

**REPORT OF WORKSHOP
ON NATIONAL
SOUTH-SOUTH SUPPORT STRUCTURE**

Held in Islamabad on 13th April 2009



Organized by
Ministry of Population Welfare
Government of Pakistan
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Partners in Population & Development



Report compiled by Dr. Athar Qayyum, Director (FWC), Ministry of Population Welfare,
Islamabad

SECTION-I

**REPORT OF PROCEEDINGS OF
THE NATIONAL SOUTH - SOUTH
SUPPORT STRUCTURE
WORKSHOP**

**PROCEEDINGS OF THE WORKSHOP ON NATIONAL SOUTH-SOUTH
SUPPORT STRUCTURE WORKSHOP**

Ministry of Population Welfare with the joint collaboration with Partners in Population and Development (PPD), organized a workshop on South-South Support Structure at Holiday Inn, Islamabad, on 13th April, 2009. The programme of the workshop is at **Annex-I**.

Dr. Firdous Ashiq Awan, the Federal Minister for Population Welfare was the chief guest of the seminar whereas Mr. Nayyar Agha, Secretary Ministry of Population Welfare chaired the proceedings of the workshop. Mr. Sangeet Harry Jooseery, Executive Director, Partners in Population and Development was the guest of honor. After recitation from the Holy Qur'an by Mr. Arshad Mahmood, the Stage Secretary Dr. Nuzhat Kazmi, Director, Clinical Training, MoPW gave an over view of the PPD and objectives of the workshop.

The first presentation was made by Mr. M. Zayedul Haque, Executive Assistant, PPD on the topic of “**Program Activities of Partners in Population and Development**”. He said that our objective was to strengthen South-South Cooperation (SSC) by creating awareness about the concept and need of SSC at national, regional and global levels. At the national level, a National Support Structure be established, which should be entrusted with the task of exploring ways and means for strengthening South-South Structure and to see as to how it could play a role in achieving MDGs and ICPD goals in developing countries.

He informed that PPD had developed a network of 19 leading training and research institutions called Partners Institutions (PIs) for the capacity building of member countries. The Capacity Development Plan for four years (2008-2011) has been prepared, which broadly covers four priority areas; population and poverty, RH, gender, institutional and historical perspectives on MDGs and ICPD goals. Further PPD was implementing a fellowship program and so far 400 scholarships had already been offered to the Member Countries (MCs). Besides that PPD was documenting and disseminating best practices in MCs. To enhance information sharing, the PPD had recently installed windows share

point, enabling MCs to access/share documents, reports and publications. The copy of his presentation is at **Annex-II**.

The next presentation was made by Mr. Malik Amanat Rasul, Director General, Public Private Sector Organizations (PPSO) on the topic of “**Achievement of Pakistan in meeting ICPD goals**”. Mr. Malik in his comprehensive presentation discussed in detail the post ICPD endeavours of Pakistan. He touched upon the Population Policy of Pakistan formulated in 2002, described its vision, goals and then briefed about the measures of the government to improve RH status. He drew parallel of pre and post ICPD demographic indicators of Pakistan. He presented a broad brush view of the Health Policy and steps of the government in the context of gender equality and women empowerment. He expressed that despite social-cultural constraints, there was rich presentation of women in the Electorate System of the country. There were 33% seats for women in local governments, 21% in National Assembly and around 17% in Provincial Assemblies and Senate of Pakistan. He said that despite financial constraints, the development budget for Population Welfare Program was increased four folds since 1994. He mentioned about the constraints/ challenges of the government in meeting ICPD POA and identified low literacy, financial constraints, inadequate institutional capacity and accessibility of services especially for the poor, marginalized segment of society as the main challenges of the country. He concluded by saying that the Ministry had desired strategies to face the above challenges and was geared to address the issues of accessibility of services, financial resources, political commitment through mainstreaming population factor in all development plans & policies. Similarly involvement of clergy/religious scholars and step to address un-met need for family planning would be the priority areas of the Population Welfare Program. The copy of his presentation is at **Annex-III**.

The next presentation was made by Dr. Tauseef Ahmed (a free-lance consultant) on the topic entitled “**SSC to Remain Alive to Population Issues**”. Dr. Tauseef started his presentation by highlighted vision & mission of the PPD. He said that the PPD’s strategies included aligning with member countries and advocate and make alliances at all levels with the view to create assets for the sustainability of

alliances. He urged upon PPD to expand its scope to include emerging FP & RH issues for achieving broader population goals by 2015/2020. He identified following areas for PPD to support Population Welfare Program:

- i) Policy Formulation.
- ii) Guidance to convert Transition into Demographic Dividend.
- iii) Human Resource Development/Capacity Building especially Managerial and “Leadership Skills”

He said that Partners for Population and Development (PPD) provided a forum for members to express countries’ needs and concerns, and sought guidance. PPD forum also enhanced the knowledge base to share members and enabled them to put it for local use. Inter-country dialogue through the Board meetings and professional seminars and technical exchange provided enhanced level of sharing new ideas, tested initiatives, experience and newer technologies and expertise for other members to adopt. However he expressed concern that these were not enough to meet priorities and to address Program’s Unmet Needs and Emerging Issues of South.

Dr. Tauseef expressed that though the growth rate was falling but absolute numbers rising tremendously and unprecedentedly the rate of natural increase, ASFRs, use of modern methods, IMR, urban growth, and vaccination trends in the South were alarming. The high unmet need for contraception continued in Pakistan and the proportion of unwanted pregnancies continued to be at a significant level and it was apprehended that Pakistan would be the fifth most populous country in the world in the near future. Therefore FP must be accorded priority. He assured that the population issue was much beyond FP and required development perspective. He said that the FP program was weak at grass-roots level and Pakistan needed to accelerate its pace to achieve MDGs and ICPD goals within the timeframe. In this regard the important areas for PPD to support Pakistan’s Population Program were policy formulation, human resource development and judicious use of financial resources. The copy of his presentation is at **Annex-IV**.

The next presentation was made by Dr. Mumtaz Esker, Director General (Technical) on the topic of “**Integration of Reproductive Health and HIV and AIDS to meet MDGs**”. Dr. Esker opened her discussion by highlighting the salient

features and epidemiology of HIV and AIDS. She also expressed the key issues confronting Pakistan with regard to HIV and AIDS. Emphasizing upon the need for integration of RH and HIV, she said that FP/RH were essential tools in reducing the spread of HIV and AIDS. Similarly family planning was effective and affordable intervention for preventing mother to child transmission and thus was an efficient way for promoting wanted, healthy pregnancies, improve child health and prevent disease. While expressing the goals of integration of RH and HIV, she said that the integrated services could help to de-stigmatize HIV and AIDS, would be cost effective and thus more people could be served with the available resources. Therefore, the integration of HIV and AIDS as a package of RH would facilitate achievement of MDGs 4, 5 & 6. Describing the challenges/constraints in the way of integration of RH and HIV & AIDS, she viewed the capacity issue as the most significant one. Further financial constraints and separate/parallel funding programs for RH versus HIV and AIDS by donor Organizations were issues, in the integration of RH and HIV & AIDS. Talking about the steps taken by the government for integration of RH and HIV & AIDS, she said that MoPW had included HIV and AIDS in National Standards. It was also being taught to Paramedics and practiced by them at all service delivery outlets. Similarly HIV and AIDS were being given due recognition in the Advocacy, IEC campaigns through electronic and print media. Touching upon the way forward, she told that awareness raising, HRD/ Capacity Building especially female sensitization/ empowerment and partnerships with all stakeholders and players were the priority focus of Ministry of Population Welfare. She said that we should present integration of RH and HIV and AIDS as a Best Practice to the Partners. Concluding her presentation, she said that business as usual would not address the issue and that multi sectoral approach with the involvement of all players in the public and civil society was the requirement of the day. There was a need to address the range of unmet need and missed opportunities in RH including HIV and AIDS, she concluded. The copy of her presentation is at **Annex-V**.

The next presentation was made by Ms. Azra Aziz, Senior Fellow (NIPS) on the topic of **“NIPS and its possible collaboration with research Institutes of Partner Countries”**. Ms. Azra presented a brief overview of NIPS, its objectives, functions and administrative set-up. She described major

achievements of the NIPS and studies/surveys in the pipe-line. Regarding collaboration with the partner countries, she said NIPS could host visiting expert(s) for 2-3 weeks for Exchange of Scholars/ Experts with South-South Partners; participate in collaborative studies with research organizations of partner to provide new directions in the fields of Research; Reproductive Health; Migration; Aging; HIV/AIDS etc. The copy of her presentation is at **Annex-VI**.

After the tea/coffee break, Mr. Harry Jooseery, Executive Director, PPD took-up the presentation of “**National Support Structure for South-South Cooperation**”. Mr. Harry described the vision and mission of PPD. He said that the mission of PPD was to raise a common voice through SSC to address Sexual, Reproductive Health and Rights and Population and Development challenges. This could be accomplished through strengthening of SSC, strengthening capacities at individual, institutional and systems level, promoting networking and partnership and enhancing resource mobilization/availability. He identified following focused areas for SSC through PPD:

- i. Integration of MDGs and ICPD goals.
- ii. Promotion of Reproductive Health and Rights.
- iii. Improving Gender Equality.
- iv. Strengthening the integration of RH and HIV/AIDS.
- v. Improving adolescent Sexual and Reproductive Health.
- vi. Improving Reproductive Health Commodity Security.

He informed that the PPD had developed a Strategic Business Plan (SBP) for the period 2008-2011 and identified following goals for the SBP:

- i) Strengthened South-South Cooperation.
- ii) Strengthened capacities at Systems, Institutional and Individual levels.
- iii) Strengthened Networks and Partnership.
- iv) Improved Voluntary FP and other RH services.
- v) Enhanced Resource Availability.

Dilating upon the goal of SSC, he said enhanced political commitment, sharing of information and strengthening of support systems and structures at national level

would be the hallmarks of cooperation. In this context, he proposed to establish a National Support Structure with the following TOR:

The National Task Force for South-South Cooperation endeavored to enhance South-South Cooperation (SSC) in the field of Population, Reproductive Health and Development. It would bring together policymakers, NGOs, CSOs, researchers and private entrepreneurs to engage in thoughtful public dialogue and cooperative efforts.

GOAL:

To support and promote South South Cooperation in Population, Reproductive Health and Development fields at National level.

OBJECTIVES:

The objectives of NTFSSC would be:

- i) Co-ordination with Government and other stakeholders in the field of Population, Reproductive Health and Development.*
- ii) Knowledge and Information sharing, documentation and dissemination.*
- iii) Advocate for developing policies and creating enabling environment for SSC.*
- iv) Facilitate National Capacity Building in addressing SSC.*
- v) Increase visibility of the PPD and promote the concept of SSC.*

MODE OF OPERATION:

- i) NTFSSC would consist of members from relevant Ministries, UN Agencies, NGOs, CSOs, researchers, private sectors and media who were working/ interested in promoting SSC.*
- ii) The number of members of the NTSSC was still to be determined.*
- iii) The Secretariat for the National NGO Task Force will be hosted at (to be determined).*
- iv) The Task Force would meet formally at a designated place together with the PPC and Board Members.*
- v) Task Force would be led by a group of steering group (to be determined). A convener and two co-conveners would be selected for operating NTFSSC.*
- vi) Operations of NTFSSC would be guided by the rules of procedure (to be developed by the Task Force).*

DURATION OF MEMBERSHIP:

The members of the NTFSSC would remain for a limited period of time, and may change as per the change in environment and expertise needed. The review of NTFSSC membership would be done on (to be determined) yearly basis. A member could not claim to retain membership on his/ her own.

Concluding his presentation, Mr. Harry said that the basic idea of National Support Structure was to establish ownership by the member countries and to ensure budgetary allocation and thus sustainability of the SSC. The copy of his presentation is at **Annex-VII**.

The address of Mr. Harry was followed by the speech of Mr. Daniel B. Baker, Country Representative, UNFPA, Pakistan. Mr. Baker in his address told that UNFPA was associated with PPD since its inception. He informed that as a Consultant of UNFPA in 1994, the 1st brochure of PPD was drafted by him. He said that UNFPA would provide financial resources for "Data Base". He informed that UNFPA was already providing Technical and Financial support for National Population Census. Besides that Female literacy/Gender Equity and Equality were also the priority areas of UNFPA.

The address of Mr. Baker was followed by the 2nd speech of Mr. Harry Jooseery, Executive Director, PPD. It was a written speech and the complete text has been reproduced as under:

Dr. Firdous Ashiq Awan, Honorable Minister, Ministry of Population Welfare Government of Pakistan

Mr. Nayyar Agha, Secretary, Ministry of Population Welfare, Government of Pakistan

Mr. Daniel B. Baker, Country Representative, UNFPA

Distinguished Guests - Ladies and Gentlemen.

I am pleased to welcome you to, this "National South-South Support Structure Workshop" jointly organized by the Ministry of Population Welfare-Government of Pakistan and PPD.

I would like in the first instance to express my gratitude and thanks to the Government of the Pakistan, especially, Honorable Minister for Population Welfare Dr. Firdous Ashiq Awan for the support and assistance extended to me and PPD for the organization of this workshop. I would also like to thank Mr. Daniel B. Baker, Country Representative, UNFPA for sparing his precious time to be with us despite his very busy schedule. I also thank him and UNFPA for the technical and financial support provided to PPD for organizing different events. PPD and UNFPA are sister organizations and we enjoy very privileged relationship. The UNFPA office in Pakistan has always been very supportive to PPD and has sponsored our Board Member and senior officials from the Government to our governance meetings and related events for years. This year our Board meeting will be held on 19th October 2009 in Beijing, China and will also coincide with the 5th Asia Pacific Conference on Sexual and Reproductive Health and Rights, for which we will once again seek assistance from UNFPA

country office. Mr. Baker, thank you once again for your unrelenting support to us.

Honorable Minister, I wish to pay tribute to your vision and foresightedness in guiding not only the Ministry of Population Welfare but also for your great support and assistance to make Pakistan as the valuable and efficient member of PPD.

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

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

15 years after the ICPD, some governments have made major advances. In the developing world, progress is especially notable in terms of narrowing the gender gap, with more women in power than ever before, more girls in school, more women using modern methods of contraceptives.

Honorable Minister, ladies and gentlemen, we are going through a very difficult period and the ICPD goals, just as the Millennium Development Goals are far from being achieved. Donor countries have shied away from their commitment to Official Development Assistance (ODA). The funding for the RH programs has fallen by 60% during the last ten years. There are many challenges we need to face for our better living. The growing population of the world is emerging once again as a threat especially in the developing world. Current global economic and food crisis further jeopardize the world socio-economic progress. As the global economic crisis deepens, hunger and malnutrition are likely to increase. Reduced incomes and higher unemployment will greatly impact on the purchasing power of the poor. Population of the world has increased by 114% from 1960 to 2005 and is projected to increase over 9 billion in 2050. About half of the world's population could face food shortages by 2100 due to slash of crop yields from 20% to 40%, if the global leaders do not actively work to adapt to rising temperatures.

Countries in South Asia have recently achieved positive economic growth, promoted social development indicators higher than the global average, and this is welcomed! We learn with appreciation that the Government of Pakistan is fully committed to achieve the ICPD goals with broader milieu of MDGs. Today the rate of economic growth in Pakistan is 6.2% annually.

We are glad to learn that Pakistan is on track to achieve goals related to universal Primary Education, promote Gender Equity and Empower Women (women's representation in Local Bodies, National Assemblies and the Senate has been increased), improve Maternal Health and Infant Mortality. It is appreciating that 96% of the currently married women in the country are aware of Family Planning methods. The government is addressing the problems of TB, Malaria and HIV / AIDS and the incidence of Polio Eradication.

Pakistan has wide expertise and world renowned professionals in Reproductive Health and other areas related to Health. It has experience of the Village Based Family Planning Worker (VBFPW) program which was initiated in 1992, first on pilot basis and later at the National level. To date 70,000 workers are practicing in villages, with a grass-root approach that provide better RH information and services to millions of Pakistani men and women. It has innovated Lady Health Workers Program (LHWs) in 1994 to provide basic Health Care Services to women on their doorsteps thereby bridging the gap between the Community and Institutionalized services. The government recruited over 96,000 LHWs to provide RH services. Recently the Government of Pakistan has launched its National Maternal and Child Health Program to boost the RH services.

However, Pakistan in many areas remains serious off track to achieve ICPD goals and MDGs agenda. For example, Pakistan was among the vanguard countries in Asia in starting Family Planning Program. More than 5 decades ago it was suffering from high population explosion. Despite such experience fertility has declined more slowly in Pakistan than in most other Asian countries. Pakistan had a population of 37 million and was the 13th largest country in the world in 1950 which increased to 164 million in 2007 and became the 6th largest country in the world. The growth of population is nearly five times higher than in the past 58 years. Pakistan is expected to move to fifth place in 2050 with 292 million people after India, China, United States and Indonesia.

Today Pakistan is suffering from a stagnant Family Planning program. Seventy percent (70%) of men and women in the Reproductive Age in Pakistan do not use any Family Planning method. Pakistan's fertility rate has remained persistently high over the past decade. The total fertility rate in Pakistan is now 4.1 children per woman. Delivery of Family Planning Services has been plagued by weak logistic systems and lack of contraceptive methods at service points as well as dearth of skilled health work forces to provide Quality Services to clients.

Pakistan faces broad challenges in improving Women's Reproductive Health. The country falls in the high risk category for women's Sexual and Reproductive Health. Every year at least 15000 women die from complications of Pregnancy and Childbirth. Half a million children die before age 5 and 160,000 in their first month. Only 16 percent of women receive at least four antenatal care visits during pregnancy, less than one-third of births are attended by skilled health personnel, Maternal Death Rate is 320 per 100,000 live births that remain high.

The country's Infant Mortality Rate is 75 per 1,000 live births and is higher than in Bangladesh, India, Nepal and Sri Lanka.

***Honorable Minister, Ladies and Gentlemen,** we need to reposition Family Planning into the development agenda, integrate Family Planning for a more concerted effort and positive result. While we need to find new champions for Family Planning and promote greater resource mobilization for Reproductive Health Programs, we need perhaps more importantly to reinforce political commitments and promote good governance.*

The South-South Cooperation entails that we have among us the skills, capabilities and expertise, and if we can galvanize our efforts together, we can improve the destiny of our children and particularly the improvement of the total population.

We earnestly believe that there is a lot of knowledge and learning that Pakistan can share with its neighbours and we hope that the Pakistan's achievements can act as inspiration for South-South Cooperation in this region. I should record that Pakistan has made tremendous progress in the areas of population and development in PPD member countries.

Pakistan has offered its expertise and experience in Curriculum Design and development of Training Modules for the full range of RH Programs to various member countries. We are networking with Gujrat University of Pakistan to reinforce our program activities, especially in Capacity Building. Professor Nizam-Uddin, the Vice Chancellor of Gujrat University has been a member of PPD International Program Advisory Committee (IPAC) and has been very active in the development of PPD Capacity Building Plan.

Government of Pakistan in collaboration with PPD jointly organized a one day workshop on "South-South Cooperation and Sustainable Development" in 2006. The Ministry of Population Welfare organized a National Seminar on "Islam and Family Planning" for discussion and feedback from religious leaders. The Pakistan Ulama Declaration has indeed helped to break long standing barriers to Reproductive Health Program and has rekindled effort for reinforced Program in collaboration with religious leaders. We wish to share with others the experience of Pakistan in involvement of its religious leaders in addressing Reproductive Health Program.

Countries in the South can be leaders of the world. Today China is the manufacturer of the world and India has become the leader of Information Technology in the world. PPD will ensure that developing countries, despite their low resource base, is able to fully utilize their comparative advantage and become leaders in their respective fields. PPD will continue to develop and build institutional and individual capacities, continue advocacy for better access to Family Planning Services and the integration of RH with HIV/ AIDS for a balanced sharing of resources and work for a secured supply of affordable and quality RH products and services in our member countries.

In the context of promoting South-South Cooperation, RH and HIV/ AIDS Programs in Pakistan, PPD commits to facilitate support and technical assistance. Many member countries are willing to provide products to Pakistan. India is prepared to help improve the procurement and effective storage of RH

products.

Ladies and Gentlemen, PPD has been very supportive to Pakistan and has provided Reproductive Health Commodities in 2007 and has also enhanced their Capacity Building Initiative. We provided 10 fellowships to Pakistan for one year Diploma Course in Demography in Egypt in the past and we commit to provide additional two one-year Scholarships to Pakistan for 2010. On the Global Leadership Program, PPD trained more than 20 leaders in RH from Pakistan. Last year we also provided Scholarships to Pakistan for special course on RH and Safe Motherhood in Bangladesh and China. We will be organizing the 5th Asia Pacific Conference on Sexual Reproductive Health and Rights between 18 and 20 October, 2009 and we commit to invite representatives of Pakistan to attend.

Honorable Minister, Ladies and Gentlemen, you will be happy to learn that a MoU has been signed between China and PPD to provide assistance to the PPD member countries

I have had personal discussion with Chinese authorities before coming to Islamabad and am happy to inform you that China is ready to provide Technical Assistance to Pakistan to upgrade Skills and Competence of Pakistani Medical Personnel. We would be glad to learn from you on the areas in which technical assistance is required. Exchange of expertise in these particular areas would be conducted where experts from China are ready to come to Pakistan. They are also ready to welcome Pakistani Professionals in Beijing for Capacity Building.

I am pleased to invite two Health Professionals from Pakistan to join their counterparts from other PPD member States for a one week Workshop on South- South Cooperation for the attainment of the ICPD Goals in May 2009.

Funds have also been secured for a Workshop for 20 representatives from Pakistan. The workshop will be specially tailored to your needs. We will discuss further with the authorities in Pakistan and finalize the Concept Note.

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

- i) Advocacy.
- ii) Capacity Building.
- iii) The Exchange of Experience and Good Practice.
- iv) Training and Research.

We wish Pakistan to be involved in all these four areas of focus of PPD and play a more active role in South-South Cooperation. I have the firm conviction that together we will build a better future for our children. We need to create a solid foundation of strong and coherent partnership. Besides cross-sectoral collaborations between and within governments, we need also a strong Private and Public Sector Partnership, Participation of NGOs, Academia, Professional Organizations, Media Agencies and all other branches of the Civil Society in a

spirit and movement that acknowledge and respect the roles and responsibilities of all and in addition provide necessary conditions for the growth of each and every one. This is a new culture that we wish to instill to enable government and stakeholders alleviate the sufferings of millions of our brothers and sisters in the developing world, especially in South Asia.

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

Let us join hands to continue promoting the partnership with Pakistan and share to strive to improve quality of life of our brothers and sisters in Pakistan and in the developing world.

Ladies and Gentlemen, I thank you for your attention.

After the speech of Mr. Harry, Dr. Firdous Ashiq Awan, the Federal Minister for Population Welfare delivered her address. The Minister spoke extempore and at the outset expressed that the real solution was to go for core/ vital actions. She lauded the dynamism of Mr. Harry, the Executive Director of PPD and informed that she also served in UNFPA and knew what it was doing for PPD. She said that she met Mr. Harry in Kampala/ Uganda in November, 2008. She told that you could not have the same strategy for the developed and developing countries. She said that Executive Director PPD has very rightly expressed that unless and until we collaborate at South-South level, we would not be able to achieve the goals of the member countries.

The Minister told that there was resistance from the clergy/ religious scholars. However, the Ministry was interacting with them to tackle it in the light of Islamic Ideology/ Philosophy. She informed that the Ministry has formulated a Board comprising religious scholars to bring them on board. Continuing, she said that we have to take Ministry of Health into confidence because we would not be able to achieve our ICPD & MDG goals without their support. She said, to muster political support, we would be piloting the initiative of Multipurpose Service Centres under the patronage of Parliamentarian. She said that today's Seminar has given us an insight into the PPD. We should come up with more Capacity Building Programs through member countries of PPD. We have a National Trust for Population Welfare (NATPOW) and a National Institute of

Population Studies (NIPS). The PPD could collaborate with both of these organizations to take NGOs/ CSOs in its fold through NATPOW and to undertake research studies/surveys through NIPS. In the end, the Minister thanked Mr. Baker, the UNFPA Representative and Mr. Harry, Executive Director, PPD for their unrelenting support. She wished Mr. Harry to come again with some exclusive strategic plan.

After the address of the Minister, the Workshop concluded with formal vote of thanks from the stage Secretary.

PRESS CONFERENCE:

After the Workshop a Press Conference was held with the Media Personnel. The proceedings of the Press Conference were as under:

A Journalist asked a question to the Executive Director, PPD regarding the objectives of the PPD. The Executive Director, PPD responded by saying that it was an NGO represented by 25 countries, comprising more than 60% of Population of the world. He said that the basic objective of the PPD was to highlight problems of member countries of South on the issues of Population and Development pursuing ICPD POA & MDGs.

A 2nd question was asked to the Minister that as to when MoPW was planning to hold a Conference with the Ulama and how many Ulama would be called in that conference. The Minister responded by saying that we have been interacting with the Ulamas in the past as well. However, we have now changed our strategy this time. We have constituted a Board of Ulamas and Mashaikhs. This Board would obtain consensus of Ulama before holding Conference. She said we had specific problems; were facing resistance from certain religious elements for even administering Polio drops as they regard it anti-Islamic. So to tackle such trivial matters, the board of Ulama would solicit consensus of such contentious issues.

To another question that the previous Ministers like Jay Salik and Ch. Shahbaz Hussain had also convened Ulama Conference and spend millions on that, Were the desired results obtained or not; the Minister responded that our direction would be same, however, we have changed our implementation

strategy and now we would obtain consensus on contentious issues through Board of Ulama before holding the Conference.

The last question was that 100 cases of HIV/ AIDS have been discovered in Dera Ghazi Khan. The Minister responded that she would report the matter to Ministry of Health as they were dealing with the issue of HIV and AIDS. She expressed that at the government level we have to take concrete steps.

The workshop concluded with the Press Briefing, which was followed by lunch.

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Annex-I

Workshop on National South-South Support Structure Organized by Partners in Population & Development in collaboration

with

Ministry of Population Welfare

Venue: Holiday Inn, Islamabad

Date: 13th April 2009

Program

09:30 -10:00 a.m.	Registration
10.00 -10:05 a.m.	Recitation from Holy Quran
Working Session chaired by Mr. Nayyar Agha, Secretary, MoPW	
10.05 -10:15 a.m	Program Activities of Partners in Population and Development by Mr. M. Zayedul Haque, Executive Assistant, PPD on the topic of
10:15 -10:30 a.m.	Achievements of Pakistan in meeting ICPD Goals by Malik Amanat Rasul, Director General (PPSO), MoPW.
10:30 -10:45 a.m.	South-South cooperation to achieve sector goals by Dr. Tauseef Ahmed, Consultant
10:45 -11:00 a.m.	Integration of RH and HIV/AIDS to meet MDGs by Mr. Mumtaz Esker, Director General (Tech), MoPW
11:00 -11:15 a.m.	Presentation on NIPS and possible collaboration with research institutes of Partner countries by Ms. Azra Aziz, Senior Fellow, NIPS.
11:15 -11:45 a.m.	Discussion
Tea/ Coffee Break	
12:00 - 12:30 p.m.	National Support Structure for South-South Cooperation, A proposal by Mr. Harry Jooseery, ED, PPD
12:30 - 12:40 p.m.	Address by the Special Guests : 1) Mr. Daniel B. Baker, Country Representative, UNFPA, Pakistan 2) Mr. Harry Jooseery, ED, PPD
12:40 p.m.-13:10 p.m.	Consultation on the National Task Force on South-South Cooperation and Way forward by Mr. Harry Jooseery, ED, PPD
13:10 - 13:25 p.m.	Address by the Chief Guest, Dr. Firdous Ashiq Awan, Minister for Population Welfare
13:25 - 14:00 p.m.	Press Briefing
Lunch	