
PPD

Annual Report

2010

Executive Committee Members

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Honourable Minister, Union Ministry of Health and Family Welfare, Government of India

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Honourable Minister, National Population and Family Planning Commission of China (NPFPC)

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National Office of Family and Population (ONFP), Tunisia

Member, PPD Board

H.E. Prof. A. F. M Ruhul Haque, MP

Honourable Minister, Ministry of Health and Family Welfare (MOHFW)
Government of the People's Republic of Bangladesh

Acronyms and Abbreviations

| | |
|-----------------|---|
| AFP | Advance Family Planning |
| AIDS | Acquired Immune Deficiency Syndrome |
| ARO | Africa Regional Office |
| ASRH | Adolescent Sexual and Reproductive Health |
| BMA | British Medical Association |
| CARMMA | Campaign on the Accelerated Reduction of Maternal Mortality in Africa |
| CDC | Cairo Demographic Centre |
| CSO | Civil Society Organization |
| DFID | Department for International Development |
| DGFP | Directorate General Family Planning |
| EARHN | East Africa Reproductive Health Network |
| FP | Family Planning |
| GOPFP | General Office for Population and Family Planning |
| HIV | Human Immune deficiency Virus |
| ICDDR, B | International Centre for Diarrhoeal Disease Research, Bangladesh |
| ICPD | International Conference of Population and Development |
| ICT | Information Communication Technology |
| IIPS | International Institute for Population Sciences |
| IPAC | International Programme Advisory Committee |
| IPPF | International Planned Parenthood Federation |
| JAP | Joint Action Plan |
| MPoA | Maputo Plan of Action |
| MDG | Millennium Development Goal |
| MoH | Ministry of Health |
| MoHFW | Ministry of Health and Family Welfare |
| MSH | Management Sciences for Health |
| NIHFW | National Institute of Health and Family Welfare |
| NPC/TS | National Population Council/Technical Secretariat |
| NTF | National Task Force |
| NGO | Non-Governmental Organization |
| NPFPC | National Population and Family Planning Commission |
| NSSSSC | National Support Structure for South-South Cooperation |
| PCC | Partner Country Coordinator |
| PI | Partner Institutions |
| PoA | Programme of Action |
| PPD | Partners in Population and Development |
| PRSP | Poverty Reduction Strategy Papers |
| RH | Reproductive Health |
| RHCS | Reproductive Health Commodity Security |
| RHSC | Reproductive Health Supplies Coalition |
| SBP | Strategic Business Plan |
| SRH | Sexual Reproductive Health |
| SRHR | Sexual and Reproductive Health and Rights |
| S-S | South-South |
| SSC | South-South Cooperation |
| SSWG | Systems Strengthening Working Group |
| SWAPs | Sector Wide Approaches |
| UN | United Nations |
| UNDP | United Nations Development Program |
| UNFPA | United Nations Population Fund |
| WHO | World Health Organization |
| ZNFPC | Zimbabwe's National Family Planning Council |

Message from the Chair

The Annual Report of Partners in Population and Development (PPD) for the year 2010 brings out the impressive achievements made by PPD over the past year. For this, I wish to thank all the Board Members, my fellow colleagues at the Governing Committee, the Partner Country Coordinators, the Executive Director and the staff of PPD for their hard work. I also wish to reiterate the commitment of my government and myself for continued support to PPD and South-South Cooperation for the betterment of the lives of billions of people that the 25 member states of PPD represent. In the area of South-South Cooperation, we wish that PPD expands further to address a larger clientele and wider audience.

It is heartening to notice growing enthusiasm and commitment among PPD member states to support PPD in its mission and also the broad South-South initiative. Following India, China has also redoubled its annual membership contribution to PPD. South Africa has also doubled its contribution. Other countries like Morocco and Thailand have in turn increased their contributions. South Africa, Bangladesh, Egypt, China, India, Indonesia and Morocco are now offering fellowships to PPD member states to promote capacity building of health professionals. I also wish to place on record the contribution of Bangladesh, China and Uganda for their support in hosting the PPD offices in their respective countries.

The Government of Bangladesh has provided a plot of land in Dhaka for the construction of PPD's secretariat. I wish to thank the Government of Bangladesh and most particularly H.E. Prof. Dr. AFM Ruhul Haque, the Minister of Health and Family Welfare of Bangladesh for his unrelenting support.

The global economic and geopolitical contours are becoming increasingly intricate and complex with a range of emerging issues of concern. The situation demands that PPD becomes more articulate, innovative and resourceful. There is a growing need for PPD to introspect and readjust its programmatic approach in order to be heard as a united and strong voice of the south in the global forum.

The challenges for PPD in the coming years shall be to address issues of concern to the global south such as aging Population, falling resources for family planning and reproductive health, reproductive health commodity security, advocacy for gender mainstreaming and gender budgeting, women's empowerment and right to reproductive choices in the least developing countries. Following the discussions at the Board Meeting and International Conference held in Indonesia in 2010, specific activities are planned to address the "Yogyakarta Declaration" with the aim to address the issues of Family Planning and Maternal Mortality from the perspective of poverty alleviation.

At the global level, resources committed for Reproductive Health and Population have not come forth. Overseas Development Assistance (ODA) has fallen short of the pledged 0.7% of Gross National Income (GNI) of developed nations by 38% and funding for Family Planning has dropped by half in the past decade. We appreciate however the UN Secretary-General's Global Strategy for improving Women's and Children's Health and the call for greater investment to address issues specifically related to women empowerment. Thus this is the most opportune time

for development agencies and donors to realign their effort and invest more in Family Planning and Reproductive Health, Adolescent Sexual and Reproductive Health and Child Welfare in order to achieve the common goals of International Conference on Population and Development (ICPD). Development agencies whilst engaged bilaterally through country specific action plans also need to support the South-South Cooperation initiatives as a viable strategy to meet both International Conference on Population and Development goals and Millennium Development Goals DGs.

I would like to take this opportunity to thank the United Nations Population Fund (UNFPA), Hewlett Foundation, World Bank, Department for International Development, Population Communication, Bill & Melinda Gates Foundation, Packard Foundation and Venture Strategies for Health and Development (VSHD) for their generous support and assistance to PPD. I am sure that with their support more resources shall be available to take forward South-South Cooperation.

My heartfelt thanks to all the Board Members of PPD for their support to me personally, as the Chair of PPD. I am certain that PPD will be able to expand its constituencies and that countries like Brazil, Nepal, Sri Lanka, Philippines, Tanzania and others in the Caribbean such as Jamaica, Trinidad and Tobago will join the South-South initiative and strive together with PPD to promote the quality of life in the developing world.

Ghulam Nabi Azad
Union Minister for Health and Family Welfare
Government of India and
Chair, Partners in Population and Development (PPD)

Statement from the Executive Director

2010 was a year of assessment, review and evaluation which resulted into initiatives to relook at PPD Governance policies and principles, and the development of a new Strategic Business Plan for the coming 3 years. A review conducted by UNFPA through an independent Canadian Consulting Firm concluded that *“the design, rationale, strategies, activities and products of PPD are generally relevant to what Member Countries need and want from the organization”*. The Mid-term Evaluation of PPD’s current Strategic Business Plan (2008-2011) observed that *“PPD’s current activities are undertaken in conformity with the goals and outputs of the Plan, and are well underway and in right track”*. The UNFPA Evaluation further stated that *“the National Task Forces established in different member states, Networks of Partner Institutions, Inventory of Products and Services are notable and promising initiatives of PPD.”* PPD had also its weaknesses and shortfalls which have been highlighted by the assessments reports. These reports considered, among others that PPD Programs were more output and less outcome oriented, making impact assessment difficult. PPD also fell short in conducting effective follow ups, monitoring and evaluation activities on the establishment of support structures in member states. PPD is resolved to meet these challenges and move forward with added vigor and enthusiasm promoting accountability, transparency and good governance.

PPD leadership took the decision to review of its governance and management policies in 2010 to tune them to the changing needs and priorities of a growing organization. In addition PPD also initiated the development of a new Strategic Business Plan [2012-2014]. The process started in 2010 and is expected to terminate in 2011.

Another important milestone of 2010 was issuance of PPD’s Yogyakarta Declaration by the United Nations as the official document of the United Nations Commission on Population and Development and in all UN official languages. I wish to congratulate the Indonesian Board Member Dr. Sugiri Syarif and the PCC Dra. Kasmiyati together with Indonesian Mission and PPD Permanent Observer at the UN in New York Dr S. Rao for their unrelenting support and assistance to make that happen. I wish to thank the Government of Indonesia and UNFPA in Indonesia for their support in the excellent organization of the international conference on “Promoting Family Planning and Maternal Health for Poverty Alleviation” and PPD Governance meetings in Yogyakarta in 2010. Without their support these events would not have been so successful.

In 2010, PPD also continued its extensive advocacy for the repositioning of Family Planning in the development agenda, reinforcement of program to address Women Empowerment and Adolescent Sexual and Reproductive issues including evidence-based and outcome oriented programming to meet emerging Reproductive Health and Population issues. The Africa Region Office, the New York Office and the China Program Office of PPD have contributed tremendously and successfully in our advocacy efforts with funders, parliamentarians, the First Ladies, civil society and other stakeholders, and they need special recognition and appreciation.

Since ICPD in 1994, impressive achievements have been made worldwide in reducing fertility rate, increasing contraceptive prevalence and slowing of population growth rate. Total Fertility Rate worldwide has fallen from 3.2 in 1994 to 2.5 in 2010 and population growth rate has fallen from 1.5 % to 1.2 %. Despite all these achievements, the World Population will reach 7 billion in 2011, 8 billion in 2024 and 9 billion in 2045, and 97% of this growth will take place in the less developed world. High Fertility rate and low access to family planning services in developing countries will heavily impact on population growth, child survival and maternal mortality. PPD will need to reinforce its program to promote SRH and act as a catalyst for the attainment of ICPD Goals and the MDGs by promotion of

South-South Cooperation. Many countries in the south have lots of successful experiences and best practices to share. Given the new challenges and opportunities ahead, PPD wishes to move forward positively creating greater ownership and engagement of the South, promoting “partnership among equals, based on solidarity” and opening avenues for triangular cooperation involving the North. Indeed the South possesses enormous wealth of innovative, successful and replicable development solutions and resources for countries to benefit from their effective utilization.

While among the 25 PPD member states, we have countries with persistent problems and scarcity of technologies and resources, we do have vanguard emerging countries in the South like China, India and South Africa, who can help other countries in surmounting their problems. We are happy to note that China, India, Indonesia, Morocco and Egypt have provided in 2010 greater assistance to these least developed countries for human resource development through sharing, exchange and transfer of knowledge, experience and technologies. In 2010, China provided Reproductive Health commodities and contraceptives technology to several member states. India, China, Egypt and South Africa provided more than 150 fellowships on Capacity Building, Public Health Management, Demography and Leadership Development in population and development. We wish to thank these countries for their assistance.

We wish to place on record the increased membership contributions of China, India, South Africa, Morocco, Thailand, and the support of Uganda, China and Bangladesh for hosting our country offices in their respective countries. China and India have increased its yearly contribution to US\$ 80,000, South Africa to US\$ 40,000, Morocco to US\$ 22,000, and Thailand to US\$ 23,000. We request other member states to positively consider doing the same.

In June 2010, Dr. SLN Rao succeeded Mr. Jyoti Singh as PPD Permanent Observer to the United Nations. Mr. Jyoti Singh was the main architect behind the establishment of PPD by 10 developing countries as an Intergovernmental Organization in 1994, while he was the Deputy Executive Director of UNFPA and Executive Coordinator of ICPD. He played an important role in securing resources for PPD from donors while he was PPD Permanent Observer at the United Nations, a position which he occupied for 8 years. I wish to take this opportunity to place on record the tremendous contributions of Mr. Jyoti Singh in the establishment and promotion of the organization, and in spearheading South South Cooperation.

We wish to express our sincere gratitude to our Chair, Honorable Ghulam Nabi Azad, the Union Minister of Health and Family Welfare of India for his able leadership and guidance. Under his leadership, we are moving forward with renewed commitment and dynamism towards achieving our mandates. We also appreciate the inexorable support and assistance of all the Board Members and Partner Country Coordinators who have been instrumental in helping PPD reformulate and review its policies and develop its new Strategic Business Plan. I wish to thank the staff members at PPD Secretariat, Africa Regional Office, China Program Office and New York Liaison Office for being by my side and supporting me during 2010.

Harry Jooseery
Executive Director

In Memoriam

PPD lost its beloved Zimbabwe Partner Country Coordinator (PCC), Dr. Stella Simela-Chiriva, on the 6th of June 2010. Dr. Stella, as we called her, died in Washington DC where she had travelled to represent her country and speak at the Women Deliver Conference. A very pleasant and compassionate personality, Dr. Stella also served as the Executive Director of Zimbabwe's National Family Planning Council (ZNFPC), and was an ardent advocate for reproductive health, women empowerment and South-South Cooperation. While PPD lost an active PCC, the government and the people of Zimbabwe lost a very dedicated and dynamic official.

Dr. Stella was the PCC of Zimbabwe from 2008 contributing to promote close collaboration among the member countries of PPD. She was an active advocate of South-South dialogue and dedicated her entire career to improve reproductive health and advance women's empowerment in her country as well as in the region. She shared the belief that close interactions and exchanges of concepts and achievements among the South countries can help bring meaningful change to the developing world.

On behalf of the PPD Board Members, PCCs, and staff at PPD's Secretariat, the Africa Regional Office (ARO), the China Program Office and the New York Liaison Office, PPD once again expresses profound sorrow and condolences on the sad passing of our respected friend and colleague, and expresses sincere sympathies to Dr Stella's family, friends and colleagues.

About PPD

WHO WE ARE

Partners in Population and Development (PPD) is an intergovernmental initiative established specifically for the purpose of expanding and improving South-to-South collaboration in the fields of reproductive health, population, and development. PPD was launched at the 1994 International Conference on Population and Development (ICPD), when ten developing countries from Asia, Africa and Latin America formed an intergovernmental alliance to help implement the Cairo Program of Action (PoA). The PoA, endorsed by 179 nations, stressed the need to establish mechanisms to promote development through the sharing of experiences in reproductive health (RH) and family planning (FP) within and among member countries and to promote effective partnerships among the governments, non-governmental-organizations (NGOs), research institutions and the private sector.

During the five-year review of the implementation of the PoA (“Cairo+5”), representatives at the June 1999 Special Session of the United Nations General Assembly not only documented renewed commitment to the goals of the ICPD, but also encouraged intensified support of South-South Collaboration.

Para 14.6 suggested that,

“... more attention should be given to South-South Cooperation as well as to new ways of mobilizing private contributions, particularly in partnership with nongovernmental organizations. The International community should urge the donor agencies to improve and modify their funding procedures in order to facilitate and give high priority to supporting direct South- South collaboration arrangements ... South- South cooperation at all levels is an important instrument of development.”

Currently PPD has 25 member countries which include: Bangladesh, Benin, Ethiopia, China, Colombia, Egypt, The Gambia, Ghana, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco,

Nigeria, Pakistan, Senegal, South Africa, Thailand, Tunisia, Uganda, Vietnam, Yemen and Zimbabwe. The PPD member countries cover more than 57% of the global population.

PPD is run by a Board consisting of ministers assisted by directors or high-ranking officials in the field of population and development from member countries. PPD's programs are developed in consultation with an International Programme Advisory Committee (IPAC) comprised of internationally reputed reproductive health professionals from the North and the South and a set of Partner Country Coordinators selected from the appropriate government institutions designated by each Board Member from member countries. .

The Secretariat of PPD is based in Dhaka, Bangladesh. The Secretariat also has a regional office for Africa in Kampala, Uganda, a program office in Taicang, China and a liaison office in New York, USA.

WHAT WE DO

The mandate of PPD is primarily to promote South-South Cooperation with the original commitment made to form a network of membership countries in the South and adopting measures that promote sharing information, knowledge and experience.

PPD recognizes that the governments and NGOs in the member countries are the primary drivers of change since they share a similar culture, level of development, and goals. Only they can address their domestic challenges and tackle shortcomings locally, but as countries with similar experiences share their successes and challenges, their shared knowledge can be used to enhance capacity building efforts among the countries.

PPD is dedicated to forming partnerships between and among individuals, organizations and the governments of PPD member countries, and to exploring ways and means by which their capacities can be further enhanced. The areas of cooperation in which this network can function effectively have been explored earlier under the MDGs and ICPD goals. By forming effective networks among the member countries, the areas of close cooperation are worked out

periodically and projects or programs are designed accordingly to be executed through local agencies with the support of the relevant government.

PPD is mandated to promote exchange of knowledge, experience and expertise among the member countries and with other developing countries. As an intergovernmental alliance, PPD mobilizes support and takes a lead role in driving the global agenda on population, reproductive health and gender, and in promoting South-South Cooperation as an effective modality to mainstream the issues in MDG-based poverty reduction strategies and programs. PPD and its members are committed to further promote and strengthen the implementation of the resolution adopted in the ICPD PoA and its periodic⁵ and 10 year reviews and to formulate a united and synchronized stand in its efforts to accelerate the achievement of the MDGs.

Priority Areas for PPD:

- (i) Integration of the MDGs and ICPD goals by ensuring that the linkages between population dynamics, reproductive health, gender equality and poverty remain central to the formulation and implementation of development and poverty reduction strategies and plans;
- (ii) Promotion of reproductive health and rights;
- (iii) Improving gender equality;
- (iv) Strengthening the integration of RH and HIV/AIDS services;
- (v) Improving adolescent sexual and reproductive health (ASRH) and
- (vi) Improving reproductive health commodity security (RHCS) –access to affordable RH commodities --with particular focus on the poor and vulnerable segments of the population.

Key Actions and Program Areas of PPD:

- (i) Need based capacity development;
- (ii) Focused and targeted advocacy;
- (iii) Improved information sharing and communication;
- (iv) Networking and

- (v) Resource mobilization.

Vision, Mission, Strategic Directions and Organizational Priorities:

The ten year Strategic Plan covering 2005-2014, drawn up through an intensive consultative process and adopted by the PPD Board in 2004, has clearly articulated the Vision, Mission and Strategic Directions, which forms the basis of the four year (2008-2011) Strategic Business Plan (SBP) of PPD.

Vision

“By the year 2014, Partners in Population and Development, as an Intergovernmental Alliance, in driving the global reproductive health and population agenda to attain sustainable development.”

Mission

“To assist each other and other developing countries to address successfully the sexual and reproductive health and rights, including family planning and HIV/AIDS, 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.”

Strategic Directions

The following four strategic priorities constitute the central pillars of PPD’s four –year Strategic Business Plan:



ALIGN with member countries' priorities: the Alliance will align and be responsive to member countries' priorities in reproductive health and rights, including FP and HIV/AIDS, and population and development.

ADVOCATE for the Alliance and its priorities: the Alliance will obtain support from different stakeholders, both at national and international levels, by advocating for South-South Collaboration.

ALLIANCE building at all levels: Partners in Population and Development will form strategic alliances with selected stakeholders to advance strengthened partnerships in meeting the ICPD/PoA and MDGs in the member countries.

ASSETS creation and consolidation for the Alliance's sustainability: the Alliance will increase its financial base for supporting South-South collaboration activities on a sustainable basis, by diversifying the sources of funding and reinforcing PPD's endowment fund.

Organizational priorities

In line with the above strategic directions, PPD has established the following set of organizational priorities that will receive focus during the SBP period, 2008-2011, in consultation with member countries through conducting two interrelated inquiries that are discussed in more detail in the next section.

- Strengthened South-South Cooperation
- Strengthened capacities of systems, both at institutional and individual levels

- Strengthened networks and partnerships
- Improved voluntary FP and other RH services
- Enhanced resource availability

Value Added and Core Assets of PPD

PPD is an alliance formed with a common vision and mission that enjoys complete support at the highest level from the member country governments. Governed and led by the top leaders and/or representatives of the government of the member countries, PPD's programs have a unique mission "to assist each other and other developing countries to address successfully the sexual and reproductive health and rights (SRHR), including family planning and HIV/AIDS and population and development challenges". As an intergovernmental alliance with Permanent Observer status at the United Nations General Assembly, PPD has enormous influence and scope to form common goals and strategies to shape the global agenda for action in the pursuit of achieving the MDGs and ICPD goals through strengthened South-South Cooperation.

The membership of the Alliance consists of a wide range of countries each with its own economic, cultural and social milieu in addition to invaluable experience in dealing with these issues. There is an increasing willingness among the more advanced countries of the Alliance to provide support so that the member countries can share and exchange experiences and expertise.

The member countries are often similar in their development level and possess common goals: namely, to eradicate ignorance and poverty to establish the goals outlined in the MDGs and at the ICPD. In this respect, their similarity in background lends form to the alliance, helps strengthen the members' network and is the driving force for achieving common goals.

PPD derives its unique strength from the absolute commitment of the member countries to consolidate and strengthen South-South Cooperation both as an important goal and also as a strategy to achieve the MDGs and ICPD goals. PPD has attained wide recognition, including Permanent Observer status at the United Nations General Assembly, and has a liaison office in New York. Moreover, a regional office for Africa has been established in Kampala (Uganda) in 2007, with support from the Hewlett Foundation, to strengthen and coordinate its programme in Africa. PPD also has a program office in Taicang (China) to coordinate its programs supported

by China. It enjoys a close partnership with more than 20 premier institutions, known as partner institutions in member countries which provides it with a unique advantage in undertaking capacity development activities, in organizing policy advocacy, and in identifying and documenting lessons learned.

A. Commitment of PPD Member States

i. International Conference on Promoting Family Planning and Maternal Health for Poverty Alleviation held in Yogyakarta, Indonesia

The Government of Indonesia and Partners in Population and Development organized the International Conference on Promoting Family Planning and Maternal Health for Poverty Alleviation in Yogyakarta, Indonesia on October 26–27, 2010. H. E. Prof. Dr. Boediono, M.Ec., Honourable Vice-President of the Republic of Indonesia inaugurated the conference in the presence of Vice Governor of Yogyakarta Sri Paduka Paku Alam IX and H.E. Mr. Ghulam Nabi Azad, Chair of PPD Board.



In his opening remarks, the Honourable Vice President stated “PPD, the product of a genuinely South-South initiative, has been growing in strength and importance in the global forum. Its 25 member countries now constitute the home of more than half of humanity and include the most dynamic economies in the world.” He emphasized the rapidly growing demographic and economic power and the probable widening of disparity among the PPD member countries and within other developing countries, and underscored the need for fresh thinking about the future role of PPD for its members and for the world at large.

The conference was also attended by ministers and senior officials from 30 developing countries, representatives from UNFPA and other international organizations, as well as NGO leaders and experts/scholars. More than 400 participants attended the two-day international conference which examined the critical challenges facing family planning and maternal health, with particular focus on issues and concerns relevant to developing countries. Participants exchanged experiences on specific intervention programs that have proven to be effective, and discussed experiences in integrating family planning and maternal health into poverty reduction strategies. The Conference examined human resources, financial and other constraints that limit progress towards achieving related ICPD goals and Millennium Development Goals and targets. The Conference also explored the opportunities afforded by leveraging South-South cooperation for addressing the constraints and challenges collectively through enhanced cooperation and partnerships.

The conference adopted the Yogyakarta Declaration, as one of the priorities; family planning should have its position relocated in national and international development strategies. Moreover, the conference participants committed to actively follow-up and implement the recommendations contained in the Declaration and strengthen partnership among themselves through South-South cooperation, and with all the development partners, including parliamentary groups, NGOs, civil society organizations, the private sector and the donor community.

Yogyakarta Declaration

PPD in collaboration with the Government of Indonesia organized an International Conference on “Promoting Family Planning and Maternal Health for Poverty Alleviation” at Yogyakarta, Indonesia on 26-27 October 2010. The conference was convened with the objective to advocate for greater investment into family planning, reproductive health and maternal health programs, sensitize participants on the salient and emerging issues of concern, share knowledge on successful and innovative practices and reinforce commitments for South-South Cooperation for the advancement of the ICPD goals and MDGs. The Conference was attended by PPD Board Members who are mainly Ministers of Health, Population, and /or Social development, PPD Partner Country Coordinators, high level representatives from UNFPA, WHO, the World Bank, IntraHealth, Management Sciences for Health, Population Communication, Ventura Strategies, and representatives of other international and national NGOs, CSOs and the private sector. The final outcome of the conference was the development of a declaration which was discussed and adopted by all the Ministers and other high officials from developing countries.

The Yogyakarta Declaration is a testimony of the commitment of PPD and its member countries to reposition family planning and promote maternal health to meet the objectives set by the ICPD and MDGs. The two day conference examined the critical challenges facing family planning and maternal health, with particular focus on issues and concerns relevant to developing countries, exchanged experiences on specific intervention programmes that have been proven effective, and discussed experiences in integrating family planning and maternal health into poverty reduction strategies. The participants reaffirmed their commitment to family planning and maternal health as the central elements of reproductive health and also integral components of poverty reduction and development strategies.

The declaration comprises four substantive sections; family planning, maternal health and poverty eradication; family planning and maternal health; financial and human resources for improving family planning and maternal health and leveraging South-South Cooperation. Each section includes a list of priority issues, respective recommendations

and call for action targeting governments, PPD, international organizations, donors, non-governmental, private sector and others to commit and take appropriate action. The declaration ends with a commitment made by the participants to actively follow-up and implement the recommendations contained in this declaration and strengthen cooperation among ourselves through South-South Cooperation, and with all the development partners, including parliamentary groups, NGOS, civil society organizations, the private sector and the donor community.

ii. Construction of PPD Secretariat Building

Immediately after PPD's inception in 1994, PPD started operating from its interim Secretariat housed at the Rockefeller Centre in New York. PPD shifted to its permanent Secretariat in Dhaka, Bangladesh in 1996 and has been operating from an office space measuring about 5000 square feet that the Government of Bangladesh provided within the Institute of Public Health building. During that time, it has become difficult to operate from limited and shared premises for an increasingly expanding organization. In this context, following a request from PPD, the Government of Bangladesh allocated a piece of land to PPD in a prestigious location in Dhaka.

Following discussions and decisions of the 14th and 15th Board and Executive Committee Meetings, the PPD Secretariat, in concert with Bangladesh Board Member H.E. Prof. Dr. A.F.M Ruhul Haque, Minister of Health and Family Welfare of the Government of Bangladesh have been actively pursuing the process for construction of PPD's Secretariat on the land allocated by the Government of Bangladesh. PPD and the Government of Bangladesh are currently examining the regulatory procedures for constructing the building in collaboration with the private sector.

iii. Resource Mobilization

PPD submitted a short proposal to the Packard Foundation to use the remaining funds intended to support the 2009 Ministerial Meeting to bring together a selected number of Ministers of Health, Finance and Planning from East Africa in 2011 to gain better understanding and share experiences on how to better do resource mobilization for sexual and reproductive health and

rights (SRHR) in the region in the context of MDGs. The proposal was accepted and the meeting is scheduled to be held in 2011.

In April 2010, PPD submitted a joint proposal with the African Population and Health Research Centre to the European Commission. The main objective of the proposal is to improve sexual and reproductive health and rights through effective advocacy for policy development and implementation in Kenya and Uganda. The proposal is currently under review.

In 2010, PPD submitted a proposal with Futures Group for consideration to USAID for a programme under the Health Policy Project. The Health Policy Project will build capacity for policy, advocacy, and governance at multiple levels. The project develops global tools and best practices for policy work, promotes South-South sharing and collaboration, and carries out regional and country-specific policy initiatives. PPD's ARO is among the implementing partners in this five year project.

PPD also submitted a project on "Raising Voices from the South for integration of a Human Rights Based Approach (HRBA) to Maternal Health" to the World Bank. The overall goal of the project is to reduce maternal mortality and morbidity in PPD member countries through South-South Cooperation. It will focus on high level advocacy for the integration of a HRBA to maternal health policies and strategies. The project has been approved and will be implemented in 2011.

PPD has successfully worked in consortium with the Population Council for the implementation of a six year project "Meeting the Unmet Need for Family Planning and Improving Access to Safe Abortion" which is funded by DFID. The aim of the project is to produce high-quality evidence that improves the health of the poorest individuals, particularly women, in developing countries and accelerates progress towards poverty reduction and achievement of Millennium Development Goals 4 and 5. The purpose is to generate policy-relevant research that promotes the use of an evidence-based approach for improving access to family planning and safe abortion in several countries in Africa and South Asia.

B. Capacity Building

i. Documenting Best Practices in Population and Reproductive Health in PPD Member Countries

Partners in Population and Development (PPD) in collaboration with the Government of Thailand organized a technical meeting of authors and external reviewers on innovative national practices in Bangkok, Thailand from the 30th July to 1st August 2010. The meeting was part of a process which was initiated in 2008 through an invitation to PPD member states to submit innovative and successful programs related to reproductive health, population and development. After a highly competitive selection, 10 draft case studies were chosen by a group of experts as showcases that could be improved and shared among PPD member countries as innovative program practices. The meeting held in Bangkok was the second and final stage of technical review meetings bringing together authors, reviewers and donors. Its main objective was to come up with well articulated papers from each country that would eventually be further developed into full fledged case studies for an Innovative Practices Monograph which will be published and disseminated by the end of 2011.



Participants of the Meeting in Bangkok

The meeting was inaugurated by Dr. Somyos Deerasamee, Member, PPD Board and the Honourable Director-General Department of Health, Ministry of Public Health, The Royal Thai Government in the presence of Mr. Michael Herrmann Technical Advisor on Population and Economic Development UNFPA, PPD Executive Director, Mr. Harry S. Jooseery, Mr. Rabbi Royan Technical Advisor, UNFPA Asia and Pacific Regional Office, Dr. S.L Rao, PPD permanent observer in UN, Jyoti S. Singh PPD Consultant, Regional Director of PPD ARO

Jotham Musinguzi, Dr. Kittipong Saejeng, PCC and Director, Ministry of Public Health Thailand and the authors of the ten draft case studied. The authors of the draft case studies are: Bangladesh, Mohammad Abdul Qayyum; China, Prof. Zheng Zhen Zhen; Ghana, Dr. Yaw Nsiah- Peprah; Indonesia, Mr. Sukamdi; South Africa, Prof. Cornelius J Groenewald; Thailand, Mrs. Nareeluck Kullurk; Tunisia, Dr. GATAA Ridha; Uganda, Mr. Hannington Burunde .

The technical meeting held in Bangkok combined technical presentations with reviewers' remarks on the respective documents. PPD believes that sharing these lessons learned with other countries will be beneficial in promoting the population and reproductive health agenda in general and the ICPD and MDG priorities in developing countries in particular.

ii. International Workshop on Population and Climate Change

The Government of the People's Republic of China in collaboration with PPD organized an International Workshop for senior officials from PPD member states on population and climate change in Taicang, China from April 21-27, 2010. Mr. Lu Liusheng, Deputy Party Secretary and Mayor of Taicang City inaugurated the workshop. Dr. Zhao Baige, the Vice Minister of National Population and Family Planning Commission of China (NPFPC) and Mr. Hu Hongtao, Partner Country Coordinator of PPD and Director-General, Department of International Cooperation of NPFPC, Ms. Mariam Khan, Deputy Representative of the United Nations Population Fund in China and Harry S. Jooseery Executive Director of PPD were present.

In the inaugural session, the Executive Director of PPD highlighted the challenges related to population and climate change. He stated that none of these issues can be addressed in isolation as they are all eventually connected by cause and effect. He said, "We need policies that are just and equitable and put people at the centre". He emphasized three solutions to address global warming: mitigation, adaptation and innovation driven by research. He pressed for a comprehensive set of solutions through South-North-South Cooperation on the understanding that we share common responsibility and face similar problems across the globe.

Dr. Zhao Baige the Vice Minister of NPFPC of China emphasized the importance of the South-South strategy to achieve ICPD and MDGs.

The international workshop was organized in the context of a memorandum of understanding that the Government of China and Partners in Population and Development signed with the objective to strengthen capacity building in developing countries.

iii. Consultation Meeting on Networking Among Partner Institutions: Progress and Challenges

Even though China is rapidly becoming a superpower, it also by nature of its vast and varied population belongs to the developing world. In this regard, PPD regards China as a unique opportunity to learn from and share experiences for the benefit of other member countries. Partner institutions in the country are valuable contributors to this process.



Participants of the Consultative Meeting

Partners in Population and Development and the China Training Centre of Reproductive Health and Family Care (CTC) jointly organized the Consultative Meeting on Networking among partner institutions. The Meeting was inaugurated by Mr. Wang Jianfeng, Acting Mayor of the Taicang Municipality. The inaugural address was given by Mr. Harry Jooseery, PPD Executive Director in the presence of Mr. Hu Hongtao, Director-General of Department of International Cooperation, NPFPC and Partner Country Coordinator of China. Representatives from 19 of 20 partner institutions attended the Consultative Meeting.

PPD considers consultative meetings with the PIs to be very valuable initiatives. These PIs possess rich experience in achieving family planning and reproductive health for millions in their

respective countries and thus the consultative process with the PIs can provide valuable insights for other developing countries.

The Consultative Meeting 2010 held among PPD Partner Institutions addressed important issues pertaining to the progress made in integration of PPD generic modules into the existing curricula of PIs; the success and weakness in the process of integration, and the opportunities and challenges in the future for strengthening the PIs' network. Regional cluster groups also developed their work plans for the next 2 years to address new challenges that warranted immediate attention by the partner institution representatives.

iv. Annual Partners' Country Coordinators Meeting

PPD and the Government of Indonesia jointly organized the Partners' Country Coordinators (PCC) Meeting on the 24th and 25th October 2010 in Yogyakarta, Indonesia. In 2010, PPD invited experts from various organizations to lead the discussions, and oriented the PCCs on forthcoming challenges related to population growth, human resource development, network, partnership and IT. The following issues were presented and discussed in the meeting:

- A comparative analysis of population stabilization programs in developing countries by Dr. Robert Gillespie, Population Communication, USA
- Introduction to the Spitfire Approach for Advocacy, Mr. Patrick Mugirwa, Program Officer, PPD ARO
- Introduction to social media networks for effective communication; online orientation on Facebook and other social media tools by Mr. Humayun Kabir Shishir. IT Manager, PPD
- Human resource development for health system strengthening by Dr. Pape A Gaye, CEO & President, IntraHealth International, USA
- Partnership and networking for South-South Cooperation: experiences and challenges by Dr. Jotham Musinguzi, Regional Director, PPD ARO and Dr. Halida H. Akhter, Management Sciences for Health, USA
- Country specific presentations by the PCCs of Bangladesh, China, Ghana and Tunisia



Participants of the PCC Meeting

The participants appreciated and congratulated PPD for its initiatives and expressed the hope that these tools will help them to play a greater role in South -South Cooperation and increase their ability to pursue the goals of ICPD and MDGs.

v. Training Session on Social Media Networking to Upgrade the Knowledge of Senior Officials (PCCs)

- a. PPD introduced social media networking tools in order to provide PCCs with additional advocacy resources to promote South-South collaboration in the field of reproductive health, population and development. To this end, PPD organized a training session on social media networking for senior government officials (PCCs) from PPD member countries on October 2010 in Indonesia. All the Partner Country Coordinators along with other relevant senior officials from 23 member countries attended the meeting. The objective of the training was to strengthen the skills of senior officials to use social media effectively, and build communication among PPD member countries and with the secretariat. This training received high marks in participant evaluations.
- b. From December 7-9, 2010, in Nairobi, Kenya, PPD's ARO in partnership with the Centre for African Family Studies conducted a capacity building training in information communication technology (ICT) for its Partners' Country Coordinators (PCCs) from Africa. The objective of the training was to enable the participants to effectively use ICT and Web 2.0 applications to enhance the sharing of explicit and

implicit knowledge between the PCCs and PPD's Africa Regional Office. The workshop was attended by all PPCs in Africa with the exception of Egypt's PCC. PCCs received training on how to upload and send documents and multimedia files and were trained on Microsoft applications (Excel, PowerPoint, and Word). They left with an improved knowledge in using Web 2.0 applications (Facebook, GoTo Meeting, Wordpress, and Skype) and the ability to create and store files online 'in the cloud'. Participants agreed that the course had improved their abilities to do their jobs and better share knowledge with each other.

vi. Fellowships

Under its mandate for capacity building and human resource development, PPD facilitates fellowship programs through various partner institutes and agencies in its member countries. PPD has established a network and developed fellowship programs with a number of PIs and governments in the area of capacity building and human resources development. Fellowships through these programs have been awarded for almost a decade. Fellows are selected from candidates of member countries either through government or government backed agencies or offices. PPD's Fellowship Program is an excellent example of a South-South initiative. It is based on the voluntary contributions of fellowships by leading training institutions in order to strengthen their human resources. Through this carefully conceived program, PPD provides unique opportunities for high-quality professional exchanges among developing countries at very reasonable costs. It is estimated that through the Fellows Program, the health, population and development sectors of PPD member countries have immensely benefited. The program not only provides training to the fellows, but also extends its programs to policy level planning personnel who can influence the government to adopt policies that are being advocated by PPD in the population and development sector.

The PPD Secretariat matches well-established training institutions with the needs and interests of qualified professionals in its member countries. Prospective fellows must provide proof that the knowledge and skills they seek to acquire will contribute to improved program design and management in their own countries and benefit their current employer. Final selection of the

candidates depends on the participating institutions. Over the last 10 years, the South–South Fellowship Program has seen more than 400 fellows graduate from 30 institutions in the PPD member states. In 2010, three major fellowship programs were offered by PPD in collaboration with different member countries. These include the following:

a. Human Resource Development for Health Professionals in PPD Member States: Contribution from India

India provided 10 fellowships to fellows from PPD member countries namely Bangladesh, Nigeria, The Gambia, Vietnam, Thailand and China, for a one year Postgraduate Diploma in Public Health Management. The course is being held at the National Institute of Health and Family Welfare, India. The course fees, accommodation, meals and an allowance of Rs.5000 for each participant are provided by the Government of India. PPD is grateful to the Government of India and the Honourable Ghulam Nabi Azad, Minister of Health and Family Welfare, of India and Chair of PPD for the generous contribution in promoting human resource development for health professionals. Recipients of the fellowships to India include M. JasimUddin Bhuiyan and Swapan Kumar Sharma (Bangladesh), Bin Bin Li and Xiong Ying (China), David Mendy (Gambia), Ihuoma Blessing Efuribe and Mr. Moses Salifu (Nigeria), Ms. Radeeporn Soogarun (Thailand), Houji Sellema (Tunisia), Dinh Hong Quang (Vietnam).

The Diploma course has been designed to develop the capacity of public health professionals and enhance their managerial capabilities by providing them with tools to efficiently contribute to the improvement of health indicators in their respective countries. PPD's Fellowship Program is an excellent example of the organization's efforts in strengthening human resources for health through South-South Cooperation. The fellowship will also remain open to all PPD member countries in 2011.

b. Cairo Demographic Centre: Contribution from Egypt

PPD in collaboration with the Cairo Demographic Centre (CDC) has been strengthening the demographic and related family planning and reproductive health expertise of professionals from member states. Since early 1999, CDC has been awarding fellowships to PPD for professionals from its member states to pursue their studies at CDC.

Through rigorous training and research opportunities, the Cairo Demographic Centre nurtures a new generation of specialists in demography in the developing world, who are concerned with study and analysis of critical population issues. CDC fosters innovative interdisciplinary approaches to population studies and assists policy-makers as they design and implement appropriate population and development policies. The CDC maintains strong relations and cooperation with national, regional and international population organizations. Following the successful completion of their course at CDC, the fellows have been contributing substantially to family planning and reproductive health programs in their respective countries through their enhanced professional performance and the fact that they can in turn train more demographers.

In 2010, CDC offered 6 fellowships to PPD member countries. Recipients of the fellowships included: Mr. Sheikh Md. Rajab Ali (Bangladesh), Mr. Haruna Sanyang (Gambia), Mr. Francis Eden Koku Soetor-Akutsa (Ghana), Mrs. Mary Njeri Mwangi (Kenya), Mr. Arshad Mahmood (Pakistan), and Ommar Farooq Rana (Pakistan).

c. South African Contribution: Leadership Training on Sustainable Development

During the 14th Annual Board Meeting, South Africa's Deputy Minister of Social Development announced that the South African Government, with the support of the Leadership for Environment and Development Program, will provide one scholarship per year to each PPD member country. The recipient of the scholarship will participate in a course entitled 'Leadership Training in Sustainable Development: the Population, Environment and Development Nexus'. The scholarship covers local accommodation and meals, as well as the registration fee. Participants will however be responsible for their own travel to South Africa.

C. Advocacy

i. PPD Representation at the UNDP/UNFPA Executive Board - Annual Session

The first regular session of the Executive Board of the United Nations Development Program and the UNFPA was attended by PPD's Executive Director. The session was held at the United Nations Headquarters in New York, from January 19 to 22, 2010. Mr. Jyoti Shankar Singh, PPD's Permanent Observer to the UN represented PPD at the session of the Executive Board of the UNDP. Executive Director, UNFPA, Ms. Thoraya Obaid expressed her appreciation to all UN system partners from regional hubs for their spontaneous participation in organizing the meeting. In her opening speech, Dr. Thoraya Obaid stated, *"UNFPA is committed to results and the implementation of their Strategic Plan from 2008 - 2013. ...to help ensure this, UNFPA will give special attention in 2010 to a number of areas."* She indicated that South-South and triangular cooperation will be one of those areas.



Ms. Thoraya Obaid, Executive Director, UNFPA

Dr. Obaid praised the vital role of PPD as a spokesperson for South-South dialogue and for its exemplary role in uniting third world countries under a common umbrella for development. She spoke highly of PPD's steadfast efforts and achievements made towards forging crucial links among the participants and stakeholders hailing from diverse development backgrounds. She recognized with appreciation PPD's comprehensive contributions in stimulating South-South cooperation through united efforts to work as the prime mover of their developmental activities.

Mr. Singh in his speech added, *“PPD celebrated its own 15th anniversary in 2009; and its record of activities, undertaken in cooperation with national governments, UNFPA and several foundations, suggests that South-South Cooperation is becoming an increasingly important modality of international cooperation on population and development.”* He added that PPD’s activities and programs will expand in the coming years, with increasing support from PPD members and with the involvement of non-member countries.

ii. PPD Board Members Appeal for Greater Investment in Family Planning to G8 Leaders

It is widely recognized that a comprehensive family planning and reproductive health policy along with policies to support gender equality can help curb poverty in third world countries. In spite of recent reported economic growth, specialists agree that increased investment is essential for reducing poverty and gaps between the rich and the poor in the South countries. PPD Board Members attending the G-8 leaders meeting stressed this fact and appealed to the world’s industrialized nations to take the lead and increase assistance to the family planning sector. PPD’s Governing Board Members who attended the G-8 meeting advocated that the G-8 leaders reconsider family planning as the driving force for protecting the lives and health of women, children and achieving sustainable development. In an official letter, the Secretary of PPD’s Governing Board, Dr. Boniface Omuga K’ Oyugi, MBS advocated for investing in family planning to accelerate the achievement of the ICPD and MDG goals. In his letter he wrote, “Saving the lives of women and children in developing countries where needless death occur, depends on the G-8 leaders and PPD always stand ready to work with you toward this goal”.



Dr. Boniface Omuga K' Oyugi, MBS, Honorable Secretary, PPD Board

Among the PPD member countries, China, Indonesia, India, Pakistan, Thailand, and Vietnam participated as Observers from the South countries at the G8 Summit Meeting in December 2010. The G-8 brought together the world's major advanced economies—Canada, France, Germany, Italy, Japan, Russia, the United Kingdom and the United States at the Summit Meeting. These countries all play a leading role in international affairs in partnership with the world's community in addressing critical global challenges areas such as health, education, peace and security. Canada as the President-elect of the G-8 from 2010 hosted this year's G-8 summit on June 25-26 in Muskoka region, Canada. The Honourable Prime Minister of Canada and the Prime Minister of the United Kingdom acknowledged the request of PPD and it is anticipated that PPD's advocacy together with thousands of voices from other quarters will influence world leaders in promoting investments in family planning.

iii. Reproductive Health Supply Coalition's First Annual Meeting Held in Kampala, Uganda

PPD reiterated its commitment to promote reproductive health commodity supply and security in developing countries at the Reproductive Health Supply Coalition's (RHSC) first Annual Meeting held in Kampala, Uganda. It was organized by PPD's Africa Regional Office in collaboration with the Government of Uganda who hosted the 11th General Membership Meeting

of the Reproductive Health Supplies Coalition. The RHSC was attended by 140 delegates from more than 100 members of the Coalition. The meeting was inaugurated on 27th May 2010 by the State Minister for Health, H.E James Kakooza who thanked both RHSC and PPD for choosing Kampala as the venue and pledged all support to the mission of the organization.

It was emphasized during the meeting that integrating issues like HIV/AIDS, violence against women and RHCS with existing reproductive health programs in developing countries would fulfil the goals and strategies of the Coalition. The Executive Director of PPD attended the meeting and assured the coalition members that PPD would contribute wholeheartedly in advancing the vision and mission of the Coalition through country representatives of its existing members in the South-South dialogue initiatives. At the meeting, country experiences on RHCS from Ethiopia, Uganda, Tanzania, Ghana, Honduras, and Bangladesh were presented and discussed. PPD was represented officially by the Executive Director and the Africa Regional Office.

iv. Women Deliver Conference Brings Together People Around the World



Mr. Ban Ki-moon, UN Secretary General

The Women Deliver conference brought together leaders, advocates and officials from around the world with an urgent purpose: saving the lives of girls and women. This global three-day conference was held in Washington DC on June 7-9, 2010 to bring together people around the

world. UN Secretary General Ban Ki-moon opened the conference in the presence of 5 UN agency heads and the Manager of the World Bank. The US Secretary of Health and Human Services and other government officials participated. The conference highlighted issues relating to women and concluded by developing a plan of action centred on issues pertaining to family planning, reproductive health, poverty and combating violence against women. PPD was represented by the Executive Director who advocated for these issues in the context of a global South-South dialogue. Participants also stressed that the health system for women must be strengthened to ensure universal access to reproductive health services including family planning, with no discrimination against adolescents. They called for HIV prevention efforts that reach groups most at risk of infection, deliver more resources and provide better data in efforts to address gender inequality and help marginalized populations as well as provide viable social security systems for the elderly.

v. Partners in Population and Development Applauds the UN Secretary-General's Joint Action Plan for Women's and Children's Health

PPD applauds the appeal for re-vitalizing interventions to prevent the deaths of mothers and children from preventable and treatable diseases through the UN Secretary General's "Joint Action Plan (JAP) for Women's and Children's Health". This global effort provides a new engine to reenergize commitments to all MDGs. The period between May and the MDG Summit in September 2010 represented a unique opportunity to agree and build the necessary commitments for the Joint Action Plan. Stakeholder groups, including the private sector and the research community were invited to convene and build commitments within their specific constituencies. PPD responded to the UN Secretary-General's Joint Action Plan for Women's and Children's Health as below:

- It is important to use existing and available resources in developing countries more effectively in order to address problems that confront them most
- As highlighted by the ICPD Program of Action, PPD recommended that South-South Cooperation should be highlighted as one of the possible strategies of addressing

problems faced by developing countries, especially in the area of women's and children's health and welfare. PPD has been promoting SSC in the area of reproductive health, maternal and child health and family planning since 1994 and has a proven track record in South-South Cooperation initiatives following on from the ICPD.

- PPD asserts that South-South Cooperation is complementary to North-South Cooperation and hence recommends that both maternal and child health be addressed because of the close linkages that exist between population and development issues around the world. The problems of the South cannot be addressed in isolation and hence a concerted effort needs to be taken involving all actors around the world.
- There is a need to promote women's empowerment through a human rights approach thus ensuring non-discrimination and gender equality are included in policies and programs to improve reproductive health and rights, as well as maternal and child health.
- A human rights based approach should be the basis for addressing the issue of maternal and child health to ensure that health policies are consistent with human rights commitments made by states.
- PPD is uniquely placed as a Southern-run and Southern-led intergovernmental organization in the field of reproductive health, population and development. Its Board Members are the Ministers of Health and Population of 25 developing countries; thus PPD is able to effectively disseminate the JAP to its stakeholders in developing countries, advocate for greater commitment from policy makers and high government officials from developing countries for the effective implementation of the JAP and its follow up, promote capacity building among developing countries to ensure that maternal health and that of children is effectively addressed in developing countries.

PPD raised concern on the deteriorating international funding by donors and the continuing shortfall in requisite funding for important family planning initiatives in the meeting. The Executive Director networked with other UN bodies and provided information to the participants regarding the international, regional and national activities that were being implemented by PPD. These activities are expected to provide scope for improving the opportunity for identifying constraints and challenges in implementing the MDGs and the Joint Action Plan for Women's and Children's Health. The Executive Director also emphasized the importance of integrating

issues around women's and children's health, HIV/AIDS and reproductive health commodity security (RHCS) with prevailing reproductive health programs in developing countries.

vi. International Symposium on Population and Development

An International Symposium on Population and Development was held in Yinchuan City, China on 27th September, 2010. Dr. Li Bin, Minister of the National Population and Family Planning Commission of China (NPFPC) and Vice Chair of PPD inaugurated the symposium. Issues related to population growth against the backdrop of the country's annual development, policy and strategy related matters and gender equity were discussed. Reducing poverty in Asia and the Pacific region was discussed in-depth. H.E. Li Bin pointed out that as a country with a huge population, China had actively implemented the ICPD Program of Action and dedicated itself to comprehensive strategies addressing population issues while building a resource-saving and environmentally-friendly society. He also stated that China made positive contributions to realize the MDGs. Minister Li also emphasized that all the governments represented at the conference as well as international agencies are keeping their political commitments to population and development issues while at the same time they are looking to strengthen cooperation and exchange and make greater efforts to improve people's welfare around the world.



H.E. Dr. Li Bin, Vice-Chair of PPD Board and Minister of National Population and Family Planning Commission of China (NPFPC) delivering speech in the International Symposium

PPD's Executive Director was present at the Symposium and in his presentation highlighted PPD's success achieved through South-South dialogue and showed that despite the global recession, the South countries achieved significant growth largely through cheap labour in the manufacturing sector. Many experts from the region along with representatives from the UN and associated agencies attended the meeting. The PPD member countries of China, Indonesia, India, Pakistan, Thailand, and Vietnam presented papers in the meeting.

H.E. Dr. A.F.M Ruhul Haque Member, PPD Board and Honourable Minister, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh delivered a key note speech on "Poverty Alleviation and Family Welfare".

H.E. Dr. Ahmed Ali Bourji, Member of PPD Board and Secretary General, Technical Secretariat, National Population Council, Council Ministers of Yemen also made a keynote presentation on "Promoting Reproductive Health and Women Development to Achieve ICPD-PoA and MDGs".

vii. Reproductive Health Supplies Coalition Executive Committee and Systems Strengthening Working Group

The Executive Committee of the Reproductive Health Supplies Coalition (RHSC) and the Systems Strengthening Working Group (SSWG) met to review issues related to child mortality, reproductive health and related issues. On the 2nd and 3rd of November, 2010, around 20 members of the SSWG gathered at the offices of International Planned Parenthood Federation (IPPF) in London for a two-day meeting to discuss ongoing work and brainstorm ideas for future work streams. The majority of the two-day meeting was devoted to a brainstorming session where members reviewed the activities of the SSWG to meet the needs of the Coalition and the reproductive health supplies community. The group identified four priority areas for future work: procurement, decentralization, data, and expanding financing systems. Activities for each priority area were discussed and leaders identified for initial efforts. Following the meeting, the Coalition's Executive Committee assembled at the Department for International Development headquarters in London for their second semi-annual meeting of 2010 on 5th November. PPD's

Executive Director Harry Jooseery attended both of these events along with several high-profile officials from other international agencies.

At the November meeting at DFID, concern regarding the reduction in donor support levels was raised and noted as a major reason for bottlenecks in the Coalition's initiatives. PPD's Executive Director presented PPD's on-going work and overall goals. The meeting acknowledged that activities which are part of a collaborative South-South dialogue provide a better opportunity for implementing the MDGs. The meeting called for an integrated effort by all members of the group on issues including HIV/AIDS, violence against women, reproductive health commodity security, and Reproductive Health Programs in developing countries.

The Committee thanked Dr. Stanley Sonoiya (East African Community) and Mr. Harry Jooseery (PPD) for their support over the past two years to the Executive Committee, and welcomed their successors, Dr. Gina Tambini Area Manager for Family and Community Health, Pan American Health Organization, Washington DC, USA and Dr. Placido Cardoso, Director General of West African Health Organization.

viii. Symposium on Climate Change, Reproductive Health and Population

PPD in 2010 continued reaching out to policymakers to promote South-South cooperation at a number of strategic meetings. PPD ARO partnered with organizations including the British Medical Association (BMA) and the Commonwealth Medical Trust to organize a 2-day Symposium on climate change, reproductive health and population for high-level policymakers. The Symposium was hosted at the BMA Headquarters in London from March 1-2, 2010. The objective of this post-Copenhagen London meeting was to ensure that financial resources for health including reproductive health services especially for developing countries are protected.

Participants included UK Parliamentarians, three Ministers from three PPD member countries: Hon. Professor Peter Anyang Nyong'o, Minister of Medical Services, Kenya; Hon. Professor David Mwakyusa, Minister of Health and Social Welfare, Tanzania; and Hon. Professor Ephraim Kamuntu, Minister of State for Finance/Planning, Uganda. Donor representatives in the area of health also attended. The meeting emphasized the sense of urgency on population and climate

change, giving a clear message to climate-change disbelievers that scepticism kills. The Hon. Professor Ephraim Kamuntu, the Minister of Finance and Planning from Uganda noted that Uganda is already feeling the effects of climate change, and they now have a ministry for disaster preparedness. The Minister of Health from Tanzania reported that he sees the health effects of climate change as malaria has spread to new areas and the Minister of Health from Kenya reflected that their government is ready to do integrated programming but that they need guidance on how to implement such programs. More information from the Symposium is available online at: <http://commat.org/climate-change-symposium/>

PPD's ARO also actively participated and backstopped the Uganda Ministry of Health, the African Union and UNFPA in launching the Campaign on the Accelerated Reduction of Maternal Mortality in Africa (CARMMA) - Uganda that was hosted at Namboole Stadium in Kampala, Uganda on May 5th, 2010. The theme of this campaign was 'Healthy mothers and babies... Everyone is responsible'. The campaign was supported by the United Nations Population Fund, Save the Children in Uganda and other development partners in the field of maternal, newborn and child health. The guest of honour, on this occasion, was the First Lady of Uganda, Hon. Janet Kataha Museveni, who is also the National Goodwill Ambassador of Safe Motherhood.

ix. Advocating Reproductive Health to Africa's First Ladies

In partnership with the African Union, the Organization of African First Ladies against HIV/AIDS and the Office of the First Lady of Uganda, PPD ARO organized a side meeting at the African Union Summit with African First Ladies on July 26, 2010 in Kampala, Uganda. The theme of the side meeting was "Achieving the MDGs through Accelerated Reduction of Maternal and Child Mortality in Africa." The session was attended by ten First Ladies of Africa, representing Sierra Leone, Malawi, Tanzania, Nigeria, Ethiopia, Uganda, Principe and Sao Tome, Zimbabwe, Guinea-Bissau and Namibia, and three First Ladies' representatives from Egypt, Libya and Senegal. The meeting was an opportunity for the First Ladies to increase their knowledge and understanding of issues related to maternal and reproductive health and family planning in Africa. Presenters included H.E. Bience Gawanas, Dr. Thoraya Obaid, Dr. Gill Greer, and Dr. Jotham Musinguzi.

In addition, PPD's ARO organized a meeting to develop a strategic plan for Her Royal Highness, Sylvia Nagginda Luswata, Nnabagereka, and the Queen of Buganda as a Goodwill Ambassador on safe motherhood. The meeting was held on August 18, 2010 in Uganda and was attended by representatives of the Nnabagereka's office, Population Secretariat and PPD ARO. The Regional Director of PPD ARO facilitated the process of developing the strategic plan. The strategic plan that was developed will not only enable Her Royal Highness to realize the vision and mission of her office, but also sets out a vision for Her Royal Highness' role in promoting sexual and reproductive health at the community level through her role as a cultural ambassador. It will also ensure an enabling sexual and reproductive health (SRH) policy environment and advocacy for increased resources for SRH throughout Uganda.

x. Reviewing the Maputo Plan of Action

The Regional Director and two Programme Officers attended the African Continental Conference on Maternal and Child Health in Africa: the Maputo Plan of Action (MPoA) on sexual and reproductive health and rights organized by the African Union in Addis Ababa, Ethiopia from April 19-23, 2010. The Conference reviewed progress made in the implementation of the MPoA and mobilized support to strengthen the capacity of African countries to accelerate action towards the promotion of maternal and child health on the continent. Conference attendees also sought to mobilize support for the promotion of sexual and reproductive health and rights in the context of the Maputo Plan of Action and CARMMA. The Conference was attended by government experts in the field of maternal and child health from 53 member states, 5 regional economic communities; relevant UN agencies, NGOs, representatives of civil society organizations (CSOs) and community leaders as well as faith-based institutions.

xi. Regional Meeting for Parliamentarians

PPD's ARO in collaboration with the United Nations Population Fund and the German Foundation for World Population organized a regional meeting of parliamentarians from the Eastern and Southern Africa Region on the theme "Repositioning Family Planning and Reproductive Health" in the region. The meeting was held on September 28-29, 2010, in

Kampala, Uganda. The meeting participants were Chairpersons (or their designates) of Parliamentary Committees on Health and their Committee Clerks, other strategic parliamentarians, as well as representatives of development partners, NGOs, civil society and other key stakeholders engaged in family planning, reproductive health and maternal health programs. The meeting was held as a follow up to two similar meetings that were organised in 2008 and 2009. Parliamentarians agreed resolutions that emphasized the repositioning of family planning into national development strategies, including poverty reduction strategies and action plans as well as the promotion of family planning as essential to the achievement of all MDGs.

D. Promoting collaboration for South-South Cooperation

i. Assessing Reproductive Health Needs in Bangladesh Through South-South Cooperation

To promote the bilateral relationship between China and Bangladesh and as per the memorandum of understanding (MoU) signed between PPD and the Government of the People's Republic of China, a team of Chinese delegates visited Bangladesh to assess the country's reproductive health needs. This needs assessment will be the basis for reinforcing cooperation between China and Bangladesh on areas related to reproductive health, population and development. China has also already agreed to provide equipment worth US\$500,000 to Bangladesh to reinforce a reproductive health centre in Dhaka. The review team also visited a number of reproductive health programs in Bangladesh. In these visits, further collaboration opportunities were explored, especially in the areas of technology exchange and quality service provision.

The review team was led by Mr. Cai Jianhua, the Director-General Training and Communication Centre of NPFPC with high-profile team members including Ms. Huang Huijuan, Deputy Director General Population International Training Centre, Professor Wu Junqing and Professor Chen Linan from the Shanghai Institute of Planned Parenthood Research.



Chinese delegation visits PPD Secretariat

The Chinese delegation visited PPD on February 4, 2010. PPD presented the organization's current activities and challenges to the delegation, and a lively discussion followed on urgent reproductive health issues which are concerns for Bangladesh and other developing countries.

ii. PPD represented in UNFPA's Global Consultation on South-South Cooperation

PPD's Executive Director Mr. Harry S. Jooseery represented PPD in the Global Consultation on South-South Cooperation from 27–29 July, 2010 in Bangkok, Thailand organized by the technical division of UNFPA. The Executive Director made a presentation on the contribution of PPD in shaping the regional SSC architecture and emphasized the value-added that PPD brings in addressing challenges pertaining to reproductive health and population issues in its 25 member states.



Participants of the UNFPA's Global Consultation on South-South Cooperation

The consultation had the overarching theme “Promoting ICPD and Building Capacity for the achievement of the MDGs through South-South Cooperation”. UNFPA organized this consultative meeting and convened other development partners to enrich the discussion and assist in shaping the strategy on South-South Cooperation for capacity development in the context of UNFPA’s new structure and organization of its technical assistance for implementation of its 2008-2013 Strategic Plan.

iii. New National Taskforces for South-South Co-operation Set-up

In order to build national ownership for South -South Cooperation and synergize the efforts of all the stakeholders involved in reproductive health, population and development programs, PPD is working hard to build up national support structures in its member states. To assist this effort, National Task Forces are being set-up with the involvement and support of key actors at national levels. The Partner Country Coordinator in each PPD member country coordinates the National Task Force. In 2010, Uganda, Pakistan, Bangladesh and India organized their Task Force meetings:

Uganda: PPD and the Population Secretariat organized a breakfast meeting on 24th September, 2010 that brought together several stakeholders to exchange ideas on the establishment of the National Task Force for South-South Cooperation. The objectives of the meeting were:

- To establish a national support structure for South-South Cooperation (NSSSSC).
- To coordinate with the government and other stakeholders in the field of gender, reproductive health, population and development.
- To advocate for an enabling environment for the promotion of a RH program using South-South Cooperation as the driving force.
- To increase PPD’s visibility and to promote the concept of South-South Cooperation among stakeholders in Uganda.



Breakfast Meeting to establish the National Support Structure/Task Force for South-South Co-operation in Uganda

Twenty institutions including government ministries and agencies, academic institutions, CSOs and development agencies are part of the NSSSSC. The Population Secretariat will call another meeting to develop the operational modalities and identify the pertinent issues in the areas of reproductive health, gender, population and development.

Pakistan: A meeting of the National Task Force on South-South Cooperation was held on 4th October, 2010 in the Resource Centre of the Ministry of Population Welfare under the chairmanship of Mr. Shaukat Hayat Durrani, Secretary, Ministry of Population Welfare (MOPW). The meeting was attended by all Wing Chiefs [of the MOPW, National Institute of Population Studies, National Trust for Population Welfare and representatives from the Ministry of Education, Ministry of Women Development, Statistics Division, Planning and Development Division, Economic Affairs Division, Centre for Poverty Reduction and Social Policy Development and UNFPA. The participants discussed the following topics:

- (i) The reproductive health and family planning programs implemented to promote ICPD goals and MDGs in Pakistan.
- (ii) RH, FP and population issues which have been integrated into Pakistan's development agenda e.g. Poverty Reduction Strategy Papers (PRSP) and Sector Wide Approaches (SWAPS) in Pakistan.
- (iii) RH and FP programs implemented through the South-South Cooperation in Pakistan.

Bangladesh: Bangladesh convened its first National Task Force Meeting on the 20th of October, 2010 at the Directorate General of Family Planning (DGFP). Ms. Dilruba, the chairperson of the National Task Force and Director General, DGFP presided over the meeting. The objectives of the meeting were:

- a) Review the ToRs and objectives of the Task Force
- b) Discussions on effective coordination between the Government of Bangladesh and other stakeholders in the field of population, reproductive health and development while promoting the concept of South-South Cooperation.

The Member Secretary of the Task Force, Dr. Mahbubur Rahman and the Line Director Maternal Child and Reproductive Health, DGFP coordinated the discussion. Mr. Abu Taher, Partners Country Coordinator, PPD and Joint Secretary, Ministry of Health, participants from the Ministry of Women and Children Affairs, Institute of Child and Mother Health, National Institute of Population Research and Training, Bangladesh Institute of Research for Promotion of Essential Reproductive Health And Technologies, Essential Drugs, and officials from PPD's Secretariat attended the meeting. The meeting decided to convene the National Task Force meetings quarterly every year.

Yemen: The National Task Force (NTF) meeting of Yemen was held on 2nd May, 2010 at the National Population Council/Technical Secretariat (NPC/TS), Sana'a, Yemen. There were more than 40 participants from relevant governmental agencies and NGOs. Mr. Motaher Zabarah, Assistant Secretary General of the NPC welcomed the participants and focused on the importance of this workshop and its objectives, one of which was the establishment of a national task force to support, promote and enhance south-south cooperation on population and development and reproductive health. A presentation was made by Mr. Abdul-Malik Sharafuddin, PCC of Yemen on Partners on Population and Development (PPD) following the welcome.

Dr. Ahmed Ali Bourji, Secretary General of NPC and a Board Member of PPD focused on the importance of the alliance in strengthening the cooperation among member countries on

population and development and reproductive health. He addressed the challenges facing PPD member countries in the areas of population and development, reproductive health and other issues that concerned the south, especially those related to ICPD and MDGs. He underlined the importance of establishing a South-South National Task Force which will enhance cooperation between members of this task force and their counterparts in PPD's alliance for better collaboration between them in areas of population and development, reproductive health and other topics. He thanked PPD for supporting this activity in Yemen.

The workshop was covered by the main national newspapers and Yemen TV. More information about media coverage of this event is posted on the NPC website.

iv. Reinforcing the National Task Force in India

The 2nd meeting of the National Task Force of India was held on 15th April, 2010 at the National Institute of Health and Family Welfare. The meeting was organized in collaboration with Ministry of Health and Family Welfare, (MoHFW) Government of India, National Institute of Health and Family Welfare and PPD to discuss the roles and responsibilities of the Partner Member Institutions. The meeting was attended by Mr. Amit Mohan Prasad, Joint Secretary, MoHFW, Government of India, and the Partner Country Coordinator, India, PPD; Mr. Harry Jooseery, Executive Director, PPD, Bangladesh, eminent members of the NTF and the faculty of NIHFW.

The agenda points included a discussion regarding the roles and responsibilities of the member institutions of the NTF in India and any other business with the permission of the chair. In concluding the discussion, Prof. Deoki Nandan mentioned that NIHFW can help, using resources at its disposal. In this connection, it was mentioned that in the area of child health, the National Child Health Research Centre has compiled about 400 publications which can be shared through Public Health Education & Research Consortium (PHERC) It was also proposed that best practices on selected reproductive health themes, population and gender themes be examined and a select few be chosen for publication and sharing. In the meeting Mr. Harry S. Jooseery suggested that India can showcase successes on reproductive health, poverty and population

related services. He also mentioned that India has demonstrated competence on these issues and that is why PPD looks to India to take a lead in sharing knowledge and information.

v. Inventory of Products and Services

In 2008, PPD initiated a process of collecting, compiling and reporting on the products and services provided by PPD's Secretariat regarding reproductive health, family planning, population and development exchanged among its members and with other developing countries. Since then, three reports were prepared and shared with the member countries for 2008, 2009 and 2010. The objective of these reports is to document the exchanges of products and services coordinated by the Secretariat among the members and with other developing countries. The expectation is that the reports will serve as a reference for member countries, helping them to plan future exchanges through South-South Cooperation to achieve the ICPD goals and MDGs. Similar to its member countries, the reports also help PPD to promote South-South Cooperation among its member countries.

The final inventory report "Products and Services: October 2009 to August 2010" has recently been shared with the member countries. Twenty-two member countries participated in data collection, namely Bangladesh, China, India, Indonesia, Pakistan, Thailand, Vietnam, Benin, Ethiopia, Gambia, Ghana, Kenya, Mali, Nigeria, Senegal, South Africa, Uganda, Egypt, Morocco, Tunisia, Yemen and Zimbabwe.

Short-term and long-term training and study tours held as part of the research phase of the report among PPD members were hosted by China, Indonesia, India, Thailand, Egypt, Morocco, Tunisia, Malaysia, Myanmar, Lao PDR, Rwanda and Gabon. The research showed that a large number of PPD Fellowships were awarded during the period and that Indonesia and China offered most of the fellowships. A few countries, including Indonesia, Vietnam, Benin, Ethiopia, Mali and Tunisia, received technical assistance. A number of countries reported mobilizing resources from their own governments as well as external resources.

E. Networking with New Partners

i. Capacity Plus associate partners met in North Carolina(USA)

Partnership building is one element of PPD's strategy towards expanding its network, beginning new initiatives and strengthening its capacity. In line with this objective, PPD is partnering with IntraHealth on its Capacity Plus Project aiming at improving human resources for health in Africa.

The project is expected to train 140,000 health professionals over 5 years among PPD member countries and will look to strengthen policies, improve the quality of the work force and boost capability for systems support. A meeting of partners was held in January 2010 at the headquarters of IntraHealth in Chapel Hill and a plan of action was agreed. IntraHealth also provided an orientation session on Human Resources for Health for the PCCs during their annual meeting in Yogyakarta.

ii. Advance Family Planning (AFP) Project launched in Tanzania , Indonesia and Uganda

PPD has recently launched a number of projects in its member countries aimed towards strengthening their family planning efforts. The Advance Family Planning (AFP) Project was launched in January 2010 in Tanzania, in March 2010 in Indonesia, and in April 2010 in Uganda. The Executive Director of PPD along with PPD Program Staff participated in the project's launch meetings. The AFP Consortium includes the Johns Hopkins University Bloomberg School of Public Health, the African Women's Development Fund, Partners in Population and Development and Futures Group International.



Launching of the Advance Family Planning Project



Ugandan First Lady, H.E Janet Museveni with the AFP Project team: Professor Dr. Duff Gillespie, Dr. Jotham Musinguzi, the Regional Director Partners in Population and Development (PPD) Africa Regional Office at State House Entebbe

AFP's goal is to increase funding opportunities and scope in family planning programs and improve policy commitments on the part of national governments, with assistance from bilateral and multilateral donors. The project is being implemented by PPD through its Africa Regional Office. One of the main features of the project is to identify family planning champions in developing countries and have them spearhead a resource mobilization campaign. The project will also be implemented in India, Pakistan, Ethiopia, Kenya, Nigeria, and Senegal.

iii. Partnership with Venture Strategies for Health and Development and Management Sciences for Health

In another joint initiative through its established network, PPD launched a partnership with the Venture Strategies for Health and Development to promote supplying reproductive health commodities to developing countries and also to support reproductive health fertility management.

PPD is also partnering with Management Sciences for Health (MSH) to implement activities in Bangladesh aimed towards capacity building.

iv. Partnerships with UN Agencies and Foundations

In a new venture, PPD is partnering with UNFPA for a series of activities in the area of capacity building and promotion of ownership through creation of National Task Forces. The initiative aims to collect data about existing products and services and document best practices in the sector.

In addition, PPD participated in the UNFPA's Global Consultation on South-South Cooperation in July 2010 in Bangkok. PPD is also partnering with the South-South Unit of the United Nations Development Program (UNDP) that in 2010 has provided technical assistance and support to document best practices among 10 developing countries. The UNDP has agreed to fund the publication, launching and distribution of the case studies on best practices.

v. Partnership with Population Communications

PPD recently concluded a partnership initiative with Population Communications for the development of 6 reports on the stabilization of populations in Bangladesh, Egypt, India, Nigeria, Pakistan and the Philippines. The overall aim was to document, exchange and share information on population control. The reports have been widely circulated both at the national and international levels and have served in many instances as a guide in developing population policies. The reports served as a springboard for development of the new 5-year Population Policy in Pakistan.

In India, the report focused on Bihar. The forthcoming report on Uttar Pradesh is under preparation by International Institute for Population Sciences (IIPS), PPD's Partner Institute in Mumbai. In Bangladesh, Egypt, Nigeria and the Philippines, the reports have served as important documents for policy dialogues on population issues. A comparative analysis on the Population Stabilization Program among these countries was presented at the recently concluded international conference organized by PPD and the Government of Indonesia.

vi. Partnership with DFID Research Consortium

In another new venture, PPD is partnering with the Population Council and Department for International Development (DFID), United Kingdom and others for a six-year research program on “Unmet Need for Family Planning and Improving Access to Safe Abortions”.

The project aims to support an evidence based approach to scale up access to family planning and safe abortions through information sharing and capacity building. The project is to be carried out in Bangladesh, Ghana, India, Pakistan, Senegal, Sudan, Zambia, Ethiopia, Kenya, Mexico, Nigeria and Uganda.

vii. Morris Smith Foundation

Prior to the development of its Communication Strategy, PPD conducted a comprehensive needs assessment on IT and communication at the Secretariat, New York and Africa offices. The needs assessment was carried out with financial assistance from the Packard Foundation under an Organizational Effectiveness Grant. A US based IT consulting company “The CGNET” conducted the IT and communications needs assessment and proposed mechanisms to improve the communication system.



New rack mounted servers

The IT needs assessment specifically recommended replacing PPD's existing IT system with a new system of higher configuration. Accordingly, PPD developed the necessary specifications and obtained price quotations. PPD also developed and submitted a proposal with a budget to the Morris S. Smith Foundation for approval. In 2009, on receipt of the funds from the Foundation, PPD purchased, installed and made operational the network server and other equipment.

After installing the new system, PPD's IT and network performance has been significantly enhanced, leading to improved communication by PPD within the organization and with all its stakeholders. In the long run, this has helped PPD serve its members better as a knowledge leader and as a central point of networking. PPD is grateful for the financial support of the Morris S. Smith Foundation towards reinforcing its networking and communication systems and strengthening the organization as a whole.

viii. Network of Partner Institutions

Capacity building is essential in the developing countries. With this objective in mind, PPD setup a network of partner institutions and with their input developed 5 generic modules which then became part of the PIs' training curriculum. PPD is presently in the process of compiling training materials produced by the Institute National d' Administration de Santé of Morocco, where reproductive health modules have been integrated into a master's course for health professionals. This successful experience was documented and shared with all training institutions.

PPD's Partner Institute in India, the National Institute of Health and Family Welfare (NIHFW) has also successfully integrated the gender module and is in the process of developing a new training module on adolescent sexual and reproductive health for policy makers. In addition, two South African universities, the University of KwaZulu Natal and North-West University also joined the PI Network and will facilitate fellowship programs. PPD has a network of 20 partner institutions and is planning to conduct training of trainers' courses and share teaching materials. The goal of these initiatives is to more effectively implement training modules developed by PPD into PIs' existing capacity building programs.

ix. Networking and Building Strategic Partnerships in the Africa Region

In its efforts towards building strategic partnerships, PPD's Africa Regional Office organized a breakfast meeting in Kampala on March 26, 2010. The purpose of the meeting was to share PPD's planned work for 2010 in the Africa region with country stakeholders and development partners. During the breakfast meeting, Mr. Peter Kimbowa, Managing Director of International Financial Empowerment Consultants, made a motivational presentation focused on building a team for advancing reproductive health, including family planning. Fifty-four stakeholders attended the breakfast meeting. Participants included parliamentarians, representatives from the Ministry of Health (MOH), UNFPA, German Foundation for World Population, Reproductive Health Uganda, and the Population Secretariat.

As part of PPD's programme to promote sexual and reproductive health and rights and population and development in the Africa region, PPD's Africa Regional Office, in collaboration with the Population Secretariat of Uganda supported the 3rd Coordination Meeting of the Eastern Africa Reproductive Health Network (EARHN). This regional meeting was held in Kampala, Uganda on September 1-4, 2010. Attendees included the point people for EARHN as well as potential family planning champions drawn from parliamentarians, respected citizens, goodwill ambassadors, the clergy, cultural leaders, and civil society executives from the 6 EARHN countries of Burundi, Kenya, Ethiopia, Rwanda, Tanzania, and Uganda. Organized under the theme of "Repositioning Family Planning and Reproductive Health in Eastern Africa Region," the meeting aimed at 1) sharing country experiences and lessons learnt on the implementation of the EARHN strategic plan and 2) building capacities of family planning advocates across the region to effectively advocate for renewed emphasis on family planning to enhance the visibility, availability, accessibility and quality of family planning services and ultimately, improve the quality of life across the region. The meeting also provided a forum for participants to discuss and understand the concept of family planning champions, their roles and expectations in advancing family planning visibility in the national development agendas of their respective governments.

x. PPD Hosted Reproductive Health Supplies Coalition Meeting in Kampala

PPD's ARO co-hosted the global meeting for the Reproductive Health Supplies Coalition held on May 27-28, 2010 in Kampala, Uganda. More than 140 participants from around the globe assembled in Kampala for the 11th General Membership Meeting of the Coalition. The event was the Coalition's first annual meeting to be held outside Europe or North America. The meeting was preceded by a week of inter-related events. The Meeting included gatherings of the Coalition's Executive Committee, its three working groups, and the Caucus on New and Under-used Reproductive Health Technologies. The agenda's primary focus was on voices from the field, with case studies being presented from Ethiopia, Uganda, Tanzania, Ghana, Honduras, and Bangladesh. More than 60 Coalition member organizations signed letters to the Canadian Prime Minister Stephen Harper; Canada hosted the G8/G20 Conference on June 2010 and Prime Minister Harper was urged to use funds committed at the conference "...to improve maternal health...and to ensure that the systems are in place to effectively procure and distribute the much needed reproductive health supplies."

F. Communication and Social Networking

i. Special Website for International Conference "Family Planning and Maternal Health for Poverty Alleviation"

The Government of Indonesia and Partners in Population and Development organized the Family Planning and Maternal Health for Poverty Alleviation Conference in Yogyakarta, Indonesia on October 26–27, 2010. H. E. Prof. Dr. Boediono, M.Ec. Honorable Vice-President of the Republic of Indonesia inaugurated the conference in the presence of the Vice Governor of Yogyakarta Sri Paduka Paku Alam IX and H.E. Mr. Ghulam Nabi Azad, the Chair of PPD's Board.



International Conference Website

PPD developed a special web portal for the conference which provided PPD's diverse stakeholders with up to date information about the conference.

ii. Implementation of PPD's Communication Strategy

With support from the Hewlett Foundation and in line with PPD's Communication Strategy developed in 2009, PPD improved its IT structure in 2010, developed a new website and introduced social media tools. PPD now has a presence on Facebook, YouTube, and a blog. Photos have been uploaded to Flickr.

a. Reinforcing the IT structure at PPD's Secretariat

With the help of the Morris Smith Foundation, PPD's Secretariat upgraded its IT infrastructure with two new servers and the relevant network equipment. PPD expects that this upgrade will enhance the security and safety of the organization's IT system. In order to ensure fast, reliable and uninterrupted internet access, the Secretariat was upgraded with a redundant radio link internet connection in 2010. Both these initiatives reinforced PPD communication and sharing facilities within and outside the organization that resulted in easier, more cost effective and productive multi-stakeholder communication.

b. PPD and Social Media Sites

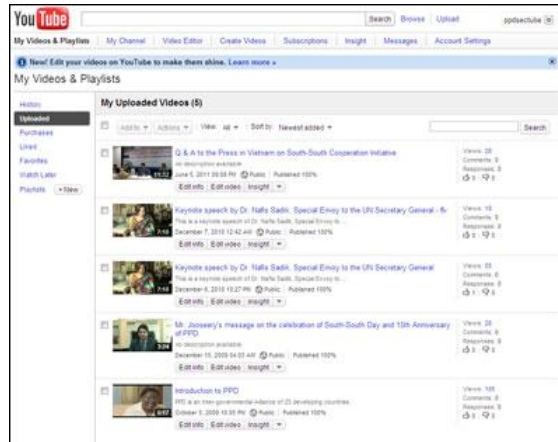
Social media consists of independent platforms and can be completely customized, beginning with the look and feel through to privacy options, features and permissions. Social media has become integral to today's communication. In 2010, PPD launched on Facebook to provide information about what we do; began a blog to share thoughts and common interests, and opened YouTube and Flickr accounts to share videos and pictures.



PPD Facebook



PPD Blog



PPD YouTube Channel



PPD Flickr Site to share Photos

iii. Advocacy Materials

In order to help promote the importance of reproductive health and South-South Cooperation at national and international forums, PPD developed and distributed a number of print materials in 2010. Calendars highlighting PPD member states and safe motherhood issues were distributed at different PPD events and sent to PPD's major stakeholders. PPD's Annual Report 2009 highlighted its programs, activities and disclosed its financial statements. The report was distributed at PPD's governance events and at other occasions. PPD publishes bi-monthly newsletters which were distributed by post and electronically.

G. Governance

i. 15th Executive Committee Meeting 2010

The PPD Board decided to convene the Executive Committee Meetings twice a year at its 14th Meeting held in Beijing, China in October 2009. This decision was adopted to further accelerate the performance of the organization through closer interactions between the Governing Body and the Executive wing of the organization. Accordingly, the 15th Executive Committee Meeting of PPD was organized in Dhaka on the 15th February 2010 in collaboration with the Ministry of Family Planning and Welfare, Government of Bangladesh.



15th Executive Committee Meeting of PPD

Presided over by the Chair H.E. Mr. Ghulam Nabi Azad MP Minister of Health and Family Welfare of India, the meeting was attended by H.E. Prof. A.F.M Ruhul Haque, Member of Parliament of Bangladesh, Board Member and Minister of Health and Family Welfare of Bangladesh, Secretary of PPD Dr. Boniface Omuga K'Oyugi of Kenya, Treasurer Dr. Nabiha Gueddana of Tunisia and Mr. Hu Hongtao representing the Vice Chair H.E. Dr. Li Bin, Minister of the National Population and Family Planning Commission (NPFPC) of China.

The meeting concluded with the adoption of several important decisions towards reinforcement of the organization and its activities. Members of the Executive Committee visited several important institutions in Dhaka including the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR, B) to observe health and family planning service delivery systems in Bangladesh. The Executive Committee Members also visited the PPD Secretariat and exchanged views with the staff.

ii. **PPD Board and Executive Committee Meeting at Yogyakarta, Indonesia:**

PPD in collaboration with the Government of Indonesia organized its 15th Annual Board Meeting and 16th Executive Meeting at the Hyatt Regency Hotel in Yogyakarta, Indonesia. Presided over by the Chair of PPD H.E. Mr. Ghulam Nabi Azad, Minister of Health and Family Welfare of the Government of India, the Board Meeting was attended, in addition to PPD Board Members, by the Ministers of Health of Nepal and Sri Lanka and high-level government delegations from the Philippine and Tanzania as observers. The Ministers of Nepal and Sri Lanka in separate statements expressed the interest and commitment of their countries to promote South-South Cooperation in collaboration with PPD. The Tanzanian delegate reported substantial progress in the process of the country's attainment of PPD membership, while the representative of the Philippines invited the PPD Executive Director to discuss the possibility of the country's inclusion as a member of PPD.



16th Executive Committee Meeting of PPD

The Board reviewed the programs that were implemented in 2009. Members expressed their appreciation to the Executive Director and his team for their extensive achievements, and pledged their support and assistance to PPD's work. The Board concluded its meeting expressing sincere gratitude to the Government of Indonesia for the excellent arrangements in organizing the PPD events in Yogyakarta. They also extended thanks and appreciation to the United Nations Population Fund (UNFPA), The Bill and Melinda Gates Foundation, IntraHealth, The William and Flora Hewlett Foundation, and The David and Lucile Packard Foundation for their continued assistance to PPD.



15th Annual Board Meeting of PPD

The Board decided to hold the 16th Annual Board Meeting and other related PPD events in Pretoria, South Africa between the 31st October and the 3rd November 2011.

The 16th Executive Committee Meeting of PPD was held on the 26th October 2010 at the Hyatt Regency in Yogyakarta under the chairmanship of H.E. Mr. Ghulam Nabi Azad MP, Chair of PPD and the Minister of Health and Family Welfare of India. It was attended by the Vice Chair H.E. Dr. Li Bin, Minister of NPFPC of China, H.E. Prof. A.F.M Ruhul Haque, Member of Parliament, Bangladesh Board Member and Minister of Health and Family Welfare, Secretary of PPD Dr. Boniface Omuga K'Oyugi of Kenya. The Treasurer of PPD, Dr. Nabiha Gueddana of Tunisia was represented by Mr. Ben Haj Aissa Adnene, the PCC of Tunisia. The Executive Committee reviewed the preparations and reports to be presented at the Board Meeting. The Committee also reviewed the progress on the implementation of the decisions taken at the 15th Executive Committee Meeting held in Dhaka, Bangladesh on the 15th February 2010 and expressed its satisfaction in the progress of PPD's work.

H. Reinforcement of PPD

i. New Board Members and Partner Country Coordinators

Periodically there are changes among the Board Members and the PCCs representing the member countries on the PPD Board. During this reporting period, a number of new board members joined PPD to replace those Board Members who stepped down. PPD is pleased to welcome Ms. Marian Wanda Afi Kpakpah, Executive Director of National Population Council of Ghana, H.E. Mr. Modou Diagne Fada, Minister of Health, Prevention and Public Hygiene of Senegal, H.E. Ms. Bathabile Dlamini, Minister of Social Development of South Africa, Dr. Somyos Deerasamee, Director General of the Department of Health of Thailand and Dr. Duong

Quoc Trong, General Director of the General Office for Population and Family Planning (GOPFP) of Vietnam as the new Board Members.

During the reporting period a number of new people joined as PCCs of member countries working on behalf of PPD. In this regard, PPD welcomes Mr. Abu Taher, Joint Secretary of Ministry of Health and Family Welfare from Bangladesh, Ms. Anuradha Gupta, Joint Secretary of Ministry of Health and Family Welfare from India, Dr. El Hadj Boubacar Samba Dankoko, Medical Doctor, Public Health Specialist and First Technical Adviser to the Minister of Health, Prevention and Public Hygiene from Senegal, Mr. Dinh Huy Duong, Director of Personnel Department of the General Office for Population and Family Planning (GOPFP) from Vietnam and Mrs. Sibonginkosi Mushapaidze, Executive Director of ZNFPC from Zimbabwe as the new PCCs working on behalf of their respective governments for PPD.

ii. New staff in the PPD Team

a. PPD's Permanent Observer presented Letter of Appointment to UN Secretary General

The new Permanent Observer for Partners in Population and Development (PPD), Sethuramiah L.N. Rao, presented his letter of appointment to UN Secretary-General Ban Ki-moon on the 13th August 2010 at the United Nations in New York. PPD appointed Dr. Rao to serve as its Permanent Observer to the United Nations from the 1st July 2010 onwards. He replaced Mr. Jyoti Shankar Singh, who served in the position from 2003 to 2010.



Sethuramiah L. Rao (left), new Permanent Observer of PPD to the United Nations, presents his letter of appointment to Secretary-General Ban Ki-moon

Mr. Rao served for the past five years as a Senior Adviser at the New York Office of Partners in Population and Development. Mr Rao joined from the United Nations Population Fund (UNFPA) where he worked for more than 30 years. Dr. Rao's speciality is population and public health; he has a doctorate (Ph.D.) from the University of Pennsylvania, and a master's in public health from the University of North Carolina. He has written several books and articles on population and related issues. He is firmly committed to promoting the Cairo Agenda and the MDGs, and is an ardent supporter of population, gender, reproductive health and development issues. He is also a dedicated promoter of South-South Cooperation, as an effective and relevant mode for accelerating development in the less developed countries.

b. New staff members joined PPD secretariat

We are pleased to announce that we have four new staff members in our PPD secretariat team. The following staff members joined PPD in 2010:

- **Ms. Therese Maye Diouf** (International Program Coordinator)
- **Mr. Md. Borhan Uddin** (Administrative Manager)
- **Dr. Mahbubur Rashid** (Program Officer)
- **Ms. Shirin Parveen Biswas** (Program Officer)

iii. Midterm Evaluation of PPD's Strategic Business Plan

PPD is in the last year in the implementation of its Strategic Business Plan (SBP) 2008-2011. The SBP is an operational tool within the framework of PPD's Strategic Plan (2005-2014) which is designed to set forward specific goals and outputs, along with realistic but firm deadlines. It is also a tool for mobilizing resources for PPD programs from member countries as well as donors. The SBP emphasizes strengthening member country capacity for developing and implementing South-South initiatives, as well as building networks and developing capacity in the member countries to improve program planning, implementation and management, enhancing reproductive health and commodity security.

An independent consultant, Dr. Atiqur Rahman Khan carried out the Mid-Term Review in early 2010. The final Mid-Term Review Report stated that “As an overall assessment, PPD’s current activities are undertaken in conformity with the goals and outputs of the SBP, and are well underway and on the right track”. The analysis in this report has been based on documented facts and figures, discussions with country representatives, Partner Country Coordinators and questionnaires administered in PPD member states. The report contains analysis of accomplishments under each of the 6 goals of the SBP together with an analysis of PPD’s strengths, weaknesses and opportunities. It also contains a set of recommendations to further advance PPD’s goals.

iv. Retreat

The PPD Secretariat organized its Annual Retreat from 14-17 March, 2010 in Sylhet, Bangladesh.

All the staff members of the PPD Secretariat participated in the retreat along with their family members. During the Retreat, the office staff discussed their accomplishments, limitations, requirements and needs as well as priorities and challenges they faced. The proceedings were recorded and the floor kept open to the staff to let staff air their experiences at PPD and their opinions about the organization. The retreat contributed to building team spirit and also served as a platform for staff to get to know each other better.

During the Annual Retreat, Mr. Kazi Jalal Uddin presently working as a Driver at the PPD Secretariat for more than 11 years was selected by fellow staff as the “Employee of the Year for 2009”.



Kazi Jalal wins the employee of the year 2009 award

I. Financial Information

PPD Board Members

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| H.E. Prof. A. F. M Ruhul Haque, MP Member, PPD Board and Honorable Minister, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh | H.E. Dr. Shamsudeen Usman Member, PPD Board and the Honourable Minister and Deputy Chairman, National Planning Commission (NPC), Government of the Federal Republic of Nigeria |
| H.E. Prof Issifou Takpara Member, PPD Board and Honorable Minister, Ministry of Health, Republic of Benin | H.E. Dr. Firdous Ashiq Awan Member, PPD Board and Federal Minister for Population Welfare, Government of the Islamic Republic of Pakistan |
| H.E. Dr. LI Bin Vice-Chair, PPD Board and Honorable Minister, National Population and Family Planning Commission of China (NPFPC) | H.E. Mr Modou DIAGNE FADA Member, PPD Board and Honourable Minister of Health, Prevention and Public Hygiene Ministry of Health, Government of Senegal |
| H.E Dr. Moushira Khattab Member, PPD Board and Honorable Minister Ministry of State for Family and Population Government of the Arab Republic of Egypt | H.E. Ms. Bathabile Olive Dlamini Member, PPD Board and Honourable Minister for Social Development, Government of the Republic of South Africa |
| H.E. Mrs. Isatou Njie-Saidy Member, PPD Board and Honorable Vice President and Secretary, State for Women's Affairs ,Government of the Gambia | Dr. Somyos Deerasamee Member, PPD Board and Honourable Director-General, Department of Health, Ministry of Public Health ,The Royal Thai Government |
| Ms. Marian Wanda Afi Kpakpah Member, PPD Board and Ag. Executive Director National Population Council Government of the Republic of Ghana | Prof. Dr. Nabiha Ben Aissa Ep. Gueddana Treasurer, PPD Board and President Director General ,National Office of Family and Population (ONFP) |
| H.E. Mr. Ghulam Nabi Azad Chair, PPD Board and Honorable Minister Union Ministry of Health and Family Welfare Government of India | H.E. Hon. Prof. Ephraim Kamuntu Member, PPD Board and Honourable Minister of State for Planning, Ministry of Finance, Planning and Economic Development, Government of the Republic of Uganda |
| H.E. Dr. Sugiri Syarief, MPA Member, PPD Board and Chairperson, BKKBN, Government of Indonesia | Dr. Duong Quoc Trong Member, PPD Board and General Director of General Office for Population-Family Planning (GOPFP) , Government of the Socialist Republic of Vietnam |
| H.E. Dr. Nayef Al-Fayes Member, PPD Board and Honourable Minister, Ministry of Health, Government of the Hashemite Kingdom of Jordan | H.E. Dr. Ahmed Ali Bourji Member, PPD Board and Secretary General, Technical Secretariat, National Population Council, Council of Ministers, Republic of Yemen |
| Dr. Boniface O. K'Oyugi, MBS Secretary, PPD Board and Chief Executive Officer, National Coordinating Agency for Population and Development Chancery Building, Kenya | H.E. Dr. Henry Madzorera Member, PPD Board and Honourable Minister Ministry of Health and Child Welfare Government of Zimbabwe |
| H.E. Mr. Oumar Ibrahim TOURE Member, PPD Board and Honourable Minister Ministry of Health, Government of Mali | |
| H.E. Madame Yasmina BADDU Member, PPD Board and Minister of Health Government of the Kingdom of Morocco | |

Partner Country Coordinators

| | |
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| Mr. Md. Zakir Hossain PCC and Joint Secretary (FW & Prog.) Ministry of Health and Family Welfare Government of the People's Republic of Bangladesh | Dr. LAHLOU Khalid PCC and Director of Population, Ministry of health Direction de la population, Kingdom of Morocco |
| Dr. Saizonou Jacques PCC, Ministre de la Santé Publique du BÉNIN | Mr. A.A. Taiwo PCC and Assistant Director (Multilateral) International Co-operation Department The Presidency,National Planning Commission, Nigeria |
| Mr. Hu Hongtao PCC and Deputy Director-General,Department of International Cooperation ,National Population and Family Planning Commission, Government of the People's Republic of China | Mr. Abdul Waheed PCC and Director (Foreign Assistance) Ministry of Population Welfare,Pakistan |
| Prof. Dr. Maha Mostafa Kamel Morad PCC and Secretary General of National Population Council, Ministry of State for family and population, Cornice El-Nile-Maadi, Egypt | Dr El Hadj Boubacar Samba DANKOKO, MD, MPH,PCC and Technical Advisor n°1 (Minister's cabinet) ,Ministry of Health and Prevention, Senegal |
| Mr. Tedros Tolessa PCC of Ethiopia and Pastoralist Health promotion and Disease prevention Directorate, Federal Ministry of Health, Ethiopia | Mr. Jacques van Zuydam PCC and Chief Director Population and Development,Department of Social Development Republic of South Africa |
| Mr Saikou JK Trawally PCC and Director of Population Affairs Secretariat of the National Population Commission Office of the President, State House, Banjul, Gambia | Dr. Kittipong Saejeng PCC and Director, Reproductive Health Division Department of Health, Ministry of Public Health Thailand |
| Ms. Anuradha Gupta PCC and Joint Secretary Ministry of Health and Family Welfare Government of the Republic of India | Mr. Ben Haj Aissa Adnene PCC and Director, Technical Cooperation National Office of Family and Population (ONFP) Tunisia |
| Ms. Kasmiyati PCC and Deputy of Training and Development National Family Planning Coordinating Board (BKKBN), Indonesia | Dr. Betty Kyadondo PCC and Head of Family Health Department Population Secretariat (POPSEC) Ministry of Finance, Planning & Economic Development Uganda |
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