

# Executive Director's Annual Report 2014



Bangladesh



Benin



Egypt



Jordan



Indonesia



China



Ethiopia



Kenya



Senegal



Colombia



The Gambia



Mali



South Africa



India



Ghana



Mexico



Sri Lanka



Uganda



Pakistan



Nigeria



Morocco



Thailand



Vietnam



Tunisia



Yemen



Zimbabwe



PPD Board approved the "New Delhi Declaration" on 27 November 2014



High level dinner meeting with UN Secretary General on "Every Woman Every Child" on 25 February 2014



**Partners in Population and Development (PPD)**  
An Inter-Governmental Organization  
for Promoting South-South Cooperation



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**An Inter-Governmental Organization  
for Promoting South-South Cooperation**

# Executive Director's Annual Report 2014

## Foreword

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Partners in Population and Development (PPD), started in 1994, is the only and largest inter-governmental organization focused on South-South Collaboration (SSC) with the mission of achieving the principles and practices of the International Conference on Population and Development. Starting its journey with 10 founding Member Countries (MCs), today it has a membership of 26 countries from the developing world. They represent almost 59% and close to 4 billion of the world's population. In contemporary times, totally dedicated to promote and improve the transfer of expertise in population and reproductive health within the member developing countries, PPD is positioned as the foremost international endeavor.



One of the key ideas behind forming PPD has been to augment the strengths of countries of the South through the power of peer review. This has involved sharing of expertise within the South through training programs, and exchange of specialists and resources. PPD stands to promote SSC and facilitate implementation of the Program of Action (PoA) by countries of the South.

PPD reflects the international acceptance of SSC as a vital means towards attainment of universal access to Sexual and Reproductive Health and Rights (SRHR) and sustainable development.

Time now seems appropriate for active reflection of SSC activities at the country level for which a strong strategic plan within the framework of SSC is essential. It is towards arriving at this plan that I am delighted to present the performance report 2014 that demonstrates the role of the Secretariat to facilitate SSC in the framework of ICPD beyond 2014 and post-2015 Sustainable Development.

This Annual Report has presented some of the notable events from 2014 that reflect our efforts to strengthen SSC and address the challenges related to population and development in PPD member states and other developing countries.

The year 2015 will see our commitment to work with the MCs together with partners and bring the best evidence and experience to foster informed and innovative reforms and make more visible progress towards achieving the South-South mandate in population, reproductive health and development.

With best wishes,

A handwritten signature in blue ink, appearing to read "Joe Thomas". The signature is fluid and cursive, written over a light blue background.

**Dr Joe Thomas**

**Executive Director**

## Message from the Chair, PPD Board



जगत प्रकाश नड्डा  
Jagat Prakash Nadda



सत्यमेव जयते



### MESSAGE

स्वास्थ्य एवं परिवार कल्याण मंत्री  
भारत सरकार  
Minister of Health & Family Welfare  
Government of India



Partners in Population and Development (PPD), formed in 1994, stand out as unique organization working towards a better world through South-South Cooperation (SSC). Initially PPD started with a small membership base but by 2014 its members increased to 26 countries, making it the largest SSC effort of its kind. PPD is committed to fostering partnerships and supporting member countries to develop policies, share resources, exchange experiences and expertise, transfer knowledge, technology and innovation for the global South.

PPD's strength is SSC. Unlike other global or regional development and support mechanisms, the core values of SSC are not based on any political, religious, economic agenda or viewpoint. PPD's priorities do not alter with the change of governments in Member Countries (MCs). Instead, PPD encourages mutual and collective solidarity solely based on the specific developmental needs of individual countries. Thereby it promotes a long-term perspective with uninterrupted continuity in work.

For PPD, SSC implies that all countries, irrespective of their political, economic, cultural and religious practices have the potential to enjoy the highest level of reproductive and sexual health status. PPD members continue to play a leadership role in strengthening SSC across levels.

PPD has moved in quick successions: 1996 saw PPD setting up its Permanent Secretariat Office in Dhaka, Bangladesh; a Permanent Observer Position at the United Nations in New York in 2002; a Program Office in China in 2006; Regional Office in Uganda in 2007; an Observer Office in Geneva and a Liaison Office in Bangkok in 2014. All this has resulted in PPD now being identified as key value addition for the Post-2015 global agenda in terms of geographic spread, programmatic capability, capacity to create economies of scale through SSC.

The year 2015 is a watershed year – with the world moving from the MDGs to SDGs – the time is just right for PPD to position itself as a major global player facilitating the transition from MDGs to Sustainable Development.

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PPD should position itself to expand the SSC while adding another dimension and move towards a more inclusive approach, leveraging Triangular Cooperation to deliver a global agenda. For example, strategic partnerships with the Every Women Every Child movement would be very rewarding for accelerating gains in the unfinished agenda of the MDGs and that of the forward looking SDGs. Similarly, initiatives of partnership with the Brazil-Russia-India-China-South Africa (BRICS) grouping can be optimized.

In the new and emerging global discourse around Health, Population and Development, a bolder and stronger PPD is critical in order to assert itself on the global stage proportionately with the size of the global population and economies it represents.

I put on record my appreciation for all our Member Countries and Secretariat Staff who have worked diligently in steering PPD through its formative years and ensuring a smooth transition through its various phases.

I would also like to take this opportunity to thank my colleagues for their untiring guidance to the Secretariat and their exemplary support in making SSC a key modality for transacting the Post-2015 global agenda.



**Jagat Prakash Nadda**  
Union Minister of Health & Family Welfare, Government of India  
and  
Chair, PPD Board

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# EXECUTIVE SUMMARY

The present report mainly focuses on the achievements and challenges of PPD during January to December 2014. The report declares that PPD has much to be proud of for its inter-governmental strength, strong political commitment of member states, organizational capacity, skills and expertise. Some achievements that stand out are:

*For the first time in PPD's history of 20 years establishment:*

- ◆ The UN Secretary General acknowledges PPD's Contribution towards Promoting South-South Cooperation (UN Resolution 69/2014).

“An example of a South-South and triangular initiative enabling national institutions to promote horizontal cooperation in areas related to the Program of Action is the intergovernmental organization Partners in Population and Development, established to promote South-South cooperation in the field of reproductive health, population and development. Over the past two decades the organization's annual inter-ministerial conferences have provided a peer review mechanism for the member countries on all aspects of population and development issues.”

*UN General Assembly, Sixty-ninth sessions (A/69/62. p.251). Framework of actions for the follow-up to the PoA of the International Conference on Population and Development (ICPD) beyond 2014.*

- ◆ Three key global dignitaries – the UN Secretary General, Ban Ki-moon, WHO Director General, Margaret Chan and UNFPA Executive Director, Babatunde Osotimehin came together at one of the events organised by PPD jointly with Every Woman Every Child in New York, and acknowledged PPD's contribution for promoting SSC in RH, population and development while ensuring to facilitate support for PPD.

*Further enhancing PPD's visibility and image at the different donors' and community levels:*

- ◆ An innovative but challenging initiative has been taken by PPD committing to host the 12th International Congress on AIDS in Asia and the Pacific (ICAAP 12) from 20 to 23 November 2015 in Dhaka jointly with the Government of Bangladesh. Other international agencies and donors include UNAIDS, UNICEF, Save the Children, ViiV Healthcare (private sector), and UNFPA – all working with PPD for a successful event. A network of more than 200 NGOs/Civil Society

Organizations, academies, and the private sector are providing support to PPD to organize the ICAAP in Dhaka. PPD has also established a partnership with the Arab-Asia Regional Business Partnership Summit for Healthcare to organize joint events during ICAAP 12 in Dhaka. PPD is also partnering with the Government of Tunisia in the organization of the December 2015 International Conference on AIDS and STIs in Africa (ICASA).

- ◆ Towards resource mobilization/income generation, PPD has been granted approval by the Bangladesh Government to rent out the building spaces on the 27,872.5 sq.ft land donated by the Government of Bangladesh and having a market value of US\$8 million. PPD has taken the initiative to go in for a public-private collaboration with the Government of Bangladesh and private sector to mobilize resources and develop infrastructure with modern facilities by utilizing the entire donated land. PPD MCs have already contributed US\$450,000 for building construction: China – US\$200,000; India – US\$100,000; South Africa – US\$100,000 and Bangladesh US\$50,000. Further, PPD is also seeking support for building construction from the Government of China.
- ◆ With no cost implication, two offices in Geneva and Bangkok were launched to explore donor bases at the regional and global levels. The UN Secretary General granted permission to establish a Permanent Observer Delegation to the UN Office in Geneva, Switzerland. The Government of Switzerland acknowledges this position as Ambassador, assuring all support to the PPD observer office in Geneva with full diplomatic privileges and immunities.
- ◆ With the support of PPD MCs namely India, China and South Africa, PPD attended the BRICS consultative meeting in March 2014 held in South Africa to explore the possibility of collaboration with BRICS in the RH, population and development sector as a new paradigm of population matter.

PPD has strengthened its strategic partnership with UNFPA on a South-South Collaboration framework to implement activities in the context of ICPD+20 and post MDGs. Both the UNFPA Bangkok Regional Office and Country Office India provided technical and financial support to organize the International Inter-Ministerial Conference in India. We

wish to thank UNFPA for their contribution towards PPD's fight for promoting SSC in RH, population and development.

In view of a strategic framework for SS and triangular cooperation, a draft strategic plan for the next 5 years (2015–19) has been developed and presented to the governance and PCC meetings in order to enrich its contents. UNFPA's participation in the process of consultative discussions was highly appreciated.

However, being an “inter-governmental organization for SSC”, a few serious challenges need to be addressed to realize the management and development outcomes. These challenges are:

- ◆ Member “country ownership and national leadership” for SSC
- ◆ Reputation, global reach and credibility of PPD
- ◆ Resources mobilization
- ◆ South-South strategic direction and framework for Reproductive Health, Population and Development.

*Taking into consideration these achievements and challenges, the Executive Director submits the following recommendations:*

- ◆ PPD countries of the BRICS group namely China, India and South Africa to be key southern providers of development assistance and valuable source for technical knowledge, commodities and best practices and are requested to support PPD for partnering with BRICS to address reproductive health and population challenges in BRICS and PPD MCs.
- ◆ PPD requests its Board Members to take initiative and make landmark infrastructures on PPD land. Governments of China and Bangladesh have been requested to take initiative for additional contribution to complete the 6-storey building in the first phase and

a 12-storey building in the 2nd phase with conference and training facilities. An amount of approx. US\$4.7 million has been estimated as the cost of the entire construction. Both the buildings will help PPD mobilize US\$684,642 annually that can meet the administrative and program costs of PPD and ensure its growth and sustainability.

- ◆ In order to ensure that all PPD member countries achieve the level of population, health and development outcome, a request was put up to the Board granting a partnership for PPD with Every Woman Every Child, and the Office of the UN Secretary General.
- ◆ PPD Board members were requested to make productive investment in two specific issues at the country levels namely: a) constitution of a national body for population; and b) an exploratory workshop at the national levels to promote south-south partnership in the area of health and population policies within the context of ICPD+20 and post MDGs.
- ◆ PPD Board members were requested to create a charter for PPD MCs towards a greater institutional cohesion of the Secretariat and facilitate the MCs' aspirations for a global SSC to address population and development issues and promote SSC in the field of RH, Population and Development.
- ◆ PPD Board members have been requested to utilize the opportunity of being a permanent observer to the UN; PPD member countries were asked to combine the position statement in the context of post MDGs during the UN General Assembly
- ◆ All MCs have been requested to share their Annual Report compiling SSC activities at the country level with the Secretariat.

Year 2014 is the 20<sup>th</sup> anniversary of the Partners in Population and Development (PPD) and International Conference on Population and Development (ICPD). The world observed the significance of the ICPD in the future development framework. The ICPD1994 in Cairo provided a global Program of Action on Population and Development. This provided an inter-governmental framework for diplomatic opportunities in the arena of Population and Development that results in the institutionalization of South-South Cooperation. According to Mr. Ban Ki-Moon, the UN Secretary-General, “South-South collaboration is more than just economic cooperation; it is about exchanging knowledge, experience and expertise. It is the foundation of a global and inclusive partnership for action.” PPD, the umbrella representation of more than 59% of the world population embodies SSC as their core strategy for promoting population and development and Sexual, Reproductive Health and Rights (SRHR) diplomacy. Perhaps, PPD is the only inter-governmental entity mandated through an inter-governmental charter promoting population diplomacy through SSC.

South-South Cooperation is a broad framework for cooperation between sovereign nations from the Global South. PPD member countries use this framework to promote their core mandate of knowledge and experience sharing; promote policy debate and dialogue in the field of population and development; scholarship exchange; reproductive and FP commodity supply and management of particular projects and programs.

Since ICPD 1994, strong economic growth in the developing world has lifted millions out of poverty, and enabled increased investments in human development. The number of people living in poverty was halved between 1990 and 2010, from

47% in 1990 to 22% in 2010. Maternal and child mortality rates fell by nearly half (47%), the global fertility rate fell by 23% and girls gained parity in primary education in a majority of countries.

Despite this impressive progress, most developing countries will not achieve their MDG commitments by 2015. In many countries, progress has been greatest among households in the upper quintiles of wealth, while remaining flat or marginal among the poor, rural and least educated. As a consequence, sexual and reproductive health conditions continue to contribute a significant part of the global burden of disease, representing some 14% of Disability-Adjusted Life Years (DALYs) lost. Globally, this proportion remained unchanged between 1990 and 2010, though this burden declined in all regions except Africa (hard hit by AIDS since 1990) and south Asia. This unevenness of progress highlights the critical importance of a commitment ensuring universal access to sexual and reproductive health services with increased attention to address inequities in health service access and utilization.

The dramatic decline in global fertility since 1994 has led to a decrease in the rate of population growth. But the world's population crossed the 7 billion mark in 2011 and projections anticipate a global population of 9 billion by 2050. Much of the projected growth in population in the coming decades is expected to take place in the least developed and developing countries. Population trends and dynamics are diverse across different countries and regions, and reflect significant demographic changes that have taken place over the past decades. With many developing countries experiencing a “youth bulge” and the potentials of benefitting from a “demographic dividend” fuelled by an increased productive population and reduced dependency ratios, most developed countries are

experiencing a fast growing aging populations. Globally, people over 60 years are expected to grow from 810 million in 2014 to over 2 billion by 2050. It is this strain on the family support systems that will also have implications on health care and social security. The global population is still showing increasing – often uneven – growth with no signs of population stabilization in the near future. The search for economic opportunity has fuelled migration, nationally and internationally, and rapid urbanization.

However, the opportunity of Population Diplomacy through SSC could contribute both at the immediate and distant variables. Diplomacy is frequently referred to as the art and practice of conducting negotiations between sovereign nations to promote each one's interest and benefit.

Population and development are closely related, and sometimes are reciprocally associated. PPD may leverage established relationships because of its permanent observer status at the UN General Assembly, diplomatic status in Bangladesh and diplomatic representation in Geneva and Bangkok. In addition, because of its close relation with the African Union, PPD can advocate and complete the unfinished ICPD PoA and MDGs with particular focus on improving women's and children's health, addressing unmet family planning needs, universal access to SRHR and adolescent health, aging and migration.

In order to strengthen SSC to achieve results, PPD will focus on strategic interventions during 2015–19 that are mentioned in the following pages.

## Section 2:

# KEY ACHIEVEMENTS DURING JANUARY TO DECEMBER 2014

To make PPD more visible as an Inter-Governmental Organization for SSC in RH, Population and Development to the donor community and at the global level, the Executive Director, with the support of MCs, took several initiatives. The salient features of the achievements are:

1. Advocated with the UN Secretary General Office to ensure acknowledgment of PPD's contribution to promote SSC in RH, population and development. The UN 69 Resolution 2014 and the Secretary General's report outlining the framework of actions for the follow-up to the ICPD-POA beyond 2014 acknowledge PPD as an inter-governmental organization promoting SS and triangular cooperation in RH, population and development in 2014.
2. Image building of PPD at different donor levels by hosting the 12th International Congress on AIDS in Asia and the Pacific (ICAAP12) jointly with the Government of Bangladesh. Honorable Prime Minister of Bangladesh H E Sheikh Hasina has committed to provide necessary support to make a successful Congress in Dhaka. A video message from the Honorable Prime Minister



was broadcasted to welcome delegates in Dhaka Congress during ICAAP11 held in Bangkok. A number of international agencies and donors including UNAIDS, UNICEF, Save the Children, Viiv Healthcare (private sector), UNFPA committed to work with PPD and support funding for the event. More than 200 NGOs/civil society organizations, academies, and the private sector comprise the entire development and donor communities in Dhaka. They all recognize the need to support PPD as an inter-governmental organization for SSC to organize ICAAP in Dhaka.



PPD also established a partnership with Arab-Asia Regional Business Partnership Summit for Healthcare to organize joint events during the ICAAP12 in Dhaka. A delegation team under the leadership of Bangladesh Board Member will attend the Arab-Asia Business Partnership Summit 2014 to be held in Bahrain in December 2014 during his visit he will further discuss about the partnership during the ICAAP 12 in Dhaka. ICAAP is a project value of US\$ 4.2 million to be mobilized by partners under the leadership of PPD.



3. Advocated and liaised with the Executive Office of the UN Secretary-General for partnership with Every Woman Every Child. PPD successfully involved with the program and organized jointly a high level advocacy meeting with the UN Secretary-General's Office in February 2014 where the UN Secretary General – Ban Ki-moon, WHO Director General – Margaret Chan and UNFPA Executive Director Babatunde Osotimehin, UN Secretary-General's Special Envoy for Financing the Health-Related MDGs and for Malaria,



Mr. Raymond Chambers, UN Office for South-South Cooperation Director, Yiping Zhou and representatives from over 26 member countries attended.



PPD's official statement was made by Dr. Joe Thomas at the twenty-ninth special session of the General Assembly on the follow-up to the Program of Action of the International Conference on Population and Development held on 22 September 2014.

4. With no cost, 2 offices in Geneva and Bangkok were launched to explore donor bases at regional and global levels. The United Nations Secretary General granted PPD the gracious permission to establish a Permanent Observer Delegation to the United Nations Office in Geneva, Switzerland. The Government of Switzerland acknowledges the position as Ambassador and assures full support with full diplomatic privileges and immunities. The Secretariat is exploring the possibility of opening a PPD representative mission to the European Commission with no cost implication.
5. Advocacy with WHO/PMNCH for partnering joint implementation of activities that resulted in funding from PMNCH to implement joint advocacy activities in southern countries for SSC. Under the project a high level policy meeting with policy makers was organised in South Africa where UNFPA Secretary General, WHO Director General and ministers and officials of health from PPD member countries attended.
6. Series of advocacy and strategic meetings with UNFPA Executive Director, Deputy Director, Regional Office, and Country Offices were organized to reposition the image of PPD and partner with UNFPA through a collaborative SSC framework to implement activities in the context of ICPD+20 and post-MDGs. PPD and UNFPA collaborated to successfully organise the International Inter-Ministerial Conference in India where UNFPA Deputy Executive Director attended as special guest. Efforts have been made to make long-term collaboration with UNFPA. PPD needs continued support from the MCs to ensure UNFPA's extended collaboration with the PPD Secretariat.
7. With the support of PPD MCs namely India, China and South Africa, PPD attended the BRICS consultative meeting in March 2014 held in South Africa to explore the possibility of collaboration in RH, population and the

development sector as a new paradigm of population. This will enable PPD to collaborate with BRICS and implement activities addressing the challenges in the health sector within PPD MCs.



8. PD received approval from the Bangladesh Government for renting out the building space for resource mobilization. PPD has taken the initiative to work with the Government of Bangladesh to advocate with JICA and other private sectors for funding PPD to construct a 12-storey building in PPD land for resource mobilization. PPD is working with the Government of China and requests all the MCs to contribute to construct another.

12-storey building on PPD land for income generation towards the administrative and program fund for SSC. PPD expects a total income of US\$684,642 annually being generated: US\$489,030 from the 12-storey building and US\$195,612 from a 6-storey building – all of which would meet the administrative and program cost of PPD.



9. PPD attended the bi-Annual Meeting of Reproductive Health Supplies Coalition held in Washington DC during 6–7 May, 2014. The Executive Director attended the meeting to discuss the technical issues with regard to the proposal of re-submission to the Reproductive Health Supplies Coalition (RHSC). The Executive Director reestablished PPD’s contribution to the formation of RHSC as a founder member after PPD’s name having been excluded, due to a misunderstanding, from the member’s list of RHSC.

10. PPD took on a leadership role in the 2nd Meeting of the APHRC Working Group on “Aging and Demographic Dividend in Africa” held in Addis Ababa from 27–29 May, 2014. The Executive Director of PPD made a statement at the APHRC meeting and also joined in the bilateral meeting for the collaboration on issues of common interest of PPD and APHRC.

11. PPD organized a Roundtable on “Advocacy and Capacity building on Unintended Pregnancies and Safe MR Services in Bangladesh” with the most popular newspaper of Bangladesh, the Prothom Alo. (Roundtable participants, 23 June, 2014 (photo by Daily ProthomAlo, <http://goo.gl/RA0GEb> )



12. PPD celebrated its 20<sup>th</sup> year anniversary in Bangladesh in collaboration with the Government of Bangladesh and University of Dhaka. A Public Lecture was made by the

Executive Director of PPD on “Population Diplomacy: Is there any Room for it?” The Honorable Board Member of Bangladesh attended the meeting as chief guest.



## Section 3:

# OVERVIEW OF ACTIVITIES DURING JANUARY TO DECEMBER 2014

### 3.1 Advocacy for improved policy environment and resources mobilization for population, development and sexual and reproductive health.

The period Jan to Dec 2014 has seen PPD organise several events at the national and international levels to promote investment in improving sexual and reproductive health in the developing countries. The events included national task force meeting, national advocacy meeting, country profile validation meeting, media roundtable, preparation of policy briefs and donor meetings.

Remarkable progress was made to promote and advocate for SSC in RH, population and development at the national, regional and global levels as well as a win-win situation was established with some donors for resource mobilization. Some of the salient progresses are as follows:

- ◆ The Government of Bangladesh constituted a working committee comprised of senior government officials and other relevant stakeholders. The working committee was to review the Bangladesh Country Profile findings and define implementable policy and program recommendations for the MOHFW, Government of Bangladesh to translate into and scale up in the national ministry programs.
- ◆ This year PPD observed World Population day on 11 July. The theme for 2014 was investing in Young People. In line with the theme, PPD is committed to advocate for investment in support of the young and adolescent.





*Series of advocacy and dialogues with UNFPA resulted in regaining PPD's strategic partnership with UNFPA to address the unfinished agenda of ICPD and Post MDG.*

UN-PPD high level global dialogue on Every Woman Every Child was attended by the UN Secretary General, Executive Director of UNFPA, Director General of WHO and other global leaders and representatives from PPD countries. The intention was to commit to a meaningful partnerships with PPD for promoting SSC in the field of RH, Population and Development. WHO/ PMNCH-PPD joint advocacy and ministerial dialogue in South Africa was attended by the UNFPA Executive Director and WHO Director General being the keynote speakers.

This was followed in collaboration with UNFPA on a SSC framework to implement activities in the context of ICPD+20 and post-MDGs. UNFPA collaborated with PPD to organize the international inter-ministerial conference in New Delhi in 2014. The value of partnership is about US\$100,000.





## 3.2 Strengthening PPD to address population issues in the context of post-ICPD and MDGs

### 3.2.1 PPD Strategic Plan for the next 5 years 2015-2019

Through a consultative meeting, a draft Strategic Plan was developed and shared with the MCs for suggestions and presented in the PCC and governance meetings in New Delhi. Experts from PPD Senior PCCs, UNFPA officials from Bangkok, Lebanon and Bangladesh, Population Council's Country Director, UNAIDS' Country Director, and officials from PMNCH attended the consultative meeting. The Bangladesh Board Member attended the meeting along with key development partners; the Government of Bangladesh reassured to strengthen PPD in promoting global SSC.

Various issues in the context of post ICPD and MDGs including strategic framework for South South (SS) and Triangular Cooperation were discussed through a 2-day consultation in Dhaka.



The consultative process, through the one-to-one discussions and inputs from the MCs prioritized the following 6 major south-south intervention domains for the 5-year Strategic Plan 2015-2019:

*a) Advocacy and policy development:* Conduct evidence-based advocacy for sound policies, budgets and programs. Facilitate international inter-ministerial conference, policy dialogue and consultative discussions at international, regional and national levels, combined/joint statement in UNGA, WHA, BRICS, Inter-Ministerial peer review mechanism and other international events. *b) Commodity & Technology Transfer:* Identify low cost commodities, technologies and IT/software and facilitate transfer of commodities/technology and joint commodity procurement among MCs.

*b) Global health and population diplomacy:* Contribute to and influence the global policy dialog to encourage inclusive approaches that sustain global human development, reduce inequalities, and respond to the priorities and interests of developing countries. Identify the global diplomatic arena as a platform for addressing health inequities through health policies of emerging economies such as BRICS countries. Facilitate capacity building programs for diplomats and senior government officials from the population diplomacy perspective to increase negotiation capacity at the international level for prioritizing national interest and population issues like reducing regulatory barriers and improve regulatory efficiency for essential life-saving commodities for women and children that could save the lives of millions women and children. Increase advocacy for ODA support and other means of support like South-South Cooperation towards SDGs implementation.

*c) Capacity development and technical cooperation:* Facilitate needs-based, demand-driven technical and capacity building support

to both member and collaborating countries. Identify low cost commodities, technologies and IT/software and facilitate transfer of commodities and technology and joint commodity procurement among MCs. Shaping RH Commodity Market and Regulatory Institutions through identifying opportunities for impacting the RH Commodity market and SSC opportunities for strengthening regulatory institutions

*d) Knowledge management:* Facilitate the sharing of information, experiences and expertise through South-South cooperation. Conduct joint research/studies with MCs and Partners Institutions.

*e) Capacity building for south-south cooperation:* Build institutional capacities to stimulate, deepen and strengthen south-south cooperation. Facilitate scholarship programs offered by MCs for Young Professionals and Government Officials. Organize training programs for senior government officials and young parliamentarians to address the issues related to international commitments like SDGs and translate those into the national agenda as well as utilize evidence for policy and program change. Promote South-South Technical Advisory Services (STAS) in RH Population and Development. Facilitate study tours/exchange visits for policy makers to know how, adopt and scale up best practices.

*f) Partnership and relationships:* Contribute to and influence the global policy dialogue on RH, population and development; fund and technically support specific SSC initiatives related to commodity security, technology transfer, human resources development and technical cooperation; build institutional capacities for south-south cooperation – including support for PPD's training and research Partner Institutions.

# Diagram 1: PPD's Work Streams for South-South Cooperation (SSC)

## PPD's (4 Work Streams for SSC)

### Advocacy & Inter-ministerial Consultation

- ◆ sharing and mutual learning
- ◆ peer reviewing for southern policies and programs
- ◆ seeking offering and transferring best solutions and commodities
- ◆ bilateral negotiations and signing of MoUs for SS cooperation
- ◆ Exhibition for RH and commodity solution – showcasing best practices, commodities and technologies
- ◆ Forum of private sector entities and donor agencies
- ◆ SS leaderships forum
- ◆ Global dialogue



### Knowledge sharing and commodity transfer

- ◆ supporting MCs to strengthen national ability to maximize the opportunities towards achieving national agreed commitments and internationally/regionally agreed agendas
- ◆ identifying countries that are the source of RH commodity and modern technology as well as development solutions and countries that demand for commodities and technologies
- ◆ supporting MCs to build their capacity to support other MCs
- ◆ supporting to identify areas for SSC through mutual learning, sharing knowledge
- ◆ Supporting for replication and scaling best solution
- ◆ SS consultation at national level and facilitate the sharing and scaling up best solutions



### Partnership and global population diplomacy

- ◆ Joint collaboration to support country-led health plans through sustainable investment
- ◆ Bringing together leaders from the global health, diplomatic and development communities in order to highlight the global health challenges facing the developing countries and providing solutions to these challenges through SSC
- ◆ Dialoguing with high-income countries to maintain their commitments towards health
- ◆ Partnership with BRICS and bringing together BRICS leaders to discuss health challenges facing the developing countries including BRICS countries and providing solutions to these challenges through SSC



### Capacity Building

- ◆ Strengthening PPD's network of 23 research and training institutions to create as "centers of excellence" to facilitate access to SS knowledge management, sharing and scaling up of development solutions
- ◆ Increasing contributory scholarships program among MCs
- ◆ Documenting and cataloguing southern development solutions through peer-review processes; creating and maintaining exchange of SS experts



### 3.2.2 PPD presence in Geneva and Bangkok

In order to strengthen the dialogue and to increase visibility and capacity to mobilize resources at the global level, one office in Geneva and one in Bangkok were launched at no cost. The United Nations Secretary General granted PPD the permission to establish a Permanent Observer Delegation to the United Nations Office in Geneva, Switzerland. Established in April 2014, the Government of Switzerland acknowledges the representative position as that of an Ambassador and has assured total support to the PPD observer office in Geneva. The PPD Permanent Observer is now included in the Blue Book of diplomatic missions in Geneva and in the list of diplomatic personnel in Geneva. As such, Dr. Denis Broun is now invited to all events organized by the United Nations and permanent missions in Geneva.



The Geneva Office involved in several discussions with the UNFPA representation office in Geneva, numerous visit to the World Health Organization, discussions with WIPO, UNHCR, IOM and participated in meetings on accessibility to contraceptive products and ageing. The office organized the visit of the Executive Director of the Secretariat to the World Health Assembly and participated in meetings with the Global Fund on the issue of tiered pricing for medicines. PPD representatives attended the World Health Assembly in full capacity of an Inter-governmental Organization for the first time. This was enabled through the PPD permanent delegation in Geneva

having full diplomatic privileges and immunities accorded by the Government of Switzerland. Meetings and dialogues were conducted with several donors, agencies and the private sector. Discussions and follow-up communications were made to work out the strategy for collaboration. During the WHA held in May 2014, the PPD Executive Director met with H.E. Dr. Wang Guoqiang, Honorable Vice Minister of NHFPC who reiterated the commitment of the Government of China to support PPD.

PPD and PMNCH collaborated to implement advocacy activities to address SRHR issues globally through SSC value is US\$ 50,000. Further, another 2015 Memorandum of Understanding between PPD and PMNCH was signed to take forward the renewed Global Strategy for Women's, Children's and Adolescent's Health. The value of the contract is US100,000. Under this project PPD is working with the Government of India, UN Secretary General Office, WHO and PMNCH to mobilize leadership from PPD countries and promoting political and stakeholder engagement in updating and implementing the Global Strategy for Women's, Children's and Adolescents' Health.



**3.3 Strengthening the Health System:** PPD Scholarships Program for the professionals working in the field of RH, Population and Development received remarkable attention and demands from MCs. During 2014, PPD received 30 scholarships from Egypt (10), South Africa (10) and India (10) for one-year post graduation diploma in the population and demographic field. In addition to 10 scholarships for diploma courses, South Africa also provided 20 scholarships for short courses. India agreed to provide 50 scholarships for PPD MCs. The MCs annual contribution for scholarships increased to approximately US\$1.5 million in kind.



*Young professionals from PPD MCs join scholarship program sponsored by South Africa*



**3.4 Annual PCC and Partner Institutions Meeting**

Annual PCC meeting was organized on 24 November 2014 in New Delhi. Except Senegal, Sri Lanka and Ethiopia, all the MCs attended the PCC meeting. Representatives from Partner Institutions also attended the meeting. The Draft Strategic Plan for 2015–19 was presented at the PCC meeting and inputs were received that would be included in the final draft







***11<sup>th</sup> International Inter-Ministerial Conference on “Demographic Dividend” in New Delhi from 25–26 November, 2014***

The 11<sup>th</sup> International Inter-Ministerial Conference on Investing in Demographic Dividend, focused on the young of society: the adolescents and youth. As the honorable Indian Secretary of Health said, “they must have agency to chart their journeys the way they want to”. There are 1.2 billion youth around the world and PPD believes that they have the responsibility to map out the future by matching the ambitions of the young. PPD believes that in order to achieve this, policy implications must see the youth as an asset. Their health and well-being must be a priority in order to invest in our demographic dividend. The sentiment “every birth must be safe, every mother must live, every child must live” was echoed by all MCs.

India, hosted this conference and declared that supporting women and young people is a priority of the Indian government and they are exploring investment in the demographic dividend. India has 250 million youth, with one out of 5 persons being an adolescent; the youth want to set the

agenda and we must listen to their voices. The economic path must be paved for the demographic dividend. Reproductive health is a population and development issue that extends beyond the realm of health. Challenges in reproductive health at the country, regional and global levels are indicative of demographic change. Empowerment of women and girls is key to health and well-being. This year’s conference concluded with the Delhi Declaration (Annex A) that PPD MCs commitment to promote reproductive health, population and development through further strengthening South South Cooperation.

PPD Secretariat, with financial and technical support and guidance from the Government of India, specifically the office of the PPD Board Chairman, organized the international inter-ministerial conference. UNFPA and Govt. of India provided technical and logistic support (each contribution value US\$100,000) to PPD for this event. PPD wishes to thank Government of India and UNFPA for facilitating support to host such a meaningful Conference in India.





The year 2014 celebrated PPD's 20 years of providing service and commitment and promoting SSC in reproductive health, population and development. Ten countries established PPD in 1994 with ICPD being the brainchild of the SSC. Celebrating PPD's 20 years anniversary, Mr. C.K. Mishra, the PCC of India and Additional Secretary to MOHFW gave the Welcome Address. Mr. Mishra focused on how the young must have an agency to chart their journeys the way they want to. Policy implications must see the youth as an asset. Every birth must be safe, every mother must live, every child must

live. The health and well-being of women and children must be taken care of. H.E. Wang Pei'an, Honorable Vice Minister of National Health and Family Planning Commission of China, Mr. Love Verma, Secretary of Ministry of Health, India, Dr. Ridha Gataa, President Director General National Board of Family and Population, Ministry of Health of Tunisia, Dr. Josephine Kibaru-Mbae, Secretary, Director General National Council for Population and Development of Kenya, Ms. Kate Gilmore, Deputy Executive Director of UNFPA and Dr. Joe Thomas Executive Director made statements during the opening session of the conference. Youth representations were invited to speak on behalf of adolescents and youth in the conference.





H.E. Mr. Jagat Prakash Nadda, Union Minister of Health and Family Welfare and PPD Chair delivered the opening address and opened the conference through lighting of the lamp. During the opening session the PPD Chair launched the State of World Population Report, UNFPA. H.E. Mr. Nadda viewed that a quarter of the growth is in the newly developing world. The world population estimated for 2025 is 8.1 billion. The youth and adolescent population is still rising in Africa but declining in the rest of the world. This Conference will make declarations that will lead to positive change for 60 percent of the world's population and provide a way forward in reproductive health and population and development for member countries. These conferences offer opportunity for sharing challenges and triumphs. Commitments toward furthering our common goals will also be made at this Conference.

Ms. Gilmore stated in her speech that the PPD conference provides a singular moment for leveraging economic and social development. The economic path must be paved for demographic dividend. Youth are likely to be this century's most important identity. We must invest in the young. Investment and development needs to be transformative, resilient, sustainable and inclusive. Young people unfortunately face too many obstacles; they have no control of their own bodies. Catering to the needs of young people, would be highly productive for all. To meet their needs, is to meet their human rights. Sexual and reproductive health needs of young people are real and natural. Choices for young people require the right choices by adults.

Dr. Josephine Kibaru-Mbae expressed her assurance that this Conference will culminate in the Delhi Declaration. She looked forward to an interactive session to contribute to the MCs commitments.





Dr. Ridha Gataa highlights in his statement that Tunisia has experienced demographic transition for the last 10 years. There has been a downward trend in population growth. Biological, social and behavioral changes are contributing to a reduction in fertility. The big challenge is unmarried youth who exhibit risky behavior and experience sexual health problems. The Family Planning Program of Tunisia was adopted in 1960 by the National Board of Family Planning. Tunisia needs to invest in demographic dividend to improve economic and social development.



H.E. Mr. Wang Pei'an stated that China believes that PPD will continue to play an important role in addressing the gaps towards the achievement of ICPD goals. As the most populous developing country in the world, China is very much aware of the importance of the demographic dividend. Family planning will lead not only to better health outcomes but also better economic development. In the past three decades China has created two miracles: firstly, controlling its population; secondly, developing its economy. China is happy to share its experiences on developing its demographic dividend and extends full support to Western African countries to control the Ebola epidemic. They also stand ready to work with PPD on reproductive health and population and development and to further efforts in family planning and disease control. PPD provides a rare and important platform for SSC.



The youth representative expressed that in 2013 four youth organisations went into Indian communities to address issues regarding young people. The surveys were done online and offline rurally over 11 states in India. Seven recommendations were presented urging the governments to consider to understand the perspectives and needs of young people today.

Dr. Joe Thomas in his presentation appreciated the dignitaries and delegates for having made this event possible. He thanked UNFPA for their contributions and the PPD staff for their hard work. He also appreciated the inputs from the youth delegation. The PPD Executive Director looked was extremely hopeful that this meeting would be fruitful and meaningful.



## Section 4:

# UNDERSTANDING DEMOGRAPHIC DIVIDEND



This session\* presents details of the 11<sup>th</sup> International Inter-Ministerial Conference on Population and Development hosted by the Ministry of Health and Family Welfare and Partners in Population and Development.

The first session was Chaired by H.E. Dr. Suleiman Olanrewaju Abubakar, the Honorable Minister of National Planning Commission, Government of Nigeria and Member PPD Board and co-Chaired by Mr. Abdul Gaffar, Director General who represented H.E. Ms. Saira Afzal Tarar, Honorable Minister of Health Services Regulation and Coordination, Government of Pakistan.

### *Session objectives were:*

- ◆ Increase understanding among PPD alliance countries about Demographic Dividend (DD).
- ◆ Identify a SSC advocacy agenda for increased social and economic investments and policies.
- ◆ Position southern countries to achieve demographic dividend.

The keynote presentation was made by Prof. Alihonou Eusebe on behalf of the Honorable Minister of Health, Government of Benin and Member PPD Board.

In his presentation, Prof. Eusebe discussed the context of demographic dividend needs to be established in terms of the level of poverty and fertility rates in order to understand how these factors affect the demographic dividend. Tunisia is the only country in Africa that has taken advantage of this dividend as a result of family planning. The outcomes of the dividend are better retirement conditions and increase in domestic savings. DD is not a guarantee, but something that countries need to make best use of for best economic development. We need to invest in young people for a demographic dividend. It is important for countries to focus on youth education, health and job creation in order to help the youth become productive adults. He stated that the country needs to provide the youth with the best possible conditions for their growth. If we add the age pyramid, the specificities of each age group and focus the trends, then we can help the youth to be skilled for the health and wealth of the country.



Prof. Lakshmi Lingam of Tata Social Science Institute, Hyderabad presented a paper on Population dynamics of India: key drivers, challenges for youth and second demographic dividend and opportunities for South-South Cooperation

Dr M. E. Khan of Population Council India presented on Population Dynamics in South Asian Countries: key drivers, challenges for youth and second demographic dividend and opportunities for South-South Cooperation



Dr. Yasmeen Sabeeh of Packard, Pakistan has spoken on the issues related to “Population dynamics of Pakistan: key drivers in challenges for youth and second demographic dividend and opportunities for South-South Cooperation”



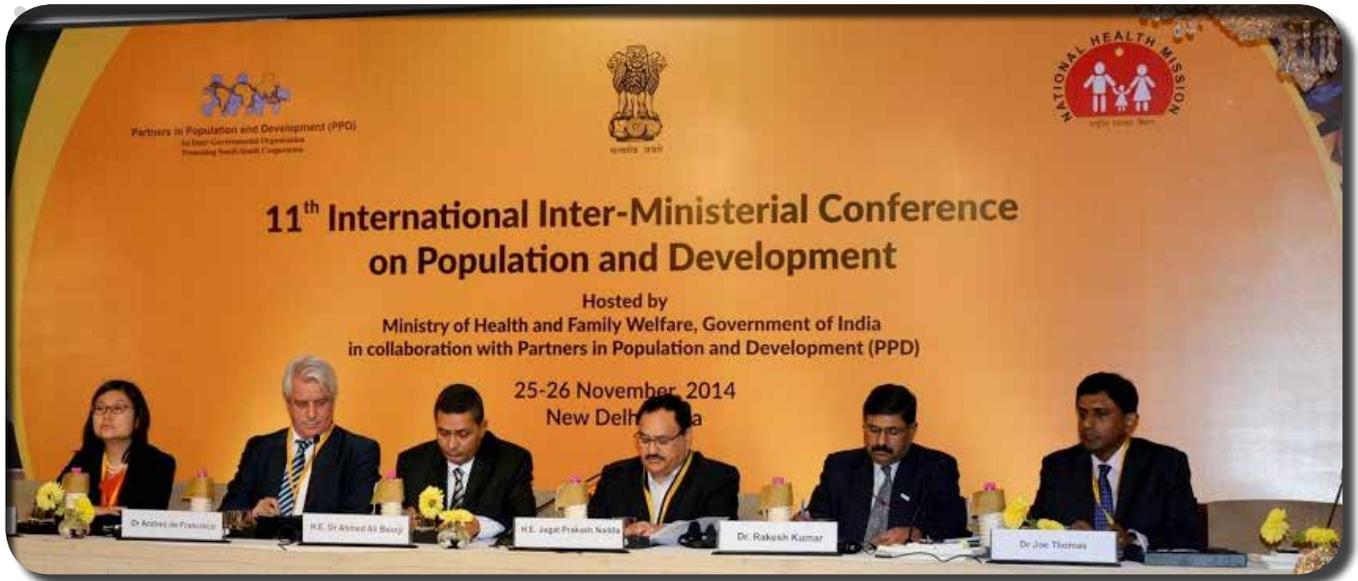
Dr. Isabella Aboderin of APHRC, Kenya spoke on an ageing and demographic dividend in Africa: Challenges and opportunities for South-South Cooperation.



Dr Eng. Bassmah Elhaddad of CDC, Egypt spoke on Population dynamics of Egypt: key drivers, challenges for youth and second demographic dividend and opportunities for South-South Cooperation

## Section 5:

# FINANCING “EVERY WOMAN EVERY CHILD” CAMPAIGN



PPD hosted this session with Every Woman, Every Child and Partnership of Maternal and Newborn Child Health. H.E. Mr. Jagat Prakash Nadda, Honorable Minister of Health and Family Welfare India chaired the session. H.E. Dr. Ahmed Ali Bourji, Secretary General, Government of Yemen co-Chaired this important session.

### *Objectives of the session:*

- ◆ Discuss a new, more inclusive Global Strategy in support of Every Woman Every Child.
- ◆ Highlight financial mechanisms that can drive the transformative investments needed for all countries to achieve by 2030 the levels of population, health and development outcomes arrived at by the best-performing middle-income countries.
- ◆ Identify opportunities for SSC to invest in the demographic dividend.
- ◆ Consult on the new Global Financing Facility in support of Every Woman Every Child.

Dr. Andres de Francisco of PMNCH introduced the session and he stated that we must look at opportunities to improve financing for population, health and development. There should be consolidation and extension of evidence to show



the relevance of older adults for first DD enabling conditions. There is potential for amplification and extension of DD through quantification. There should be joint learning on response models: fostering effective societal intergenerational exchange and adapting health and education systems for longer lives.



Presentation was made by Ms. Nana Taona Kuo of Every Woman Every Children, UN. She mentioned that the UN is in the process of updating the Global Strategy for Women and Children's Health. There are 17 goal areas, each with a thematic focus. There will be a more integrated approach within the health system for eliminating child and newborn mortality, including a focus on adolescent health.



Mr. Hu Hongtao, Commissioner of Department of International Cooperation, NHFPCC, Government of China and PCC of PPD spoke as a high level panelist on SSC as a new approach to improve investments in population, health and development. He mentioned that China has a reducing maternal mortality. There is a political commitment to resource allocation and personnel development towards this goal.



Dr. Rakesh Kumar of the Ministry of Health and Family Welfare, Government of India was one of the high level panelist who spoke on the Indian experience to support Every Woman Every Child. He mentioned that India was the first country to launch a Family Planning Program in 1951, followed by the Program of Immunization in 1971. Since 2005, there has been a National Health Mission where the emphasis is on adolescents and family planning, addressing equity issues, increasing use of contraception and decreasing newborn mortality. There is also a Newborn Action Plan.



At the end of this session H.E.Mr. Jagat Prakash Nadda launched the Lancet Series on "Violence against Women and Girls".

## Section 6:

# PROMOTING HEALTHY LIVES OF ADOLESCENTS AND ELIMINATING VIOLENCE AGAINST WOMEN AND GIRLS



This session was chaired by H.E. Mr. Matia Kasaija, Honorable Minister of State for Finance, Planning and Economic Development, Government of Uganda and co-chair was Dr. Paul Chimedza, Honorable Deputy Minister of Health and Child Care, Government of Zimbabwe.

### *Session objectives were:*

- ◆ Mobilising commitments within the SSC framework for investment in reproductive, maternal, newborn, child and adolescent health and investment in women and girls as critical elements for realising demographic dividend.
- ◆ Preventing violence against women and girls and treating victims of violence are critical steps towards fulfilling human rights and achieving population, health and development goals as emphasised in the ICPD and Beijing Declarations and in the post-2015 Vision for Sustainable Development. The session will provide expert views, share southern field tested practices and strategies for improving the health of children and adolescents and elimination of all forms of discrimination against women and girls as vital steps for improving the

health of the population and empowerment of women and girls in southern countries and the economic well-being of nations.



The Keynote paper was presented by H.E. Mr. Hatem Tag El Din, Ambassador of Egypt in New Delhi on behalf of honorable Health and Population Minister of Egypt and Member of PPD Board H.E. Prof. Dr. Adel Hassan El Adawy. In his presentation he mentioned that the first ICPD was held in Cairo in 1994. Egypt's new President places population and development high on the agenda. Egypt has achieved one of the highest rates of reduction in child mortality; beyond the MDG 4 and on track to reach MDG 5. We are capitalizing on the demographic dividend with qualitative shifts in economic development and are making steps towards eliminating violence against women and girls. Egypt's goal is advancing the health and development of the country. Egypt will continue its assistance to PPD.

Dr. Lale Say of WHO presented a paper on "Violence against women and girls – where and why does it happen? What are its impacts and the global response?"



Dr. Andres de Francisco of PMNCH presented a paper on “Promoting South-South learning and opportunities in addressing adolescent and women’s health”



Mr. C. K. Mishra of MoHFW, Government of India spoke on “Policies, programs and challenges in addressing adolescent sexual reproductive health and gender based violence in India and opportunities for South-South Cooperation”



Dr. Ubaidur Rob of Population Council Bangladesh spoke on “Bangladesh experience in addressing adolescent sexual and reproductive health and gender based violence and lessons for other developing countries”.



Ms. Lubna Baqi of UNFPA addressed the issue related to Promotes opportunities for ICPD+20 and MDG post-2015 for South-South partnership in adolescent sexual and reproductive health and gender based violence



Mr. Ravi Verma of ICRW and Ms. Padma Deosthali of CEHAT spoke on “Engaging men and boys in preventing gender based violence” and “Role of health systems and health professionals in responding to violence against women” respectively.

## Section 7:

# POPULATION AND HEALTH POLICIES: OPPORTUNITIES FOR SOUTH-SOUTH PARTNERSHIP AND INVESTMENTS FOR DEMOGRAPHIC DIVIDEND



This session on Population and Health Politics was chaired by H.E. Mr. Zahid Maleque, MP, Honorable State Minister of Health and Family Welfare, Government of Bangladesh and co-Chaired by Dr. Josephine Kibaru-Mbae, Director General, National Council for Population and Development, Government of Kenya and PPD Board Secretary.

### Session objectives:

- ◆ Promote and advocate for increased investments in economic and governance policies and programs for fostering multi-sectoral rights and gender-based approaches, improved quality and quantity of education, job and market creation, and meaningful youth participation, in south countries for economic growth and sustainable development.
- ◆ Share experience and evidence from southern countries on investments to help youth transition to healthy adulthood and gain job skills through education to spur economic growth.
- ◆ Provide a platform to advocate with southern governments to enact and enforce enabling laws, develop economic policies that promote growth in sectors that are both labor

intensive and can contribute substantially to employment and GDP growth.

The Keynote presentation was made by Dr. Ronald Schoenmaeckers of SVR. High level panelists from different organizations made presentations.



Ms. Sujatha Natarajan of IPPF spoke on “mainstream and integrate youth issues and engage young people across national, regional and global initiatives and opportunities for South-South partnership”.



Dr. Shyama Kuruvilla of PMNCH presented on “Promoting multi-sectoral gender responsive approach to improve population health and sustainable development: opportunities for South-South partnership”.



Prof. Jayanta K. Das from NIHF of India spoke on “integration of health and education in realising demographic dividend: experience from India”.



Ms. Nompumelelo S. Nzimande, University of Kwazulu-Natal of South Africa spoke on “South-South partnership experience, challenges and opportunities for people and health centered development”.



Mr. Abdul Gaffar Khan, Director General of Government of Pakistan spoke on “policies, strategic investments and challenges to realise demographic dividend in Pakistan and opportunities for South-South Cooperation”.



Prof. Akim Mturi, North West University of South Africa presented paper on “South-South opportunities for strengthening capacity building integrated health, population and development in ICPD +20 and MDG beyond 2015”.



Dr. Osama Refaat of Egypt spoke on “population Stabilisation Polices and Programs of Egypt 2014”.

## Section 8:

# TWO DECADES OF SOUTH-SOUTH COLLABORATION ON REPRODUCTIVE HEALTH, POPULATION AND DEVELOPMENT



The session was Chaired by H. E. Dr. Ridha Gataa President Director General – National Board of Family and Population of Tunisia and Treasurer of PPD – and co-Chaired by H.E. Cheickna Seydi Ahamadi Honorable Health Minister of Mali and Member, PPD Board

### *Session objectives:*

- ◆ Celebrate and highlight the contributions in SSC for reproductive health, population and development and the implementation of the ICPD PoA at the global, regional and domestic levels in PPD member and other developing countries.
- ◆ Call attention to the opportunities and role of South-South collaboration in the ICPD beyond 2014 and post MDGs beyond 2015.



The Keynote presentation was made by H. E. Dr. Paul Chimedza, Honorable Deputy Minister of Health and Child Care, Government of Zimbabwe.



H.E.Mr. Zahid Maleque, Honorable State Minister of Health and Family Welfare presented Bangladesh's experience in SSC for promoting reproductive health population and development and opportunities for enhancing South-South Cooperation in the implementation of ICPD+20 and post MDGs as high level panelist.



Mr. Ben Haj Aissa Adnene, Director of Technical Cooperation Department of Tunisia spoke on "Tunisia's experience in South-South Cooperation for promoting reproductive health population and development and opportunities for enhancing South-South Cooperation in the implementation of ICPD +20 and post MDGs".



Mr. Hu Hongtao, Commissioner, Department of International Cooperation of Govt. of China spoke on " experience in South-South Cooperation for promoting reproductive health population and development and opportunities for enhancing South-South Cooperation in the implementation of ICPD+20 and post MDGs".



Mr. Abraham Rojas Joyner, General Director for Population Programs and International Affairs spoke on "Mexico's experience in South-South Cooperation for promoting reproductive health population and development and opportunities for enhancing South-South Cooperation in the implementation of ICPD+20 and post-MDGs".



Dr. Wendy Hartanto of Indonesia presented a paper on “Indonesia’s experience in South-South Cooperation for promoting reproductive health population and development and opportunities for enhancing South-South Cooperation in the implementation of ICPD+20 and post MDGs”.



Mr. Nguyen Van Tan of Vietnam spoke on “Vietnam’s experience in South-South Cooperation for promoting reproductive health population and development and opportunities for enhancing SSC in the implementation of ICPD+20 and post MDGs”.



## Section 9:

# DELHI DECLARATION: INVESTING IN ADOLESCENTS AND YOUNG PEOPLE



The objective of this session was to adopt a declaration with key commitments and recommendations for realising demographic dividend in southern countries in post-ICPD and MDGs beyond 2015.



The draft Delhi Declaration was presented by Mr.C.K. Mishra, PCC of PPD and Additional Secretary of Health of India and moderated by the PPD Secretary of the Board Dr. Josephine Kibaru-Mbae, Director General, NCPD of Kenya. With the consensus of the PPD Board Members and the participants of the Conference, the Declaration was adopted.



This important session was Chaired by H. E. Mr. Jagat Prakash Nadda, Honorable Minister of Health of India and Chair PPD Board and Co-Chaired by Mr. Hu Hongtao, Commissioner of Department of International Cooperation, National Health and Family Planning Commission of China who represented H.E. Mr Wang Pei'an, Honorable Vice Minister of National Health and Family Planning Commission of China. Ms. Lubna Baqi, Regional Director represented the UNFPA as collaborative technical partner of the Conference.



## Closing Statement

The 2-day International Inter-Ministerial Conference concluded with the statements provided by the key delegates of the Conference including H. E. Ms. Saira Afzal Tarar, Honorable Minister of Health Services Regulation and Coordination of Pakistan, H.E. Zahid Maleque, Honorable State Minister of Health of Bangladesh, H. E. Matia Kasaija, Honorable State Minister of Finance, Planning and Economic Development of Uganda, Mr. C. K. Mishra, PCC of PPD and Additional Secretary of Health of India and Ms. Frederika Meijer, UNFPA Representative India/Bhutan. The delegates stated that the “Delhi Declaration” on demographic dividend must now be implemented by MCs and there is need to stand by the youth and provide an enabling atmosphere. Policy implications need to be fed into the 2015 Development Agenda.

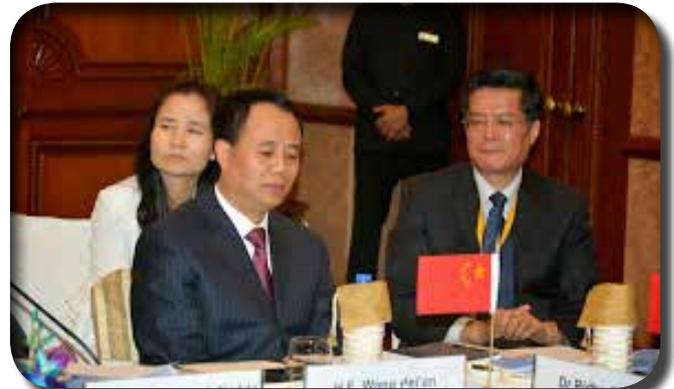
Ministerial conference very successful in India. She also thanked UNFPA for providing technical support to make the conference effective with the outcome. She thanked all the participants and delegates from MCs, representatives from international organizations, academia, PPD Partner Institutions and the media. Finally, Dr. Kibaru-Mbae thanked PPD Secretariat staff for their hard work and great contribution to make the event successful.



Vote of thanks was given by PPD Board Secretary Dr. Josephine Kibaru-Mbae. She thanked the Government of India particularly the Ministry of Health and Family Welfare for providing full technical and financial support to make the PPD governance events and International Inter-

During the reporting period, the following governance events were organized against these objectives:

**1. PPD's 24<sup>th</sup> and 25<sup>th</sup> Executive Committee Meetings that took place in Victoria Falls, Zimbabwe and New Delhi, India respectively**



Members met in Victoria Falls in Zimbabwe for the 24<sup>th</sup> Executive Committee Meeting. The key issues of the meeting were to promote PPD to meet upcoming challenges in the post ICPD era. The Executive Committee (EXCOM) was desirous to find PPD in a unique leadership position addressing population and development issues in a holistic modality for global south. The meeting approved the FY 2014 Work Plan and Budget 2014. The meeting emphasized for generating resources utilizing PPD's own land donated by the Government of Bangladesh.



25<sup>th</sup> EXCOM meet in New Delhi focused on finalization of next '5 years' strategic plan 2015–19, Resource Mobilization Plan 2015, Work Plan and Budget 2015, infrastructure building at PPD land for mobilizing own resources. The EXCOM 25<sup>th</sup> also proposed the name of members of office bearers for the period 2015–2017.

## 2. 5<sup>th</sup> and 6<sup>th</sup> Program, Planning and Management Committee Meetings held in Zimbabwe and New Delhi, India respectively

- The meetings reviewed the program planning and work plan for the years 2014 and 2015 respectively.



### 3. 5<sup>th</sup> and 6<sup>th</sup> Finance and Risk Management Committee Meetings held in Victoria Falls, Zimbabwe and New Delhi, India respectively

The meetings reviewed the both FY 2014 and FY 2015 financial reports, Resource Mobilization plans 2015 and audit report 2013 and 2014.



#### 4. PPD's Annual Board Meeting 2014 took place in New Delhi, India

The 19<sup>th</sup> Board Meeting Chaired by H.E. Mr. Jagat Prakash Nada, Honorable Minister of Health and Family Welfare, Government of India. The board reviewed and discussed on the 25<sup>th</sup> Excom decisions related to finance, program and the next strategic plan. Based on the discussions the board agreed unanimously on the following:



- ◆ A new Strategic Plan for the next 5 years to be finalized highlighting the unfinished agenda of ICPD; in the context of SDGs within the framework of South-South and Triangular Cooperation it includes Policy advocacy/ health diplomacy, knowledge sharing, capacity building, commodity & technology transfer, shaping RH commodity, market and regulatory Institutions, partnership, and resource mobilization.
- ◆ Urge to make a productive investment in two specific issues at country levels namely: a) constitution of a national body for population (if not existed); b) South-South partnership with UNFPA and other organizations in the area of health and population policies in the context of ICPD+20 and post-MDGs.
- ◆ Committed to make a stronger PPD for global South-South Cooperation by 2019 and to be a global leader in Sexual, Reproductive Health, Population and Development areas
- ◆ Urge for a sustainable institute building by 2019 through generation of own resources by utilizing its own land (27,872.5sq.ft) having a value of US\$8 million donated by the Government of Bangladesh. PPD will have its own office premises, an international training and research center for SSC in reproductive health, population and development, an international convention center with availability of international standard accommodation and cafeteria and office spaces at rentals to other international organizations so that the organization generates its independent resources to be a global leader in population and development.
- ◆ Partnership building for joint contribution to address global population and development issues like SRHR, Adolescent, Aging, Migration, Maternal Health, Unmet need for FP, Unintended Pregnancies and safe abortion and gender based violence
- ◆ A committee comprising of Kenya, China and Tunisia in coordination with the Vice-Chair Office (India) was constituted to prepare the Charter of Agreement of SSC for member countries.
- ◆ Commitment for implementation of the Delhi Declaration
- ◆ Agreed to have a marketing plan on how best to utilize the global opportunity of hosting the International Congress on AIDS in Asia and the Pacific (ICAAP12) to be held from 20–23 November 2015 in Dhaka, Bangladesh and to provide necessary technical assistance to ICAASO to be held in Tunisia in December 2015.
- ◆ The Board agreed to reduce the governance meetings expenditure except the critical one and to have a cost cutting and clear and transparent accountability system
- ◆ The Board directed the Secretariat to establish a mechanism to ensure accountability of the Africa Regional Office to the Secretariat and to conduct an internal audit. PPD Secretariat was directed to appoint an auditor for the Secretariat and ARO finances together
- ◆ PPD countries of BRICS grouping members namely China, India and South Africa were requested to guide and support the PPD Secretariat to create a partnership with BRICS to address population challenges in PPD MCs.
- ◆ Board members/PCCs were requested to make a productive contribution in two specific issues at country levels namely: a) Member States constitute a High-Level Advisory Committee (if they don't have such an advisory body) to advise their respective countries on population policy issues in the context of post-ICPD and post-MDG priorities;b)organize a consultative workshop to promote south-south partnership in the area of health and population policies in the context of ICPD+20 and post MDGs.



- ◆ Board agreed to have a strong partnership with Every Woman Every Child, Office of the UN Secretary General in order to ensure all PPD MCs achieve the level of population, health and development outcomes.
- ◆ Board members urge to utilize PPD's opportunity of being a permanent observer to the UN by making a combined position statement on post-MDG strategies at the United Nations General Assembly. The Secretariat is directed to take the initiative for a joint statement on post-MDG strategies at the UN General Assembly.
- ◆ Member states were requested to document their annual activities on SSC and submit a report to the Secretariat.
- ◆ The next board meeting is scheduled in Dhaka from 20–23 November 2015 and to launch the PPD own office building
- ◆ The 19<sup>th</sup> Board elected new office bearers and committees:

The 19<sup>th</sup> Board approved the following countries for the Executive Committee 2015–2017 effective from 1 January 2015 (a formal handover ceremony of Office bearers of PPD will be done during the next Executive Committee Meeting). Details of the newly elected Executive Committee of PPD for next three years

No	List of EXCOM Members	Member Country
1	PPD Board Chair HE Dr. Li Bin, Chair, PPD Board, and Honorable Minister, National Health and Family Planning Commission, Government of the People's Republic of China	China
2	PPD Board Vice Chair H.E. Mr. Jagat Prakash Nadda, Vice Chair, PPD Board, and Honorable Minister, Union Ministry of Health and Family Welfare Government of India	India
3	PPD Board Secretary H.E. Ms. Bathabile Dlamini, Secretary, PPD Board, and Honorable Minister of Social Development, Government of the Republic of South Africa	South Africa
4	PPD Board Treasurer Hon. Dr. Ridha Gataa, Treasurer, PPD Board, and President Director General, National Board of Family and Population Ministry of Public Health, Government of Tunisia	Tunisia
5	Permanent Member /PPD Secretariat Host Country H.E. Mr. Mohammed Nasim, MP, Member, PPD Board and Executive Committee, and Honorable Minister of Health and Family Welfare Government of the People's Republic of Bangladesh	Bangladesh

6	Member Hon. Ms. Patricia Chemor, Member, PPD Board and Executive Committee, and Secretary-General, National Population Council, Government of Mexico	Mexico
7	Member H.E. Dr. David Parirenyatwa, Member, PPD Board and Executive Committee, and Honorable Minister, Ministry of Health and Child Care, Government of Zimbabwe	Zimbabwe
8	Member H.E. Prof. Dorothy Kinde-Gazard, Member, PPD Board & Executive Committee, and Honorable Minister, Ministry of Health, Government of the Republic of Benin .	Benin

### *Program and Finance Committees*

A. The composition of the Finance, Audit and Risk Management Committee for next three years (2015-17)

*Chair: Nigeria-PPD Board Member of Nigeria*

H.E. Dr. Suleiman Olanrewaju Abubakar, Honourable Minister/Deputy Chairman, National Planning Commission, Board Member, Partners in Population and Development (PPD), Government of the Federal Republic of Nigeria

*Co-Chair: PPD Board Treasurer-Tunisia*

Hon. Dr. Ridha Gataa, Treasurer, PPD Board, and President Director General, National Board of Family and Population Ministry of Public Health, Government of Tunisia and Four Members from Countries/PCCs (and/or nominated Representative)

- ◆ China
- ◆ Indonesia
- ◆ South Africa
- ◆ Bangladesh

B. The composition of the Program, Planning and Development for the next three years (2015-17)

*Chair: Uganda-Board member of Uganda*

H.E. Mr. Matia Kasaija, Member, PPD Board and Honorable Minister of State for Finance, Planning and Economic Development, Government of the Republic of Uganda

*Co-Chair: PPD Board Secretary-South Africa*

H.E. Ms. Bathabile Dlamini, Secretary, PPD Board, and Honorable Minister of Social Development, Government of the Republic of South Africa and

Five members from Countries/PCCs (and/or nominated Representative)

- ◆ Mexico
- ◆ India
- ◆ Egypt
- ◆ Vietnam
- ◆ Morocco

## Country Celebrates 20 years of PPD at the National Level

On the occasion of 20 years founding anniversary of PPD in 2014, member countries organized different events at the country levels. Some of the countries reported their events as seen below. “On the occasion of 20th Anniversary of PPD in 2014, some historical memories and achievement of PPD presented as Annex B with a photo album section”.



### Zimbabwe

The Government of Zimbabwe led by Dr D. P. Parirenyatwa Honorable Minister of Health and Child Care and Member PPD Board hosted the 24th Executive Committee Meeting in Victoria Falls, Zimbabwe in 26 January 2014. With the welcome address provided during the opening of 24th ExCom of PPD, the Honourable Board Member officially launched the celebration of 20 years anniversary of PPD at national levels in the Elephant Hills Hotel in Victoria Falls, Zimbabwe. The meeting saw more than 25 members from PPD countries among them board members, partner country coordinators, and ministers attended the meeting. Honorable Minister of Health and Child Care, Dr D. P. Parirenyatwa officially opened the 24th PPD Executive Committee Meeting on the 26th January 2014.

On a separate occasion, Zimbabwe also celebrated the PPD’s 20 years of anniversary in conjunction with a national level conference on “The Role of FP in Population and Economic Development” held in July 2014. The guest of honor was the Minister of Health and Child Care and the meeting was attended by stakeholders including government ministries, bilateral partners, legislators and civil society. The country capitalizes on this event to commemorate 20 years of PPD and South-South Cooperation. The event highlighted that expanding access to family planning in line with Family Planning 2020 (FP2020) goals can make achieving and sustaining the MDGs more affordable in Zimbabwe in addition to contributing directly to the goals of reducing child mortality and improving maternal health. Zimbabwe, as a nation, has reaffirmed its commitment to the principal goal of the International Conference on Population and Development (ICPD) i.e. “to ensure universal access to reproductive health services by 2015”. The umbrella theme for 2014 and future years is: ‘It’s Your Life; it’s Your Future; Know Your Options – Celebrating 20 Years of Population & Development through South-South Cooperation’.



## Bangladesh

The Government of Bangladesh under the leadership of PPD Bangladesh Board Member in collaboration with PPD and University of Dhaka organized a public lecture on “Population Diplomacy: Is There Any Room for It?”, on the occasion of 20th Founding Anniversary of PPD held on 3 November 2014. Faculties and students of the leading universities, representatives from the UN Agencies, International Organizations, civil-society, Diplomatic Missions, research institutions, think tanks and print and electronic media.



## Nigeria

Government. of Nigeria under the leadership of PPD Nigeria Board Member organised a day long high level policy dialogue on the occasion of 20 years of PPD on 23rd October, 2014 at Abuja. The dialogue was organized by National Planning Commission of Nigeria in collaboration with United Nations Population Fund (UNFPA) with a theme on “Harnessing Demographic Dividends for the Achievement of the Transformation Agenda Goals”. Contemporary issues on Demography and Reproductive Health were the areas for the dialogue. PPD Board Members, PCC and high level officials from National Planning Commission of Nigeria, UNFPA, academia and media attended in this event. Honorable PPD Board Member presented a photo album with the memorable pictures of the event to PPD .



## Egypt

The Government of Egypt with the support of Cairo Demographic Center (CDC) Celebrated 20 years. On this occasion a public meeting was arranged and a presentation was made on “The Important Role of PPD/ South-South Program in Gathering & Enhancing the South Countries to integrate them together to improve and sustain population development”. The Ministers of Health & Population, Planning, International Collaboration, Financial, Environment, Telecommunication & Solidarity, Representatives of Different Countries, Ambassadors, UNFPA Regional and National Directors, Representatives of UNDP, USAID, Ford Foundation, WHO, Deans and Professors of Universities, African Union & Others were presented in the gathering.

## South Africa

Govt. of South Africa celebrated the 20th Anniversary of PPD in conjunction of 9th Annual Population Association of Southern Africa (PASA) Conference in the Walter Sisulu University's East London Campus, in the Eastern Cape Province of South Africa from 1 to 2 October 2014. The theme of the conference was ‘Demographic Dividend and Population Dynamics in Changing African Society’. A special session on South-South Collaboration and Announcement of UAPS was organized to celebrate the 20 years of the PPD. Mr Pali Lehohla, Statistician General of South Africa presented the keynote paper and Dr. Joe Thomas of PPD attended as Guest Speaker of the session. Mr Jacques Van Zuydam, Chief Director Population and Development and PCC of PPD Chaired the session.

## India

The Government of India led by PPD Board Member made a grand celebration on the occasion of PPD 20th Anniversary during the PPD governance meeting held in New Delhi, India from 23 to 27 November 2014. All family members of PPD from 26 countries along with international dignitaries and the well-wisher of PPD attended the event. Mr. C K Mishra, Additional Secretary and PCC of PPD presented the keynote address during the occasion.



## Tunisia

The Government of Tunisia led by Dr. Ridha Gataa, President Director General, National Board for Family Planning and the PPD Board Member and PCC – Mr. Ben Haj Aissa Adnene, Director, Technical Cooperation of National Board for Family Planning made several presentations during their national level officials meetings. They have organised special national meeting and shared Tunisian experience in south south cooperation. On the occasion of 20 years anniversary of PPD, Mr. Adnene handed over some of the rare and historical documents from his collection to PPD as given on p.65. PPD thanked to Mr. Adnene for his collection that shows his ownership and commitment for PPD.

## PPD at International AIDS Conference, Melbourne, Australia

PPD conducted a promotional booth during the International AIDS Conference in Melbourne, Australia. PPD also organized a press conference during the period on the issues of south-south cooperation and HIV/AIDS from the ICAAP12 perspective. The below pictures present the activities.



## Enrolment of new Membership

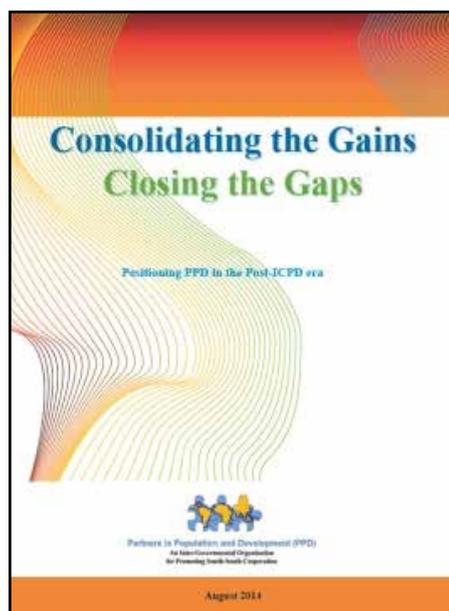
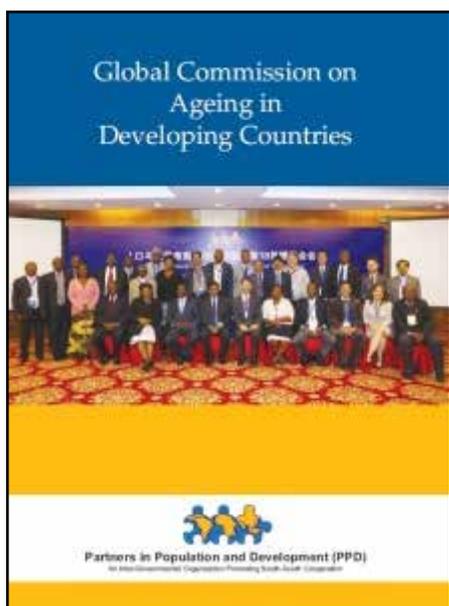
Sri Lanka formally joined PPD Board. Follow-up made with Afghanistan, Brazil, Philippines, Nepal and also invitation sent to them to attend as observers in the 19th PPD Board Meeting scheduled in November 2014 New Delhi, India.

## Development Partners

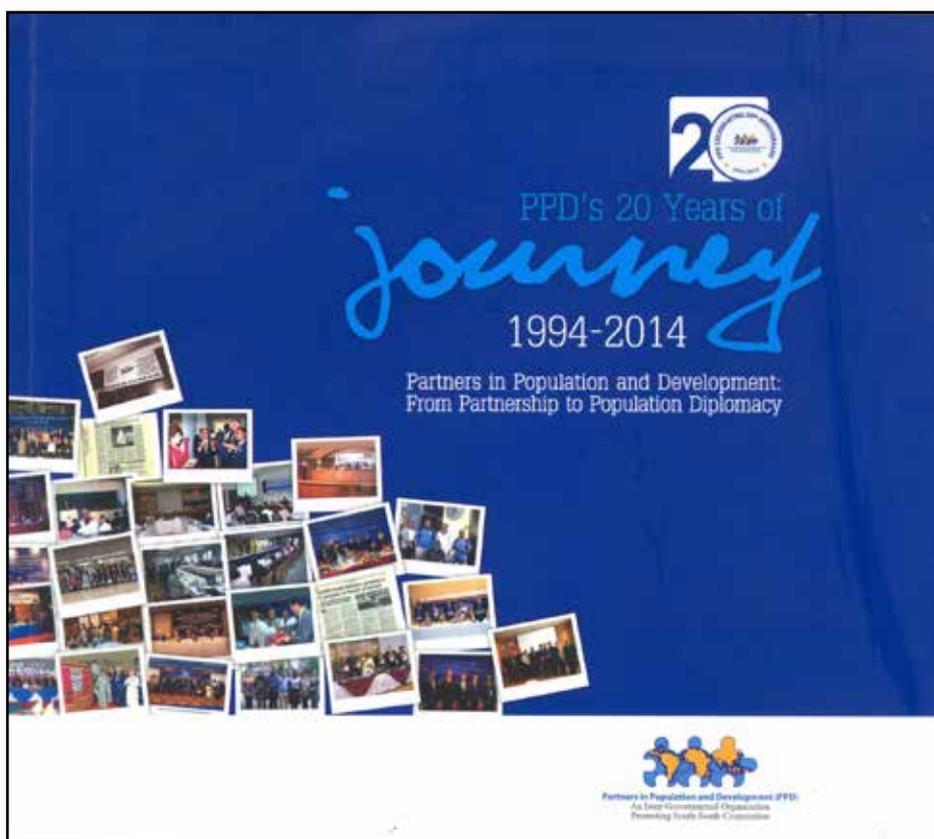
We appreciate the partnership of the following agencies:

- a) United Nation Family Planning Agency – UNFPA
- b) The Partnership for Maternal Newborn and Child Health – PMNCH
- c) Every Woman, Every Child – EWEC
- d) UNAIDS

## Publications in 2014



## PPD's 20 Years of Journey: A Photo Album



## Activities of other PPD Offices in 2014

### *PPD New York Office*

PPD New York office has been vigilant on the processes and ensure participation and inputs to the organizations of series of high level preparatory and plenary sessions on Sustainable Development Goals (SDGs) process which will lead up to the UNGA High Level Summit in September 2015.

### *PPD Geneva office*

The office was established in April 2014 and went through all the approvals by Swiss authorities for recognition of diplomatic status for the Representation. The PPD Permanent Observer is now included in the Blue Book of diplomatic missions in Geneva and in the list of diplomatic personnel in Geneva. The Office was devoted to meeting and discussions with UN agencies, UNFPA representation office in Geneva, numerous visit to the World Health Organization, discussions with WIPO, UNHCR and IOM. The office organized the visit of the Executive Director of the Secretariat to the World Health Assembly and participated in meetings with the Global Fund on the issue of tiered pricing for medicines.

### *PPD Program Support Office in China*

China Program Office with the support of NHFPC and UNFPA organized a high level consultation on South South and Triangular Cooperation from 30 November to 1 December 2014 in Taicang addressing the issue of ICPD beyond 2014.



Ministerial Seminar on Population, Sustainable Development and Poverty Reduction for Developing Countries was convened on July 9, 2014 in Beijing. This seminar is jointly hosted by NHFPC and the Ministry of Commerce of China and is executed by the China Program Office. Nineteen high-level government officials responsible for population, development and poverty reduction affairs from 10 African and Asian countries, namely Ghana, Kenya, Kyrgyzstan, Malawi, Mauritius, Nigeria, South Africa, South Sudan, Zanzibar, Zimbabwe, of whom 5 were at the vice-ministerial level, attended the seminar. Mr. Wang Pei'an, Vice Minister of the National Health and Family Planning Commission (NHFPC), was present at the opening ceremony and made an address.

PPD China program office with the support of Ministry of Commerce and the National Health and Family Planning Commission organized a three-week Seminar on Population Policy and Management for Iraq opened on August 15, 2014 in Beijing. Eighteen government officials and technical service providers working in areas of human rights, health and education from governmental departments and NGOs from Iraq participated in the seminar. Mr. Hu Hongtao, Commissioner of Department of International Cooperation, NHFPC, and other officials concerned were present at the opening ceremony.

### *PPD Africa Regional Office*

PPD ARO in partnership with the Parliament of Uganda, the Ministry of Health (MoH) and with support from UNFPA Country Office organized one-day Consultative Meeting on Maternal Newborn and Child Health (PMNCH) in Uganda on December 8, 2014. The purpose of the meeting was to give maternal, newborn and child health a more prominent place on the development agenda, and to increase the political and financial commitment to improve programme implementation at country level.

As a national Reproductive Maternal, Neonatal and Child Health (RMNCH) partner in Uganda, PPD ARO participated actively in the RMNCH

resource tracking workshop organized by the MoH of Uganda on November 12, 2014, in Kampala. The objective of the meeting was to discuss and agree on a resource mapping tools to track RMNCH resources so as to have an informed analysis for the MoH to improve RMNCH service in the country.

PPD ARO and partners organized a regional meeting of parliamentarians on October 2– 3, 2014 at Speke Resort Munyonyo, Kampala, Uganda. The meeting was organized under the auspices of the Network of African Parliamentary Committees of Health (NEAPACOH). The meeting participants were parliamentarians who are members of the committees on health and their committee clerks, as well as representatives of development partners,

Civil Society and other important stakeholders engaged in Family Planning, Reproductive Health and Maternal and Child Health programs.

PPD ARO in collaboration with the Health Policy Project (HPP) organized a two – day advocacy skills building meeting for selected African women Parliamentarians on Tuesday, September 30 and Wednesday, October 1, 2014 at Speke Resort Munyonyo, Kampala, Uganda. The main objective of the meeting was to strengthen political support to achieve and sustain momentum for family planning as well as promote joint accountability for FP2020 commitments among parliamentarians, ministry of health officials and civil society representatives in Africa.

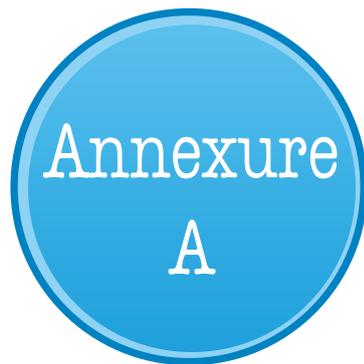


## Section 11:

# RECOMMENDATIONS

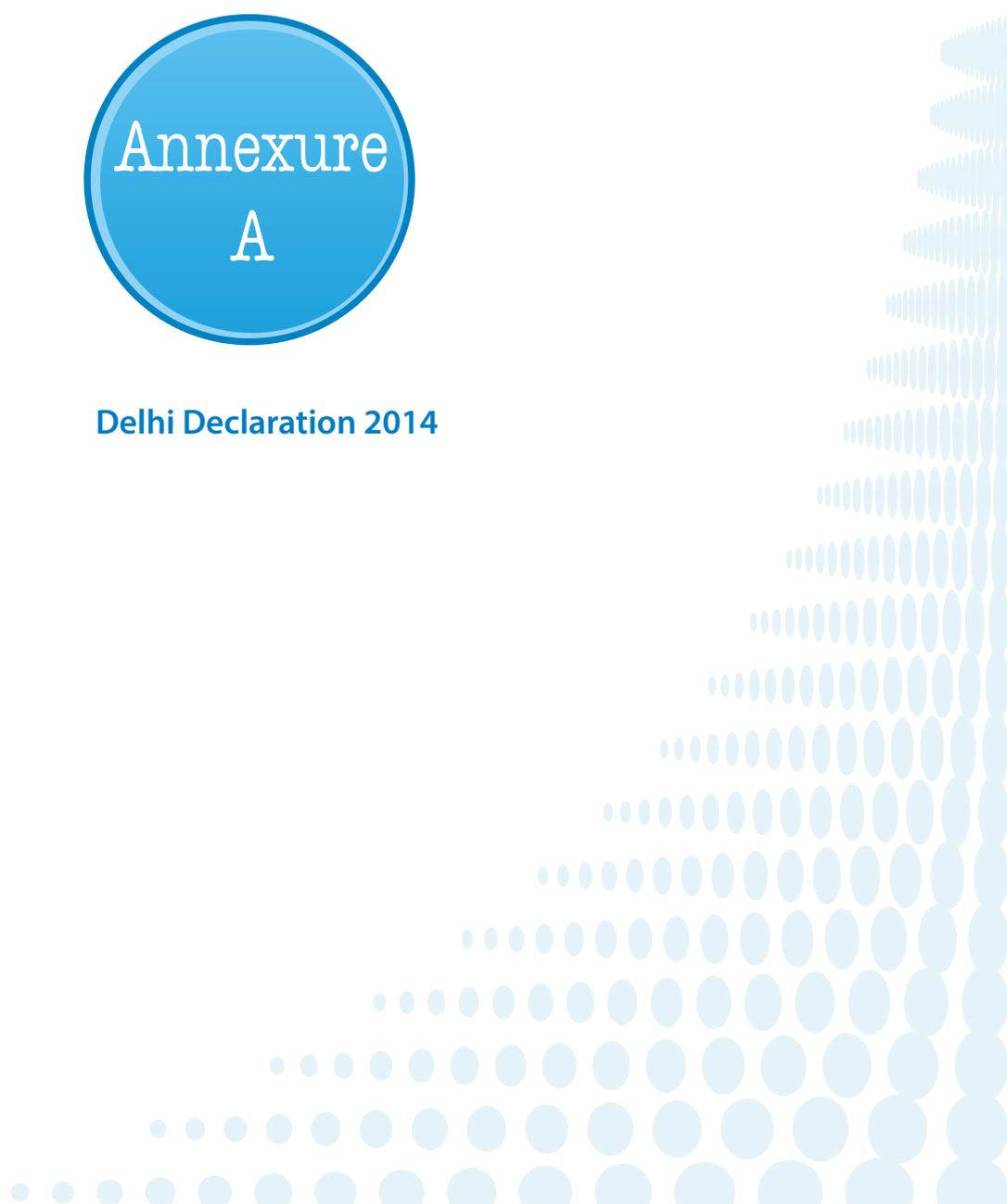
### *PPD Secretariat has put in a request to:*

- ◆ EXCOM to take necessary initiative and offer support for resource mobilization towards implementation of the next 5-year Strategic Plan.
- ◆ EXCOM and Board members to take initiative for constructing a landmark office infrastructure on PPD land donated by the Government of Bangladesh valued at US\$8 million. It is estimated that an additional funding of US\$1,471,476 is essential for the completion of a 6-storey building.
- ◆ EXCOM/Board members to contribute and guide PPD for building another 12-storey building in the 2nd phase with conference and training facilities that require USD3,477,337.954 (US\$3.4 million). From a 12 storey building, PPD can also income generate US\$489,030 annually.
- ◆ BRICS grouping to support PPD to partner with BRICS to address population issues.
- ◆ MCs to offer scholarships and support this with round trip air tickets.
- ◆ EXCOM to ensure that a revised MoU between PPD Secretariat and ARO is in place in order to ensure the accountability of the Africa Regional Office to the Secretariat.
- ◆ EXCOM to ensure that PPD's policies, manuals, strategic plan and annual work plan are adhered by ARO.
- ◆ EXCOM to support implementation of work plan for the year 2015, particularly a) to support PPD to host the organization of a consultation workshop on therapeutic goods regulation and promoting regulatory efficiency in lifesaving commodities; b) to support organization of national workshops focusing to promote south-south partnership in the area of health and population policies in the context of ICPD20+ and post MDGs; c) to identify country needs and opportunities for promoting SSC through administrating the questionnaire.



Annexure  
A

Delhi Declaration 2014



## 11<sup>th</sup> International Inter-Ministerial Conference on Population and Development for Investing in Demographic Dividend

*We the delegates*, representing the member countries and stakeholders of the Partners in Population and Development (PPD), gathered here in New Delhi, India from 25 to 26 November 2014 for the “International Inter-Ministerial Conference on Investing in Demographic Dividend” are fully committed to achieving sustainable development goals, population and health. We are articulating our commitment through our call to action: the Delhi Declaration.

*Acknowledge* the strategic value of Partners in Population and Development that currently includes 26 member countries representing nearly 60% of the world’s population, to the attainment of national, regional and global goals on health, population and sustainable development through South–South Cooperation.

*Appreciate* the progress made by PPD member countries in implementing the ICPD Programme of Action over the past 20 years, and the progress towards achieving the Millennium Development Goals. Recognize that there is more to be done to address the unfinished agenda, unmet needs and emerging challenges.

*Reaffirm* our commitment to the goals and principles of the 1994 ICPD Programme of Action and the recommendations of the ICPD Beyond 2014 global review consultations, to the importance of ensuring universal access to reproductive health and family planning, to translate these commitments into action, and integrate these priorities within the post-2015 sustainable development agenda.

### *Commitments in relation to the conference themes*

*Emphasize* the importance of demographic dividend as a critical window of opportunity for improving equitable population, health and socio-

economic outcomes, with a focus on investments and appropriate alignment of national legislation, policies and resource allocation for adolescents and youth, as well as older people.

*Prioritize* investments in adolescents and youth particularly in education including life skills and family education, health, employment, rights and entitlements, taking into account gender disparities, and engaging them in the planning and implementation of policies and programmes, so that they can realize their full potential.

*Accord* highest priority to institutionalize investments in the demographic dividend by integrating population issues into national development plans across sectors, including: health; nutrition; education and skills development; employment for inclusive economic participation and resilience. There should be special effort to address the emerging challenges in special populations – including the girl child, migrant communities, aging populations, and people with disabilities – and to strengthen the capacities of families and communities to deal with these challenges and foster condition for a demographic dividend.

*Support* the United Nations “Every Woman Every Child” initiative through South-South partnerships that contribute to updating and strengthening of the Global Strategy for Women, Children and Adolescents’ Health and to promote its implementation in PPD member countries, including through sufficient, efficient and sustainable financing

*Commit* ourselves to develop comprehensive, multi–sectoral plans to prevent and respond to violence against women and girls and ending gender inequality and discrimination in laws (formal and customary) and in policies. Recognize

the importance of sexual and reproductive, maternal, child and adolescent health services, as well as the importance of engaging men and boys, as entry points to address violence against women and girls.

*Create* an enabling environment, through laws, policies and entitlements, for children, adolescents, youth, women and men across the life course to realize their rights.

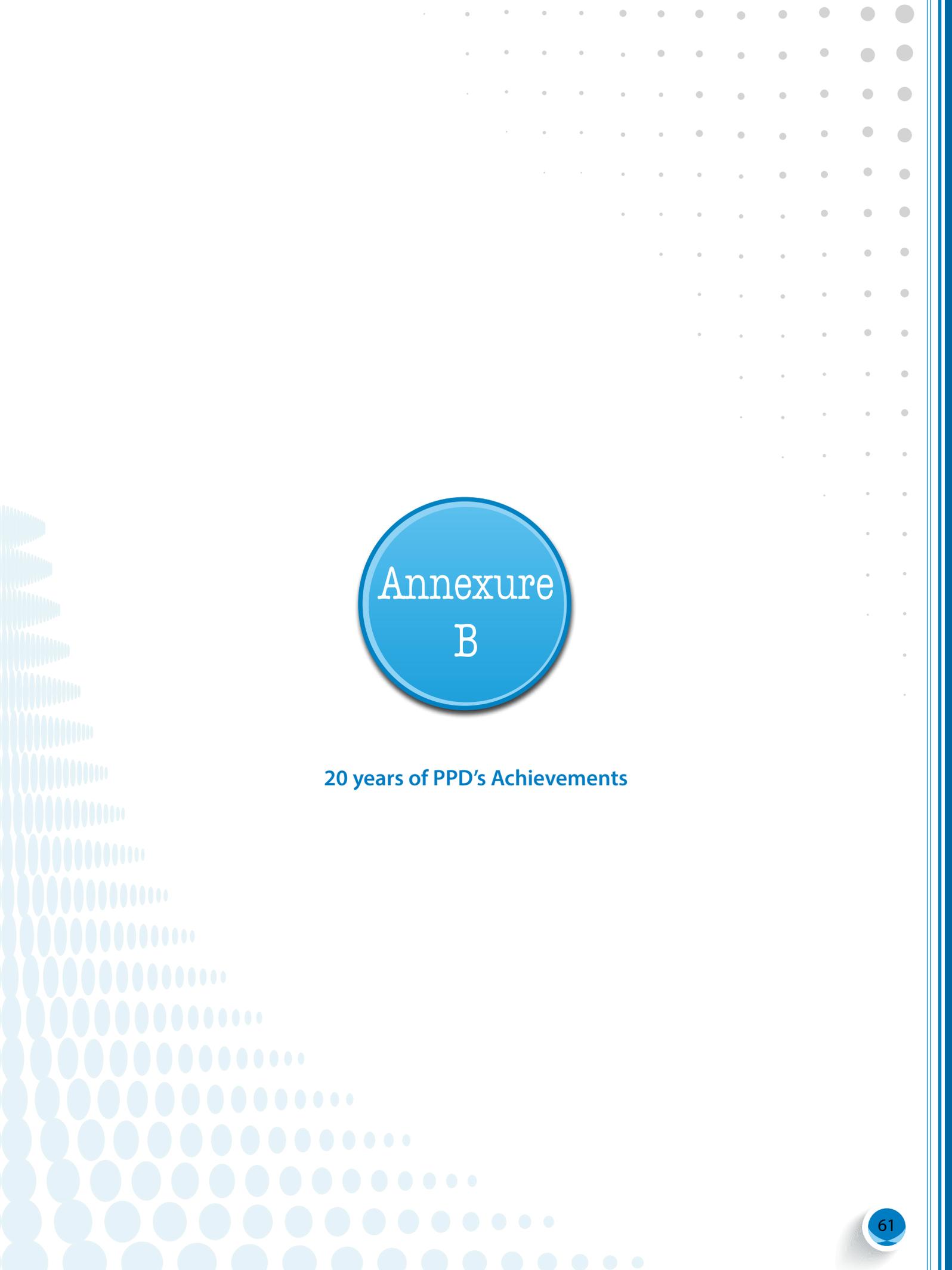
### *South-South Cooperation: moving forward for partnership and global population diplomacy*

*Urge member countries* to accelerate progress through South-South Cooperation strategies, including: Knowledge sharing; Capacity building; Transfer of technology; Market shaping and regulation; Policy dialogue and advocacy; Partnership and resource mobilization; Diplomacy

for health and population; and enhanced governance and mutual accountability.

*Strengthen* South-South Cooperation mechanisms to achieve the above commitments, including: systematically documenting and sharing experiences and best practices across countries; scholarships and exchange visits; resource mobilisation and sharing, including human resources; and promoting the priorities and perspectives of the global South in international and regional policy settings.

*Call upon* the UN General Assembly and the international community to recognise the importance of PPD as an inter-governmental platform for South-South Cooperation with great potential and commitment to implement the ICPD beyond 2014 recommendations and take forward the post-2015 development agenda.



# Annexure B

20 years of PPD's Achievements

## *South-South Cooperation an Alternative Development Model for Developing Countries to Address RH, Population and Development Issues*

### *History of PPD*

The idea of forming the Alliance for South-South Collaboration owes its origin in the deliberations held in Bellagio, Italy in October 1993, followed by another meeting in the same venue in April 1994, which concluded that "a number of developing countries have been remarkably successful in the design and implementation of national population policies and programs. This represents a unique

pool of practical experiences which can greatly assist other developing countries in their efforts to implement national strategies." It was realized in the meeting that sharing of these experiences through South-South Cooperation under an intergovernmental framework would immensely benefit the developing countries, which led to further consultations and launching of the Alliance at International Conference on Population and Development (ICPD) in 1994 in Cairo.



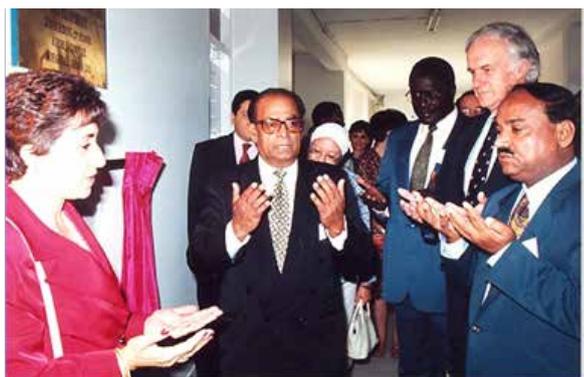
*Press conference in Cairo in 1993.*



*Inauguration of PPD Permanent Secretariat in Dhaka by Bangladesh BM in the presence of PPD Board.*



*Bangladesh PM Sheikh Hasina greets the PPD Board Members in Dhaka in 1997.*



*Chair Dr. Nabih Guedanna, Government of Tunisia in 1997.*



## Media coverage in 1994 and 1996



NGOs, and donors to implement the Cairo Program of Action which will improve the health and wellbeing of women and their families, enhance living standards and contribute to sustainable development”.



### Statement of PPD member countries made at PPD Board Meeting in Mexico City in 1998:

“There is much work to do. While developing country family size has come down



PPD is governed by a Board consisting of Cabinet Ministers of Health, Population and Social Development from the Member States. The Governing Board

from over six to under four, it is estimated that well over one hundred million couples wish to delay or avoid the next birth, but lack the information or means to do so. Maternal mortality remains as disturbingly high levels in many countries, and the spread of STDs and HIV/AIDS is an increasingly serious reproductive health issue. Also, with a larger proportion of the developing world population under 20 years of age, the number of individuals of reproductive age is increasing dramatically. This is the reason Cairo called for a quick doubling in provision of services, citing the need for even more rapid increases in donor assistance or reproductive health and family planning, as well as for girls' education and other relevant programs. The Partners Population and Development represent a wide range of experience, expertise and success. We join together with other developing countries,

ensures the highest policy level commitments of the governments to the alliance. The leadership of the Board consists of the Chair, Vice-Chair, Secretary and Treasurer elected by the Board for a three years term and who constitute the Executive Committee of the organization. The Board meets once each year to discuss the governance, policy, programmatic and financial issues while the Executive Committee meets twice in a year to provide guidance and to evaluate the achievements of the organization. The two sub-committees: a) Program, Planning and Development; b) Finance and Risk Management meets twice in a year and provide guidance to the board and the Secretariat for the implementation of the annual plan activities. The By-Laws signed by each member state regulate the governance and functioning of the organization. The first Board Meeting of the Alliance held in Harare, Zimbabwe



in April 1995 with participation of the 10 founding members (Bangladesh, Colombia, Egypt, Indonesia, Kenya, Mexico, Morocco, Thailand, Tunisia and Zimbabwe) made a Declaration of Commitment to the objectives of the Alliance by the Founding Members, adopted a set of by laws, articulated its fundamental policies, elected an Executive Committee and decided that its Permanent Secretariat would be located in Dhaka, Bangladesh.



In addition to their governance role, PPD Board Members ensure that a Senior Level Government Official not below the ranking of Joint Secretary is available to act as Partner Country Coordinator (PCC) and provide ongoing support for south-south activities, political and financial support to PPD. PCCs are responsible for developing the country's annual south-south work-plan, initiating and supporting PPD's activities in each country, co-coordinating with the Secretariat and in-country donors, and documenting and disseminating information about projects, organizations, and individuals engaged in south-south initiatives. PCCs meet annually to make consultative discussions and suggestions on how to strengthen south-south cooperation activities among PPD's countries.

PPD has its Secretariat headed by the Executive Director, which is located in Dhaka, Bangladesh. The role of the PPD Secretariat is to mobilize the political willingness and resources, act as the catalyst for South-South exchange, and to improve the technical and managerial capacities of individuals and organizations in developing countries to engage in these collaborations. PPD has a Regional Office in Africa, a Program Office in China and another 2 Observer Offices at UN (New York, USA and Geneva) PPD has network with 22 partner institutions from member countries in Africa, Asia and Middle East. PPD established sub-regional networks in Asia and Africa on linguistic basis devoted for exchanging information and experiences.



*Chairs of PPD Visits PPD Secretariat and discussed with the Staff for capacity building of Secretariat*



*H.E. Zhang Weiqing visited Secretariat in 2003*



*H.E. Ghulam Nabi Azad along with other EXCOM members visited PPD Secretariat in 2010*

PPD currently has a membership of 26 developing countries namely Bangladesh, Benin, China, Colombia, Egypt, Ethiopia, The Gambia, Ghana, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Sri Lanka, Thailand, Tunisia, Uganda, Vietnam, Yemen and Zimbabwe representing 59% close to 4 billion of the world population.

With 20 years of the history, PPD's memberships have grown to 26 countries which collectively represent more than 59% of the world population close to 4 billion. Each member country is committed and demonstrated the commitment through Ministerial-level Board representation and paying annual membership contribution. Through its annual board meetings with ministers of health, population and finance, highest decision making bodies like Executive Committee,

Program, Planning and Development Committee and Finance and Risk Management Committee, PPD has built the capacities of Southern leaders to be strong advocates for sexual and reproductive health and rights (SRHR) in their own countries, regionally, and globally. PPD's SRHR champions have been deployed at opportune moments to influence national policies and programs, as well as the international development agenda. PPD sponsored African First Ladies meeting against HIV/AIDS (OALFLA) resolved to expand their focus to include maternal health.

PPD's SRHR champions include Ministers of Health, Ministers of Finance, and Ministers of Social Development in its 26 member countries. PPD has also developed the knowledge and advocacy skills of parliamentarians throughout Asia, the Middle East, and Africa. PPD's development of Southern leaders for SRHR has resulted in a stronger Southern voice for SRHR at international fora, as well as at national levels. PPD has also developed the knowledge and advocacy skills of parliamentarians throughout Asia, the Middle East, and Africa. PPD's development of Southern leaders for SRHR has resulted in a stronger Southern voice for SRHR at international platform, as well as at national levels.

PPD worked through the public planning and health systems to build the knowledge and capacity of leaders at technical, managerial, and policy levels to ensure that the right, locally-owned and locally-

driven policies and programs are institutionalized. PPD developed parliamentary leadership and commitment for family planning and reproductive

health resulting in increased tabling of private members' bills in its member countries.



PPD Executive Director met Board Member of PPD H.E. Ms. Sushma Swaraj, Honorable Health Minister of MOHFW, India in 2002

PPD uses South-South cooperation as a framework within which it strives to mainstream population issues, reproductive health and gender issues in Millennium Development Goals (MDGs) based poverty reduction strategies and programs. Establishment of its own Secretariat in Dhaka in 1996, development of first Strategic Framework in 1998 autonomy from the tutelage of United Nations Population Fund (UNFPA) in 2001, and recognition as Permanent Observer by UN General Assembly in 2002 are important milestones in late 90s and early 2000s that created a strong foundation for further developing PPD as an independent well functioning institution.

### Key milestones in the journey of institution building

- |   |  |
|---|--|
| <p>1994 Dr. HaryonoSuyono, Minister for Population in Indonesia, at a press conference announces the formation of PPD.</p> <p>1995 The First Board Meeting of PPD held in Harare, Zimbabwe where a Board is constituted under the chair of Dr NabihaGueddana. The Board unanimously decides to locate its Permanent Secretariat in Dhaka, Bangladesh. Four member countries (Mexico, Tunisia, Thailand and Indonesia) designated by UNFPA as Centre for Excellence for population and RH activities in their respective regions.</p> <p>2000 PPD develops and adopts its first five year Strategic Plan.</p> <p>2003 PPD's liaison office in the United Nations is established in New York<br/>The Government of Bangladesh accords Diplomatic status to PPD Secretariat.</p> <p>2004 Establishment of Cairo Technical Office.<br/>PPD develops a 10 year Strategic Plan.</p> <p>2006 PPD opens a Program Support Office in Taicang, Chin</p> <p>2007 PPD opens a Regional Office in Kampala, Uganda<br/>PPD Africa Regional Office develops its five year Strategic Plan.</p> <p>2008 PPD Secretariat develops a four year Strategic Business Plan.</p> <p>2009 Govt. of China's commodity/technology supports to 9 MCs – worth of US\$ 3.0 million.</p> | <p>2010 Bangladesh government donates a piece of land of 27,872.5 sq ft in the capital city of Dhaka to PPD for construction of its own permanent Secretariat Office and for resource mobilization.</p> <p>2011 Organizational reform was made for ensuring effectiveness and accountability through conducting a comprehensive management and financial audit. Two advisory committee were constituted: Program, Planning and Management Committee; and Finance and Risk Management Committee.<br/><br/>Enhanced Member Countries ownerships for SSC resulting in emerging economies of the south along with other members including China, India, South Africa, Nigeria, Mexico, Bangladesh, Thailand and Morocco doubling or partially increasing their annual contribution to PPD.</p> <p>2013 PPD launched “Global Commission on Aging in Developing Countries” with the technical support of World Health Organization during its 18th Board Meeting held in Beijing, China</p> <p>2014 UN Secretary General acknowledges for the first time PPD's contribution towards promoting SS Cooperation in the field of Population, RH &amp; Development (UN Res. 69/2014).<br/><br/>26 MCs representing 4 billion world population (58%).<br/><br/>Strategic Plan for the next 5 years (2015-19) has been developed.</p> |
|---|--|

## *20 years of PPD's Programs for Promoting SSC in RH, Population and Development*

The concept of South–South Cooperation in the field of population and development is not new. However, earlier exchanges of experiences and technical know-how between developing countries tended to be adhoc and consisted mostly for short–term training and study tours mainly driven and supported by donors. PPD is the first and only organization that has pioneered the institutional efforts to formalize South-South partnerships in reproductive health and family planning. Over the period of a decade and half, PPD has pioneered several development approaches within the framework of South–South cooperation, applied them in practice and demonstrated a ‘good practice’ model for the governments, international bi-lateral and multi–lateral organisation and other international development agencies. Various independent reviews have found PPD playing an active role in advocacy, sharing and exchange, capacity building and networking. With a competitive advantage derived from its governance structure and geographical spread, PPD has been particularly effective in its advocacy activities in areas such as family planning, maternal mortality, reproductive health supply security, integration of reproductive health/family planning (RH/FP) and population issues into poverty alleviation strategies and fighting the HIV/AIDS menace. The mid–term review of the Strategic Business Plan (SBP) 2008–2011 observed that ‘PPD’s advocacy messages, supported by hard data, have become increasingly relevant to the Member Countries needs. Advocacy has long been an area of strength for PPD; today, its advocacy often serves as an entry point for PPD to implement new projects’. With an established credible identity, PPD has increasingly been invited to join in global initiatives as a coalition partner. For example, PPD was invited to participate in the World Health Organization (WHO) “Implement Best Practices” (IBP) Consortium, Reproductive Health Supply Coalition (RHSC) and also as an

implementing partner in inter-country projects, such as Advance Family Planning (AFP) and Capacity Plus Initiative (CPI). PPD’s efforts to enhance the institutional capacities of the Partner Institutes (PIs) by assessing their existing capacities, mapping gaps in their current training, developing generic modules, institutionalizing the generic modules in the PIs and then establishing a mechanism for networking among them, made an important contribution to country level capacity building. An important gain derived from the generic modules was the application of uniformly similar courses and curricula that are consistent with the International Conference on Population and Development (ICPD) 1994 thematic areas.

PPD’s scholarships program is considered as an excellent example of South-South initiative. Based on voluntary country contributions and coordinated by the Secretariat, the Fellowship Program provides opportunities for high–quality training which is cost effective and more relevant to member countries’ needs. Through 2014, PPD facilitated over 1550 scholarships in the area of RH/FP, demography, maternal & child health from its MCs. PPD trained 1,000 senior and mid-level professionals and 200 potential visionary leaders on SRH in developing countries. Scholarships offering countries have increased from 1 country (Egypt) to 9 countries (Bangladesh, China, India, Indonesia, Tunisia, South Africa, Morocco and Thailand).

PPD has organized several Parliamentarian Forums focused on creating political commitment for RH/FP and gender issues. These forums, that included NGOs, provided opportunities for networking. PPD has set out a functional definition of Best Practices and established a four–stage technical vetting process for the purpose. It also has:

*A. Developed parliamentary leadership for, and commitment to, family planning and reproductive health resulting in increased tabling of private members’ bills in many countries*

- B. Created champions for SRHR in Africa, including the First Lady of Uganda Queen of Buganda Kingdom, Uganda to advocate for and make strong statements on the health of women and children, and to support SRHR specifically.
- C. Helped strengthen accountability for the Maputo Plan of Action.
- D. Built first lady champions for the MDGs to reduce maternal and child mortality in Africa.

### **Global Commission on Aging in Developing Countries:**

PPD with technical cooperation of the World Health Organization (WHO) established the 'Global Commission on Ageing in Developing Countries'. The Commission was launched on 23 Oct 2013, in Beijing China by H.E. Ms Bongzi Maria Ntuli, Deputy Minister of the Department of Social Development, Ministry of Social Development, Govt. of South Africa in the presence of PPD Board Members, PCCs, and WHO representatives.



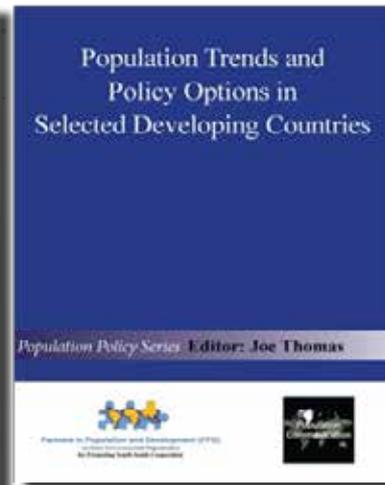
*Launching ceremony of Global Commission on Aging in developing countries, Beijing 2013*

### **Summary of other key achievements**

Increased allocation of government budget in national population sexual and reproductive health (SRH) and gender programs in 17 member countries;

- ◆ Integration of SRH into poverty reduction policies in 19 countries;
- ◆ National Task Forces for SSC have been established in 12 countries;
- ◆ Regular SSC planning and review meetings have been organized in 18 countries in last three years
- ◆ Annual Work plans for SSC exist in 13 countries
- ◆ Researches through PPD support have been carried out in 40 percent of the member countries;
- ◆ Thirteen PPD member countries have entered into agreements between themselves for transfer of skills and equipment

Through the support of PPD, the member countries strongly feel that significant achievements have been gained in national advocacy for SSC, capacity building, documenting good practices, improving information and exchange of experiences, targeted advocacy for SRH, and networking with partner institutions (PIs).



PPD has capitalized on the wealth of intellectual and programmatic capacity that exists in its member countries through enabling the replication of best practices in population and sexual and reproductive health and rights (SRHR).

Best practices and experiences are shared through observation and study tours, as well as focused best practice exchanges where particular program interventions from one PPD member country are transferred to another.

In 2012, PPD in partnership with Population Communication documented and published a compendium of population stabilization reports from 9 PPD members countries as titled “population trends and policy options in selected developing countries” which was disseminated with its all member countries and other stakeholders at global levels. In 2011 PPD jointly produced a publication with the Special Unit for South-South Cooperation in the United Nations Development Program (UNDP) and the United Nations Population Fund (UNFPA) to document ten best practices on selected aspects of the ICPD Program of Action in PPD’s member countries. These case studies examined topics including: family planning, adolescent reproductive health and mother-to-child transmission of HIV/AIDS, gender empowerment and reproductive health, parliamentarians’ advocacy for reproductive health, and linking of population dynamics and development planning.

Building on the documentation of the case studies, PPD has facilitated visits between member countries to learn about how these successes can be replicated elsewhere. In 2012, policymakers and program implementers from Vietnam visited India to learn from its innovative program to address sex selection. And a high-level delegation from Nigeria studied the Bangladesh program to learn about partnerships between faith-based leaders and the public sector in addressing barriers of family planning uptake.

The Ministry of Public Health in Thailand worked with the National Committee for Population and Family Planning (NCPFP) in Vietnam to assist the Vietnamese government in better serving its hard-to-reach communities living in the mountainous and remote regions of a Ba Vi district, Ha Tay province and Yen Hung district, QuangNinh province, Vietnam. Thailand drew on its own experience in increasing the accessibility of integrated reproductive health program to marginalized groups. A Thai expert committee worked with local experts in Vietnam to train field workers and localize attractive IEC materials such as flip charts, leaflets, manuals, and models depicting contraceptive choices. The result of this South-South partnership to train field workers and equip them with attractive IEC materials was a 14-fold increase in the use of contraceptives in the areas where this innovative model was piloted. PPD organized study tours/exchange visits for



policy makers to learn from, adopt and scale-up best practices in its Member Countries.

Scaling up and expanding community based RH/FP and adolescent innovative programs (Uganda learnt from Ethiopia).

Integration of RH/FP and MCH services (Bangladesh learnt from Indonesia and China).

Addressing sex preference at birth (Vietnam learnt from India).

Partnership with faith based leaders to promote FP services utilization (Nigeria is learning from Bangladesh).

### ***High level Policy Advocacy, Ministerial Conference, Peer Review and Consultative Meetings***

PPD has invested over the years in organizing international inter-ministerial conferences, global and regional dialogues on topics of global, regional and national level priority and importance on population, development, and reproductive health including HIV/AIDS and adolescents in the form of international conferences for member and non-member countries.

The international inter-ministerial conferences have resulted into Declarations which have served as useful guidelines for participating countries in addressing context specific reproductive health, family planning, population, HIV/AIDS and development issues in the concept of MDGs. Such

declarations adopted during the last decade include the Beijing Declaration in 2000, Kochi Declaration in 2001, Jakarta Declaration in 2003, Yangtze Declaration in 2004, Agra Declaration in 2005, Rabat Declaration in 2007, Kampala Declaration in 2008, Yogyakarta Declaration in 2010 and Pretoria Declaration in 2011, Dhaka Declaration in 2012 and Beijing Declaration in 2013. These international conferences have been excellent opportunities for PPD to advocate for political, policy, financial, technical and program support for addressing reproductive health, population, integrated HIV/RH/FP and development issues in PPD member and other countries.

Taken together, the topics and themes of these conferences provided vital support for PPD member countries to move towards addressing the issues in post ICPD and Post MDGs development agenda.

Through targeted advocacy work, PPD achieved the following:

- ◆ PPD's Membership increased to 26 from 10. Total coverage 59% of the world population close to 4 billion.
- ◆ 68% (17) of PPD Member Countries increased allocation in the government Budget on Sexual and Reproductive Health and Gender Program
- ◆ 76% (19) of PPD Member Countries integrated Sexual and Reproductive Health into Poverty Reduction Policies

- ◆ 79% of member states have a work plan on South-South Cooperation. Regular SSC planning and review meetings has been organized in 72% countries in last 3 years
- ◆ National Support Structure (national task force) for South South Cooperation constituted in 12 PPD member countries (48%).
- ◆ MOU signed between China and PPD to facilitate exchange of Reproductive Health Commodities and Technology from Government of China to 6 PPD countries. 6 PPD countries have joined formal Bilateral Agreement on Sexual and Reproductive Health.
- ◆ 13 PPD countries have entered into agreement for transfer of skills and equipment to other countries
- ◆ Member countries contribution has increased by 70%. (2 countries increased by 200%, 1

by 100%, 2 by 15%, 1 by 10%, one country contributed 64 decimal land equivalent to 10 million USD for constructions of permanent south south head quarter and 4 countries contributed fund for construction of the building in the land again among the 4, one country committed to construct a multistoried south south RH centre in the land).

- ◆ Integrated global agenda into national capacity building program through PPD PPD Partner Institutions Network (23).
- ◆ PPD's scholarships program Initiated by one country (Egypt in 1998), now 9 PPD MCs (Egypt, Bangladesh, India, South Africa, China, Indonesia, Tunisia, Morocco and Thailand) provide scholarships to PPD

## PPD's Salient Activities

The pictures that follow present PPD's salient activities that include global advocacy, inter-ministerial conference, regional dialogue and consultations, national consultations, Annual Governance Meetings, Annual PCCs Meeting, Capacity Building programs etc.













## South-south technical cooperation among PPD member countries

PPD worked through the PPD China Office, the Government of China has donated over \$1 million USD worth of contraceptives and \$600,000 worth of reproductive health medical supplies to 6 PPD member countries in South-East Asia, the Middle East, and Africa. PPD also worked with the existing commodity logistics committees and donors, identifies supply gaps in PPD member countries and helps fills them through donations from other emerging economies countries. Introduction of new



Male Contraception by Indonesia, PPD promoted the male contraceptive through its constituencies. Several MoUs signed including an MoU between PPD and Govt. of China for transferring technology and commodities to PPD member countries in Beijing, China in 2006. MoU signed between Govt. of Bangladesh and Govt. of China for transferring commodities and technology to Bangladesh in Dhaka, 2013. Honorable Ambassador of Govt. of China to Dhaka hands over the MoU to Honorable Health Minister of Bangladesh.



Another MOU was signed between PPD and UNITAID in presence of H.E. Mr. Ghulam Nabi Azad, Honorable Minister, Union Ministry of



*Handing over of MoU between PPD and Govt. of China*

Health and Family Welfare, Government of India; H.E. Prof. AFM RuhulHaque, MP, Honorable Minister, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh; H.E. Mr. Chen Li, Honorable Vice Minister, National Population and Family Planning Commission of China (NPFPC), Government



*Chinese delegates visiting Bangladesh*

of the People's Republic of China during the PPD Board Meeting held in Dhaka in 2012. The focus areas of agreement were carry out a rapid assessment of regulatory barriers to lifesaving commodities in partner countries, identify specific actions for reducing regulatory barriers and improve regulatory efficiency, and develop a detailed work plan to promote south to south partnership in reducing regulatory barriers and improve regulatory efficiency.

Delegates from China visited Bangladesh and met Bangladesh BM to share and learn experiences in RH in 2013.

### *Capacity Building and Scholarship Program*

PPD has established partnership with 23 national and regional training and research institutions in Asia, Africa, Middle-East and Latin America and identified Centers of Excellence as PPD Partner Institutes (PIs) to strengthen South-South Cooperation in the field of population and development.

Through the partner institutions, PPD offered scholarship to over 2,700 professionals working in developing countries to improve their technical skills and leadership abilities. Around 90% of the scholarships cost which is an amount of approximately 1.5 million (in kinds) annually contributed by MCs making south-south scholarship exchange a significant and cost-effective model to develop the next generation leaders of reproductive health and population in the global south. The pictures presented below show the scholarships and training programs of PPD.



Sitting (L to R) : Dr. Shajeeul Islam, Dr. K.S. Nair, Dr. Jagdish Kaur, Dr. U.Datta, Prof. Deoki Nandan, Dr. Vibha Parthasarathi, Mr. Henry S. Joseney, Dr. Poonam Khattar, Dr. Prabhakar R. Singh, Dr. Gita Mathwal, Dr. Mona Bhatti  
 Standing 1st : Prof. Vilasini Sharma, Mr. Neeraj Rastogi, Dr. Y. Binola Devi, Ms. Umila Singh, Dr. R. Rajani Devi, Dr. Sarita, Dr. Rangana Sharma, Mr. Sunita Bhatnagar, Kalyana Toran, Dr. Sankar Barua, Dr. Murali A. Saranya, Mr. Raju Bhatnagar, Mr. Anshu Sharma, Dr. Rashmi Sharma  
 Standing 2nd : Dr. Ashok K. Bhatnagar, Mr. Raju Kumar, Mr. Rishi Tewari, Dr. Ramkrishna, Dr. M. Gramasakarn, Dr. D.S. Chandel, Mr. A.U. Bhat, Dr. Prabha K. Mehra, Dr. Ashok Chandel, Dr. Mahesh Sankh, Mr. Sunil Chandel  
 Standing 3rd : Dr. A. C. Narayan, Dr. Gordon Zuhngthanga, Dr. Anayee Singh, Dr. Saleem, Sh. Kashi Nath Singh, Dr. N.N. Paswan, Mr. S.P. Singh, Dr. V.K. Tiwari



An additional 1,300 senior-level officials have been trained in sexual reproductive health and population through the PPD China Office.

Fifteen PPD Member countries integrated the global agendas (ICPD, MDGS) into national capacity building program and developed 6 international training modules with support from UNFPA in the RH, population and development field. The module also translated into Chinese, Thai and Indonesian Bahasa. PPD has organized several technical and consultative meetings in partnership with its PIs in various countries like China, Bangladesh, Thailand, India, Morocco & Kenya.





### ***Faith based organizations develop curriculum on reproductive health for Islamic leaders***

PPD mobilized faith-based organizations from member countries together to develop a reproductive health training curriculum for Islamic leaders. The curriculum was translated and produced in five languages: Arabic, Chinese, English, Hindi, and Thai. The Family Planning Association of Bangladesh and the Islamic Centre for Population Studies and Research (IICPSR) of Al-Azhar University developed the training curriculum and trained religious leaders from Bangladesh, China, India, and Thailand. Using a cascade training model, 1,200 grassroots religious leaders across the four countries ultimately benefitted from training in reproductive health and rights. This program ultimately contributed to improved health and rights for women in Muslim communities through the removal of prior barriers to the use of family planning and the promotion of modern contraceptive methods.

### ***South-South Technical Advisory Services (STAS) in RH, Population and Development***

PPD introduced the south-south leadership development program through strengthening South-South Technical Advisory Services (STAS) in RH Population and Development. PPD, with support from the Ministry of Foreign Affairs, Netherlands, pioneered in implementing a project

on South-South Technical Advisory support services that created and expanded opportunities for developing countries to benefit from each other's expertise and experiences in the areas of reproductive health, population and development through South-South collaboration.

### ***Data base for consultants specialized in RH, Population and Development***

PPD created a strong network with a highly skilled pool of more than 500 independent consultants worldwide who are experts in the field of population, RH/FP, adolescent health and HIV/AIDS and well positioned to provide technical assistance for building local, regional and global capacity with cutting edge perspectives and solutions unique to scaling up an adolescent focused HIV/AIDS response in developing countries.

### ***Visionary Leadership Program (VLP)***

The Visionary Leadership Program (VLP) was introduced by PPD with financial support of Packard Foundation to promote South-South leaders in four focus countries: Ethiopia, India, Nigeria and Sudan. The program was implemented in collaboration with International Council on Management of Population Programs (ICOMP, Malaysia) and the Centre for African Family Studies (CAFS, Kenya). The program included a combination of learning elements, a self learning package, south-south advanced leadership training, mentoring, networking meetings, and on-the-job projects. About 200 leaders were trained in the four countries.





### **Global Leadership Program (GLP)**

PPD introduced global leadership training program on reproductive health including family planning for mid-level program managers, planners, service providers and technical experts at institutes located

in 12 member countries of PPD. Each course had a core training module and a specialized module (e.g., safe motherhood, adolescent RH). Under the GLP 845 professionals from over 70 developing countries were trained. The program was funded by Bill and Melinda Gate Foundation.



To enhance national level South-South cooperation, national workshops were organized to constitute national task forces for SSC in 16 PPD MCs namely, Senegal, South Africa, India, Benin, Pakistan, Thailand, Ghana, Ethiopia, Zimbabwe, Jordan, Tunisia, Nigeria, Bangladesh, Yemen, Uganda and Egypt. Taskforces were set up with an objective to bring together the representatives of the Governments, international organizations, policymakers, NGOs, Civil Society Organizations, researchers and private sector engaged in the field

of RH, Population, and Development. Partners in Population and Development (PPD) provide technical and other forms of assistance to the NTF to enable it to achieve its objectives. The goal of National Task Force is to promote the achievement of ICPD Goals and the MDGs through South-South Cooperation.

The south-south activities at national levels seen in the pictures in pp.83-88.

## Bangladesh



## India



## Pakistan



## Nigeria



## Uganda





Senegal



Ethiopia



Ghana



Benin



Thailand



Jordan





Zimbabwe



Vietnam



### PPD's activities at Global Forums

In 2013, PPD conducted a promotional booth during Women Deliver Conference held in Kuala Lumpur, Malaysia. The booth was visited by several delegates participated in the conference and learned about the PPD. The booth was sponsored



by Population Communication, NY. PPD also organized a side event on “Gender, equity and women empowerment” with the technical support of World Health organization. The below pictures present the activities.



Cooperation: Response to HIV/AIDS during the occasion of the congress. The below pictures present the activities.

In 2013, PPD also conducted another promotional booth during International Congress on AIDS in Asia and the Pacific held in Bangkok, Thailand. A press conference organized on South-South



*A permanent home of PPD's 26 Member States in Bangladesh*



A piece of land (27, 872.5 sq) was contributed by Govt. of Bangladesh to make a permanent home of 26 PPD's MCs and to make infrastructure for its own resource mobilization through renting office spaces. In 2010, the Bangladesh board member and honorable Health Minister H. E. Prof. A. F. M. Ruhul Haque, MP hand over the land to PPD.

The Prime Minister H. E. sheikh Hasina unveils the foundation stone of PPD's permanent home in Dhaka in the presence of PPD Board Chair and other members of PPD during its annual Board meeting held in Dhaka in 2012



*Partners in Population and Development, HQ (Construction work in Progress, 2014)  
Sher-e-Banglanagar, Dhaka*

## Lessons Learned

### *Six key lessons learned from the implementation of the programs during*

*Facilitating the member countries to empower themselves for sustainable development* is an achievable goal which requires a systematic and coherent self-help approach within the South to South Cooperation framework and continuity of such approach fully complemented by strong political will and sharing of costs; openness to truly collaborative practices with state and non-state sectors; vigorous commitment to the ambitious vision; and relatively modest though adequate and well-targeted resourcing.

*Improving the life chances and choices of the people through improving their access to development opportunities*— requires us to understand our efforts in the context of the broad national policies to close the gap in access and utilization of services and the health outcomes; to sharpen our focus on the importance of cultivating and working in genuine partnerships with the international, regional and national organisations and enhancing the capacity of the government organizations; and the importance of delivering outcomes and building and making available ‘good practices’ based on credible evidence.

*Working through strong partnerships and cross-sector collaborations with the national regional and international organisation* presents us with opportunities to be part of an array of exciting initiatives to increase impact, contribute meaningfully to and share in national learning and help to facilitate outcomes far beyond our own resources. In our experience successful partnerships and productive collaborations require genuine alignment of strategic goals and core operating principles, and a capacity to respectfully accommodate diversity of views. We are prepared to invest the time, effort and resources required to build genuine partnerships that help us realise our

vision, and to respectfully withdraw where they do not.

*Establishing and maintaining a conducive environment for utilising the full potential of Partner Country Coordinators (PCCs)* is an important building block for driving the PPD agenda and integrating it into national population and sexual and reproductive health plan. This along with the strong sustained political will and self-determined active engagement of the individual board members in their respective countries for improvement of sexual and reproductive health can produce significant results even in a modest resources allocation environment.

*Building a strong and dynamic organisation capable of facilitating collaboration* among the member countries, and having a positive impact on public opinion, policies and practices at national, regional and international levels has clearly demonstrated the value and the need of investing in development of our own institutional capacity.

*Long-term plans backed by coherent short-term action plans* are required in all development efforts. PPD must, within the framework of long-term Strategic Plan, develop a time bound coherent ambitious business plan and implement it while being focussed on the long-term agenda. A commonly shared operational business plan that clearly articulates the success indicators and most appropriate and relevant activities to achieve the desired outputs, and that identifies and holds different constituencies accountable are key elements delivering ambitious results. In the context where the member countries’ representatives to the governing boards and Partner Country Coordinators (PCCs) change frequently, the results based framework binds all the constituencies together against the common results.

Since 1995, with exceptionally strong support from UNFPA, the Rockefeller Foundation, the Hewlett and Packard Foundation, The World Bank, the PPD member countries' contribution and many other international development agencies, governments, Partner Institutions (PIs), myriad of NGOs, and media organizations, we have been able to continue our work and now poised to expand of our experiences and good practices with renewed energy, and with new national and international partners in an effort to raise the profile, impact, support and effectiveness of our work.

### *Value addition of PPD*

PPD is a unique southern-led and southern-run Inter-Governmental organization that is focused on South-South Collaboration for RH, Population and Development.

- ◆ PPD Governance Board is comprised of high level policy makers including Cabinet Ministers (of the Ministries of Health, Population, Planning, Finance, etc.). They provide needed political goodwill and financial commitment required for enabling policy and accessible RH/FP and Population program. They are key advocates at national, regional and global levels for advancing the SRHR agenda towards achieving universal access to RH and sustainable development.
- ◆ PPD has a well-established South-South Country Coordinating mechanism. Each member country has a designated focal person, usually a senior government official (at the level of a Joint Secretary or Director in the respective sectoral ministries) who works with the Board Member for providing leadership and coordinating South-South Collaboration activities.
- ◆ In each Member Country, PPD has a National Task Force for South-South Collaboration (NTFSSC). The NTFSSC has an inclusive membership of 'like-minded' key stakeholders in the SRHR, Population

and Development arena including donors, public sector, UN agencies, civil society and private sector. The NTFSSC is instrumental in prioritizing key country context policy and program advocacy agenda as well as fostering partnerships for sharing best practices, resources and technical expertise for SRHR, Population and Development programming.

- ◆ PPD works with 21 Partner Institutions (PIs) that are national, regional training and research institutions in Asia, Africa, Middle-East and Latin-America (list of PIs is available on the PPD website), to promote and build national capacity in management, leadership, operations research, policy and advocacy and exchange of South-South expertise and resources for RH/FP and Population programs in its member countries.
- ◆ PPD facilitates and coordinates Regional Networks (based on regional economies) to actualize scaling-up and expansion of best practices in SRHR, among its member and non-member countries.
- ◆ PPD works with networks of Parliamentary Committees on Health and Population to advocate for political and financial commitment as well as to advance the national, regional and global SRHR and population agenda for sustainable development.

### *Challenges and Conclusion*

The Program of Action agreed to at the International Conference on Population and Development, along with benchmarks added at the ICPD+5 review, inform the eight Millennium Development Goals. These mutually reinforcing development blueprints guide PPD in its efforts to bring together the developing countries within the framework of South-South Cooperation to improve lives, support reproductive health and rights, and advance gender equality.

A decade after the Millennium Declaration, there have been noticeable reductions in global poverty, significant improvements in enrolment and gender parity in schools, reductions in child and maternal mortality and increasing use of HIV treatments. Steps have been taken towards ensuring environmental sustainability and developing countries are incorporating the MDGs into their development strategies. However, while the share of poor people is declining, the absolute number of the poor in South Asia and in sub-Saharan Africa is increasing. Rapid reductions in poverty are not necessarily addressing gender equality and environmental sustainability. Lack of progress in reducing HIV is curtailing improvements in both maternal and child mortality. The expansion of health and education services is not being matched by quality.

The goals and objectives of the ICPD Program of Action have not been fully reached. Although important progress has been made, fulfilling the commitments towards the Millennium Development Goals is not on track. Lack of strong political will and weak institutional capacity particularly in conflict and post-conflict countries is a main barrier towards achieving MDG goals. Recognizing the slow progress in achieving some of the goals and uneven progress in particularly health related goals, UNDP has developed an MDG Acceleration Framework drawing on the past decade's evidence base. The framework provides a systematic way for countries to develop their own action plan based on existing plans and processes to pursue their MDG priorities. It also helps governments to focus on disparities and inequalities, two of the major causes of uneven progress, by particularly responding to the needs of the needy people. Of the 10 countries where this framework is being piloted, two are PPD member countries, Ghana and Uganda.

Lack of adequate resources to meet current needs is a major impediment to the achievement of the goals

of the Conference and the Millennium Development Goals which will continue to be threatened by the current international financial and economic crisis. At the eve of 15th anniversary of the ICPD, the UN and other international development agencies, governments and development partners came together in 2009 to take stock of how much has been accomplished and how much is yet to be done. While it was appreciated that donor assistance has been increasing steadily over the past few years, possibly would have reached a level of \$11 billion in 2011, however given the current global financial crisis, it is not certain whether countries will continue to increase funding levels for population. A rough estimate of resources mobilized by developing countries, as a group, is estimated to have been around \$20.5 billion in 2009. These figures presuppose that developing countries will continue to increase resources for population activities. In spite of steady growth of resources flows, the overall funding is significantly less than necessary to meet current needs and costs, which have grown tremendously since the targets were agreed upon in 1994.

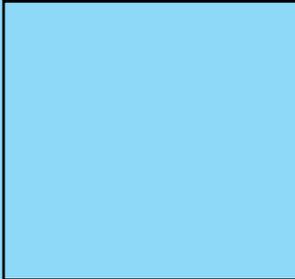
These challenges have made the work of PPD more relevant. Strengthening commitment of the national governments to the MDG and ICPD, enhancing institutional capacities for delivery and strong partnerships for resources mobilisation and provision have been and will continue to be at the forefront of PPD's agenda for reforms in the next 3 years and possibly beyond.

The ICPD agenda is still an unfinished agenda. PPD has much to be proud of its inter-governmental strength, strong political commitment of member states, organizational capacity, skills and expertise. However, the competitive potential of an "*inter-governmental organization for SSC*" is still to be realized to keep the pressure on to deliver on the SRHR commitments made in the ICDP Plan of Action (PoA).

# Annexure C

## PPD Board Members

 <p>Bangladesh</p>	<p><b>H.E. Mr. Mohammed Nasim</b></p> <p>Honorable Minister, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh, Bangladesh Secretariat, Dhaka-1000, Bangladesh</p>	
 <p>Benin</p>	<p><b>H.E. Prof. Dorothée GAZARD</b></p> <p>Honorable Minister, Ministry of Health, Republic of Benin, 01 BP : 882, Cotonou, Benin / PK3 Akpakpa, Cotonou, Benin</p>	
 <p>China</p>	<p><b>H.E. Dr. Li Bin</b></p> <p>Honorable Minister, National Health and Family Planning Commission (NHFPC), Government of the People's Republic of China, 14 Zhi Chun Road, Haidian District, Beijing 100088, China</p>	
 <p>Egypt</p>	<p><b>H.E. Prof. Dr. Adel Hassan El Adawy</b></p> <p>Honorable Minister, Ministry of Health and Population, Government of the Arab Republic of Egypt, 3 Magles El-Shaab Street, Cairo, Egypt</p>	

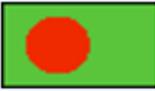
 <p>Ethiopia</p>	<p><b>H.E. Dr. Kesetebirhan Admasu Birhane (MD, MPH)</b></p> <p>Honorable Minister, Ministry of Health, Federal Democratic Republic of Ethiopia 1234 Addis Ababa, Ethiopia</p>	
 <p>The Gambia</p>	<p><b>H.E. Ms. Isatou Njie-Saidy</b></p> <p>Honorable Secretary of State for Women's Affairs, Government of the Gambia, State House, Banjul, The Gambia</p>	
 <p>Ghana</p>	<p><b>Dr. Marian W.A.Kpakpah</b></p> <p>Executive Director, National Population Council, Government of the Republic of Ghana, PO Box MB 666, Ministries, Accra, Ghana</p>	
 <p>India</p>	<p><b>H.E. Mr. Jagat Prakash Nadda</b></p> <p>Honorable Minister, Union Ministry of Health and Family Welfare, Government of India, Nirman Bhawan, A Wing, Maulana Azad Road, New Delhi-110011, India</p>	
 <p>Indonesia</p>	<p><b>Prof. Dr. Fasli Jalal, Sp. GK. PhD</b></p> <p>Honorable Chairperson, National Family Planning Coordination Board (BKKBN), Government of Indonesia, Jl. Permata No. 1, Halim Perdanakusuma, Jakarta 13650, Indonesia</p>	

 Jordan	<p><b>H.E. Dr. Mugally Mhailan</b></p> <p>Honorable Minister of Health, Government of the Hashemite Kingdom of Jordan, Jabal AI-Hussein, P.O. Box 86, Amman 11118, Jordan</p>	
 Kenya	<p><b>S.E. Mr Cheickna Seydi Ahamadi Diarra</b></p> <p>Director General, National Council for Population and Development (NCPD), Chancery Building, Valley Road, PO Box 48994-00100, Nairobi, Kenya</p>	
 Mali	<p><b>H.E. Mr Cheickna Seydi Ahamadi Diarra</b></p> <p>Member, PPD Board and Honourable Minister Ministry of Health, Government of Mali Koulouba, BP 232 (P.O. Box), Bamako, Mali</p>	
 Mexico	<p><b>Mrs. Patricia Chemor</b></p> <p>Secretary-General, Consejo Nacional de Población (CONAPO), Secretaría de Gobernación Hamburgo 135, Piso 11, Col. Juárez, Del. Cuauhtémoc, C.P. 06600, México, D.F., Mexico</p>	
 Morocco	<p><b>H.E. Prof. El Houssaine Louardi</b></p> <p>Honorable Minister of Health, Government of the Kingdom of Morocco, 335 Avenue Med V, Rabat, Morocco</p>	
 Zimbabwe	<p><b>H.E. Dr. David Parirenyatwa</b></p> <p>Member, PPD Board and Honourable Minister Ministry of Health and Child Welfare, Government of Zimbabwe Kaguvi Building, Fourth Street, PO Box CY 1122, Causeway, Harare, Zimbabwe</p>	

 <p>Nigeria</p>	<p><b>H.E. Dr. Suleiman Olanrewaju Abubakar</b> Minister/Deputy Chairman, National Planning Commission, Government of the Federal Republic Nigeria, Plot 421, Constitution, Avenue, Central Business District, FCT, Abuja, Nigeria</p>	
 <p>Pakistan</p>	<p><b>H.E. Ms. Saira Afzal Tarar</b> Honorable Minister of State, Ministry of National Health Services, Regulations &amp; Coordination, Government of Pakistan, Pak Secretariat, Islamabad, Pakistan-44000</p>	
 <p>Senegal</p>	<p><b>H.E. Prof. Awa Marie Coll SECK</b> Honorable Minister of Health Government of Senegal, BP. 4024 Dakar, Senegal</p>	
 <p>South Africa</p>	<p><b>H.E. Ms. Bathabile O. Dlamini</b> Honorable Minister for Social Development, Government of the Republic of South Africa, HSRC Building, North Wing, 134 Pretoria Street, Pretoria, South Africa</p>	
 <p>Sri Lanka</p>	<p><b>H.E. Mr. Lalith Chandra Buddhisiiri Dissanayake</b> Honorable Deputy Minister of Health, Government of the Socialist Republic of Sri Lanka, No. 385, Baddegama Wimalawansa Thero Mawatha, Colombo 10, Sri Lanka</p>	

 <p>Thailand</p>	<p><b>Dr. Porntep Siriwanarangsun</b></p> <p>Honorable Director-General Department of Health, Ministry of Public Health, The Royal Thai Government, Tiwanon Road, Nonthaburi 11000, Thailand</p>	
 <p>Tunisia</p>	<p><b>Dr. Ridha Gataa</b></p> <p>President, Director-General, National Board for Family and Population Ministry of Public Health, 7 Rue Hattab Bouchnak, Centre Urbain Nord, 1082 Tunis, Tunisia</p>	
 <p>Uganda</p>	<p><b>H.E. Mr. Matia Kasaija</b></p> <p>Honorable Minister of State for Finance, Planning and Economic Development, Government of the Republic of Uganda P.O. Box 8147 Kampala, Uganda</p>	
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**PPD Representative To UNESCAP in Bangkok**



**Mr. Shiv Khare**

PPD Representative to UNESCAP

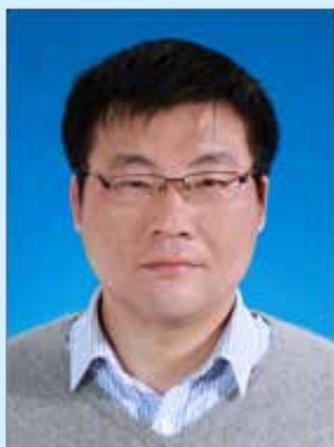
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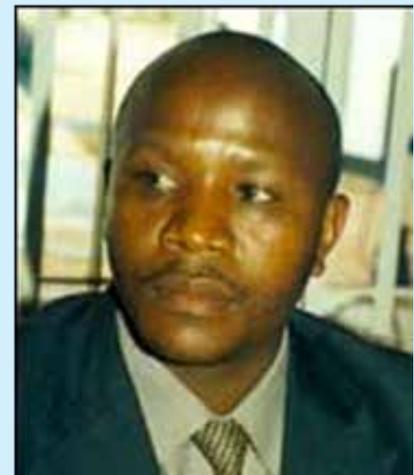
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**Ms. Charity Birungi**  
Secretary/Administrative  
Assistant



**Mr. Baker Semusambwa**  
Administrative Assistant

# Annexure D

## PPD Partner Institutions Network

PPD has established partnership with 22 national and regional training and research institutions in Asia, Africa, Middle East and Latin America and identified Centers of Excellence as PPD Partner Institutes (PIs) to strengthen South-South Cooperation in the field of population and development. These institutions have adequate number of skilled professionals as well as infrastructure that are used for the implementation of the activities for capacity building, conducting research, advocacy and documenting best practices. Addressing PIs and the country's capacity in the field of reproductive health, population and development, PPD undertakes activities like rapid assessments, consultative meetings, preparation of generic modules and materials in the areas of RH, FP and HIV/AIDS, providing technical assistance to institutionalize the modules into the PIs' existing curricula, documenting successful approaches in the areas of RH/FP, population, HIV/AIDS, preparing of population stabilization reports and facilitating exchange of young academic professionals and government officials through scholarships. Name and contact address of PIs are given below:

### Members of the Partners Institutions Network

Sl.	Name of Partner Institutions	Country	Contact Person and Details
1	Institution of Child and Mother Health (ICMH)	Bangladesh	<p><b>Dr. Saria Tasnim</b>                      Executive Director, Professor, ICMH                      Matuail, Dhaka-1362, Bangladesh.</p> <p>Tel: +88-02-7542820-23                      Mobile: +88-01-711538902;                      017111-43350-Nasir Faruq                      Fax: +88-02-7542672                      Email: <a href="mailto:info@icmh.org.bd">info@icmh.org.bd</a>; <a href="mailto:rafed@bangla.net">rafed@bangla.net</a>                      Website: <a href="http://www.icmh.org.bd">www.icmh.org.bd</a></p>

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3	China Center for RH Technical Instruction and Training (CCRHTIT)	China	<p><b>Ms. HU Xiaoyu</b>  Deputy Director, CCRHTIT  145 Guangyuan Road, Shanghai, 200030  People's Republic of China.</p> <p>Tel: +86-21-64472483; 64070434 ext. 30305  Mobile: +86-13621827302  Fax: +86-21-6447-2483  Email: <a href="mailto:mollyxyhu@yahoo.com">mollyxyhu@yahoo.com</a>;  <a href="mailto:csy1976@hotmail.com">csy1976@hotmail.com</a>;  Website: <a href="http://www.ipmch.com.cn">www.ipmch.com.cn</a></p>
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6	Regional Center for Training in Family Planning and Reproductive Health (RCT) - Ain Shams University-	Egypt	<b>Dr. Osama Refat</b> Deputy Director Faculty of Medicine, Ain Shams University13, Obour Buildings, Salah Salem St. Helipolis, Cairo, Egypt.  Tel: (O) 2-0114446460 (Res.) (202-22626613--- --- 202-24029541) E-mail: <a href="mailto:orsherif@yahoo.com">orsherif@yahoo.com</a>
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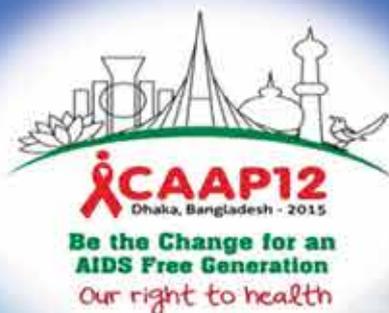
13	Consejo Nacional De Población (CONAPO)	Mexico	<p><b>Ms Patricia Chemor</b> Secretary General Consejo Nacional De Población (CONAPO) Secretaría De Gobernación Hamburgo 135, Piso 11, Col. Juárez, Del. Cuauhtémoc, C.P. 06600, México, D.F.</p> <p>Tel: (O) (52) 52098920 Fax: (52) 52098800 Ext. 30411 E-mail: <a href="mailto:felix.velez@conapo.gob.mx">felix.velez@conapo.gob.mx</a> Email: <a href="mailto:fvelez@segob.gob.mx">fvelez@segob.gob.mx</a>;</p>
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