



**PARTNERS IN POPULATION AND DEVELOPMENT (PPD)**

**CONSULTATIVE MEETING OF EXPERTS AND MEMBERS OF  
INTERNATIONAL PROGRAM ADVISORY COMMITTEE  
(IPAC) ON STRATEGIC PROGRAM DEVELOPMENT**

**Bangkok, Thailand  
17 – 19 April 2008**

Partners in Population and Development  
IPH Building, 2<sup>nd</sup> Floor  
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Bangladesh

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## **ACKNOWLEDGEMENTS**

PPD wishes to thank the Government of Thailand and the Board Member of Thailand Dr. Narongsadki Aungkasuvapala and Dr. Kittipong Saejeng, the PCC for the unrelenting support and assistance provided in the organization of the meeting. We would like to thank all the participants, resource persons and staff for their valuable input during the deliberations.

Our special thanks go to Dr. S.L.N. Rao, Mr. Jyoti Singh for facilitating the discussion. We are thankful to all the members of International Program Advisory Committee (IPAC) for accepting to spend their precious time with us. Last but not least, we thank UNFPA, represented at the meeting by Dr. Girimala Giridhar, Director of UNFPA/CST Bangkok and UNFPA Representative for Thailand for technical and financial support.

## LIST OF ACRONYMS AND ABBREVIATIONS

AFPPD	Asian Forum of Parliamentarians on Population and Development
AIDS	Acquired Immune-Deficiency Syndrome
ARSH	Adolescents Reproductive and Sexual Health
CB	Capacity Building
CDP	Capacity Development Plan
CSO	Civil Society Organization
ESCAP	Economic and Social Commission for Asia and the Pacific
EU	European Union
FGM/C	Female Genital Mutilation/Cutting
FP	Family Planning
HCS	Health Care Services
HIV	Human Immunodeficiency Virus
HR	Human Resource
HRP	Human Resources Plan
ICPD	International Conference on Population and Development
IPAC	International Programme Advisory Committee
IT	Information Technology
JICA	Japan International Cooperation Agency
KRA	Key Result Area
MC	Member Country
MDGs	Millennium Development Goals
MH	maternal Health
MPs	Members of Parliaments
NGO	Non Governmental Organization
NSC	North-South Collaboration/Cooperation
PCCs	Partners Country Coordinators
PD	Policy Dialogue
PH	Public Health
PI	Partner Institutions
POA	Programme of Action
PPD	Partners in Population and Development
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RH	Reproductive Health
RHSH	Reproductive Health and Sexual Health
RHCSS	Reproductive Health Commodity Security and Supply
RT	Research and Training
SBP	Strategic Business Plan
SSC	South-South Collaboration/Cooperation
SSNN	South-South NGO Network
SSNNRH	South-South NGO Network for Reproductive Health
SRHR	Sexual Reproductive Health and Rights
STIs	Sexual Transmitted Infections
TOR	Terms of References
TOT	Training of Trainers
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## **PART 1**

### **INTRODUCTION**

Partners in Population and Development (PPD) has a new Strategic Business Plan (SBP) for (2008-2011) which delineates its main focus of intervention for the coming years. This SBP was developed after a long process of consultations with Board Members, Partners Country Coordinators (PCCs), international experts and stakeholders which was discussed and approved at the PPD Board Meeting held in Rabat, Morocco in November 2007.

In line with the implementation of SBP, PPD in collaboration with the Department of Health, Ministry of Public Health, Government of Thailand, organized a three-day Consultative Meeting of Experts to identify specific areas of programme intervention and avenues for their implementation. The meeting was held in Bangkok, Thailand, between 17<sup>th</sup> and 19<sup>th</sup> April 2008 in conjunction with PPD's International Programme Advisory Committee (IPAC). The issues discussed specifically in the meeting were as follows:

1. Strategic Business Plan of PPD: Goals, Output and Activities;
2. Capacity Development Plan of PPD;
3. Human Resource Plan of PPD;
4. PPD's Programme Priorities and Project Development;
5. Financial resources and donor commitments;
6. PPD's visibility and sustainability;
7. Roles and responsibilities of IPAC.

Participants at the meeting included IPAC members, Representatives of Government of Kingdom of Thailand, Senior Governmental Officials from PPD member countries (MC), Prominent Scholars and Experts in the field of RH, Population and Development as well as Staff from PPD's Secretariat, China Office and Africa Regional Office (ARO). Representatives of Donor Agencies, Partner Institutions (PIs), Non Governmental Organizations (NGOs), and Civil Society Organizations (CSOs) also attended the Consultative Meeting.

### **DAY ONE / 17 April 2008**

#### **OPENING CEREMONY**

The meeting started with a formal Opening Session which was addressed among others by the Deputy Permanent Secretary of the Ministry of Public Health, Government of Thailand, Representative of the Thailand Board Member and Director General of Department of Health, Additional Director General of the Department of Health, the CST Director and UNFPA Representative for Thailand and PPD Executive Director. Dr. Kittipong Saejeng, PCC and Director, Reproductive Health Division, Department of Health, Ministry of Public Health of Thailand, was the Master of Ceremony.

**Dr. Sapon Mekthon, Deputy Director General, Department of Health, Ministry of Public Health, Thailand and Representative of PPD Board Member for Thailand.**

Dr. Sapon Mekthon, Deputy Director General, Department of Health, Ministry of Public Health, Thailand, and Representative of PPD Board Member for Thailand, welcomed the participants and thanked the Organizers on behalf of the Government of Thailand for choosing the Kingdom to host the meeting. Dr Sapon Mekthon reiterated the Government of Thailand's support to PPD and pledged for a reinforced partnership in addressing Population and Family/Reproductive Health issues worldwide, in a context of achieving ICPD and MDGs. Dr Mekthon focused also on the importance of addressing the issue of maternal and child health, and highlighted the achievements of Thailand in RH/FP programmes. *The speech of Dr. Sapon Mekthon is annexed at Appendix 2.1.*

**Dr. G. Giridhar, Director, CST for ESE Asia, Representative in Thailand, UNFPA**

Dr Giridhar, on behalf of UNFPA New York, thanked PPD and welcomed all participants. He wished very productive and fruitful deliberations during the meeting.

**Mr. Harry Jooseery, Executive Director, PPD**

Mr. Harry Jooseery expressed his sincere gratitude to the Department of Health, Ministry of Public Health of the Government of Thailand for extending all logistic support and assistance in the organization of the workshop. He welcomed all participants and expressed his thanks to UNFPA for technical and financial support.

Mr Jooseery mentioned that PPD has trained over 1000 RH Specialists and 118 Consultants, documented 16 cases of successful interventions of South-South Collaboration (SSC) in capacity development, conducted studies on the capability of manufacturers of generic hormonal contraception in 15 lower and middle-income countries. PPD supported the creation of South-South Training Centers of Excellence in 5 PPD member states, and organized a series of national, regional and international workshops and conferences on diverse RH issues.

He applauded Thailand's commitment to SSC demonstrated through formation of a National Steering Committee. He also highlighted Thailand's achievements in tackling the scourge of HIV/AIDS, integration of RH and FP programs into the national public health services and accelerating contraceptive prevalence rate through 100% condom program which could be replicated by other developing countries.

Mr. Jooseery emphasized that SSC does not preclude any form of North-South Cooperation (NSC). Mentioning the sharp decline in the donor assistance to FP from 55% in 1985 to 16% in 2007, he warned that continuous dwindling assistance to FP will have disastrous effect, especially in developing countries where contraceptive use is the lowest in the world.

He wished that the consultative meeting comes up with concrete propositions on how PPD can effectively address emerging needs and priorities of the MC for the attainment of ICPD and MDGs through SSC. *The speech of Mr. Harry Jooseery is annexed at Appendix 2.2.*

**Dr. Siripon Kanshana, Deputy Permanent Secretary, Ministry of Public Health, Thailand**

Welcoming the participants to the workshop and to Bangkok, Dr. Siripon Kanshana expressed her sincere appreciation to PPD for organizing this important event in Bangkok and to UNFPA for providing technical and financial assistance.

She said that as a founding member of PPD, Thailand, through a number of inter-country projects, implemented several SSC activities in the field of RH, Population and Development. She said that Thailand institutionalized SSC in the country through establishment of the Centre for South-South Initiative and the National Committee for SSC. Through Mahidol University and the Chulalongkorn University, Thailand conducted several regional training programs for participants in different fields and offered fellowships to PPD member countries.

She said that Thailand is one of the few developing countries who achieved extraordinary success in dramatically reducing the prevalence of HIV/AIDS and preventing new infection from 143,000 in 1991 to 9,300 in 2007. However, Dr. Kanshana regretted that HIV/AIDS is still a leading cause of death in the country as more than one in 100 adults is HIV infected. She expressed her firm conviction that sharing and exchange of Thailand's successful experiences and expertise through SSC will be able to prevent millions HIV/AIDS related deaths throughout the world. *The speech of Dr. Siripon Kanshana is annexed at Appendix 2.3.*

## **Working Sessions**

The substantive session of the first day began immediately following the Opening Ceremony and centered its deliberation mainly on an introduction made by Mr. Jyoti Singh on the Programme of Action (PoA) of ICPD as it related to the MDGs, the PPD's Strategic Business Plan (SBP), Capacity Development Plan (CDP) and Human Resource Plan (HRP).

### **Session 1: Moving from ICPD to MDGs, presented by Mr. Jyoti Singh.**

Mr. Singh began his presentation recalling the conferences and meetings on the follow-up of the International Conference in Population and Development (ICPD) and the Millennium Development Goals (MDGs). He mentioned the difficulties in implementing the Millennium recommendations and the need for practical definitions of RH based on political, social and economical circumstances of different countries. According to Mr. Singh, promotion of RH issues through girls' education, partnership building and empowerment of women will contribute to the decrease of Maternal and Child Mortality. He stressed on the linkage between goals and services delivered and the contribution of international community to the promotion of RH issues. Finally, Mr. Singh underscored the urgency of fighting poverty and hunger which is responsible for the high rates of maternal and child mortality in Africa and in other underdeveloped countries. *The paper of Mr. Jyoti Singh is annexed at Appendix 3.*

### **Session 2: Mr. Harry Jooseery presented the SBP and highlighted on the main components.**

The ten-year Strategic Plan of PPD currently in force covers the period from 2005 to 2014 which was developed through a consultative process in 2004 and adopted by the PPD Board at the 2004 Annual Board Meeting held in Wuhan, Hubei, China. The 10-year Strategic Plan clearly

mentions the main Vision, Mission, and Strategic Directions which forms the basis for the four year (2008-2011) Strategic Business Plan (SBP) of Partners in Population and Development.

*Vision of PPD:* The vision for PPD, as Intergovernmental Alliance, is by the year 2014, to conduct the global RH and population agenda to attain sustainable development.

*Mission of PPD:* To assist Member Countries as well as other developing countries to address successfully the Sexual and Reproductive Health and Rights (SRHR), including FP and HIV/AIDS, population and development challenges through SSC 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 MC.

*Strategic Directions:* PPD's Strategic Plan outlines the following strategic directions:

1. Align with member countries' priorities;
2. Advocate for the alliance and its priorities;
3. Alliances building at all levels; and
4. Assets creation and consolidation for the alliance's sustainability.

The SBP which is in tune with the vision and mission of PPD delineates the following priorities for the coming four years:

1. To strengthen South-South Cooperation;
2. To strengthen capacities at systems, institutional and individual levels;
3. To strengthen networks and partnership;
4. To improve voluntary FP and other RH services;
5. To enhance resource availability; and
6. To strengthen PPD through reinforcing human resource base and improved programme collaboration with non-member countries.

### **Highlight of discussion**

1. UNFPA pledges to support the implementation of the SBP;
2. There is a need to mobilize additional resources (human and financial) to implement the SBP;
3. Four critical areas are important to capacitate the MC to carry on the SBP and achieve the ICPD goals and MDGs namely: 1) training, 2) research information, 3) sharing experience, and 4) networking;
4. PPD should have adequate human resources that can act as enabler, catalyst in operationalizing SBP;
5. The CDP and HRP are closely linked and complementary in operationalizing the SBP, and it is more logical to develop first the CDP;
6. There is need to develop a Work Plan to implement the SBP;
7. It is important to include research operation and training in the national framework for supporting the SBP;
8. To meet the emerging challenges, it is important to consider strategies including: mobilization of resources and strengthening of PCCs capabilities.

### **Session 3: Capacity Development Plan (CDP)**

Dr. S.L. Rao presented the CDP, the goal of which is to achieve, by the end of the four-year period (2008-2011), a strengthened capacities at system, institutional and individual levels in MC for effective implementation of actions and measures to achieve the population and RH aspects of ICPD and MDGs, through training, research, and information and experience sharing, as well as an effective networking among the concerned institutions.

The CDP focuses on the following objectives:

- Strengthen organizational and managerial capabilities of MC to help accelerate the implementation of ICPD PoA and measures to achieve MDGs;
- Strengthen technical capacities of professional staff in MC working in the thematic fields of population, poverty, gender and RH, as well as in reforms agenda and methods;
- Enhance capacities of professional staff in MC for the utilization of evidence-based research findings in policy, planning, budgeting and programming processes;
- Establish, and/or strengthen and broaden effective networks and partnerships among PIs and others in MC; and
- Strengthen the institutional capacity of PCCs.

#### **Recommendations from discussions**

1. PPD needs to improve the capacities in MC, and get support for Partner Institutes (PIs);
2. PPD MC and PIs can benefit from other active countries through supporting sustainable program in knowledge and skills;
3. There is a need to strengthen organizational, managerial and technical capabilities of professional staff in MC, working in the thematic field of population, gender and RH, as well as in reforms agenda and methods;
4. PPD should also enhance capabilities of professional staff in MC for the utilization of evidence-based research findings in policy, planning and programming processes; establish and broaden effective networks and partnerships among PIs and other MC;
5. Strengthen the institutional capacity of PCCs for the sustainability of PPD;
6. The issue of the responsive capacity development strategies should include, among other things: a) communication action plan, b) system capabilities, c) organizational and managerial capabilities, d) technical capabilities, e) integration of modular training, f) training of trainers from MC and PIs, g) monitoring and evaluation, h) research capabilities, i) effective networking and capacity development of PCCs;
7. PCCs are expected to act as focal point of capacity building program of MC, take the lead in identifying and using relevant training programs and institutions that are in place in the country, identify national expertise available in the country;
8. Five areas of focus for the coming years: (1) Capacity Building, (2) Training and Research, (3) Advocacy and Policy Dialogue, (4) Reproductive Health Commodity Security and Supply, (5) IT and Publications;
9. The CDP can serve as a template to equip PCCs, and in this light PCCs should have the capacity to document best practices that can be replicated in other areas;

10. It is equally important to encourage information exchange both at national and international levels through PPD IT network platform for people who are interested in sharing information / bringing people together to utilize IT technology, distant learning;
11. Academic training programs for PCCs would strengthen their capabilities and PPD should negotiate with MC in this aspect.

#### **Session 4: Human Resource Plan was presented by Dr. Siswanto A. Wilopo**

In order to build its sustainability and to properly implement its SBP, PPD has developed a HRP that examines the gap between the existing and expectations at different levels, type and range of experience and expertise required for the implementation of SBP and PPD's ten-year Strategic Plan covering the period 2005-2014. The HRP also addresses the need of a focused, relevant, and realistic capacity building activities to promote staff learning, motivation and overall growth of PPD.

The purpose of the HRP were to:

1. Study the skills and capabilities of the existing staffs of PPD Secretariat and other PPD Offices (Uganda, China, and New York);
2. Identify the desired type of skills and capacities required by the Secretariat team to perform efficiently in line with proposed new direction and priority areas in the MC;
3. Make recommendations on addressing the gap between the existing and expected or desired level, type and range of experience and expertise required;
4. Suggest a focused, relevant, and realistic capacity building activities to promote staff learning, motivation and overall growth of the organization;
5. Prepare a long term HRP/Strategy for ensuring organization's sustainability.

Dr. Wilopo made the following recommendations to address the gap between existing and expected:

- PPD should take steps to improve its human resources, as part of SBP, and emphasize continuous learning as part of skill development among its staff. Furthermore, PPD Secretariat needs to revise the organizational design to mach with proposed SBP;
- PPD should also improve its resource position and resource management to ensure longer term sustainability;
- PPD should make sure that existing core staffs can fulfill the duties of the following positions: a) international liaison, b) a conference or training organizer, c) an IT manager, and d) administrative and financial manager;
- PPD should consider three categories of program staffs or experts, these are: a) Senior Population, Gender and Development policies Expert, b) International Expert on FP/RH, and c) Communication and Advocacy Specialist;
- PPD should establish an International Program Advisory Committee;
- A training program need to be developed in four categories: a) Corporate Performance Management and Balanced Scorecard (BSC), b) Information Capital Training, c) Leadership Training, and d) Training on substantive works, especially issues of population, poverty, gender, FP/RH, and contraceptive security;

- Need for strategic actions for the long term human resources plan, including: a) employee enrichment, b) employee and leader development, and c) building better employee environment.

### **Participants discussed and made the following recommendations on the HRP**

1. Develop a working plan within financial and human resources;
2. Come up with organizational and staff capacity diagnosis and needed human resources to effectively implement the SBP;
3. Available human resources that can act as enabler, catalyst in operationalizing SBP and fulfilling the needs of Inter-Governmental and Network Organization;
4. Support leadership training program, training on substantive work;
5. Mobilize funds for human and technical train of staffs;
6. PPD needs constant interaction with donor agencies for resource mobilization, and to train its staff accordingly;
7. PPD needs to take into account the high turn-over of employees at the Secretariat.

### **DAY TWO / 18 April 2008**

The second day of the meeting enabled an open discussion about the following issues: 1) Programme Priorities and Project Development for PPD; 2) Projects proposals under development and already funded; 3) Financial resources and donor commitment; and 4) Roles and responsibilities for IPAC.

#### **Session 1: Programme priorities and project development: Synthesis on Programme Intervention and Area of focus.**

**By Mr. Jyoti Singh and Mr. Harry Jooseery.**

Different thematic areas have been shared during the meeting, based on national perspective. These include new Fellowships Programmes, research plan and emerging issues that should be incorporated into PPD agenda in terms of relevance and for an effective promotion of SSC.

Discussion notes:

1. Thailand, Indonesia, Egypt, Tunisia, Morocco and China played major role in promoting SSC;
2. PPD should also focus its program on other issues/thematic areas such as: 1) Population/Environment; 2) Migration; 3) Partnership; 4) Poverty, food crisis and food security; and 5) Ageing. Accordingly, Research should be a priority work;
3. PPD needs to get involved more on RH Commodity;
4. There is a need to advocate for more documentation for programs and policies in RH/FP;
5. The Government of Morocco has decided to increase the number of fellowships: 10 to 15 for a two-year Master's Program in Public Health (PH). In addition, in line with PPD Program and SSC, Morocco is supporting the development of materials on RH (for French speaking

- countries), training of trainers in many areas and Information exchange through workshops in Management/RH and Health Care services (HCS);
6. PPD has asked for India and Thailand to offer a grant for similar fellowships for Partner Countries and both India and Thailand has agreed to consider the proposal;
  7. The idea of a consortium for equipment and supply, manufacture of generic drugs, HIV/AIDS related Anti-Retroviral drugs for ensuring RHCS can go along with the endeavors in promoting and achieving the objectives of PPD;
  8. PPD should be cautious of having several partners in Africa. There are lots of activities going on in Africa;
  9. The Packard Foundation has granted \$US 50,000.00 for assessing the IT requirements of PPD offices, and PPD may require further assistance at the implementation stage from partner countries;
  10. The National Rural Health Mission (NRHM) was launched by India on 12/04/2005 to provide affordable, accessible, reliable and effective health care services (HCS) to common people for building a healthier nation. This is an umbrella program, which has the components of reproductive and child health (RCH) and maternal health (MH)--including immunization--and combines other ongoing programs. On account of the implementation of this Program, the major health indicators of India have registered a significant increase in the recent past;
  11. India can share its expertise with other countries in the fields of population research and HIV/AIDS. India has a strong Pharmaceutical base manufacturing quality drugs which the interested MC can make use;
  12. Supply of equipment, contraceptives and support for networking equipment including computers and accessories are essential and vital in promoting SSC.

**Session 2: Project Proposals and Concept Papers, by Mr. Amadou Moreau  
Chair: Dr. Jotham Musinguzi**

In order to support the implementation of the SBP, different project proposals to submit to donor agencies have been developed on several areas related to Population and Development issues. It is about the following topics:

1. Promoting Healthy Life Style among Adolescents in the developing countries;
2. Promoting Advocacy, Information Sharing and Partnership Building for the achievement of ICPD and MDGs through SSC;
3. Documenting Best Practices on HIV/AIDS Programme;
4. Building Capacity in Developing Countries for the Achievements of ICPD and MDGs through SSC;
5. Combating Harmful Practices and FGM/C in selected Developing Countries in Africa;
6. Intégration Approche genre dans les programmes de lutte contre la pauvreté ;
7. Towards Achieving Population, Poverty Alleviation and Development Goals;
8. Addressing RHCS Commodity Security (RHCS) in the developing countries through SSC (2008- 2011);
9. South-South NGO Network (SSNN) for progress towards ICPD and MDGs for Reproductive Health (SSNNRH);
10. Mission – Critical Applications Needs Assessments for PPD;

11. Ensuring Political Will and Improving Programme Implementation for SRHR in Africa;
12. Men as Responsible Partners (MARP) in Reproductive Health.

During the meeting, additional areas have been identified on which PPD needs also to focus on, and include: ageing, population/development, integrated RH/HIV/AIDS services and Quality of health care services. However, on this particular point, key issues have been raised such as: 1) things that should be done; 2) program priorities for each MC; 3) type of program that need to be implemented; and 4) the way to get financial resources for their implementation.

Integrating the South-South dimension, it was requested during the meeting that PPD finds collaborating institutions that are working on the same areas and uses the existing institutional networks both to maximize the benefit and reduce costs of operation in developing and implementing projects. Consequently PPD's role in that process could be: advocacy, information gathering, creating awareness of quality and a platform for manufacturers, but also facilitate the arrangement on provision of supplies and contacts between donors and recipients. Based on that, PPD should be at the very center of IT, supporting joined projects development, collecting, analyzing and disseminating information into MC. This should contribute to maintain the network, which is a quite different task than creating a network.

**Session 3: Financial Resources and donor Commitments (existing and potential donors).  
Chair: Ms. Pamela Foster.**

Promoting PPD's visibility and its sustainability is one of the major points participants addressed the second day of the meeting. PPD funds mainly come from contributions from PPD MC and donor agencies such as UNFPA, Packard and Hewlett foundations. Beyond this, PPD should initiate and implement strategic advocacy and fund raising actions, through a better involvement of Policy Makers and Stakeholders.

Discussion notes:

1. A strong advocacy plan and fund raising for the promotion of PPD's sustainability;
2. Policy dialogue and advocacy is important in ensuring continued support for PPD and its objectives;
3. UNFPA has committed to support the activities of PPD;
4. PPD should mainly focus on convincing MC authorities to participate in PPD's implementation of Action Plan, attending workshops and fora;
5. Involve local leaders and Members of Parliament (MP) at the national level, in order to raise national support in addressing RH and FP issues. This should include: 1) parliamentary group and Civil Society Organizations (CSOs); 2) regional economic commission; 3) formalizing the networking among many stakeholders; 4) build up a greater engagement in many areas such as programming, financial mobilization, etc.;
6. Policy advocacy, different types of policy dialogues, working out the nitty-gritty of allocation of resources for substantive issues of PPD that need commitment, policy workshops on MCH, RH, and FP, role of PCCs, strengthening of PCCs and capacity building within the organization are all important for the organization to meet the emerging challenges;

7. There are three key upcoming events that PPD should take advantage of: ICPD 2009, Beijing 2010, MDG + 10 in 2010. In these three events, PPD could get involved in regional activities in collaboration with PIs, NGOs, CSOs, etc., to increase its visibility;
8. Annual Forum of PPD and other international fora provide a platform for policy dialogue and advocacy for achieving the common objectives of SSC;
9. There is a need to improve the IT and Communication Management of PPD for enhanced effectiveness.

However, PPD should persuade International Organizations and other UN agencies for funding its activities. There are many more potential donor agencies to which PPD should approach and present its case convincingly. Some progresses have already been made in increasing membership contribution. China has doubled its annual membership contribution to PPD and India has also committed to double its membership fees. Raising fund from external sources is not easy and therefore MC should continue increasingly supporting PPD.

**Session 4: International Programme Advisory Committee, Roles and Responsibilities.**  
**Chair: Mr. Harry Jooseery.**

The scope of work of IPAC members and their specific responsibilities and tasks were discussed during the meeting.

*Tasks of IPAC:* The main tasks of IPAC primarily are to advise PPD on the design, development, marketing, implementation and management of South-South programs. It also includes advising PPD on the scientific merit, technical feasibility, financial and human resources planning for South-South projects and programs. The IPAC members are also expected to advocate PPD mission, vision and programs among donor agencies and other stakeholders. The specific roles of the IPAC members are the following:

1. Advise PPD on program development and management;
2. Advocate PPD to donors/funders globally and policy makers at the country level;
3. Assist PPD in its mission for fundraising and advocacy campaigns as and when needed;
4. Assist with information concerning project funding opportunities;
5. Suggest opportunities for human resource development focusing PPD Secretariat and MC;
6. Assist in securing funding for PPD Programs and Core;
7. Provide inputs concerning perceived effectiveness of PPD programs and suggest improvement needs;
8. Review ongoing program activities of PPD and provide guidance to program implementation, priority settings and problem solving on issues regarding population, RH and development;
9. Advocate and promote RH and population issues at the policy levels (internationally and at country level).

In order to promote and strengthen the SSC, there is need to strengthen the government support system and structure at the national level. Promoting SSC is the prerogative and responsibility of the MC governments. All that PPD has to do is to raise awareness of the national policy makers about the benefits of SSC through extensive advocacy campaign including the use of the print

and electronic media. IPAC could contribute substantially to the PPD endeavor in advancing on ways to promote SSC at national and international level.

## **DAY THREE / 19 April 2008**

### **Session 1: Synthesis and Way Forward, Roles and Responsibilities of Stakeholders.**

**Chair: Mr. Jyoti Singh and Dr. Ghazy Mujahid.**

The last day of the meeting was mainly devoted to summarize the substantive work previously done, followed by a closing ceremony.

In the beginning of the meeting, Mr. Harry Jooseery conveyed his gratitude to the Department of Health, Ministry of Public Health of Thailand, for hosting the previous night a buffet dinner and a cultural show at Siam Niramit.

Mr. Jyoti Singh who chaired this session stated the mandate of PPD in a substantive way related to RH and Population/Development, and guided by ICPD and MDGs. He added the cross-cutting issues related to the reduction of Infant and Maternal Mortality Rate (IMMR), HIV/AIDS, Empowerment of women and Eradication of poverty and Hunger. He observed that emerging issues like migration, population ageing and environmental issues can be incorporated into the agenda of PPD and also highlighted five core areas that need consideration in strengthening SSC: a) Capacity Building; b) Research and Training; c) Policy Dialogue and Advocacy; d) Reproductive Health Commodity Supply; e) IT Support and Publication.

Mr Harry Jooseery summarized the previous discussions and highlighted resource mobilization which requires constant interaction with donor agencies. The core funding from MC needs to be enhanced suitably to improve the financial position of PPD. The organization of national events, involvement of eminent individuals and institutions, NGOs and Parliamentarians can provide an impetus to process of policy dialogue and advocacy at the national level and this national support can be further strengthened by the active involvement of PCCs. The Annual Forum of PPD and other international fora provide a platform for policy dialogue and advocacy for achieving the common objectives of SSC. Mr. Jooseery appreciated the cooperation and support from UNFPA, thanked all participants and stated that the suggestions and recommendations made during the meeting have been noted by PPD for examination and possible implementation.

He commented on the following issues.

1. Resources for RH programs are not equally distributed and remain still very low. Extensive advocacy is needed for mobilization of increased resources for RH programs;
2. PPD should address new issues such as: Migration, Food Crisis, Ageing, Public Private Partnership (PPP);
3. PPD should strengthen its network through expertise and information sharing, and develop joint project with NGOs and CSOs and promote PPP;
4. Reproductive Health Commodity Security and Supply remain a core component of PPD activities in the coming years;

5. While ageing population is becoming an important issue in Asian countries, Youth and Adolescents issues remain priorities in countries also enlist support from volunteers and organizations and countries that can send personnel on placement to PPD;
6. Capacity Building in Member Countries should include training of trainers, improvement of PIs training program through the integration of PPD Generic Modules, and fellowships programs. South Africa and Pakistan have both offered to consider providing fellowships to PPD;
7. To tune up with its HRP, PPD should maintain core staff and hire volunteers from United Nations for the implementation of its activities;
8. Funding and resource mobilization: UNFPA as well as Packard and Hewlett foundations are supporting PPD. However, in order to build its sustainability, PPD should target other international and non-traditional donor agencies;
9. National support structure for South-South Cooperation: PPD is supporting the organization of national activities in MC for: 1) promoting and strengthening national support for SSC in RH, population and development; and 2) enlisting ownership and commitment from National Governments;
10. PPD, given its limited resources should also contract out specific assignments to specialized firms and experts and promote outsourcing.

## CONCLUSION

To implement the SBP, it is hence imperative to mobilize additional resources enhance commitment and ownership from national governments and develop a realistic work plan that focuses on the following areas:

1. Capacity Development
2. Training and Research
3. Advocacy and Policy Dialogue, specially in the light of:
  - (a) ICPD + 15 (2009)
  - (b) Beijing + 15 ( 2010)
  - (c) MDGs + 10 ( 2010)
4. Reproductive Health Commodity supply and security
5. Publication and IT Communication.

Besides China, India that have offered substantial assistant, countries like Thailand, South-Africa, Tunisia, Indonesia, Morocco have also declared their willingness to provide additional support through training, shearing experience, provision of fellowship and others. The role of PCCs is also of paramount importance in strengthening effort at the national level and hence more importance needs to be given to their Capacity Building.

In the area of Capacity Building, while there is need to reinforce networking with all Partner Institutes, there is also need to create a hub of institutions at the regional levels to enable a more coordinated approach while traditional Reproductive Health issues still remain important, it is important also to address emerging related issues like Aging Population, Food security, Migration, Environmental Degradation and Climate Change, etc., which all have direct impact on Population and Development. Hence a coordinated approach needs to be adopted at both the national and international levels, and advocacy effort should go beyond the Minister of Health and Population.

The above is a summery of the discussions that evolved during the 3-day meeting in Bangkok. Ideas and recommendations that were developed during the meeting will serve as a guide for the development of program activities of PPD in the implementation of the SBP.

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## Annex 1 – AGENDA OF THE MEETING

### Consultative Meeting of Experts and Members of IPAC on Strategic Programme Development

Thursday, 17<sup>th</sup> – Saturday 19<sup>th</sup> April 2008, Bangkok, Thailand

**Day 1: Thursday, April 17<sup>th</sup> 2008**

Time	Activity	Responsibility	Rapporteur
8:30-9:00	Registration		
9:00-9:30	<p>Opening Ceremony:</p> <p><i>Welcome Address:</i>  <b>Dr. Sapon Mekthon</b>                      Deputy Director General                      Department of Health, Ministry of Public Health, Thailand</p> <p><i>Address:</i>  <b>Mr. G Giridhar</b>                      CST Director and UNFPA Representative, Thailand</p> <p><b>Mr. Harry S. Jooseery</b>                      Executive Director, PPD</p> <p><i>Opening Address:</i>                      Chief Guest  <b>Dr. Prat Boonyawongvirot</b>                      Permanent Secretary,                      Ministry of Public Health, Thailand</p>	<p><i>Master of Ceremony:</i></p> <p><b>Dr. Kittipong Saejeng</b>, PCC and Director,                      Reproductive Health Division, Department of Health, Ministry of Public Health, Thailand</p>	<p><i>Morning Session:</i></p> <p><b>Dr. Osama Mahmoud Refaat Sherif</b>                      RCT Deputy Director,                      OB/GYN hospital,                      Ain Shams University,                      Egypt</p>
9:30 – 10:00	<b>TEA BREAK</b>		
10:00 – 10:30	Introduction – From ICPD to MDGs	<b>Mr. Jyoti Singh</b> , PPD Permanent Observer to the United Nations, New York	
10:30 – 12:00	PPD Strategic Business Plan (2008-2011): An Overview	<b>Mr. Harry S. Jooseery</b> , Executive Director, PPD	
12:00 – 13:00	Discussions		
13:00 – 14:00	<b>LUNCH BREAK</b>		
14:00 – 15:00	Capacity Development Plan: An Overview	<p><i>Chair:</i>  <b>Prof. Abderrahmane Maaroufi</b>, Director,                      Institute National d'Administration Sanitaire, Morocco.</p> <p><i>Discussant:</i>  <b>Dr. S. L. Rao</b>, PPD Consultant</p>	<p><i>Afternoon Session:</i></p> <p><b>Mr. Tomas M. Osias</b>                      Executive Director,                      Commission on Population</p>
15:00 – 15:30	Discussions		

15:30 – 16:00	<b>TEA BREAK</b>		Welfare, Philippines
16:00 – 16:30	Human Resource Plan of PPD: An Overview	<i>Chair:</i> <b>Prof. Dr. Mohammad Nizamuddin</b> , Vice Chancellor, University of Gujrat, Gujrat.  <i>Discussant:</i> <b>Dr. Siswanto Wilopo</b> , Chairman, Center of Reproductive Health, Department of Public Health, Godjah Mada University, Jogjukaria, Indonesia	
16:30 – 17:00	Discussions		
17:00	Closing		
<b>19:30</b>	<b>Welcome Dinner hosted by AFPPD</b>		

**Day 2: Friday, April 18<sup>th</sup> 2008**

Time	Activity	Responsibility	Rapporteur
09:00 – 09:10	Review of Day 1	<b>Mr. Amadou M. Moreau</b> Programme Officer, PPD	<i>Morning Session:</i>  <b>Prof. Bhassorn LIMANONDA</b> Director, College of Population Studies, Chulalongkom University, Thailand
09:10 – 10:30	Open Discussions : Programme Priorities and Project Development (Synthesis on Programme Intervention and Area of focus)	<i>Chairs :</i> <b>Mr. Harry S. Jooseery</b> , Executive Director, PPD  <b>Mr. Jyoti Singh</b> , PPD Permanent Observer to the UN, NY.	
10:30 – 11:00	Projects Proposals ( What has been developed and are in the pipeline )	<b>Mr. Amadou M. Moreau</b> Programme Officer, PPD	
11:00 – 11:30	<b>TEA BREAK</b>		
11:30 – 13:00	Open Discussions : Identification of New Project Proposals and Partnerships	<i>Chair :</i> <b>Dr. Jotham Musinguzi</b> , Director, Africa Regional Office of PPD, Uganda	
13:00 – 14:00	<b>LUNCH BREAK</b>		
14:00 – 15:30	Open Discussions : Financial Resources and donor commitments (Existing and potential donors)	<i>Chair:</i> <b>Ms. Pamela Foster</b> , Vice Executive Director and Director, Development Programmes, DSW, Germany	<i>Afternoon Session:</i>  <b>Mr. Hu Hongtao</b> Director-General Department of International Cooperation NPFPC, China
15:30 – 16:00	<b>TEA BREAK</b>		
16:00 – 17:00	Open Discussions : PPD International Programme Advisory Committee (IPAC) – Roles and Responsibilities	<i>Chair:</i> <b>Mr. Harry S. Jooseery</b> , Executive Director, PPD	
17:00	Closing		
<b>18:00</b>	<b>Dinner hosted by Department of Health (Ministry of Public Health), Thailand</b>		

**Day 3: Saturday 19<sup>th</sup> 2008**

Time	Activity	Responsibility	
09:00 – 09:10	Review of Day 2	<b>Mr. Amadou M. Moreau</b> Programme Officer, PPD	<i>Morning Session:</i>  <b>Naina Thevar Kaliappan</b> Under Secretary (IC), Ministry of Health and Family Welfare, India
09:10 – 11:00	Open Discussions : Synthesis and Way Forward – Roles and Responsibilities of Stakeholders	<i>Chairs:</i> <b>Mr. Jyoti Singh</b> , PPD Permanent Observer to the UN, New York  <b>Mr. Ghazy Mujahid</b> Advisor on Population Policies and Development, UNFPA	
11:00 – 11:30	<b>TEA BREAK</b>		
11:30 – 12:30	Open Discussions : Synthesis and Way Forward – Roles and Responsibilities of Stakeholders [Continues ... ]		
12:30 – 13:00	<i>Closing Remarks</i>  <b>Mr. G Giridhar</b> CST Director and UNFPA Representative, Thailand  <b>Mr. Harry S. Jooseery</b> , Executive Director, PPD		
13:00	<b>LUNCH</b>		

## Annex 2 – SPEECHES

### 2.1 – Dr. Sopon Mekthon, Deputy Director General, Department of Health, Ministry of Public Health of Thailand and Representative of PPD Board Member for Thailand.

Dr. Siripon Kanshana, Deputy Permanent Secretary, Ministry of Public Health, Government of Thailand  
Mr. Harry Jooseery, Executive Director, PPD  
Distinguished Delegates, Ladies and Gentlemen;  
Good Morning!

I am very happy to welcome you to the opening of this “*Consultative Meeting of Experts and Members of IPAC on Strategic Programme Development*” being organized by PPD at Bangkok, Thailand. On behalf of the Government of Thailand, I would like to thank you for selecting the City of Bangkok for this Meeting and extend our heartiest welcome to all the participants.

The Government of Thailand is proud to be a cherished partner of PPD from its inception in 1994 at the International Conference on Population and Development (ICPD). Since then, we have passed a long way together, and have been successful in partnership to advance the agenda of reproductive health, family planning, population and development in the context of achieving the ICPD and Millennium Development Goals (MDGs).

I would like to extend my gratitude to the PPD Secretariat, especially to Mr. Harry Jooseery, Executive Director of PPD, for their endless efforts in improving reproductive and sexual health services and rights, population and development in the member countries and all over the world.

Ladies and gentlemen, the Programme of Action adopted during the ICPD in Cairo offers a roadmap to make the MDGs a reality. ICPD is central to all development issues and clearly guiding our way. We need to scale-up our interventions and responses to poverty eradication, especially within the context of greater policy coherence for development, and greater financial and political commitment.

The available evidence points to the fact that we can not reduce poverty and maternal and child mortality, promote women's empowerment, reverse the spread of HIV/AIDS and ensure sustainable development, unless access to Reproductive Health are given the highest priority and are treated as a basis for achieving the MDGs.

Access to Reproductive Health plays a key role in reducing child mortality. A healthy mother is the first step towards a healthy child. According to UNICEF, a leading cause of infant and child mortality is poor maternal health. So, clearly, reproductive health is absolutely essential to reducing child mortality!

Today the highest proportion of women's ill health burden is related to their reproductive role, and chances of dying during pregnancy and child birth is also very high in developing countries. This has high economic and social impact, as the WHO Commission on Macroeconomics and Health described.

The Kingdom of Thailand has been recognized globally for its successful family planning programme and preventing the rapid spread of HIV/AIDS in recent times. The integration of family planning into the national public health service system proved to be a successful implementation strategy, and the 100% condom use will remain a model for other countries.

On behalf of the Department of Health, Ministry of Health, Government of Thailand, I would like to reaffirm our commitment of working together with PPD and its partners in the future. We sincerely look forward to strengthening our partnership and expand our united efforts to achieve tangible and sustainable development in the field of reproductive health services and rights, family planning and population in developing countries.

Ladies and gentlemen, thank you for your attention.

## **2.2 – Opening Address by Mr. Harry S. Jooseery, Executive Director, PPD.**

Dr. Siripon Kanshana Deputy Permanent Secretary, Ministry of Public Health, Government of Thailand and Representative of PPD Board Member for Thailand

Mr. G. Giridhar, CST Director and UNFPA Representative, Thailand

Dr. Nantha Auamkul, Additional Director-General, Department of Health, Ministry of Public Health, Government of Thailand

Dr. Sapon Mekhton, Deputy Director General, Department of Health, Ministry of Public Health, Government of Thailand

Distinguished Guests, Ladies and Gentlemen,

I have the pleasure welcoming you to this three-day Consultative Meeting that PPD is organizing here in Bangkok in collaboration with the Department of Health, Ministry of Public Health of the Government of Thailand. I am indebted for the facilities and assistance provided by the Government of Thailand in the organization of this meeting. I would like to thank the Minister of Public Health of Thailand and would be appreciate that the Permanent Secretary of the Ministry conveys our warmest greetings to him. I do also place on record the support we received from the Permanent Secretary of the Ministry, who despite his busy schedule, has agreed to be among us this morning. Thank you also Dr. Sapon Mekhton, the

Representative of the Board Member of PPD and Dr. Kittipong Saejeng, the PCC of PPD for ensuring that all logistics arrangements are in place for this meeting and for having communicated with PPD Headquarters almost everyday since the past two months to ensure that the meeting be held in the best possible conditions. This meeting is being organized with technical and financial support from UNFPA and we take this opportunity to thank UNFPA and its representative in Thailand, Mr. Giridhar, for all support and assistance to PPD.

Ladies and Gentlemen, PPD has since its inception in 1994 made impressive achievements in promoting South-South Cooperation in the area of Reproductive Health, Population and Development. A series of meaningful programmes ranging from exchange of experience and lessons learnt, skills and leadership development, transfer of expertise and technologies, promotion of Reproductive Health Consultants, research and documentation on best practices have been undertaken. PPD has trained over 1000 Reproductive Health leaders and 118 Consultants and has created a database of consultants that are regularly being tapped by other agencies. We have documented 16 cases of successful interventions of South-South collaboration in capacity development in 5 developing countries namely Bangladesh, India, Indonesia, Thailand and Tunisia. We also conducted in 2006 a study on the capability of manufacturers of generic hormonal contraception in 15 lower and middle-income countries and another study on the manufacture of hormonal contraceptives in China, India and Thailand in 2005. PPD has promoted the creation of South-South Training Centers of Excellence in Indonesia, Mexico, Thailand and Tunisia, and organized a series of national, regional and international workshops and conferences on diverse Reproductive Health issues that boiled up in many pledges and declarations that are often referred to by the population programme community.

Thailand has been one of the 10 founding member countries of PPD and, since 1994, it has continuously played a leading role in the promotion of South-South Cooperation. Thailand has demonstrated on many instances its commitment to support South-South Cooperation through initiating a national network for South-South Cooperation activities. The Thai Centre for South-South initiative was established and a national Committee for South-South Cooperation was set up. Thailand has pooled its experience on HIV/AIDS and related RH and issues with several member countries. The College of Population Studies at Chulalongkorn University has offered fellowships and conducted training courses for PPD member countries in the past and I hope we will be able to reestablish the fellowship programme again, as is undertaken in Egypt, Bangladesh and Morocco.

Ladies and Gentlemen, Thailand's successful family planning programme and policy is always a reference around the world. In only 25 years, the country moved from a pro-natalist stance to a contraceptive-friendly society. The total fertility rate is at replacement level - 2.1. Lifetime births per woman and the contraceptive prevalence rate for modern methods among reproductive-age women is high at 70 per cent. The integration of family planning into the national public health service system proved to be a successful implementation strategy. In the early 1990's, Thailand managed to impress scientists, activists and educators worldwide with the accomplishments of their 100% condom programme. We have indeed lots to share among ourselves, and Thailand can play a leading role in the promotion of South-South Collaboration, together with China, India, South Africa, Tunisia, Uganda, Ghana, and others.

Ladies and gentlemen, our world is witnessing a series of important changes. These socio-political and economic changes have been ushered by important ramifications in world politics, and we are talking now of a 'borderless world' and we are witnessing the emergence of a transnational public and private sector integration and partnership. The growing influence of the private sector, civil society and NGOs has questioned the supremacy and hegemony of governments, even in countries traditionally considered as having a very high degree of government control.

As an intergovernmental organization which relates mostly with Government's high ranking officials and Ministers, and in the context of a growing non-government sector all around the world, PPD finds it opportune to re-look at its strategies to take on board synergistically all actors within the economy and promote a meaningful public and private sector partnership to attain both the ICPD goals and the MDGs. In addition, the interrelatedness of issues, be it economic, social or political and the crosscutting nature of Reproductive Health, demand that we adopt a more proactive approach that embraces stakeholders from both the North and the South. South-South Cooperation does not preclude any form of North-South Cooperation, and if it does, we are neither proactive, nor pragmatic and practical.

In addition, ladies and gentlemen, the Reproductive Health environment is changing constantly. Donor assistance to Family Planning as a percentage of total population assistance has fallen from 55% in 1985 to 16% in 2007, and assistance to HIV/AIDS activities has increased from 9% to 55% during the same years. Notwithstanding the imperative and grave consequences of HIV/AIDS pandemic, we contend that the continuously dwindling assistance to Family Planning has had disastrous effect, especially in developing countries, where contraceptive use is the lowest in the world. Total fertility rate in Africa is still 5 – 6 birth per women and  $\frac{3}{4}$  of women in Sub-Saharan Africa need but do not have access to Family Planning. Maternal Mortality rate rose from 870/100,000 live births to 920/100,000 live births between 2000 and 2007 in Sub-Saharan Africa. Complacency is unwarranted.

PPD has the unique advantage of networking with Ministers of Health and Population who constitute our Board Members. We assemble at least once annually 22 Ministers and high officials from our 22 member states and this constitute an important advocacy platform. Besides, PPD is the unique intergovernmental organization of developing countries that is mandated to promote South-South Cooperation in the areas of population, reproductive health and development. PPD is hence well positioned to be the voice of the South and to ensure that competence, expertise and knowledge are effectively shared, both among the South and between the South and the North.

In this context we contend that business as-usual will derail. In 2007, PPD conducted a Needs Assessment and Inquiry among our member states to identify the strengths and weaknesses, and also the gaps on reproductive health programme and South-South collaboration. We have now a new Strategic Business Plan for the coming 4 years, and this takes into account both the needs of our member states and the imperative of change and its consequences.

PPD new focus in the coming 4 years will be:

- (1) Integration of ICPD Goals with MDGs.
- (2) Integration of HIV/AIDS with Reproductive Health
- (3) Improvement of Reproductive Health Commodity Security and Supply

We will be discussing more about our strategic directions and interventions during this meeting and we wish to get your expert views on how PPD can move forward in the coming years to be focused, meaningful, efficient and effective and remain a forerunner in the domain of South South Cooperation for the attainment of ICPD goals and MDGs.

Ladies and gentlemen, to conclude, I wish that at the end of this consultative meeting we come up with concrete propositions on how PPD can effectively address emerging needs and adapt to constantly changing social, economic and political environment. We have a Strategic Business Plan, the implementation of which needs to be discussed and I am convinced that with the expertise gathered here in Bangkok, we will be able move forward. I would like to thank all the experts who have willingly and spontaneously accepted our invitations to Bangkok.

Ladies and gentlemen, thank you for your attention.

### **2.3 – Dr. Siripon Kanshana, Deputy Permanent Secretary, Ministry of Public Health of Thailand and Representative of PPD Board Member for Thailand.**

Dr. Sapon Mekthon, Deputy Director General, Department of Health, Ministry of Public Health, Thailand;

Mr. Harry Jooseery, Executive Director, Partners in Population and Development (PPD);

Distinguished Delegates;

Ladies and Gentlemen;

Good Morning!

It is an honor and pleasure to be present among you at the “*Consultative Meeting of Experts and Members of IPAC on Strategic Programme Development*” being organized by Partners in Population and Development (PPD) here in Bangkok.

On behalf of the Ministry of Public Health, Royal Thai Government, it is my privilege to welcome you all to Bangkok, and to express my sincere appreciation to PPD for hosting this important event in our wonderful Capital City of Thailand. For the past 14 years, PPD has been promoting sexual and reproductive health and rights (SRHR) Program in the developing countries through South-South Cooperation (SSC). I am certain that this important initiative will flourish under Mr. Harry Jooseery's visionary and committed leadership.

As a founder member of PPD, Thailand has actively participated in several South-South Collaboration activities in the field of Reproductive Health, Population and Development. The Thai Centre for South-South Initiative was established and a National Committee for South-South Cooperation was set up. The Centre participated in the Inter-Regional Project on South-South Cooperation which provided support to Centers of Excellence in Population (CEP), family planning and reproductive health. The project is a joint venture of UNFPA and the Department of Technical and Economic Cooperation. The Mahidol University and the Chulalongkorn University has conducted regional training programmes in Reproductive Health, Leaderships and offered fellowships to PPD member countries in the near past. Thailand also participated in several inter-country projects of PPD.

Ladies and gentlemen,

Thailand is one of the few developing countries in the world where public policy has been effective in preventing the spread of HIV/AIDS on a national scale, but Thailand is an exception. In Thailand a massive programme to control HIV has reduced visits to commercial sex workers by half, raised condom use, decreased the prevalence of Sexual Transmitted Infections (STIs) dramatically, and achieved substantial reductions in new HIV infections.

Thailand, though, is also a reminder that success can be relative. Its well funded, politically supported and comprehensive prevention programmes have saved millions of lives, reducing the number of new HIV infections from 143,000 in 1991 to 9,300 in 2007. Nonetheless, more than one-in-100 adults in this country of 65 million people is infected with HIV, and AIDS has become a leading cause of death.

Currently, the trends of AIDS morbidity and AIDS mortality show a decrease from 10 years ago. However, pattern of infection now move to heterosexual males and females. Most of AIDS cases were reported among labours groups, whose occupations include general employees, industry employees, track drivers and labours. Factors such as an increase in risky sexual behaviour and a rising number of STI cases have led to increasing concerns in Thailand.

There are other countries like Brazil, Uganda, and Senegal who have a success in the fight against AIDS that we would like them to share the best practices and lessons learnt. I am convinced that through South-South Cooperation, we will be able to collaborate our works, share common goals and bring changes in the lives of our brothers and sisters in the developing world. We commend the laudable work being undertaken by PPD in this field and wish plenty of success to you all.

I would like to take this opportunity to thank PPD, AFPPD and the Department of Health, MoPH for organizing this meeting.

May I now declare the “*Consultative Meeting of Experts and Members of IPAC on Strategic Programme Development open*”. I wish it to be a successful event with fruitful deliberations and wish all have a pleasant stay in Bangkok.

### **Annex 3 – National Support for South-South Cooperation in Population and Development Prepared by Mr Jyoti Singh**

1. In the last couple of years, the Secretariat of the Partners in Population and Development (PPD) has supported the organization of national events in Pakistan, Yemen, Bangladesh and Uganda, with a view to promoting and strengthening South-South cooperation in the areas of reproductive health, population and development. Other such events may be planned in future. This short note seeks to outline the specific objectives to be accomplished by organizing such events and to suggest related activities that could be undertaken to increase country-level support for South-South cooperation.
2. PPD is represented at the level of a member country by a member of its Board who is the minister or the senior government official in charge of health, population or population-related activities. He/she is assisted by a Programme Country Coordinator (PCC), generally located within the ministry concerned, who is responsible for maintaining regular contact with the PPD secretariat and various member countries and for undertaking specific activities in the areas of advocacy, capacity development, training, research, and exchange of information. He/she also facilitates contacts and cooperation between PPD and selected training and research institutions and NGOs in the country.
3. The experience gained in organizing recent national events has made it increasingly clear that in order to further strengthen South-South cooperation at the national level, the PPD Secretariat and the member country have to involve on a regular basis officials from other concerned ministries (e.g. social affairs, women, finance, foreign affairs etc) as also representatives of various training and research institutions as well as interested parliamentarians and NGO representatives.
4. A national event which brings together representatives of all these sectors at least once a year can serve to provide briefings on: a) latest developments on the population and development scene, b) the latest activities and plans of PPD, c) the role played by the member country concerned in implementing these activities and plans, and d) future challenges and opportunities. As appropriate, such an event can also provide an opportunity for discussion of regional and sub-regional cooperation.
5. The agenda and programme of work of a national event should seek to cover as many of these topics as possible and the speakers and resource persons should be chosen with an eye on the required expertise and experience. The PPD Secretariat should be represented at such events whenever possible; and the involvement of print and electronic media in the events should be

encouraged with a view to drawing public attention to the concept and practice of South-South cooperation in reproductive health, population and development.

6. The organization of a national event on a regular basis may lead to formation of inter-ministerial/inter-departmental committees and networks of training and research institutions and establishment of collaborative arrangements with parliamentary institutions and NGOs. Possibilities and opportunities in these areas will need to be explored on a country by country basis.

## **Annex 4 – Presentations**

- 4.1 – Strategic Business Plan**
- 4.2 – Capacity Development Plan**
- 4.3 – Human Resource Plan**
- 4.4 – Project Proposals and Concept Papers**

## **Annex 5 – INTERNATIONAL PROGRAM ADVISORY COMMITTEE**

### **Terms of Reference**

The IPAC members will act as advisors to the PPD. It will consist of members external to PPD selected by the Executive Director in consultation with PPD stakeholders.

The IPAC will primarily advise on the PPD programs, its development, management and marketing them. It will also provide advice on the scientific merit, technical feasibility, financing and manpower planning for the programs. They will advocate PPD mission, vision and program activities among donors and member countries at the policy level. The members of IPAC are voluntary members and will not be remunerated by PPD. However, if the use of the IPAC members of PPD needs their movements from one place to other, PPD will meet the cost of such displacements, taking into consideration the cheapest means travel.

### **A. SKILLS AND QUALIFICATIONS OF IPAC MEMBERS**

1. Demonstrated leadership qualities in the field of Population and Development.
2. Outstanding recommendations from peers, international contacts and PPD stakeholders.
3. Outstanding achievement records in mobilizing resources and leading organizations.
4. Knowledge and skills in program development, management, and population disciplines.
5. Professionals with expertise in substantive program focus areas of PPD.

### **B. GEOGRAPHICAL AND TECHNICAL CONSIDERATIONS:**

1. Senior Population specialists and eminent thinkers from both North and South.
2. Representatives of donors.
3. Representatives from PPD member countries with above knowledge and skills:
  - Asia/Pacific
  - Sub-Sahara Africa
  - Middle East and North Africa

- Latin America and Caribbean

**C. SPECIFIC RESPONSIBILITY:**

1. Advise PPD on program development and management.
2. Advocate PPD to donors/funders and at the country level policy decision makers.
3. Accompany Executive Director of PPD in his mission for fundraising and advocacy campaigns as and when needed
4. Assist with information concerning project funding opportunities.
5. Suggest opportunities for human resource development focusing PPD Secretariat and member countries.
6. Assist in securing funding for PPD Programs and Core.
7. Provide inputs concerning perceived effectiveness of PPD programs and suggest improvement needs.
8. Review ongoing program activities of PPD and provide guidance to program implementation, priority settings and problem solving on issues regarding population, RH, and development.
9. Advocate and promote RH and population issues at the policy levels (internationally and at country level).

**D. MODE OF OPERATION:**

IPAC members;

1. Could meet formally at a designated place together with the Executive Director, under the auspices of PPD to discuss program issues;
2. May provide guidance and advice to the Executive Director by electronic media or otherwise as the urgency and need arise;
3. May meet periodically as the Executive Director of PPD chooses and depending on availability of fund.

**E. DURATION OF MEMBERSHIP:**

The members of the IPAC will remain for a limited period of time, and may change as per the change in environment and expertise needed. The review of IPAC membership will be done on a two year basis. A member cannot claim to retain membership on his/her own.

## Annex 6 – LIST OF PARTICIPANTS

Sl.No	Name and address	Country
1.	<p><b>Mr. Hu Hongtao</b>  PCC and Deputy Director General,  Department of International Cooperation  National Population and Family Planning Commission  Government of the People’s Republic of China  801 Cultural Mansion, No.59 Zhongguancun Street  Haidian District Beijing – 100086, China  Phone: +86-10-8250-4764  Fax: +86-10-8250-4601  Email: <a href="mailto:hongtaohu@126.com">hongtaohu@126.com</a> , <a href="mailto:hthu@npfpc.gov.cn">hthu@npfpc.gov.cn</a></p>	China
2.	<p><b>Mr. Cai Jianhua</b>  President  China Training Centre of Reproductive Health &amp; Family Care  30 Rd. Dong Xianfu Taicang, Jiangsu, P.R.C. – 215400, China  Phone: +86-512-5371-9188  Fax: +86-512-5371-9126  Email: <a href="mailto:jhcai@ctc-health.org">jhcai@ctc-health.org</a></p>	China
3.	<p><b>Dr. Abdelhalim Abdelhamid Ragab</b>  PCC and General Manager, General Directorate of Population Planning  Ministry of Health and Population (MOHP)  3 Magles El Shaab St., Downtown, Cairo, Egypt  Phone: +202/2792-2574  Fax: +202/2279-41647  Email: <a href="mailto:halimragab@hotmail.com">halimragab@hotmail.com</a></p>	Egypt
4.	<p><b>Dr. Osama Mahmoud Refaat Sherif</b>  Deputy Director  The Regional Center for Training in Family planning and Reproductive Health,  RCT.  13, Obour Buildings, Salah Salem Street, Heliopolis, Cairo, ARE  Phone: +202/682-5825  Email: <a href="mailto:orsherif@yahoo.com">orsherif@yahoo.com</a>; <a href="mailto:osamarefaat@hotmail.com">osamarefaat@hotmail.com</a></p>	Egypt
5.	<p><b>Dr. Mohamed Mahmoud Fahmy Fathalla Elsayed</b>  ASSIUTUNIVERSITY  PO BOX 30, ASSIUT, EGYPT  Cairo, Egypt  Phone: +202/88-241-4706  Fax: +202/88-233-7333  Email: <a href="mailto:mofath@hotmail.com">mofath@hotmail.com</a></p>	Egypt
6.	<p><b>Ms. Pamela M FOSTER</b>  Vice Executive Director &amp; Director, Development Programmes  German Foundation for World Population (DSW)  Gotttinger Chaussee 115, 30459 Hannover, Germany  Phone: +256/41-200-801  Email: <a href="mailto:Pamela.Foster@dsw-hannover.de">Pamela.Foster@dsw-hannover.de</a></p>	Germany
7.	<p><b>Mr. Naina Thevar Kaliappan</b></p>	India

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