a “Mini University,” an “Information Exchange Bazaar” and a “Technology Café,” individuals were encouraged to share experiences and information to increase awareness of existing evidence based activities and enabling the best practices.
Date :	3rd -7th November 2003, Geneva Switzerland
Event :	WHO Meeting of interested parties
Highlights :	The 5 cross-cutting themes were, Public Health as a Global Responsibility, Millennium Development Goals, Focusing on Countries, Building the Knowledge Base for Health and Partnering for Better Health.
	The topics have particular relevance for Partners among developing countries who are worst affected by global and local issues of public health. Partners welcome WHO’s focus on the urgent need to strengthen health systems, particularly in the poorest countries, in order to make significant gains in health and reduce the widening gaps in health systems worldwide. In 2002, life expectancy at birth fell back to less than 46 years for men in

sub-Saharan Africa.

HIV/AIDS was declared a major global health emergency by the Director-General on September 22, 2003 and the WHO “3 by 5” initiative is of particular interest to the Partners.

WHO states that millions of children today, particularly in Africa, have less chance of surviving until their fifth birthday than was the case a decade ago. Other factors are: access to essential medicines; scaling up WHO technical support to countries in crisis; reduce child mortality, improve maternal health, combat HIV/AIDS, Malaria and other diseases; and ensure environmental sustainability. To conclude, the WHO meeting emphasized that there is an urgent need to strengthen health systems. This reinforcement should be based on the core principles of primary health care as outlined at Alma-Ata in 1978: universal access and coverage on the basis of need; health equity as part of a development programme oriented to social justice; community participation in defining and implementing health agendas; and intersectoral approaches to health. These principles remain valid, but must be reinterpreted in the light of dramatic changes in the health field during the past 25 years. Four important issues that health systems must confront are: the global health workforce crisis, inadequate health information, lack of financial resources, and the stewardship challenge of implementing pro-equity health policies in a pluralistic environment. WHO is committed to working with countries to support strengthening of health systems.

Identify opportunities for financial support

Financial resources for the East Africa Reproductive Health Network were obtained from the Tanzania Government, UNFPA, UNICEF, PPD, Pathfinder International, PATH, Africa Youth Alliance and the East, Central and Southern Africa Health Community.

During the Eighth Annual Partners Board Meeting in October 2003 in Jakarta, Indonesia, the theme of resource mobilization resonated throughout the dialogue. Seeking funding from non-traditional sources such as private sector and foundations in developing countries was encouraged.

Three proposals were submitted to donors out of which two were approved for funding. These are: Proposal on the Consolidation of Activity South-South Advisory Services (STAS) WW180101. Phase II ‘to Expand, Market and Sustain Developing Country Experts’, a proposal submitted to the Dutch government was approved for USD 480,000 and the proposal on ‘Core Communication Support’, submitted to Hewlett Foundation, was sanctioned USD 200,000.

Conduct advocacy, marketing activities and promote a positive image

Advocacy for ICPD Programme of Action and the role of South-South Collaboration was the theme for the advocacy activities of the Partners. The activities were conducted in member countries at international conferences and by the Permanent Observer Office in New York. The target audience was policy makers, the media, and the donor community. This section demonstrates some of the highlights of the advocacy activities undertaken by the alliance in 2003. Annual report 2002, Program posters, Year Planners, Desk Calendars, stickers, a corporate CD, key rings and coat pins for the 10th anniversary celebration logo are among advocacy materials developed for dissemination and exhibition during the year.

i. Fourth African Conference on Population, December 2003

Meeting on the eve of the tenth anniversary of the 1994 Cairo International Conference on Population and Development, the Fourth African Population Conference declared strong support for the ICPD Programme of Action. Organized by the Union for African Population Studies and Tunisia's National Office of Family and Population (ONFP), the conference focused on population and poverty in Africa, and urged African governments to work harder to fulfil their commitments to achieve sustainable balance between population and resources and improve the welfare of Africa's people. The Fourth African Population Conference brought together more than 500 participants, representing researchers, population experts, policy makers and parliamentarians, to share knowledge and experience of poverty reduction in Africa.

In The Tunis Declaration, adopted at the end of the five-day conference, African experts stressed the importance of investment in population in order to attain the Millennium Development Goals, and called upon Africa's development partners to accord population control programmes greater priority in decision-making, poverty eradication and sustainable development. On HIV/AIDS, experts urged all African governments and development partners to implement an urgent and sustained response to combating the epidemic.

Mr. Brahim Ouhbouche, Programme Officer in Charge of the Middle East & North Africa (MENA) desk at the Partners Secretariat, participated in the Fourth African Population Conference on behalf of Partners.

ii. G-77 Meetings in Morocco, 19 to 22 December 2003

A high-level meeting of representatives from the member countries of G-77 was held in Morocco from 19 to 22 December 2003. Held in the historical city of Marrakech, the meeting was attended by high-level representatives from a large number of G-77 member countries from Asia, Africa and Latin America as well as representatives of donors and other international agencies. Partners in Population and Development was invited to the G-77 Meetings at the initiative of the Ministry of Foreign Affairs and Cooperation and the Ministry of Health, Government of Morocco.

Dr. Timothee Gandaho, Executive Director, Dr. Josephine Moyo, Director (Corporate Development and Information Sharing) and Mr. Brahim Ouhbouche, Programme Officer in charge of the Middle East & North Africa (MENA) desk at the Partners Secretariat

attended the G-77 Meeting. A stall was setup by Partners at the main Exhibition Hall with support from UNFPA Country Office in Morocco and Moroccan Health Ministry for Partners to display its advocacy materials. A good number of participants of the G-77 meeting visited the stall.

The Secretariat team also attended the plenary conference, an occasion which offered it the opportunity to freely express their opinion on how to improve and strengthen South-South Cooperation. Dr. Gandaho made a statement in the session and presented a number of proposals for enhancement and strengthening of South-South collaboration. He urged the Secretary General of the United Nations to appoint an Under Secretary General with specific responsibility for South-South Cooperation.

The Secretariat also organized a Round Table during the G-77 meeting on 17 December 2003, which was chaired by Dr. Wang Gouqing, Vice Minister for National Population and Family Planning Commission of China. The event was attended by representatives from a number of participating countries, international organizations, donors, NGOs and media personnel, among them Dr. Kunio Waki, Deputy Executive Director of UNFPA, and Dr. Anwarul K. Chowdhury, United Nations Under Secretary General for the Least Developed Countries and Small Island Developing States.



iii. One day visibility and media events at country level

Egypt, Indonesia, Yemen and Nigeria have conducted one-day South-South visibility activity in order to disseminate information on Partners. The purpose of the event was to create and expand awareness and knowledge about Partners' vision, mission and activities to a wider range of national and international development partners. The activities were conducted in the form of press conferences and exhibitions. It was attended by bilateral and multilateral donors, agencies, the media, government ministries and their representatives, parliamentarians, NGOs and the private sector. The events attracted substantive local level attention for Partners in their respective countries. Press briefings, statements and speeches have been documented. Promotional brochures and Press kits were developed to be distributed and a video of the event was recorded and made available with the Secretariat.

High visibility activities on South-South Collaboration in Indonesia were conducted on 11th September 2003. Executive Director of Partners appeared for a live interview on Indonesian television (The Metro TV) on the history, activities and the value added of Partners. Other questions of interest included the achievements of Partners, the progress made by Indonesia in the field of reproductive health, and the role of the government. The Executive Director highlighted the pivotal role played by Indonesia in commencing the South-South Initiative in 1993 when Professor Suyono Haryono was the head and minister at BKKBN. The event also included a panel discussion of experts on the activities of their organizations in promoting the attainment of MDGs in Indonesia.

A lot of discussion was aired by the media questioning the need for South-South and whether this was an attempt to alienate developing countries. The clarification made was that Partners was not the first to pursue South-South collaboration but rather agencies such as JICA have used the approach for the past 4 decades and through the United Nations Development Programme. The approach is best seen as a triangular relationship as in North-South- South and calls for close partnerships across sectors. The emphasis on the South is a result of development factors such as proportionately high disease burden, morbidity and mortality from unsafe motherhood, HIV/AIDS poverty, and the prevalence of communicable diseases. The approach also recognizes the fact that a lot of expertise exists in developing countries that needs to be harnessed in order to make a difference. Besides personnel as a resource, a high degree of financial and political resource needs to be mobilized for maximum impact.

Conclusion

To achieve effective knowledge sharing through technological advances, and to encourage commitment and desire to learn new things is crucial. Innovative ways to motivate potential users must be employed. To encourage this process at the Secretariat, all the professional staff subscribe to the Push Journal and take turns to extract information from journals for dissemination to member countries through the monthly electronic newsletter “LINKS”. LINKS also contains information generated by the members and the Secretariat.

The member country individual web pages have been included and will be a valuable tool in encouraging ownership and the generation of information at the country level. The facility will enable member countries to instantly share what they have through this site, by uploading their own information. The country pages will also have socio-demographic data including progress on the ICPD and the MDGs. They will be encouraged to have on-line country dialogues where their counterparts can participate. This activity is open to anyone who visits the site.

Annexes

Auditor's Report

To the Executive Committee of Partners in Population and Development (Partners)

We have audited the accompanying Balance Sheet of the Partners in Population and Development (Partners) as of december 31, 2003 and the related income and Expenditure Account, Receipts and Payments Account and Cash Flow Statement for the year then ended. The financial statements are the responsibility of the Partners' management. Our responsibility is to express an independent opinion on these financial statements based on our audit.

Basis of Opinion:


We conducted our audit in accordance with International standards on Auditing as adopted in Bangladesh. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provide a reasonable basis for our opinion.

Opinion:

In our opinion the financial statements give a true and fair view of the financial position of Partners' affairs as of December 31, 2003 and of the results of its operations and its cash flows for the year then ended in accordance with International Accounting standards as adopted in Bangladesh and comply with applicable laws and regulations.

We also report that:

- (a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit and made due verification thereof.
- (b) In our opinion, proper books of account as required by law have been kept by the company so far as it appeared from our examination of those books.
- (c) Partners' Balance Sheet, Income and Expenditure Account, Receipts and Payments Account and Cash Flow Statement dealt with by the report are in agreement with the books of account.



A. Qasem & Co.
Chartered Accountants

Dhaka, February 15, 2004

An Associated Firm of
PricewaterhouseCoopers

Balance Sheet

As of December 31, 2003

	31. 12. 2003 US\$	31. 12. 2002 US\$
Fixed Assets		
At cost less accumulated depreciation (Annexure -A)	48,257	36,978
Current Assets	3,503,155	3,954,412
Current account with UNFPA, NY	41,581	41,581
Accounts receivable	11,674	11,753
Advance, deposits & prepayments	633,094	508,746
Short term deposits	1,700,000	2,500,000
Cash and bank balances	1,116,806	892,332
Current Liabilities	60,422	36,478
Other liabilities	3,442,733	3,917,934
Net Current Assets	3,490,990	3,954,912
Total Assets		
Financed By:		
Capital fund	(101,685)	(200,518)
Fixed assets fund	48,257	36,978
Donor fund	3,544,418	4,118,452
Total:	3,490,990	3,954,912



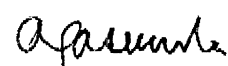
Dr. Timothee Gandaho
Executive Director



Nesar U. Sayeed
Controller, Finance

Signed in terms of our separate report of even date annexed.

Dhaka, February 15, 2004



A. Qasem & Co.
Chartered Accountants

Income and Expenditure Account

For the year ended December 31, 2003

	2003 US\$	2002 US\$
INCOME		
Grant income	2,267,733	2,103,379
Other income	96,231	35,947
Total Income	2,363,964	2,139,326
Expenditure		
Communication expenses	65,134	12,310
General and administration expenses	1,131,969	1,11,584
Legal, professional and consulting fees	97,403	74,640
Personnel related expenses-international	438,320	319,639
Personnel related expenses-national	229,982	260,621
Project expenditure (EC)	267,093	263,102
Transportation expenses	1,276	3,478
Travel and conveyance	341,187	243,276
Grants to institutions	30,754	21,300
Sub-contracts	-	16,298
Total Expenditure	2,603,118	2,329,248
Excess of expenditure over income transferred to capital fund	(239,154)	(189,922)



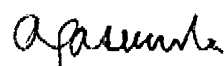
Dr. Timothee Gandaho
Executive Director



Nesar U. Sayeed
Controller, Finance

Signed in terms of our separate report of even date annexed.

Dhaka, February 15, 2004



A. Qasem & Co.
Chartered Accountants

Cash Flow Statement

For the year ended December 31, 2003

	2003 US\$	2002 US\$
a. Cash Flows from Operating Activities		
Depreciation	21,148	15,641
(Increase)/decrease in accounts receivable	79	(6,269)
(Increase)/decrease in advances, deposits and prepayments	(124,348)	213,866
Decrease in current accounts with UNFPA, NY	—	551,843
Increase in current liabilities	23,944	22,201
Net cash (used in)/provided by operating activities	(79,177)	797,282
b. Cash Flows form Investing Activities		
Purchase of fixed assets	(32,427)	(21,982)
(Increase)/decrease in short term deposits	800,000	(1,600,000)
Net cash (used in)/provided by investing activities	767,573	(1,621,982)
c. Cash Flows from Financing Activities		
Increase in capital fund	98,833	7,401
Increase in fixed assets fund	11,279	6,341
Increase/(decrease in donor fund	(574,034)	1,218,578
Net cash (used in)/provided by financing activities	(463,922)	1,232,320
Net increase in cash and bank balances (a+b+c)	224,474	407,620
Cash and bank balances at beginning of year	892,332	484,712
Cash and bank balances at end of year	1,116,806	892,332

Partners Board Members

BANGLADESH

H.E. Dr. Khandaker Mosharraf Hossain
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Minister, Ministry of Health and Family Welfare
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BENIN

**H.E. Mme Yvette Céline SEIGNON
KANDISSOUNON**
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CHINA

H.E. Zhang Weiqing
Chair, Partners Board, and
Minister, National Population and Family
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