



Partners in Population and Development (PPD)

PPD International Programme Advisory Committee (IPAC) Meeting

**Bali, Indonesia
19-20 April 2009**

FINAL REPORT

Partners in Population and Development
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ACRONYMS AND ABBREVIATIONS

BKKBN	National Family Planning Coordination Board of Indonesia (Indonesia)
BPM	Best Practices Monograph
CAFS	Center for African Family Studies
CSG	Civil Society Groups
CSO	Civil Society Organizations
DFID	Department for International Development (UK)
ECOWAS	Economic Community of West African States
FP	Family Planning
IAS	International AIDS Society
ICPD	International Conference on Population and Development
INAS	National Institute for Health Administration (Morocco)
IPAC	International Program Advisory Committee
MC	Member Country
MCH	Maternal Child Health
MDG	Millennium Development Goals
MM	Maternal Mortality
NGO	Non Governmental Organizations
NIHFW	National Institute of Health and Family Welfare
NSS	National Support Structure
NTF	National Task Forces
ODA	Official Development Assistance
PCC	Partner Country Coordinators
PI	Partner Institutions
PoA	Program of Action
PPD	Partners in Population and Development
RH	Reproductive Health
RHCS	Reproductive Health Commodity Security
RIPS	Regional Institute for Population Studies (Ghana)
RR	Reproductive Rights
SBP	Strategic Business Plan
SSC	South-South Cooperation
ToT	Training of Trainers
UN	United Nations
UNFPA	United Nations Population Fund
WAHO	West African Health Organization

Introduction

In line with the implementation of its four-year Strategic Business Plan (SBP) 2008-2011, PPD constituted in 2008 an International Programme Advisory Committee (IPAC) including experts from various fields to advise on programme directions and activities for more efficiency and effectiveness. The first IPAC met from 17 to 19 April in 2008 in Bangkok where the SBP work plan was again reviewed together with its budget and it was agreed that PPD focus on the following areas:

1. Capacity Development;
2. Training and Research;
3. Policy/Advocacy;
4. Reproductive Health Commodity Supply and Security;
5. Publication, IT and Communication.

This year, the IPAC once again met to review the one year implementation of PPD activities in line with the objectives of the SBP, in Bali, between 19 and 20 April 2009. Activities related to salient issues like capacity building, the impact of global economic downturn on finances and resource mobilization as well were discussed.

This report unfolds the discussions and highlights the recommendations made. We would like to thank the Government of Indonesia and Dr. Sugiri Syarief, PPD Board Member from Indonesia and the staff of BKKBN for their support and assistance. We thank also United Nations Population Fund (UNFPA), most particularly Mr. Rabbi Royan, for technical assistance.

This meeting would not have been possible without the financial support from Packard Foundation and we wish to thank the Foundation wholeheartedly for this. We wish also to place on records the very valuable input provided by all the participants.

PART ONE

Day one, 19 April 2009

Welcome addresses

At the opening session, the following addressed the participants:

- Dr. Sugiri Syarief, Chairperson of National Family Planning Coordination Board (BKKBN), PPD Board Member from Indonesia;
- Mr. Rabbi Royan, Sr. Technical Advisor from UNFPA, Asia and the Pacific Regional Office, Bangkok, Thailand;
- Mr. Harry S. Jooseery, Executive Director of PPD.

Address by Dr. Sugiri Syarief

In his address, Dr. Sugiri welcomed all participants to the 2nd PPD IPAC meeting, and extended his gratitude to PPD for organizing the meeting in Bali in collaboration with BKKBN. Dr. Sugiri highlighted the benefits PPD Member Countries (MCs) are getting from the organization through the implementation of its SBP supported by international donor organizations. However, he pointed out the challenges in the implementing process that are relevant to the current environmental changes including the economic downturn.

Dr. Sugiri underscored the last United Nations (UN) Secretary General's report presented during the "*Commission on Population and Development Meeting*" held in New York in April 2009. The report stated that five (5) countries (India, Indonesia, Brazil, Nigeria and Pakistan) are significantly contributing to the world population growth. Except Brazil, the four (4) others are PPD MCs, and Dr. Sugiri in his address mentioned these countries' short falls in controlling their population growth and the impact on the global Family Planning (FP) programs targets.

Besides, Dr. Sugiri emphasized the Millennium Development Goals (MDGs) targets, focusing on Maternal Mortality (MM) which is "the most neglected" component following the target goals. The universal access to Reproductive Health (RH) services by 2015 should be a key target, he insisted; and in line with this Dr. Sugiri reiterated that FP fulfillment as a component of RH and Reproductive Rights (RR) needs to be encouraged by all PPD MCs.

Beyond this, Dr. Sugiri highlighted: 1) the gaps between population programs needs and resources that are available; 2) the challenges related to commitment made at the International Conference on Population and Development (ICPD); 3) the lack of improvement relevant to some components of Population Programs including FP, Maternal Child Health (MCH), demographic policy and relevant data. Dr. Sugiri also mentioned the decrease of funding for FP, illustrating the case of Indonesia where RH programs were shared between the government and international donor organizations during the 70's till 90's. Dr. Sugiri added that the National Family Planning program in Indonesia is currently fully funded by the government, but has been stagnant in the past few years. He suggested that: 1) PPD Secretariat focuses more on

advocacy and strategic leadership issues rather than the technical aspect; 2) PPD gives more grant to MCs and develops the Generic Modules in software website based. Finally, Dr. Sugiri pledged for more commitment and asked PPD to play a more active role in the global arena by performing advocacy on FP programs relevant to the achievements of MDGs.

Address by Mr. Rabbi Royan

Mr. Rabbi Royan expressed his gratitude, being a part of the IPAC meeting, and thanked PPD for inviting UNFPA and BKKBN for helping in the organization of the meeting.

Mr. Royan called back the long and productive collaboration between UNFPA and PPD, through a partnership based on common agenda aiming to advance RH, Gender Equality, and Population and Development. In line with this, Mr. Royan highlighted the specific activities supported by UNFPA, especially in the field of capacity development, and pointed out UNFPA commitment to strengthen South-South Cooperation (SSC) in PPD MCs by supporting the creation of National Support Structure (NSS). Besides, he wished that the 15th anniversary of the ICPD being celebrated in 2009 provides PPD with further strategic opportunities to advance the ICPD PoA through SSC. Finally, Mr. Royan wished that the IPAC meeting provides a platform for discussion on the way PPD can move forward over the next years.

Address by Mr. Harry Jooseery

Mr. Harry Jooseery welcomed all participants to the second PPD IPAC meeting. He thanked the Government of Indonesia and appreciated the valuable contribution of BKKBN for jointly organizing this meeting with PPD. Mr. Jooseery thanked particularly Dr. Sugiri Syarief, Chairperson of BKKBN and PPD Board Member in Indonesia, Mr. Rabbi Royan, Senior Technical Advisor from UNFPA as well as pioneers of SSC including Prof. Haryono Suyono, Mr. Jyoti Singh, Dr. Nafis Sadik, Dr. Sara Seims, Dr. Steven Sinding and Prof. Nabiha Gueddana who have recently been awarded for their valuable contribution to PPD and SSC.

Mr. Jooseery mentioned different key factors that need to be considered in South-South programs. These factors include: 1) the current financial economic downturn and its impact on the South; 2) population growth; 3) Resource Mobilization; and 4) Capacity Building.

Mr. Jooseery highlighted the impact of the present global economic downturn on Resource Mobilization and said that the situation is worrying, with continuous fall in Official Development Assistance (ODA).

Regarding the Population growth factor, Mr. Jooseery mainly underscored its damage in the most vulnerable groups in Africa and Asia. He pledged that emerging countries from the South (including India, China, Brazil, South Africa, Thailand and Indonesia) play a key role in providing RH commodities to other countries, and accordingly PPD will be advocating and facilitating the process.

Following the Resource Mobilization factor, Mr. Jooseery noted first the commitment of PPD MCs who almost paid their due to the organization in 2008. He mentioned the case of China and India who doubled their annual contributions, while other MCs committed also to increase their due in providing additional facilities to PPD. However, he noted that PPD entirely depends

on external donors (like UNFPA, Packard and Hewlett foundations) to operate and highlighted the need for the organization to reach out new donor agencies in order to diversify its sources of funding.

Mr. Jooseery insisted on the need to strengthen MCs capabilities at individually institutional and system levels while recognizing PPD Partner Institutions' (PIs) efforts and their contribution to promoting research and training programs in RH and Population, in line with the achievements of MDGs and ICPD goals.

Talking about the SBP of PPD, Mr. Jooseery noticed some accomplishments relevant to the organizational priority areas, but seeks advice from the participants to further enrich its program activities. Finally, Mr. Jooseery wished that the meeting helped to critically analyze PPD achievements, challenges encountered by the organization and the way forward as well. Accordingly, Mr. Jooseery called participants to the IPAC meeting to focus on mechanism and strategies that aim to reposition PPD within the national, regional and the international context.

Presentations

Session 1:

The Role of PPD in the new global economic context, by Mr. Jyoti Singh

In his introduction, Mr. Singh highlighted the expectations in 1994, at the inception of PPD. He recalled the high recommendations at ICPD+5 in 1999 and wondered whether in the fifteenth anniversary of both the ICPD and PPD in 2009 the organization has fulfilled its mandate as per those expectations.

Talking about SSC, Mr. Singh mentioned that PPD did not fulfill many of the abovementioned expectations. However, he pointed out several achievements in the area of training and capacity building, networking and policy/advocacy, research and information/experience exchange as well in the field of RH and FP including commodity security. Mr. Singh highlighted the important role being played by the 17 PIs from MCs in strengthening capabilities at local level, but expressed his views on the way these institutions should promote further course development and assist other institutions in the developing world through expert advice and technical assistance.

Besides, Mr. Singh underscored some strategic activities relevant to policy/advocacy initiated by PPD, aiming to strengthen SSC at country level and to establish National Task Forces (NTF) to implement and follow up on further activities.

Finally, in order to effectively implement MDGs and ICPD Programme of Action (PoA), and to strengthen SSC as a strategic goal, Mr. Singh proposed that PPD should gather more resources both from the South and from the international community including bilateral donors and private foundations, and requested that UNFPA assist further capacity development at major institutions on a systematic basis.

Session 2

PPD Strategic Directions, by Mr. Harry Jooseery

In his presentation, Mr. Jooseery focused firstly on PPD's Vision which is to "drive the global RH agenda to attain sustainable development by the year 2014". Secondly, Mr. Jooseery highlighted the Mission of the organization before presenting its Strategic Directions relating to: 1) aligning with PPD MCs priorities; 2) advocating for PPD priorities; 3) building alliances at different levels; and 4) creating mechanism for building the sustainability of the organization.

Mr. Jooseery's presentation pointed out the prospects and different challenges relating to many issues including: 1) the financial downturn and the need to strengthen the commitment of donor agencies and foundations for supporting Population and RH programs; 2) the need to strengthen MCs and Policy Makers commitment to support Population and RH/FP programs; 3) the promotion of RH commodity supply and security; 4) the reinforcement of PPD resource mobilization including diversifying its sources of funding; 5) the reinforcement of PPD communication strategy for image building and the creation of a more enable environment for SSC.

Session 3

PPD Programme Activities, by Mr. Amadou Moreau

The core component of PPD programme activities has been shared by Mr. Moreau, through a series of strategies aiming to strengthen SSC for the achievement of MDGs and ICPD goals. These strategic program activities take into account:

- 1 – Policy/Advocacy: that aims to strengthening relevant initiatives at global, regional and national levels;
- 2 – Partnership/Networking: which is a key approach for PPD to encourage and strengthen SSC through a network of PIs in MCs in Africa, Asia, Latin America and Middle East. The aim is to reinforce capabilities in MCs and promote exchange of information and experiences, training and research programs relating to RH, Population and Development in the South;
- 3 – Fellowships: through this initiative targeting professionals in the field of Population, RH and FP in MCs, PPD has already offered 400 scholarships to nationals from the following countries: Bangladesh, China, Egypt, Gambia, India, Indonesia, Kenya, Mali, Mauritania, Myanmar, Nepal, Niger, Pakistan, Thailand, Uganda, Vietnam and Zimbabwe. Such program is being reinforced, and Pakistan and South Africa are considering providing fellowships to PPD;
- 4 – Strengthening SSC: is one of the major programme activities being implemented by PPD. In MCs, PPD is creating NSS for reinforcing South-South initiatives at national level, and such strategy gathers various actors at national level including private sector, parliamentarians, research and training institutions, Non Governmental Organizations (NGO) and Civil Society Organizations (CSO) involved in promoting RH/FP issues for better social change;
- 5 – An assessment of products and services exchanged among MCs has been done and PPD is currently documenting into selected MCs best practices, successful approaches and lessons learned relevant to Training, Population and RH initiatives including FP and HIV/AIDS.
- 6 – Besides, PPD is enhancing its communication mechanism among its offices and stakeholders into MCs for better sharing of information and experiences among partners.

Session 4

Inventory of Products and Services among PPD Member Countries, by Dr K. Seetharam

In his presentation, Dr. Seetharam focused on the findings from the inventory of products and services exchanged among PPD MCs. The main services exchanged include capacity development involving different countries offering short-term training and study visits seen as the two important modalities of South-South exchanges for capacity development used by MCs. In such a process, Thailand, Indonesia, China, Egypt, India and South Africa are countries hosting study tours; China and Thailand are providing support including fellowships for short-term training through allocations for SSC in their national budgets; Thailand and Egypt are the two MCs providing long term training program; and Bangladesh, China, Egypt and Morocco have earmarked a number of fellowships for trainees from MCs.

Findings relating to Reproductive Health Commodity Security (RHCS) showed that China has supplied contraceptives and selected RH equipment to a number of MCs utilizing funds earmarked for promoting SSC.

Besides, China and Thailand have allocated resources in the national budgets for SSC (in addition to their annual membership contributions to PPD), and some other MCs like Indonesia, Morocco and Ghana but also China and Thailand have mobilized resources from donor organizations through specific activities.

Session 5

Promoting Capacity Building for South-South Cooperation by PPD: Past, Present and Future, by Dr. S. Rao

The presentation made by Dr. Rao focused on the past, current and future initiatives relating to capacity development of MCs, which is one of the main goals following the SBP of PPD.

In the **previous efforts** relevant to capacity development, PPD did an assessment in order to identify the organizational and individual capacity needs in MCs. In this process, PPD undertook several inquiries targeting stakeholders including PIs in MCs, and a series of consultative meetings were organized in the last two years (2007-2008) to discuss further actions based on findings from those inquiries. As outcomes from the abovementioned consultative meetings, PPD has produced several documents including a "*Capacity Development Action Plan*" which will support the implementation of program initiatives in MCs relevant to capacity building for the achievements of MDGs and ICPD goals.

Besides, Dr. Rao made an overview on PPD efforts to enhance technical and substantive capacities of MCs in 2007 and 2008, highlighting major progress done that include:

- Identification of training needs in population, poverty, gender and RH in MCs by geographic sub regions of Anglophone Africa, Francophone Africa, South and Southeast Asia, and Arab-speaking countries;
- Development of a four-year (2008-2011) action plan on capacity development covering the capacity needs at organizational, technical and individual levels of MCs;

- Documentation of training courses in population, poverty, gender and RH, that are currently in operation in PIs as well as potentials of those institutions to support capacity development of others;
- Identification of priorities in research and strategies for SSC;
- Development of four Generic Modules on: Population and Poverty; Reproductive Health; Gender Equity in Development; and Historical and Institutional Perspective on ICPD;
- Dissemination of the Generic Modules to the PIs to help enable them to review their respective training courses and research programs relevant to RH, Population and Development;
- Progress made on institutionalizing the Generic Modules and networking among PIs.

Considering the **current efforts**, different actions are being implemented based on recommendations made during the above mentioned consultative meetings. In line with spearheading efforts relevant to the institutionalization of Generic Modules and networking, PPD identified three Lead PIs: 1) Center for African Family Studies (CAFS) for Anglophone Africa; 2) National Institute for Health Administration (INAS) for Francophone Africa; and 3) National Institute of Health and Family Welfare (NIHFW) for Asian region. On the other hand, those Lead PIs are organizing sub regional cluster meetings to review and monitor the developments and issues relating to modules and networking across the three sub regions. Besides, in order to strengthen information and experiences exchanges with and among its stakeholders, PPD has formulated a set tools related to hardware and software including the use of Microsoft SharePoint, Yahoo and Goggle Groups.

Regarding the **future efforts**, PPD wishes that the PIs take initiatives and make efforts to mainstream the Generic Modules and facilitate exchange among themselves through networking. Accordingly, PIs should:

- Document the experiences of mainstreaming the Generic Modules;
- Customize the training and teaching materials they are currently using and identify additional required materials;
- Develop a plan to produce those materials and prepare a list of resource persons for the four Generic Module areas;
- Identify and undertake the needed research and analysis to help produce the teaching and training required materials;
- Prepare and translate training materials, etc.
- Identify and compile the best practices prevailing in population, gender, poverty and RH area, and prepare policy and advocacy briefs for use in MCs;
- Improve information and experiences exchange on training courses and modules, research and analysis, language training, issues in institutionalization and resource mobilization;
- Collaborate in the Training of Trainers (ToT);

Finally, Dr. Rao denoted the following issues for discussion that are relevant to PPD capacity development efforts: 1) How to ensure that PIs would continue their efforts at institutionalization of modules and networking? 2) What should PPD do to help support the PIs and among them the Lead to further the two objectives of institutionalization and networking? 3) How to attract international donors and others to support these initiatives, particularly components of ToT, provision for international fellowships, preparation and translation of training materials and funding for external resource persons?

Session 6

An appraisal of Past and Current PPD Activities

Summary of key issues discussed

Three main issues came out, highlighted in the discussion by the participants. The first one is relating to the urgent need for PPD to attract donor agencies; the second issue refers to the translation, adaptation and integration of PPD Generic Modules into PIs existing curricula and training programs; the third one is relevant to the documentation of best practices in MCs.

Considering the first issue, the participants recalled back PPD to seek some funding and encourage UNFPA to support developing training and capacity development program in developing countries. According to them, the institutionalization process of Generic Modules requires substantial resources, and PPD should focus on increasing political commitment for resource mobilization.

Following the second issue, the participants noted that many of the PIs of PPD are well known and respected through their program. However, there is a need to follow up with them about what they are doing, and to reinforce their capabilities to train and implement capacity building programs. Accordingly, PPD should also liaise with Universities known in the training and research fields.

For the third issue, the whole idea of documenting best practices in MCs has been discussed, and one question has been essentially raised relevant to things that concretely can be done. The participants denoted a joint collaboration needed in implementing such a process. Based on the discussion, this initiative should focus on some priority arrears including: exchange of information and experiences; policy/advocacy; and PPD should pick up some of these issues for further development to produce the Best Practices Monograph (BPM). In this regard, PPD should determine what the organization will be doing and take into account things that appear as appropriate. PPD has its own framework which cannot be changed on circumstances basis. However the commitment of PCCs among other stakeholders is vital for documenting best practices and successful experiences in MCs.

In spite of this, there is a need to clearly define "Best Practices" in this particular exercise. In line with this, different ideas were shared and the participants discussed the ambiguity of the term. Besides, the issue of undertaking an impact evaluation as central approach before adopting any exercise as best practices has been raised. In regard to this, participants pointed out the fact that such exercise should be based on evidence and noted some difficulties in implementing many issues considering that lots of work has already been done. Overall, in such a process, participants suggested that PPD develops a suitable framework which requires further discussions with UNFPA.

Day two, 20 April 2009

The second day of the meeting was entirely devoted to discussing two issues relevant to: 1) repositioning population and development programmes; and 2) developing adapted strategies to mobilize fund.

Session 1

Discussion on Future Program and Priorities for PPD

Summary of key issues discussed

In the first round of discussion relating to *Future Programme and Priorities for PPD*, the current socio-political situation in Pakistan has been addressed by the participants. Following the discussion, PPD should develop adapted RH/FP program strategies to work in such a context. In line with this, one of the participants recommended development of a proposal adapted to RH priority needs in the context of Pakistan, while some others shared the idea of hiring a consultant for both proposal development and fundraising.

Coming back to PPD mission and its achievements, Mr. Jyoti Singh underscored three issues where substantial efforts are required, namely: strengthening SSC; capacity building of PPD staff; and the training of Partner Country Coordinators (PCCs) and consultants. Highlighting PPD priority areas, Mr. Singh mentioned that Population is a vast field including RH/FP, Gender, Human Rights, etc. and noted that PPD being a small organization cannot do all. Consequently, Mr. Singh recommended that PPD focuses on few issues the organization can do and seeks contribution from international organizations working in the field of RH, Population and Development.

Highlight of discussions:

1) Capacity development: participants recommended that PPD 1) completes its current agreement with UNFPA in capacity building and networking; 2) seeks additional support from UNFPA to work with PIs for effective integration of Generic Modules into their training and research programs; 3) develops partnership with other institutions and seeks donor support for RH programs; 4) supports developing a mechanism for capacity development initiatives; 5) coordinates capacity development in non technical areas relevant to Population and Development; and 6) supports development of online training program.

However, participants noted the lack of PIs in Nigeria and Ghana. They recommended that PPD initiates collaboration with national and regional institutions like Regional Institute for Population Studies (RIPS), West African Health Organization (WAHO) and Economic Community of West African States (ECOWAS).

2) Policy/Advocacy: following this modality, participants wonder whether or not PPD is considering increasing the number of MCs. This needs to be considered in order to strengthen PPD strategies relating to advocacy. In 2009, there are several initiatives being organized and implemented such as the 5th Asia Pacific Conference, and the International AIDS Society (IAS). Relevant to the 5th Asia Pacific Conference, some satellite sessions are planned and PPD being

co-organizer should take advantage to extend its audiences and advocate for the organizational programs and priorities.

On the other hand, the issue of "Global Health" has been mentioned, and PPD should participate and encourage MCs to contribute in this regard. Participants shared the idea of dedicating the World Annual Report to "South-South"; which will contribute to promoting PPD and strengthening its visibility.

3) Exchange of information: the core issue raised was the use of PPD website to share and disseminate information and publications made by the organization.

In this session, some of the participants stated they never received any documents sent by PPD through email system. In this regard, something needs to be done and the participants suggested the listing of all South-South institutions to which PPD should send its materials/publications. They requested the creation of a mechanism which will enable these institutions to get PPD publications and make proper use of them. An electronic newsletter should be adopted as much as possible, and in such a process it is important to use the URL tool to keep updating all stakeholders on a periodic basis.

All participants were requested the use of their respective networks to help updating PPD mailing list. On the other hand, PPD is strengthening its communication mechanism aiming to facilitate information sharing and exchange among its stakeholders. Accordingly, PPD has initiated a series of activities including: 1) developing a communication strategy; 2) reframing its website; 3) using SharePoint to promote exchange of information and experiences; and 4) using the interactive website to link with PIs, MCs, and donors among other stakeholders.

4) Reproductive Health Commodities: some of the participants thought that the concept is not clear and consequently wanted to know more about the issue of commodities. Accordingly, Mr. Jooseery, firstly, mentioned that PPD is networking with Reproductive Health Supply Coalition among other partners to facilitate exchange among them and to synergize their effort to gather and offer commodities to MCs. Secondly, he underscored the technical assistance offered to MCs by PPD and noted that the organization is facilitating the process of distributing RH/FP commodities in MCs.

On the other hand, the participants recommended the consolidation of PPD membership with Reproductive Health Supply Coalition and shared information relevant to India's commitment to support the Reproductive Health Supply channel. At sub-regional level, the participants thought it is important to strengthen MCs' commitment in this process, and to develop partnership in the field of RH supplies. In line with this, some of the participants shared the idea of mobilizing government authorities from China and Pakistan to discuss relating issues. The priority needs of Pakistan in commodities should be known. China has signed a bilateral agreement and already agreed on further discussion to support the initiative. In this regard, participants suggested to develop a partnership with UK Department for International Development (DFID), China and Thailand among other countries in order to strengthen the quality of distribution in RHSC, and recommended that PPD facilitates this initiative given its status as intergovernmental organization.

5) National Support Structure: Participants focused on involving CSOs for making them understand SSC. PPD cannot leave this initiative solely to PCCs and should also contact Civil Society Groups (CSGs) involving NGOs, Media, Women, Youth Groups and the like. The Medias should be targeted and properly involved. However, the initial step is to get MCs committed for supporting such initiative.

Session 2

Discussion on Resource Mobilization Strategies for PPD

Summary of key issues discussed

In this session, Mr. Jooseery shared information relating to the core funds PPD gets from MCs' contribution. In addition, he mentioned the financial support from UNFPA and other donors including Packard and Hewlett Foundations.

In the discussion, participants first recalled back PPD's initial mission to generate fund, and highlighted some achievements in that process. Currently the organization needs to diversify its sources of funding in order to sustain, and participants pointed out challenges relating to resource mobilization nowadays seen as a technical business for many institutions.

On the other hand, participants expressed the idea of hiring a consultant who will be exclusively devoted to mobilizing resources for the organization and improving PPD's profile in the international arena. The organization should review its resource mobilization strategy and target various other donor agencies including funding networks, embassies and private foundations.

Beyond this, participants mentioned the need for PPD to prioritize issues based on ICPD challenges. Relevant to this, they mentioned various population issues and priorities that many donor organizations did not fund. Those issues need to be discussed to find out other funding alternatives and opportunities, and participants suggested that PPD reorients its mobilization strategy through Nordic countries, European Commission including emerging foundations like Google, etc.

Finally, participants considered that PPD needs to strengthen its partnership development and get involved in consortium for mobilizing resources; this will benefit PPD as the organization needs to strengthen its capabilities.

Session 3

Recommendations and Way Forward, by Mr. Jyoti Singh

South-South Cooperation and PPD: The Way Ahead

1. The SBP of PPD for 2008-2011, which after extensive consultations among MCs, was adopted in 2007 by the annual meeting of the PPD Board, groups its program priorities under three major areas 1) RH, including FP 2) population and development; and 3) gender equality. These are similar to those adopted by UNFPA, under its strategic plan for 2008-2011.

2. PPD's membership has been expanded (with three new members – South Africa, Ghana and Ethiopia – having joined it in 2007-2008); it is in discussions with several other prospective MCs; and it has established direct contacts with Brazil, through a visit of the Executive Director to that country and also the Philippines, Vietnam and Cambodia. Several MCs have also substantially increased their core contributions to PPD and are giving material support to PPD activities. UNFPA and several private foundations are continuing to support its program of activities. However, given the small size of its program staff (including those posted in its African Regional Office) and limited financial resources, it can undertake only a limited number of activities prioritized under its SBP.
3. Under capacity development, which is one of the key goals of PPD, the focus will remain on training and research. Several countries (China, Egypt, Bangladesh and Morocco) are offering short term training fellowships to developing countries through PPD, and PPD secretariat will seek to encourage several other countries to do the same in future.
4. The generic modules developed in 2008 with the participation of 17 major training institutions in selected MCs are already being used under various formats in Bangladesh, Egypt, India, Indonesia, Morocco and Uganda. The network of the training institutions has established three sub-regional networks. These will meet this year. There will also be a meeting of the entire network later this year. The network is open to other training institutions in the MCs.
5. Proposals further development of training modules, increase in the number of fellowships for short term and long term courses, production and dissemination of training material in several languages, secondment of trainers, ToT, and use of experts from training institutions in other countries (under an initiative to be launched by UNFPA) are under consideration.
6. Under policy dialogues/advocacy, ICPD+15 in 2009 and MDG+10 and Beijing+15 provide further opportunities for PPD to enhance its visibility and engage in policy dialogues. Apart from organizing events on its own, PPD may also wish to organize side events at major international events organized by UN agencies and other organizations. The forthcoming ministerial level dialogue at ECOSOC this summer and the annual WHO assemblies provide PPD further opportunities to raise its profile.
7. Under exchange of information, PPD needs to ensure regular distribution of its publications to several categories of participants (government ministers and officials, international organizations, NGOs, parliamentarians, institutions, media etc.). Mailing needs to be reorganized. Also an electronic newsletter should be mailed out regularly to a large number of institutions and individuals (AFFPD electronic newsletter could serve as an example). Greater use of interactive sites on the web is also to be encouraged.
8. An inventory of products and services is under preparation. PPD will also disseminate information on best practices/good practices/innovative approaches through a variety of channels.
9. Technical assistance to developing countries in the areas of RH commodities and supplies is already being provided by China through PPD. Other countries may be encouraged to join

this scheme in future. PPD will remain active in the Reproductive Health Supply Coalition and continue its efforts to build a platform for generic drug manufacturers.

10. With support from UNFPA and Packard, PPD has organized and will continue to organize national events to encourage regular links and cooperation among government officials, NGOs and CSOs, parliamentarians, media and others through the constitution of national task forces devoted to promoting and strengthening SSC at the country level.
11. MCs should be urged to provide to PPD greater core support as well as support for its program of activities. At the same time, PPD has to diversify its sources of external funding. To this end, PPD has to raise its profile, and establish contacts with a variety of bilateral agencies, foundations and other potential donors. Several countries in Europe such Nordic countries, the Netherlands and Switzerland may be quite sympathetic to the concept of SSC. Ministers and senior officials from MCs may be asked, as appropriate, to join PPD's fundraising efforts.

Session 4

Wrap up and Closing, by Mr. Harry Jooseery

In his closing remarks, Mr. Jooseery mentioned the main challenges PPD is facing considering its limitations being a "young" organization. He mentioned key achievements, but insisted on the need to strengthen the organization in order to face such challenges for the attainment of MDGs and ICPD goals. In line with this, Mr. Jooseery called for IPAC support and more commitment from MCs and stakeholders.

On the other hand, Mr. Jooseery pointed out the key issues discussed during the meeting, and noted the valuable suggestions and recommendations from the participants, on which base PPD will be strengthening its program initiatives for scaling up.

Mr. Jooseery thanked the government of Indonesia and BKKBN in particular for jointly organizing the IPAC meeting with PPD. He mentioned the next PPD Board Meeting being organized in China in October 2009 and requested the government of Indonesia to host the fifteenth PPD annual Board Meeting in 2010. Finally, Mr. Jooseery thanked all participants for providing valuable contribution during the discussion. He thanked again BKKBN, PPD Staffs, and wished a safe journey back home to all.

Annexes

ANNEX 1 – Agenda

ANNEX 2 – List of participants

Annex 1 – Agenda

Day 1: Sunday, April 19th

Time	Activity	Responsibility
8:30	Registration	PPD/BKKBN
9:00	<p><i>Welcome Address:</i></p> <ul style="list-style-type: none"> Dr. Sugiri Syarief, MPA Honourable Chairperson, National Family Planning Coordination Board (BKKBN) PPD Board Member, Indonesia <p><i>Addresses:</i></p> <ul style="list-style-type: none"> Mr. Rabbi Royan Sr. Technical Advisor (PDB) Technical Division United Nations Population Fund Asia & The Pacific Regional Office Bangkok, Thailand Mr. Harry S. Jooseery Executive Director, PPD 	Master of Ceremony: Mureal Gracy Quiah (Stina) Program Assistant, PPD
9:30	Introduction: The Role of PPD in the new global economic context	Mr. Jyoti Singh PPD Permanent Observer to the United Nations, New York
10:00	COFFEE BREAK	
10:15	PPD Strategic Directions	Mr. Harry S. Jooseery Executive Director, PPD
10:45	Discussion	
11:15	PPD Program Activities	Mr. Amadou Moreau International Program Officer, PPD
12:00	Inventory of Products and Services among PPD Member Countries- An interim Report	Dr. K. S. Seetharam Consultant, PPD
12:30	LUNCH	
13:30	Promoting Capacity Building for South-South Cooperation by PPD- Past, Present and Future	Dr. SLN Rao Consultant, PPD
14:00	Discussion	
15:00	COFFEE BREAK	
15:15	An appraisal of Past and Current PPD Activities (A	Mr. Harry S. Jooseery

Time	Activity	Responsibility
	Discussion)	Executive Director, PPD
17:00	END	
19:00	DINNER HOSTED BY PPD	

Day 2: Monday, April 20th

Time	Activity	Responsibility
9:00	Open Discussion: Future Program and Priorities for PPD	Chair: Mr. Harry S. Jooseery Executive Director, PPD
10:30	COFFEE BREAK	
10:45	Open Discussion: Resource Mobilization Strategies for PPD	Chair: Mr. Rabbi Royan UNFPA, Thailand
11:30	Recommendations and the Way Forward for PPD	Mr. Jyoti Singh, PPD Permanent Observer to the UN, New York
12:30	Wrap up and Closing	Mr. Harry S. Jooseery Executive Director, PPD
13:00	LUNCH	
14:00	FREE TIME	

Annex 2 – List of participants

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