12th International Inter-Ministerial Conference on Population and Development

Every Woman Every Child
Every Adolescent:
A South to South Perspective on Survive,
Thrive and Transform

Ministry of Health and Family Welfare
Government of the People’s Republic of Bangladesh

A Report

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12th International Inter-Ministerial Conference on Population and Development

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Every Adolescent:
A South to South Perspective on Survive
Thrive and Transform

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Bangabandhu International Conference Centre
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The 12th International Inter-Ministerial Conference, “Every Woman Every Child Every Adolescent: A South to South Perspective on Survive, Thrive and Transform” was conducted jointly by Partners in Population and Development (PPD) and the Ministry of Health and Family Welfare, Bangladesh.

The Honourable Speaker of the National Parliament of Bangladesh, Dr Shirin Sharmin Chaudhury flagged off the inaugural of this one-day conference. The 200 participants present had a fair representation of Ministers and Secretaries from the respective health departments representing the 26 Member Countries (MCs), senior leaders, health and development professionals, academicians, media persons, activists and others.

The Every Woman Every Child (EWEC) movement launched by the UN Secretary-General in 2010, put into action the Global Health Strategy for women and children. With Adolescent health being recently included, Member Countries of PPD now corroborate their commitment to women’s, children’s and adolescents’ health everywhere through the renewed Every Woman Every Child Every Adolescent movement. This conference aspired to address key areas of concern in relation to EWEC and the sustainable development goals (SDGs). These includes supporting global and domestic financial mechanisms to scale up and sustain efficient and equitable delivery of quality services for sexual and reproductive, maternal, newborn, child and adolescent health. These then would help achieve the SDGs Targets for ensuring reductions in maternal and child mortality and increased universal access to sexual and reproductive health services by 2030; generating strong leadership and ownership in support of Every Woman Every Child and sustainable development; strengthening partnerships between governments of developing countries and building the role of Southern countries as non-traditional donors to ensure the delivery of the post-2015 agenda; and advancing integration of Reproductive, Maternal, Newborn and Adolescent Health (RMNCHA); and interventions for HIV within the context of eliminating AIDS and the Global Health Agenda. PPD brings forth the importance of South-South Cooperation (SSC) in order to achieve this.

The Every Woman Every Child (EWEC) movement has, since the last 21 years, been providing service and commitment while promoting reproductive health, population and development. Nine countries established PPD in 1994. Today 26 developing Member Countries share their technical expertise, experience and knowledge under the banner of South-South Cooperation (SSC). This innovative methodology of south-south partnership of southern developing countries working together to garner knowledge and solutions from each other to address common problems and challenges could also include a shared social, political and economic history.

PPD has, since the last 21 years, been providing service and commitment while promoting reproductive health, population and development. Nine countries established PPD in 1994. Today 26 developing Member Countries share their technical expertise, experience and knowledge under the banner of South-South Cooperation (SSC). This innovative methodology of south-south partnership of southern developing countries working together to garner knowledge and solutions from each other to address common problems and challenges could also include a shared social, political and economic history.

The UN Millennium Development Goals Summit in 2010 saw the launch of a global movement Every Woman Every Child (EWEC) by the UN Secretary General Ban Ki-moon. Subsequently, the global movement has strengthened political commitment at the highest level, mobilized resources, consolidated efforts and galvanized action that has resulted in unprecedented progress to reduce maternal and child mortality worldwide, especially among the marginalized and deprived sections of society. This has been arrived at through pioneering multi-stakeholder partnerships involving governments, the UN, civil society, the private sector, philanthropists and international organizations. The progress of the health and well-being within the context of sustainable development goals (SDGs) of women, children and adolescents has got appropriate impetus today with inclusion recently of the adolescents, mapping out investments, financing,
Policies and requisite services. The SDGs build upon the Millennium Development Goals (MDGs) while furthering the goals of the International Conference on Population and Development (ICPD), placing them at the core of the Sustainable Development Agenda. The objective is to gather support from stakeholders to tackle the important health challenges faced by women, children and adolescents.

Every Woman Every Child Every Adolescent aims to strengthen health systems with sufficient skilled health workers to meet the demands of the population, especially vulnerable groups; increase access to sexual and reproductive health services so all women, children and adolescents thrive and can access prevention, treatment and care when and where they need it; and to ensure access to voluntary rights-based family planning to guarantee that every childbirth is safe and every pregnancy is wanted. This campaign is proactive in transforming the world.

The World Population Report shows PPD countries at 4 billion. This accounts for being responsible for over more than half of the world’s population. Of this, millions of women and children die from preventable causes every year. Globally, the MDGs especially pertaining to the health of women and children have not been achieved with some countries continuing to get worse in this regard. Bangladesh has made its mark by being one of the few countries in the world to achieve the MDGs for maternal and child health. His Excellency Mr Mohammed Nasim, Minister of Health and Family Welfare, Government of the People’s Republic of Bangladesh endorsed, “This Conference should make a positive change to the lives of women and children everywhere across PPD countries and to women and children everywhere across more than half of the world’s population”.

His Excellency Mr. Wang Pei’an, Chair of PPD Board and Vice Minister of the National Health and Family Planning Commission of China summarised six priorities for SSC to facilitate the SDGs and Sustainable Development Agenda:

- Formulate Population Plans for the country taking into consideration demographic dynamics and population balance.
- Pursue improved and accessible adolescent sexual and reproductive health systems.
- Implement improved maternal and child health systems and reduce preventable and treatable illnesses.
- Promote inclusion and social cohesion by paying attention to the public health surveys of the migrant populations.
- Foster healthy ageing.
- Strengthen health systems to advance improved and innovative policies.

The 12th Inter-Ministerial Conference facilitated rich discussion with Member Countries sharing experiences of and knowledge on the fundamental health and development issues within the model of South-South Cooperation.

The Conference started with Dr Joe Thomas reconfirming PPD’s total commitment to South-South Cooperation (SSC). Furthering the health and prosperity of all people, especially of women and children is realised through the SDGs. The Bangladesh government has a strong commitment to population diplomacy and has demonstrated leadership in the area of achieving its population goals.

Since 2010, UN Secretary General’s Every Woman Every Child movement has strengthened political commitments at the highest levels, mobilised resources, consolidated efforts and galvanised action that have resulted in unprecedented progress to reduce maternal and child mortality world wide. It has done so through pioneering multi-stakeholder partnership involving governments, the UN, the civil society, private sector, philanthropists and international organisations.

PPD is proud to be part of this global movement. In February 2014, PPD had a meeting with the UN Secretary-General, representing the commitment of PPD Member Countries to the EWEC Movement.

To strengthen the PPD program, in consultation with and with the advice from – the Honorable Chair’s office the Secretariat has carried out a South to South Needs and Opportunities in Population and Development Survey. The data derived from the survey is the basis for PPD secretariat’s efforts to promote South to South Cooperation on Population issues.

Those who are familiar with the development sector know that we have graduated from MDGs to SDGs. SDGs have 17 goals, 169 targets and almost 200+ indicators. The goals and targets are quite complex and ambitious. A significant determinant of our success will be based on the kind of partnership we are going to develop and the kind of leadership we are going to generate. And most importantly, the champions we can create and the champions who can lead this process.

Note: Agenda for the 12th IMC is Annexure 1.
The success of the SDGs by 2030 will rely greatly on continued and renewed partnerships like EWEC. Partnership has to be driven by countries themselves. Hence this 12th Inter-Ministerial Conference is timely and the discussions and interactions here will really go to the heart of what will drive the action and success of the development Agenda 2030.

Let us now recall what the UN Secretary General Mr Ban Ki Moon said at the launch of the Every Woman Every Child movement in 2010:

“All must work together so that every woman and every child can survive and thrive”.

The following three thrust areas are very central to the success of this initiative.

- **SURVIVE**: For helping them survive we need to end all preventable deaths. The MMR needs to be brought down to 70 per 100,000 live births. Newborn mortality needs to come down as low as 12 per 1000 live births. Under-5 mortality needs to come down to 25 per 1000 live births. The epidemic of HIV/AIDS has to end; Tuberculosis and Malaria need to be fully contained.

- **THRIVE**: For them to thrive we need to ensure their good health and well-being. All forms of malnutrition need to end. Nutritional needs of children and adolescents need to be comprehensively addressed. Ensure that there is full development of children from early stages. Ensure universal access to sexual and reproductive health services and commodities. Ensure universal health coverage.

- **TRANSFORM**: We need to create and expand the enabling environment for the women, children and adolescents to be benefited by the above efforts. Poverty eradication, universal primary education, social reformation to end harmful cultural practices, Universal access to safe potable drinking water, access to equitable rights and strengthened partnerships are the measures to create and sustain a transformative environment for the Every Woman Every Child Every Adolescent movement to be implemented.

After extending a very warm welcome to the entire gathering of distinguished participants and guests at the 12th Inter-Ministerial Conference, Mr Maleque stated the following:

- Great honor for Bangladesh to host this Conference in Dhaka and thanks goes to both the Bangladesh Ministry of Health and Family Welfare and PPD.
- Exploring South-South Cooperation-led opportunities for investing in every woman, every child and every adolescent in the context of the post-ICPD and Sustainable Development Goals (SDGs) development framework.
- Bangladesh has achieved MDG Targets 4 and 5. Globally Mother and Child death rates have reduced by half. In Bangladesh the rates of MMR have reduced by half.
- Immunization rate has scaled up from 2% to 85%.
- Prime Minister of Bangladesh, H.E. Mrs Sheikh Hasina is now globally recognized for placing Bangladesh on the world map as the role model for development particularly in the field of health – especially that of women and children in line with the strategy of EWEC – and women empowerment, food security, and social safety nets.
- Bangladesh Leadership has considered investment on mother and child the best investment that has contributed to the growth of the country in all aspects. The principle is that sound investment in this area will ensure sound future of the country.
- Brainchild of the Prime Minister is the starting of Community Clinics to reach out to people in the rural areas. Today there are 13,000 community clinics that provide free of cost 32 different medicines, health checkups for mother and child, counselling on health issues and safe delivery under supervision of skilled birth attendants.
- By scaling up the strategies to benefit the global citizenship, there is a committed promise to the EWECEA campaign that PPD will strive to deliver sustained strategies for enhancing survival and development of the citizens in these countries.
- With every 3 out of 5 people in the world population living in the PPD Member Countries, PPD has been diligently striving to fulfil the essential requirements for safe health particularly for every woman, every child in all it member countries without any exclusion. By rolling out the EWEC program with PPD, Bangladesh has the unique opportunity to improve the health of hundreds of millions of women and children.
Every Woman Every Child is a global health strategy drawing attention of global and national stakeholders to make women and children's health the serious strategic priority and to mobilize renewed commitment for action.

Partnership was formed to take the Agenda for maternal, newborn and child health (PMNCH) forward in 2005. This emphasized that investment in reproductive, maternal and newborn child health (RMNCH) will yield positive results.

This Global Strategy set the stage for promoting women's and children's health by specifying the following 6 points: 1) country-led health plans; 2) comprehensive integrated interventions and services; 3) integrated services; 4) health systems strengthening health workforce; 5) capacity building like the example of Bangladesh developing skilled child birth attendants; 6) coordinated research and innovation.

Bangladesh has made remarkable progress in the area of EWEC and proved that women's and children's health is a key component of development.

Congratulations to the Prime Minister for her government's achievement in the area of human development. Today Bangladesh is globally recognized as a role model in many of the development issues.

Bangladesh has ensured 100% coverage of vital registration systems to be attained by 2012. This would help in reducing adolescence pregnancy through mass awareness, increasing family planning services, promoting delivery and expansion of community clinics.

Community Clinics are an innovative step having the following main benefits:
1) taking the health services to the doorsteps of the people in the rural areas;
2) increasing the number of community health workers in the community clinics and also training skilled child birth attendants; 3) developing a national health program for Mental Health for young adolescents; 4) developing a national program for reducing violence against women and children; 5) greater use of information technology, mobile and cell phone networks for the benefit of pregnant mothers and maternity care; 6) nutritive support for children and adolescents by ensuring universal implementation of integrated management of child illness programs; and many more... These initiatives are commendable and Bangladesh is already reaping the benefits in the various areas of health.
Dr. Nana Taona Kuo  
Senior Manager - “Every Woman Every Child” Health Team,  
Executive Office of the UN Secretary-General

Acknowledging the leadership of both Bangladesh Government and PPD as being integral part of the EWEC movement, Dr. Nana stated that:

- EWEC is the brain child in 2010 of the Secretary General of the United Nations.
- 2015, apart from being the 70th anniversary of the United Nations, is a historic year marking the end of the MDGs. It is in September 2015 that world leaders reflected on the unfinished task of the MDGs and built upon them to finally adopt at New York the Agenda 2030 – an Agenda that is people-centered and planet sensitive – and the SDGs.
- Agenda 2030 is the result of an unprecedented 3-year long transparent, inclusive and open intergovernmental process with inputs from millions of organizations and people all over the world. It addresses the root causes that have hindered poverty eradication, inclusive growth and sustainable development. It recognizes the interlinkages between people for peace, security, development and human rights.
- SDGs include 17 goals with 169 targets aiming to provide on a healthy planet the prosperity and well-being of everyone, everywhere without leaving anybody behind. These goals appeal to all people in all countries calling for action from everyone everywhere.
- Building on this momentum and with the need to protect the fragile gains made over the last 15 years, the UNSG, alongside world leaders launched the updated global strategy for women, children and adolescents' health at the SDG summit on 26 September 2015. A number of leaders present in this IMC were part of that launch too.
- The Global Strategy, under the Every Woman Every Child Movement provides a road map for ending the preventable deaths of women, children and adolescents by 2030. It also ensures that the women, children and adolescents not only survive but also thrive and become drivers of the Agenda 2030 transformation that it strives to achieve.
- A frontrunner platform, this Global Strategy supports countries in implementing Agenda 2030 without delay. To date, 100 organizations and 40 governments have pledged their commitment totalling to over US$25 billion. Together, all of them have also put in place key implementing platforms such as the Global Financing Facility in support of EWEC launched by the Secretary General in July at the 3rd International Financing for Development Conference in Addis Ababa. EWEC has also launched an innovative market place to scale up life saving products and approaches to be able to achieve its ambitious goals by 2030.

H.E. Dr. Shirin Sharmin concluded by stating that this Conference is certain to discuss some of the very pertinent components required to take forward Agenda 2030 and the SDGs, and contribute valuable suggestions. The socio-economic discrimination situation is not similar in any two countries. Hence it is vital to take account of the discrimination and disparities that exist while this gathering formulates policies to address these issues.
Dr. Karin Hulshof  
Regional Director, UNICEF Regional Office for South Asia, Nepal

She concluded by emphasising that success will rely on continued and renewed partnership under EWEC but also importantly has to be driven by countries themselves. That is why the 12th IMC PPD Conference is timely. There is also a need for different types of partnerships including collaborations with the SS partners and that is where and why the partnership with PPD plays a major role.

- 12th IMC is very timely since all the Member Countries of PPD have recently adopted post-2015 Development Agenda and SDGs.
- Global Strategy launched by the UN Secretary-General for women’s, children’s and adolescents’ health charts a path towards ending preventable maternal, newborn and child deaths, enabling every woman and every child to thrive and reach their full potential.
- At UNICEF, the focus is currently increasing on Adolescents – their health and their overall needs.
- South Asia Kathmandu Declaration 2014 – a joint launch by WHO, UNICEF and UNFPA declared: “Encouraging family planning and investing more in early childhood development and adolescent health especially for girls is critical to ensure long-term public health and economic gains for society.” The 2nd Global Health strategy focuses on adolescents. UNICEF is fully committed to being part of it with PPD and its member countries.
- Even with achieving the SDGs, the road to realising the vision will not be smooth as experienced during the realization of the MDGs. However, UNICEF is proud to support PPD and its MCs since there are examples where countries like Bangladesh have had unprecedented progress in reducing child mortality by half from what the rate was in 1990 – i.e. from 144 per 1000 to 38 in 2015.
- Bangladesh is highly acclaimed for being one of the diverse countries that can proudly claim to have achieved the MDG 4 Target of Under5 mortality.
- Together we need to redouble our efforts to achieve the even more ambitious SDGs in preventable deaths, particularly given that globally we did not fully achieve the MDG4. Several other countries saw increases in disparities even in the context of mortality reduction.
- Reflecting on the fact that the world today is very different from when the MDGs were adopted in 2001, all the countries have currently put together a much more comprehensive perspective of development while working on the SDGs.
- Global Strategy goes beyond mortality reduction to consider conditions required to strive; brings to focus the long neglected group of Adolescents and their needs; recognizes the need for inputs from a number of sectors besides that of health.
Past 20 years PPD has been a valuable forum to bring together high level government authorities of developing countries from diverse regions to exchange opinions and experiences with a view to realising the commitments agreed upon at the ICPD.

This year’s 12th IMC is especially significant to all the PPD MCs who are engaged in advancing the ICPD Program of Action since, like ICPD, the 2030 Agenda seeks to promote development processes centred on people and not only on economic growth.

2030 Agenda seeks to build conditions for a life of dignity in all spheres of life – economic, social, environmental – with special emphasis on overcoming inequalities and exclusions and trying to ensure the universality of human rights; and attempting to change the way we produce and consume proving that the quality of human life no longer means destroying our planet.

Adopting the 2030 Agenda and SDGs is a moment of great hope and expectation of truly making a leap towards a better world.

Parallely, it is a moment when the world is being shaken by terrible tragedies like violent conflicts that continue to rage in many countries around the world; the great sea of people fleeing violence and deprivation, only to endure enormous hardships in their quest for a safe home; accepting comprehensible terror like those recently happened in Paris, Beirut and Bamako.

These tragedies make us doubt the simple yet profound expectation of the Universal Declaration of Human Rights: “All Human Beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.” However, precisely because of such moments of doubt, it is also important that gatherings like this IMC serve to renew our collective commitment to a life of dignity for all people and specially for those left behind, living in deprivation and despair.

Focus of this IMC should be on ‘Every Women Every Child Every Adolescence’ – the global initiative – because this is a goal that people of any political, religious and cultural ideology should embrace.

In conclusion Dr Yoriko Yasukawa said that we owe good health and happiness to our children who have not yet learnt fear or hate of those who are different from them. It is our commitment instead to give them a world that includes everyone equally.

UNICEF stands united with all the efforts of the MCs to enable every woman, every child to survive and thrive. Together with PPD who plays such a constructive role, UNICEF will help build resilience systems, promote partnerships, foster innovations, generate and share evidence, and engage communities to be accountable. We commit to implementing every woman’s, child’s and every adolescents’ health everywhere while prioritizing the needs of the most disadvantaged.

UNICEF is committed to being a proud member of this global movement to achieve SDGs by 2030.
Addressing health needs of women, children and adolescents is central to Bangladesh and hence it is making even greater achievements compared to the other countries.

US government supports Bangladesh's health, population and nutrition sector development programs that include maternal, child and adolescent health as a cornerstone of its strategy.

Taking Bangladesh as a success story....

- Bangladesh has given many successful examples of what is needed to save the lives of mothers and children.
- Bangladesh is one country that has made strong progress towards realising the vision of MDGs 4 and 5 targets to end all preventable maternal, newborn and child deaths within this generation.
- Privilege to partner with Bangladesh and other donors who have contributed in reducing Under 5 mortality by 66% and maternal mortality by more than 50% since 1990.
- These 2 are amazing achievements that have placed Bangladesh as one of the few countries in the world to achieve the MDGs 4 and 5 Targets.
- There is unfinished business and new challenges in this transition from MDGs to the SDGs Agenda.
- There have also been encouraging results in reducing malnutrition among children Under 5 where the percentage has dropped from 41% in 2011 to 36% in 2014. Even though the results are high, this drop is considered a success and proves that there is potential for more progress in these areas.
- USA, through US AID continues to work with the government of Bangladesh and also with other countries in the world to make sure that women can get the care they need when they are pregnant; that children get the support to grow up and be healthy and that adolescents get the information they need to make healthy life choices.
- Importance of work with adolescents takes into account teenage pregnancy and teenage motherhood – both of which are unfortunately still very prevalent in the world. It is essential that these young girls who are already pregnant or mothers receive adequate information to experience healthy pregnancies and healthy babies. However, we do understand that such early child bearing is not in the interest of girls or their children.
- Towards the above, the practice of child marriage should come to an end and Bangladesh has demonstrated bold leadership in this regards.
- Need to make more families aware of health, nutritional and other risks of teenage pregnancy for both the mother and baby.
Since Independence in 1956, Tunisia has adopted an integrated Population Policy ensuring the rights of the individuals to secure services on sexual and reproductive health without any form of exclusion or stigmatization.

Long-term challenge for Tunisia is to create a balance between social and economic growth in order to assure high level of prosperity for all. Taking note of the disparities among the different sections of society in terms of availability of services and care, Tunisia has achieved tremendous success in the area of advancing institutions and mechanisms in support of the whole family, young children and even those with special needs.

Tunisia's demographic structure and population dynamics constitute an additional challenge to be addressed. Over the past several years Tunisia has witnessed a relatively rapid demographic shift. This is due to advances in health and economic and social conditions as well as a decline in fertility rates, thanks to the National Planning and Reproductive Health Program that provides its services to every one free of charge. However, Tunisia missed the opportunity of demographic dividend that could have been very supportive to the country's social and economic development.

Tunisia's key concern is to engage in furthering efforts in sexual and reproductive health for women, children and adolescents – especially in the rural areas. Tunisia intends to resist all forms of violence against girls and women and to work towards implementation for the principal of gender equality.

Tunisia affirms her willingness to continue her involvement in the international efforts being made to achieve a better tomorrow for all of humanity; to the global policy of population and development as well as our commitment to the ambitious SDGs and post-ICPD. Tunisia's confidence lies in being a model country for implementing the UN SG 'Every Woman Every Child Every Adolescent' campaign.
OPENING STATEMENT

CHINA

H.E. Mr. Wang Pei'an
Chair PPD Board, and Honorable Vice Minister, National Health and Family Planning Commission, Government of the People's Republic of China

H.E. Mr. Wang Pei'an extended his greetings to all the dignitaries as well as participants at the 12th Inter-Ministerial Conference. He then:

- Congratulated the Government of Bangladesh, particularly its Ministry of Health and Family Welfare and Partners in Population and Development (PPD) for organizing this Conference to discuss the important matter of South-South Cooperation (SSC) aiming at advancing the health and well-being of women, children and adolescents.

- Conveyed, on behalf of H.E. Dr. Li Bin, Chair of the PPD Board, sincere appreciation for the participation of all. It is the Chair’s strong belief that this Conference will be successful inmustering renewed political commitment, rejuvenated national engagement and more robust financial investment that would contribute to enhancing lives of the four billion people that PPD represents.

- PPD has extensively debated the post-2014 ICPD scenarios and 2030 SDG options. It has closely interacted with the global community to look at viable, appropriate and relevant programmatic options to build on the successes and expand the development horizons to be more inclusive and universal to shape the future of humankind. The 2030 SDG framework and roadmap are collective efforts in that direction.

- Setting and implementing a new agenda for optimal survival and development has been among PPD’s global responsibilities. With every three out of five people on this planet living in PPD countries, their well-being has a big impact on global health. For fostering the global well-being and uplift of our people, PPD meets year after year with new solutions to success. At the 10th International Inter-Ministerial Conference in Beijing, we created new horizons for harnessing human capital through demographic dividend. Last year in Delhi at the 11th International Inter-Ministerial Conference PPD identified mechanisms for optimal engagement and investment in youth. Taking this trajectory to a new height, the 12th International Inter-Ministerial Conference focuses on women, children and adolescents.

- Transition from the MDGs to the SDGs makes it imperative for us to keep women, children and adolescents at the center of sustainable development. The Every Woman, Every Child movement is a huge challenge and the task is far from over. The unfinished business needs to be concluded and new challenges need to be addressed for protecting and consolidating the substantial gains made in these areas.

- China supports, contributes and attaches great importance to South-South Cooperation.

- China is a member of the developing countries. H.E. Mr. Xi Jinping, President of the People’s Republic of China emphasized this while at the High-Level Roundtable on South-South Cooperation co-hosted by the Chinese Government and the United Nations.

- China's development opportunities will be shared with the other developing countries.

- China will build 100 hospitals and clinics as well as 100 schools and vocational training centers for other developing countries, provide fellowships for 120,000 people who come to China to receive short-term training and 150,000 scholarships, and train 500,000 professional and technical personnel for developing countries.

- China will establish the Academic Institute on South-South Cooperation and Development.

All these have provided a good opportunity for promoting South-South cooperation in population and reproductive health.

- The magnificent blueprint for China’s economic and social development drawn at the Communist Party of China’s Fifth Plenary Session of its Eighteenth Central Committee is a guide to action for China’s economic and social development in the next five years and also a programmatic document for ensuring the building of a moderately prosperous society in all respects. Participants at the Session took important policy decisions in building a healthy China and fully implementing the fertility policy of “one couple, two children”. These policy decisions are a milestone in the development of China’s health and family planning and draw the great attention of domestic and overseas media.

- Building a healthy China aims at establishing and improving the basic medical and healthcare systems for urban and rural residents, ensuring equal access to basic public health services among urban and rural residents by 2020. The people’s average life expectancy will be further increased and the infant and maternal mortality rates will be further reduced, and the main health indexes will reach those of moderately developed countries.

- Fully implementing the fertility policy of “one couple, two children” is an important measure to promote the balanced population development adopted from the strategic perspective of the long-term development of the Chinese nation. This is conducive to meeting people’s child-bearing expectations, promoting family happiness and social harmony, optimizing the population structure, mitigating the pressure of the ageing of population, increasing labor supply, ensuring the balanced population development, maintaining sustained and sound economic development and implementing the goals for the ICPD Beyond 2014 and 2030 SDGs.
H.E. Mr Wang Pei’an proposed the six priorities for implementing the strategic plan towards South-South cooperation adopted at the 26th EXCOM held in March 2015 in Beijing:

1. Incorporate the population issue into the national development plan and promote the long-term balanced population development. Fundamentally speaking, it is to pay great attention to the relationship between population dynamics and sustainable development; make overall planning among the quantity, general quality, structure and distribution of the population; pay more attention to the impact of the change in the population structure on economic and social development; incorporate the population issue into the national overall plan for economic and social development and make sure that population complies with economic and social development as well as resources and the environment, so as to create a sound population environment for attaining the 2030 SDGs.

2. Improve education in adolescent sexual and reproductive health; provide more training in life skills to them; strengthen the prevention and treatment of sexually transmitted diseases and AIDS; ensure universal access to reproductive health and family planning services; ensure the security of contraceptives and reproductive health products; incorporate reproductive health and family planning services into the basic public service system as an indispensable part of the national health and public service budget and continue to increase funding for them as currently the largest majority of adolescents are living in the world.

3. Actively respond to the Initiative of “Every Woman Every child” while ensuring the health of women and children is a precondition and foundation for human development; take the initiative to respond to the Global Strategy for Women’s, Children’s and Adolescents’ Health; take the initiative to encourage market access to pharmaceuticals related to the lives and safety of women and children; double PPD Member Countries’ efforts to establish the health service system and the health care system for women and children; extensively provide health care for pregnant women and children; strive to raise the hospitalization delivery rate of pregnant women in rural areas, and attain new goals of further reducing maternal and infant mortality rates.

4. Migrant population should be ensured equal access to basic public services to promote its integration into society. They could be an important force for driving social transformation and economic development. Population migration and change in family structure pose a challenge to public services and social governance.

5. Intensify our efforts to establish the health service system for the elderly people and strive for healthy ageing. Two-thirds of the elderly people at the age of 60 and above are living in developing countries. Estimated that by 2050, four-fifths of elderly people at the age of 60 and above will live in developing countries. Should identify a strategic perspective and explore ways to formulate middle – and long-range plans and action plans for healthy ageing suited to our national conditions.

6. Guarantee medical treatment for the impoverished population and strive to alleviate poverty by providing necessary financial assistance in health care. Poverty, and return to poverty caused due to illness is one of the main reasons for poverty. The Chinese Government has committed itself to help all impoverished people shake off poverty by the year 2020. Each country’s national development plan should incorporate the overall goal of alleviating poverty and devise the plan for making impoverished people share the fruits of development. The government should increase funding in health, establish an inclusive medical insurance system and improve the medical services of the impoverished population.

He concluded by stating that early in the following year, China’s National Health and Family Planning Commission, UNFPA and PPD will jointly hold the Ministerial Strategic Dialogue on South-South Cooperation in Population and Development so as to take the initiative to explore ways to devise the roadmap and key actions for South-South cooperation in population and development.

He wished this Conference great success.
This Conference will bring a positive change in the life of women and children living in PPD Member Countries.

With PPD being a platform for almost 59% of the world population, the debate and dialogues at this Conference would add value to sexual reproductive health rights of more than half of the world population.

Promises and commitment that will come up through this Inter-Ministerial Conference discussions can set light on the achievements of Bangladesh in the area of population, health and development.

Apart from the success stories that Bangladesh has, the challenges and how better progress can be made should also be highlighted.

Bangladesh has put in all efforts to uphold the values of South South Cooperation.

Bangladesh has extended continuous support to PPD to be a strong global platform for southern cooperation and is now taking on the regional leadership.

Notable achievement in the health sector is the effective setting up and running of 14,000 community clinics that have been the brain child of Prime Minister Sheikh Hasina. These clinics are providing a variety of essential health services.

Bangladesh government has given utmost importance to the health of women and children in line with the strategy of EWEC campaign.

This has been fulfilled with the government employing 10,000 nurses, 7000 health workers and 2000 midwives.

Bangladesh government has unprecedented political will and commitment to improve the life of women and children in the country. Ministry of Health and Family Welfare has constituted an Inter-Ministerial Task Force to develop a National Campaign of EWEC towards a global effort to bring all stakeholders together in support of women’s, children’s and adolescents’ well-being.

He wished the Conference all success.

The last decade has indeed been successful in uniting this very diverse group of stakeholders for ending all preventable maternal, newborn, child and adolescent deaths.

India’s plans are ambitious similar to the challenges and India has to work very hard to protect her gains and seek new ways to achieve the goals.

As India transfers from MDGs to SDGs, it is imperative that women, children and adolescents remain in the heart of our sustainable development Agenda.

Climate change, water, education, sanitation, nutrition and all human rights affect women and children’s health.

In 2014, the World Population Report revealed that the world population is at 7.2 billion with an addition of 82 million per year. With 59% countries contributing to the number of member countries of PPD, it reads that approximately 4 billion people stand to be impacted by adopting the Agenda 2030 and SDGs. While the dwindling natural resources will be constrained to support these large numbers, the population itself can be nurtured to become the best resource – Human Capital – to drive the accelerated knowledge and skilled revolution.

India is long committed to improving maternal, child and adolescent health care – especially to the poorest and vulnerable sections of population.

With the launch of the Rural Health Mission subsequent to the National Health Mission, India has moved forward from its earlier vertical approach to a new strategic approach of Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCHA) focusing attention on all life stages including Adolescents since 2013. This strategy emphasizes the linkages between each life stage and the importance of connecting community, outreach and facility based services. The Rashtriya Kishor Swasthya Karyakram (RKSK) was launched on 7 January, 2014. The key principle of this program is adolescent participation and leadership. The program envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well-being and by accessing the services and support they need.

India has moved from strength to strength and we are now producing 3 vaccines as per the Universal Immunization Program to protect children from vaccine-preventable diseases.
Mission Indra Dhanush was launched by the Ministry of Health and Family Welfare (MOHFW) Government of India on 25 December, 2014. The objective of this mission is to ensure that all children under the age of two years as well as pregnant women are fully immunized with vaccine preventable diseases. For the first phase, 201 high focus districts across 28 states in the country that have the peak number of partially immunized and unimmunized children had been identified by the Government. 706 million children were vaccinated and about 2 million children were fully vaccinated. Additionally 2.8 million pregnant women have been vaccinated with tetanus toxoid injection. Recognizing India has a very high burden of newborn mortality, the India Newborn Action Plan (INAP) is India’s committed response to the Global Every Newborn Action Plan (ENAP), launched in June 2014 to advance the Global Strategy for Women’s and Children’s Health. The ENAP sets forth a vision of a world that has eliminated preventable newborn deaths and stillbirths. INAP lays out a vision and a plan for India to end preventable newborn deaths, accelerate progress, and scale up high-impact yet cost effective interventions. INAP has a clear vision supported by goals, strategic intervention packages, priority actions, and a monitoring framework. For the first time, INAP also articulates the Government of India’s specific attention on preventing stillbirths. INAP is guided by the principles of Integration, Equity, Gender, Quality of Care, Convergence, Accountability, and Partnerships. It includes six pillars of intervention packages across various stages with specific actions to impact stillbirths and newborn health. This is done through Rashtriya Bal Swasthya Karyakram (RBSK). This is an important initiative aiming at early identification and early intervention for children from birth to 18 years to cover the 4 ‘D’s, namely Defects at birth, Deficiencies, Diseases, Development delays including disability.

- Moving beyond numbers, India is focusing on equity and quality of care as priorities. This is reflected in the new initiative called KAYAKALP that recognizes and acknowledges benchmarked quality assurance of service delivery.

H.E. Mr. Nadda’s closing remark reiterated that PPD’s Annual IMC is a peer review mechanism for the new MCs on population and development issues. This Conference provides an opportunity to share challenges, best practices and lessons learnt within the SSC framework. His belief is that the scope of SSC is yet to be fully tapped. This IMC is aimed to provide the platform for PPD MCs and other key stakeholders to discuss and create a southern consensus – a financial and political commitment for the post-2015 Development Agenda.

Mr. Syed Monjurul Islam
Secretary, Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh

He appreciated the presence of all the dignitaries from the national and International Agencies and the respected guests and PPD country member representatives.

A special thanks was extended to H.E. the Honorable Prime Minister Begum Sheikh Hasina for finding time to attend the opening session of the 12th IMC in Dhaka. Also specially mentioned for their presence and valuable inputs were the Speaker, Dr. Shirin Sharmin and Mrs Saima Wazed.
Technical Session 1

Financing for Every Woman Every Child Every Adolescent

Objective:
Provide an advocacy platform for peer review to mobilise and channel additional global and domestic finances to scale up and sustain efficient and equitable delivery of quality services for reproductive, maternal, newborn, child and adolescent health in support of “Every Woman Every Child” and sustainable development.

Discussions:
- highlighting financial mechanisms that can drive the transformative investments needed for all countries to achieve the SDGs target as set for universal access to healthcare;
- focusing on accelerating reductions in maternal and child mortality and increasing access to sexual and reproductive health services by 2030;
- determining how to finance the National Plan, largely by domestic sources (government, private sector and others);
- identifying what needs to be done to ensure that government spending combats inequality;
- assessing the preparedness of countries to track SDGs spending for their levels and results;
- spending towards Every Woman Every Child (EWEC) movement and ODA’s role; ensuring what needs to be done so that all high income countries should meet the 0.7% UN target for ODA as well as the target for 0.15% of GNI for development assistance to LDCs.

Chair: India
H.E. Jagat Prakash Nadda, Honorable Minister, Union Ministry of Health and Family Welfare, Government of India and Vice Chair, PPD Board
- Currently there is need for resourcing. How can SSC improve financing?
- Investing in health promotes development and fetches big returns. The health sector is the best sector to further the Global Health Agenda.
- We should use our human resources most efficiently to enhance fundraising.

Co-Chair: Zimbabwe
Dr. Munyaradzi Murwira, Executive Director, Zimbabwe National Family Planning Council and PCC of PPD
- Financing is a big challenge in Southern Africa.
- Public-and-Private Sector partnerships need to be strengthened.

Keynote Speaker
UNFPA
Dr. Yoriko Yasukawa, Regional Director Asia Pacific, UNFPA, Bangkok, Thailand
- Need to give priority to women’s, children’s and adolescents’ health in the context of the Global Strategy. Since there is public and political pressure for this, we need to take advantage to further our goals.
- Need to give every woman and every child good healthcare and treat them with kindness and dignity.
- We should favour services that will have greatest impact on the health of women and children, i.e., primary and not secondary health services, and seek out the most deprived and marginalised sections of society.
- Priorities need to be redefined in terms of financing. Every Member Country government needs to invest more in health by raising revenue through increasing tax in order to correct income disparity.
- Political and ethical decision to invest more in the health of women and children as this will promote more public awareness and social cohesion.
- Leadership role is required to develop more empathy for those who are different from us.

Introduction of Operational Framework of EWEC
India
Mr. C K Mishra, Additional Secretary, National Health Mission, Ministry of Health and Family Welfare, Government of India and PCC of India
- MDGs were not supported by policy.
- Question of how to transform the strategy into policy is when the framework came about.

A south to south perspective on survive,thrive and transform
• Framework must be completely aligned with the strategy and give guidance to a plan.
• Inter-sectoral convergence is necessary to reach the Strategy by 2030.
• Financing is critical or we will not be able to implement our agenda.
• Framework is open for interpretation by each country.
• Innovation in interpreting the framework is required in each country.
• Purpose of the framework is to give countries an idea of how to operationalize the Global Strategy.

Operationalizing the Global Strategy for Women’s, Children’s and Adolescents’ Health

Survive – End preventable deaths.
Thrive – Ensure health and well-being.
Transform – Expand enabling environments.

Action areas in the Global Strategy – Ingredients for Action in Operational Framework

• Country leadership – Fostering country leadership
• Financing for health – Aligning and mobilizing financing
• Health system resilience – Strengthening health systems
• Individual potential – Establishing priorities for adolescent health programs and ECD
• Community engagement – Community engagement, participation & advocacy
• Multisector action – Enhancing mechanisms for multisectoral action
• Humanitarian and fragile settings – Strengthening capacity for action in humanitarian settings
• Research and innovation – Fostering research and innovation
• Accountability – Reinforcing global and national accountability mechanisms.

Content of Operational Framework

• “Ingredients for action” aligned to Global Strategy action areas
• Country case studies
• Links to detailed guidance on RMNCHA
• Milestones for monitoring implementation of Global Strategy
• Role of global and regional partners

Operational Framework will exist as a document. On Every Woman Every Child website it will be a resource center that can be updated.

Operational Framework: 9 ingredients for action

1. Fostering country leadership
   • Strong country platform
   • National and sub-national SDG targets
   • Single prioritized, costed, national plan for women’s, children’s and adolescents’ health
   Case study: Nigeria – Saving One Million Lives.

2. Aligning and mobilizing financing
   • Identification of funding requirements and mobilization of all potential sources and support for funding
   • Coordination of funding flows
   • Strengthened financing capacity at decentralized level.
   Case study: Democratic Republic of the Congo – Achieving Sustainable Financing.

3. Supporting community engagement, participation & advocacy
   • A supportive environment for community engagement and participation
   • Strong advocacy and communication platforms
   • Integration of service delivery by communities into national systems.
   Case study: Liberia – Community response to Ebola.

4. Reinforcing global and national accountability mechanisms
   • Setting global milestones for tracking the Global Strategy’s impact (2016–20)
   • Robust review and accountability processes
   • Effective civil registration and vital statistics systems.
   Case study: Tanzania – RMNCH Scorecard.

5. Strengthening health systems
   • Strong health workforce
   • Reliable supply of commodities
   • Effective health management information systems
   • Quality health services delivered at scale with resilience.
   Case Study: Uganda – District health system strengthening.

6. Enhancing mechanisms for multisectoral action
   • Governance to enable multisectoral action
   • Structures to support multisectoral collaboration
   • Joint monitoring across sectors.
   Case study: Chile – Chile Crece Contigo (Chile Grows with You).

7. Establishing priorities for adolescent health programs and early child development
   • An evidence and planning base for programing
   • Specific advocacy and partnerships
• Participation of adolescents.

Case study: India – Rashtriya Kishor Swasthya Karyakram.

8. Prioritizing humanitarian settings
• Humanitarian settings as core business of national health and social systems
• Emphasis on human rights.

Case study: Philippines – Building maternal and newborn care post-typhoon Haiyan.

9. Fostering research and innovation
• Strengthened implementation research capacity
• Effective global innovation marketplace.

Case study: Ethiopia – Grand Challenges in Ethiopia.

Role of global and regional partners
• Clarifying their role in technical assistance
• Integrating global, regional and national initiatives
• Coordinating work between partners
• Improving alignment and communication among the UN agencies at global, regional and country levels
• Specific roles for each ingredient for action.

Next steps
• Public online consultation 18 November–1 December 2015
• Finalization by mid-January 2016
• Discussions on Global Strategy and Operational Framework at WHO Executive Board (Jan. 2016) and World Health Assembly (May 2016).

HIGH LEVEL PANELLISTS

Global Strategy for Women’s, Children’s and Adolescents’ Health: Progress and Challenges

UN
Dr. Nana Taona Kuo, Senior Manager – “Every Woman Every Child” Health Team, Executive Office of the UN Secretary-General

The 2030 Agenda & SDGs
• Universal, integrated and transformative vision for a better world – so business as usual is not an option
• 17 SDGs, 169 targets – People, Planet and Prosperity for everyone, everywhere – “Leave No one Behind”
• Addis Ababa Action Agenda on Financing

Transitioning from MDGs to SDGs
• Historic accelerating progress under health MDGs:
  • Under-five deaths dropped by over half from 12.7 million per year in 1990 to 5.9 million in 2014
  • Maternal mortality dropped by almost half from 523,000 in 1990 to 289,000 in 2013
  • Malaria deaths reduced by half
  • 15 million people on ARV treatment
• But the unfinished agenda must be prioritized.

Global Strategy for Women’s, Children’s and Adolescents’ Health
• Front runner implementation platform in support of SDGs
• Women, children and adolescents are essential to achieve the SDGs.

Developing the Global Strategy
• Regional consultations hosted by the Governments of India, South Africa and United Arab Emirates
• World Health Assembly 2015, Inter-Parliamentarian Union, Partners in Population and Development, etc.
• PMNCH public online consultations
• Technical papers developed by many partners, published in The BMJ, the most influential general medicine journal
• 7,000+ inputs from individuals and organizations.

Global Strategy Outline

What’s New:
• Equity: Focus on reaching the most vulnerable and leaving no one behind
• Universality: For all countries, with an explicit focus on humanitarian settings
• Adolescents: The “SDG generation” – a 10-year-old in 2016 will be 24 in 2030
• Life-course approach: Health and well-being interconnected at every age, and across generations
• Multisector approach: Joint progress across core sectors such as nutrition, education, and water, sanitation and hygiene (WASH).

Vision, Principles, Objectives

Vision
By 2030, a world in which every woman, every child and every adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies.
Guiding Principles
- Country-led
- Universal
- Sustainable
- Human rights-based
- Equity-driven
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms.

Action Areas
A core set of 9 action areas based on scientific evidence and country experience to achieve the Global Strategy objectives.

Implementation Starts with Country Ownership
- Success determined by country ownership and leadership
- Countries drive global action
- Create transformative and resilient environments.

Operationalizing the Strategy
- High-level Advisory Group to guide the UN Secretary-General
- 5-year Operational Framework being developed to accompany the Global Strategy
- Sustainable financing – Global Financing Facility in support of Every Woman Every Child
- Innovation Market Place – scale-up of new products and practices
- Robust accountability framework.

Accountability Framework
- Builds on the Commission on Information and Accountability's principles – Monitor, Act, Review
- Linked with the “Follow-Up and Review” mechanism for the SDGs (High Level Political Forum) – other inter-governmental bodies (WHA 2016, regional bodies, e.g., AU)
- Establishment of the Independent Accountability Panel – Annual Report on “State of Women's, Children's and Adolescent Health”

Power of Partnerships
- Partnerships will continue to accelerate progress to 2030. We all have a role to play.
- Over 40 countries and 120 multi-stakeholders already pledged commitments, totalling over US$25 billion for women, children, and adolescents.

South-South Cooperation as a funding opportunity to improve investments for Every Woman Every Child in developing countries

Benin
Dr. M. Pakidaba Jacob Namboni, Director of Department of Health, Ministry of Health, Republic of Benin
- Benin is firmly engaged and committed to Every Woman Every Child.
- SSC plays an important role in implementing this strategy.
- We are especially committed to obtaining SDG 3, i.e., mother and child health.
- Benin has committed itself to reduce death rate of mothers and follow up with medical attention for mother and child.
- Benin’s national priorities for financing are that we have to be able to acquire medicines. The priorities are to be addressed by 2018 – the poverty threshold.

Country experience in implementing EWEC campaign in Bangladesh

Bangladesh
Ms. Saima Wazed, Chairperson of the Bangladesh National Advisory Committee on Autism, Member of WHO’s Expert Advisory Panel on Mental Health
- Investment in mothers and children improve a country's development.
- Bangladesh are working towards gender equity.
- There is a national taskforce in Bangladesh for implementing the Strategy.
- To ensure effective implementation of a plan there is need to have inter-sectoral collaboration and ensure that primary stakeholders, i.e., women, have an important role in the process.

Uganda
Dr. Betty Kyadondo, Head of Family Health Department, Population Secretariat (POPSEC), Ministry of Finance, Planning & Economic
Mobilisation of financing: Innovative engagement of new players and SSC (state, non-state actors)

Mobilising Financing for Every Woman, Every Child and Every Adolescent: Health Financing Strategy:

- Budget Strategy takes into account the newly adopted SDGs.
- Sustain government momentum to increase health budget so that the per capita government expenditure rises from US$13 to $48 by 2040.
- Resources from domestic public & private finance and development agencies (Foreign Direct Investment).
- Increase share of the budget for disease prevention and health promotion.
- Universal Health Coverage for equitable service delivery.
- Shift from input to results based financing.
- Financial tracking and accountability

Challenges to financing health care:

1. Increased demand for maternal, neonatal, child and adolescent health services due to a rapidly growing population.
2. Increase in non-communicable diseases burden due to urban transition and change in life-style.
3. High public demand to access better quality care as a result of new technologies.
4. Reduced likelihood of increasing health care resource envelope as a result of competing national priorities.
5. High cost of health infrastructure.

RMNCAH Plan:

- Uganda’s sharpened plan for RMNCAH aims to prevent an additional 40% of under-five deaths and 26% maternal deaths by 2017.
- Projected to cost $682M for five years.
- Government and donors will finance the plan.
- Negotiations are going on with the World Bank, MOH, MOFPED, Development Partners and CSOs to support the Plan from the GFF.
- Total cost for the Family Planning Costed Implementation Plan (FP-CIP) is US$235 M.
- CIP will take up 7% of Ugandan health budget.
- Number of women accessing FP will increase from 1.7m in 2014 to 3.7m 2020.

World Bank

Dr. Bushra Binte Alam, Senior Health Specialist, Health and Population Office, Government of the People’s Republic of Bangladesh

Global Financing Facility: an effective tool to leverage domestic and international resources to implement country-specific plans towards reductions in preventable maternal, newborn and child deaths.

- There is a funding gap in maternal and child and adolescent health.
- It is important to bring in domestic resources.
- Need to strengthen health systems.
- Should have a multi-sectoral approach.

Health financing strategies:

- Comprehensive strategies.
- Health financing assessment.
  
  1. Entire health sector, not only RMNCAH
  2. Both public and private
  3. Historical trends and forward-looking projections
  4. Efficiency and equity.

Implementation, including capacity building:

- Costed implementation plans to facilitate implementation
  
  1. Based on national planning cycles and ideally in tandem with Investment Case (3-5 years)
  2. Includes capacity building and institution strengthening.
- Sustainable provision of scaled-up RMNCAH results.

UNICEF

Dr. Karin Hulshof, Regional Director. UNICEF Regional Office for South Asia, Nepal

Global, regional and domestic funding for SSC to address the unfinished business and new challenges in Reproductive, Maternal, Child and Adolescent Health in Developing Countries

- For most countries domestic resources constitute the bulk of health spending.
- SSC will play an important role for resource allocation amongst regional bodies.
- We should foster self-reliance for countries.
- If we improve intra-country gaps we will improve health issues.
- We need to focus on equity in resource allocation and make sure that those who require it most within countries get it.
- We require improved capacity building at the local level.
Objective:
Providing an advocacy platform for understanding the importance of generating and ensuring strong leadership and ownership at national levels in support of Every Woman Every Child and Sustainable Development.

Discussion:
Will include a number of challenges with regard to national leadership and ownership towards supporting Every Woman Every Child and every Adolescent movement. Attempting to ensure a sustainable effective leadership at the national level considering issues like:

- How to bring about supportive changes in policy, legislation and allocation of funds.
- What would be the relative roles of government, multi- and bi-lateral funding partners, private sector, non-governmental organizations and foundations, academic institutions, media, etc., in the achievement of the Global Strategy objectives.
- Capacity building for proactively participating in the global arena, e.g., by coordinating development partnerships, engaging in international negotiations, promoting global public goods, etc.
- How to develop leadership and capacities at sub-national levels including at central, local government, facility (clinics, etc.) and community.
- How to create and enable systems restructuring and change management for task shifting and integrated service delivery.

- How to ensure accountability at all levels through clarity on performance indicators, commensurate delegation of necessary financial powers and administrative authority, and effective monitoring based on reliable and robust data, etc.
- How to strengthen civil registration and vital statistics systems.

Chair
Tunisia
Dr. Ridha Gataa, President Director General, National Board of Family and Population, Ministry of Health, Government of Tunisia; Treasurer – PPD Board

- Need to understand the indicators of health to enable better interpretation and monitoring of data.
- Should mobilise political awareness.
- Heightened ownership and leadership will facilitate increased legislation and funding in support of Every Woman Every Child Every Adolescent.

Keynote Speaker
Kenya
Dr. Josephine Kibaru-Mbae, Director General National Council for Population and Development, Government of Kenya and Member- PPD

We need robust data and analysis. There is also need for strong political support at national and county level. Empowerment of women is necessary to make good life decisions. Education of adolescents is important to prevent pregnancy. Opinion leaders are vital for influencing adolescents in accessing health services.

HIGH LEVEL PANELLISTS
China
Mr. Hu Hongtao, Commissioner, Department of International Cooperation, National Health and Family Planning Commission of China, Government of the People’s Republic of China; PCC of PPD

Increasing a culture of evidence-based decision-making: synergise South-South Cooperation and national leadership in ending all preventable maternal and child deaths.

- Maternal mortality is a good indicator for social progress.
- China has a strong system of accountability.

Promoting SSC for Improving Women’s and Children’s Health
What Progress has China Made?
- Maternal and child mortality rates continue to decline; accomplished MDG4 and MDG5 ahead of schedule
- Equity in maternal and child health has significantly improved
Nutrition and health status of women have been constantly improving, while burden of disease gradually lowered. Family planning and reproductive health services have continuously improved.

**What are the New Targets?**
- Sustainable Development Goals (SDGs)
- Targets in Building Healthy China (by 2020)
- Maternal mortality rate: 18/100,000 (21.7)
- Infant mortality rate: 8% (8.9)
- Under-5 mortality rates: 10% (11.7)

**What China will do in Promoting SSC**
- Carry out Global Strategy for women, children and adolescents;
- Join the efforts for ensuring Security of Life-saving Commodities and essential drugs
- Experience sharing, personnel training and education, and policy dialogues
- Pilot projects in improving women and children’s health in other developing countries
- Build 100 hospitals and health centers for other developing countries in the next 5 years.

**South Africa**
Ms. Nompumelelo S Nzimande, University of Kwazulu-Natal. Department of Population Studies and Development Studies, South Africa

*Mobilise political and administrative leadership capabilities and capacities into larger health policy and operational development strategy*

Women, Children and Youth Health: Required health policies and strategies

**Key health threats:**
- Prevalence of malnutrition and poverty that are determinants of health.
- Concern regarding violence against and neglect of women and children.
- HIV/AIDS is leading cause of death in children outside of neonatal period.
- Tuberculosis (TB) is a significant re-emerging contributor to infant morbidity and mortality, as in other parts of the continent.
- Maternal mortality is a concern.
- Youth mortality and morbidity.

**Intervention strategies: Preventative (Women)**
- Cervical Screening.
- Choice on termination of pregnancy; sexual and reproductive health and rights.
- Contraception/Family Planning.
- Addressing violence against women.

**South Africa**
Ms. Nompumelelo S Nzimande, University of Kwazulu-Natal. Department of Population Studies and Development Studies, South Africa

*Mobilise political and administrative leadership capabilities and capacities into larger health policy and operational development strategy*

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- Youth mortality and morbidity.

**Intervention strategies: Preventative (Children)**
- Expanded Programme of Immunization (EPI) has made good progress in increasing coverage with vaccines.
- Integrated nutritional programme.
- Primary School Nutrition Programme (PSNP).
- Perinatal Problem Identification Programmes.
- Women education – improving women’s lives is directly linked with improving child well-being.

**Intervention strategies: Preventative (Youth)**
- Addressing root causes of teenage pregnancy.
- Dealing with Sexually Transmitted Diseases (STDs).
- HIV/AIDS preventative strategies.
- Other threats to youth health are poverty, trafficking for cheap labour, unsafe sex and TB.
- “Social ills” – addressing the root causes such as poverty.
- Adolescent Friendly Clinic Initiative.

**Intervention strategies – Policy**
- Early and simple management of common childhood illnesses (e.g., malnutrition, diarrhoea and pneumonia) as well as some area specific conditions (e.g., violence, injuries)
- Free and accessible health care to pregnant and lactating women and children under age 6.
- District Health Information System/promoting evidence based planning.
- National Health Insurance/provision of health care for all.

**UNICEF**
Dr. Kumanan Rasanathan, Senior Health Specialist, Health Section

The role of global partners in supporting country leadership in support of Every Woman Every Child and Every Adolescent

- Country ownership – includes political and technical aspects.
- Country leadership – involves a costed plan and country-specific needs.

**Bangladesh**
Ms. Farzana Brownia, Chairman and CEO, Shorno Kishoree Network Foundation, Channel-I, Dhaka

Collective of women’s and girls’ leadership and maximization of its impact in ending all preventable maternal and child and adolescent deaths: Bangladesh experience

- Shorno Kishoree Network Foundation (Golden girls)
- NGO educating adolescent girls about sexual and reproductive health and rights.
South-South Cooperation: A viable “global partnership between governments of developing countries” in support of Every Woman Every Child Every Adolescent for the realisation of the SDGs

Objective:
Understand the role of South-South Cooperation as means of a viable “global partnership between governments of developing countries” in support of Every Woman Every Child for the realisation of the SDGs

Discussion:
Will include the role of Southern countries as non-traditional donors to ensure the delivery of the post-2015 agenda; the role of SSC in global public goods such as knowledge, expertise and technology, market shaping, international norms and standard setting, etc. The Southern countries position to become providers of resources to other developing countries. Identifying the global diplomatic arena as a platform for addressing health inequities through health policies of emerging economies such as the BRICS countries. How to facilitate capacity building programs for diplomats and senior government officials from the population diplomacy perspective to increase negotiation capacity at international level for prioritising national interest and population issues like reducing regulatory barriers and improving regulatory efficiency for essential life-saving commodities for women and children that could save the lives of millions of women and children. How to increase advocacy for ODA support towards post-2015 agenda implementation.

Keynote Speaker
Pathfinder International:
Dr. Halida Akhter, Country Representative and Chief of Party-USAID-DFID NGO Health Service Delivery Project

A Viable “Global Partnership Between Governments Of Developing Countries”

- Family planning is a life-saving intervention; it has reduced unwanted pregnancy.
- Should have a life course approach to maternal mortality.
- Require collaboration in sharing resources across countries.
- In support of Every Woman Every Child and Every Adolescent for the realization of the SDGs.

We are all here together to pursue the journey where all of us are committed and to contribute to transforming the lives of every woman, every child and every adolescent in every setting. Our vision is to see them Survive, Thrive and Transform!

Unfinished agenda of ICPD and MDG

- Institutionalize investment for young people to gain demographic dividend (45th session).
- Universal access to youth-friendly health services for all young people.
- Governments address harmful traditional practices (such as early and forced marriage, genital mutilation, GBV, and violence against women (42nd, 44th and 45th sessions).
- Universal access to sexual and reproductive health.
- Maternal health, mortality and morbidity and linkage with poverty (UN Resolutions of 38th, 42nd and 44th Sessions).
- Access to Quality family planning services (32nd Session).
- Government’s commitment to women’s health.
- Realize their rights; laws, policies and entitlements for all, across the life stages.
- Unsafe abortion is a major public health concern.
- Access to improved FP services to reduce recourse to abortion (42nd Session)
- Continue to pursue science, technology and innovation related to south-south cooperation mechanism.
- Need for mobilization of resources to achieve population and development objectives.

Global partnership
SDG Goal 17 emphases:

- Revitalization of the global partnership.
- Strengthen implementation.
- Global partnership; spirit of solidarity with poorest and vulnerable
  1. Enhance North-South, South-South and triangular cooperation on access to Science, Technology and Innovation (STI).
2. Global diplomatic arena – a platform for addressing health inequities.

Collaboration
International:

Advocacy Roles for diplomats:
1. Ministers of Finance and Social Development of 26 PPD and MCs are Champions for Southern voices.
2. Parliamentarians are SRHR advocates.
   - Mobilize resources to fill funding gaps at country level:
     1. Innovative financing mechanisms, to invest in global public goods.
     2. Provide technical support for countries to develop and cost national plans.
     3. Southern countries position themselves as providers of resources to other countries.

Inter-countries
Diplomacy based advocacy:
- Parliamentary cross party networks at country, regional, global levels.
- Increase negotiation capacity at international level.
- Capacity building needs on population diplomacy perspectives.
- Sharing country resources and commodities: contraceptives, medical supplies
- Share institutional expertise for capacity building: assess regulatory barriers to improve efficiency.
- Share knowledge and best practices for national planning.
- Encourage collaboration on cross-border cooperation and regulations.
- Create transparency and mutual accountability.

Intra-country
Strengthen domestic resource mobilization:
- Improve domestic capacity for tax
- Revenue collection
- Mobilize resources from multiple sources
- Build strong economic foundation
- Good governance and rule of law
- Community
- Create a space for voices of women, children and adolescents to be heard at global level, e.g., citizens’ hearings
- Monitoring progress
- Systems that track progress, to strengthen action and accountability for women’s, children’s and adolescents’ health
- Regulatory and standard
- Define norms, regulations and guidelines to improve health.

NGO Health Service Delivery Project (NHSDP) is a 5-year USAID and DFID co-funded largest health initiative in Bangladesh.
- Essential Service Package (ESP)
- Reproductive Health
- Behavior Change Communication
- Communicable Disease Control
- Limited Curative Care.

Pathfinder provided input to strategy drafting and renewed its commitment:
“In the next three years as of July 2015, Pathfinder International re-commits to the Every Woman Every Child Global Strategy 2.0 by expanding efforts to increase women’s access to postpartum and post abortion contraception in all countries where it is implementing family planning projects. By three years, at least 500,000 of them will have started using contraception”.

“Pathfinder International has 60 years of experience, serving in 22 countries through 51 projects strengthening service delivery systems for contraceptive services and is committed to building capacity of local government institutions and partners.”

HIGH LEVEL PANELISTS
Tunisia
Mr. Ben Haj Aissa Adnene, Director, Technical Cooperation, National Office of Family and Population (ONFP) and PCC of PPD

Experiences and key strategies to promote partnerships for SSC in RH, population and development: Tunisia
- Strong political will for family planning since the 1960s
- Launching of FP program
- Promulgation of code of individual rights
- Promotion of women (education & employment)
- Creation and support to ONFP (Research, training, service delivery, reference in FP).

Fields of South-South Cooperation
- International training (JICA TCTP, UNFPA and EU)
- Training courses in beneficiary countries
- Observation and study tours for decision-makers, religious leaders, parliamentarians and health professionals
Technical assistance and dispatch of experts (short-, mid- and long-term).

Tunisia–Niger–France

The Kollo Project

- Bilateral agreement signed in 1999
- Advocacy and OST in Tunisia for Nigerians and French parliamentarians
- Needs assessment mission conducted in Niger
- Project proposal submitted to French government.
  Goal: Transferring the Tunisian model and adapting it to the context of Niger in order to respond to the urgent health needs of women in the Kollo health district.
- Period: 4 years, Budget: approx. US$ 950,000.

Fields of Assistance

- Advocacy: decision makers, parliamentarians and religious leaders
- Capacity building (training in Tunisia and in Niger)
- Provision of equipment for mobile units
- Information, education and communication activities

Other SSC Projects

- 2005: Improvement of RH/FP services in Palla and Mayo Kebbi health district (Chad, World Bank)
- 2007–12: Reduction of maternal mortality rate and promotion of RH in Tërëza (Mauritania, AECID)
- 2009: Establishment of reproductive health clinic in Djibouti (USAID and UNFPA)
- 2010: Support to maternal health and RH program in in the health district of Kayes in Mali (AECID).

Challenges & Opportunities

- Lack of government commitment for health related issues
- Political instability
- Lack of donors' support to SS projects: evidence based advocacy
- Support of PPD as IGO to global initiatives
- EWEC, FP2020, Women Deliver, through South-South projects to achieve 2030 objectives.

South Africa

Mr Jacques van Zuydam, Chief Director, Population and Development, Department of Social Development, Govt. of the Republic of South Africa; PCC

Building capacity for systematic monitoring and impact evaluation to promote and demonstrate impact of SSC

- To build capacity to monitor and evaluate
- There must be something to monitor and evaluate
- Systematically
- Presumably SSC in support of EWEC-EA
- Which implies that there must be a (politically agreed) SSC programme ... with a monitoring and evaluation framework
- Whilst we have global programmes, for example ICPD PoA; Beijing PFA; EWEC; SDGs ...
- We do not have a politically agreed SSC programme that goes to the heart of population matters that are (like it or not) Sexual and Reproductive Health and Rights in its fullest meaning, and Gender Equality and Equity in its fullest consequence, including freedom of sexual orientation and gender identity.

How to? (1)

- Politically agree to own EWEC-EA, regardless of the north?
- Commit to implement EWEC-EA, even if without the north?
- Identify what we do not know, e.g., what services must be in place to support SRHR in all respects, including services to LGBTQI, termination of pregnancy-abortion services, and services to adolescents?

How to? (2)

- Create an agreed program of SSC to build capacities in each of our countries to deliver these services in a rights-based framework?
- Include a monitoring and evaluation framework therein, with M&E of SSC cooperation?
- Include civil society, academia and researchers ...?
- Help unlock capacity building opportunities?

Strengthening country policy and institutional frameworks for SSC for reproductive health, population and development

Population Communication

Dr Bob Gillespie, President, Population Communication, New York, USA

At the time of the founding of the Partners in Population and Development, Haryono Suyono, representing President Suharto of Indonesia, presented the following statement to Nafis Sadik at the ICPD with the signatures of 75 Heads of government. President Suharto personally requested 107 members of the Non Aligned Nations to sign and support the Statement. World leaders statement on Population Stabilization:

"Humankind has many challenges: to obtain a lasting peace between nations; to preserve the quality of the environment; to conserve natural resources at a sustainable level; to advance the economic and social progress of the less developed nations; to assure basic human rights and at the same time accept responsibility for the planet Earth and future generations of children; and to stabilize population growth."
Degradation of the world’s environment, income inequality, and the potential for conflict exist today because of rapid population growth, among other factors. If this unprecedented population growth continues, future generations of children will not have adequate food, housing, health services, education, earth resources, and employment opportunities.

We believe that the time has come now to recognize the worldwide necessity to achieve population stabilization and for each country to adopt the necessary policies and programs to do so, consistent with its own culture and aspirations. To enhance the integrity of the individual and the quality of life for all, we believe that all nations should participate in setting goals and programs for population stabilization. Measures for this purpose should be voluntary and should maintain individual human rights and beliefs.

We urge national leaders to take an active personal role in promoting effective policies and programs. Emphasis should be given to improving the status of women, respecting human rights and beliefs, and achieving the active participation of women in formulating policies and programs. Attention should be given to realistic goals and timetables and developing appropriate economic and social policies.

Recognizing that early population stabilization is in the interest of all nations, we earnestly hope that leaders around the world will share our views and join with us in this great undertaking for the well-being and happiness of people everywhere.”

In 1962, the year most family planning programs began, the combined population of PPD Member Countries was 1,643,600,000. When the PPD was founded in 1994 at the ICPD, the PPD Member Countries combined population was 3,262,000,000. The current population of all PPD countries is 4,329,000,000 and is projected to double by the turn of the century.

I was honored to be included in the session inaugurating the PPD book, Population Trends and Policy Options in Selected Developing Countries. The reports focused on population stabilization for Bangladesh, Ghana, Kenya, Mali, Nigeria, Senegal, Uganda, Zimbabwe and the state of Bihar in India. We also received, Population Stabilization: the Case for Pakistan, by Abdul Ghaffar Khan, People Beyond Numbers: the Road to Population Stabilization in the Philippines, by Tomas Osias, Lolito Tacardon and Luis Pedroso, Population Stabilization Policies and Programs in Egypt, by Dr. Osama Refaat, Population Stabilization: Efforts and Challenges: Case of Yemen, by Mr. Abdul-Malik Sharafuddin and, Population Stabilization in Uttar Pradesh, India: Past, Present and Future Directions, by Dr. Usha Ram.

UNFPA
Ms. Argentina P. Matavel Piccin, Country Representative, Bangladesh

Every Woman, Every Child, Every Adolescent, Everywhere: Humanitarian and Fragile Settings

- Maternal and child health in humanitarian crises, women suffer even more in terms of reproductive health.
- Gender based violence rises during these times.
- Need to consider the needs of women to be able to move towards gender equity.
- Countries need to collaborate and learn from each other.

Objective:
Advocate for advancing support for integration of RMNCHA and interventions for HIV, to improve healthy and productive lives and futures for women, girls and adolescents.

Discussions:
- Role of national and global leaders in strengthening the resilience and effectiveness of health systems.
- Regulatory barriers to life saving commodities in developing countries and explore the feasibility of promoting south to south partnership in reducing regulatory barriers and improve regulatory efficiency:
  1. improving global and local markets for life saving commodities, innovative financing, regulatory efficiency, improved national delivery of commodities and better integration of private sector and consumer needs.
- Role of multispectral leaders in supporting country driven efforts and ensuring accountability for delivering results.
- Capacity building for integration of multi health care services to address the health care needs of every woman, every child and every adolescent.
Increasing engagement and mobilising partners to achieve the SDGs by productive investment and policy action towards Every Woman Every Child Every Adolescent campaign

Critical role of strategic partnership with affected communities

Creating health systems to respond to health needs of women, children, adolescents and to improve health outcomes

Increasing services to all pregnant women with access to antenatal care, including HIV testing and counselling.

Keynote Speaker

Indonesia: Dr. Surya Chandra Surapaty, MPH, PhD, Member, PPD Board and Honourable Chairperson, National Family Planning Coordination Board (BKKBN), Government of Indonesia

Implementation of the Global Strategy

Eliminating AIDS is an integral part of the Global Health Agenda.

In Indonesia, first case of AIDS was reported in 1987.

In June 2015, there were 67,000 people with AIDS.

By 2020 our goal is that there will be no new infections and no deaths from AIDS related infections and no discrimination towards people living with AIDS.

HIGH LEVEL PANELLISTS

Scaling up sustainable and comprehensive multi-sector response to HIV/AIDS: Ending AIDS - Thailand National Strategies

Thailand

Dr. Wachira Pengjuntr, Honorable Director-General, Department of Health, Ministry of Public Health, The Royal Thai Government.

Thailand Getting to Zero: National Strategy on HIV/AIDS 2012–16

- Zero New HIV Infections
- Zero AIDS-related Deaths
- Zero Discrimination.

Innovations and Changes

- Expand rights based, gender sensitive and comprehensive prevention services for key populations
- Enhance protective social and legal environments
- Create sense of ownership to all stakeholders
- Implement a new generation of strategic information and monitoring and evaluation.

Optimization and Consolidation

- Prevention of Mother to Child Transmission
- Prevention among Young People
- Condom Programming
- Blood Safety and Universal Precaution
- Treatment, Care and Support
- Care and Support for Affected Children and Families
- Stigma and Discrimination
- Public Communication.

National Operational Plan (2015–19) to end AIDS

- Target by end 2019
- Reduced new HIV infection to 2,630 cases
- Reduced HIV related deaths to 13,682 cases
- Observed stigma among health facility staff by 10%.

Key challenges and opportunities

- Competing health priority and limited resources for prevention particularly in marginalized population (rely on external funding sources)
- Stigma, discrimination, violence and hinder access to service
- New technology development particularly on treatment as prevention
- Built upon past strengths with innovative interventions to end AIDS epidemic in Thailand.

Key challenges to end AIDS epidemic in Thailand

- Paradigm shift from disease control
- To end game
- All people are encouraged to know HIV status with focus to reach 90% of key populations with comprehensive package of services
- Provide life-long care and expand antiretroviral treatment regardless of CD4
- Normalize HIV; enable supportive policy and mechanism; and enhance strategic information and management.

National Condom Strategy Policy

“To enhance sexual well-being of the population in the country by normalizing the use of male and female condoms and lubricants to prevent pregnancy, STI and HIV, as well as to reduce the risk of sexual transmitted cancers“
The National Condom Strategy 2015–2019

Aims:
- Create images and attitudes towards condoms
- Increase access to and correct and consistent use
- Enhance and develop a sustainable and integrated condom management system
- Create or improve an enabling environment for condom use.

Prevention of Mother to Child Transmission (PMTCT) of HIV

Goals for Elimination of Mother-to-Child HIV Transmission, Thailand, by 2020:
- 50% reduction in number of new pediatric HIV infection
- 50% reduction of AIDS mortality rate among HIV+ mothers and babies.

Vietnam

Mr. Nguyen Van Tan, General Director of General Office for Population-Family Planning (GOPFP), Government of the Socialist Republic of Vietnam

Adolescent Sexual Reproductive Health (ASRH) and HIV/AIDS: Critical links and Opportunities to end AIDS by 2030

Key Linkages
- Learn HIV status
- Promote safe sex
- Family Planning/Condom providing
- Pre-marital check health & consultant
- Optimize connection between HIV/AIDS & STI services
- Integrate HIV/AIDS with maternal & infant health.

Experiences of Vietnam
- Strong commitments
- Enhancing knowledge
- Promoting Safe Sexual Activities
- Enforcing Marriage and Family regulations
- Improving Gender Issues
- International Co-operation.

Some Achievements
- Survey Assessment of Vietnamese Youth (aged 14–25), 2008: 98% know about HIV, Transmission and Prevention
- Proportion of pregnancy among adolescents aged 15–19: 1.6%–lowest in PPD.
- SMAM (male, 2013): 26.4; Female: 22.5
- Contraceptive (modern methods) use by Adolescents (15–19), 2001–10: 14%
- Age specific fertility rate (15–19), 2013: 36‰; TFR, 2014: 2,09
- Allowed age for legal marriage: Male: 20, Female: 18
- June 2015: Total people living with HIV: 227,114; Newer: 3,204, reducing 47% compared with June 2014. AIDS: Reducing 49%.

Way Forward with PPD
- Strong commitments among PPD Member States
- Sharing experiences among PPD Member States
- Strengthening Cooperation of PPD with Partners such as UNAIDS, UNFPA, UNDP...
- Integrating ASRH with HIV; HIV with improved health and sustainable development
- Vietnam pledged to strengthen cooperation with PPD and ready to become lead country of these issues.

Contraceptive Logistic Management Information System (CLMIS) of the Public and Private Sector for Population & Development

John Snow Incorporation

Dr. Muhammad Tariq, Country Director, Population Coordination Wing, Ministry of National Health Services, Regulation and Coordination, Pakistan, Government of Pakistan

Pakistan CLMIS Case Study

Using the Science of Technology & Deployment for Performance Visibility, M&E & Impact of Family Planning

Single Platform Responding to needs of multiple stakeholders: Open Source CLMIS
- Public & private sector reporting
- Capacity building for sustainability
- Training within public sector
- Creation of a pool of MTs within Public sector
- On-job training on warehouse operations, bar-coding, SOPs, job aids and operating procedures and supportive supervision and monitoring
- Inaugurated by the PM
- Implementation in 19 Pilot Districts
- Pakistan CLMIS evolved from existing Bangladesh Model
- In a transitioning logistics landscape, “HR Performance Visibility” is key to data quality.

Pakistan CLMIS: >US$100 million contraceptives from 2010–15 served ~37m couples and prevented an estimated:
- 11 million unintended pregnancies
• 4 million unintended births
• 270,726 infant deaths
• 11,000 maternal deaths

**SSC for increased access to new technology and innovations for strengthening health systems to improve health outcomes of women, children and adolescents**

**UNFPA**

Ms. Marcela Souza, Global Director South-South Cooperation, UNFPA, New York

**The potentials behind South-South and Triangular Cooperation for delivering Every Woman Every Child**

**UNFPA’s Response to Every Woman Every Child and the ICPD Agenda:**

- Joint effort by UNFPA, UNAIDS, UNICEF, UN Women, WHO and the World Bank, governments and civil societies of 58 countries where there are high levels of maternal and child mortality.
- In each country, H4+, Ministry of Health officials and partners team up to address the reproductive maternal, newborn and child health issues and help coordinate support for national maternal and newborn health policies and plans.
- The H4+ serves as the technical arm of the Global Strategy in the areas of reproductive, maternal, newborn and child health (RMNCH).
- Implementation at the country level, where H4+ agencies help advance the goals of Every Woman Every Child by: mobilizing political support, building technical capacity at the regional and country, ensuring universal access to health services, and strengthening collaboration with partners.

**UNFPA’s Work: some examples**

- Since 2010 the Ministry of Health and Public Hygiene of Cote D’Ivoire with the support of UNFPA committed to reestablish essential health services with emphasis on sexual and reproductive health (SRH) to mothers, children, and newborn infants.
- Motivated by the successful implementation of the postpartum family planning (PPFP)/postpartum intrauterine device (PPIUD) programs in countries like India, Guinea and Burkina Faso, the West and Central Africa Bureau, UNFPA launched a similar program in the region with Jhpiego’s technical assistance in five countries: Benin, Chad, Ivory Coast, Niger and Senegal.
- UNFPA, under the overall coordination of the governments of Guinea, Liberia and Sierra Leone is implementing the phased “Mano River Midwifery Response” programme.

South-South Cooperation principles and dimensions

**UNFPA key added value to SSTC:**

- Technical Expertise
- Global Presence

- Multilateral basis
- Innovative modes of engagement
- Managerial Support.

The new frontiers for SSC: SSTC and technology for strengthening health systems

- New technologies used in communications can boost capacity building of health workers with the involvement of civil servants from different countries.
- Technologies can be used in delivery of services: for example taking lessons for delivering RHC using drones.
- Use of technology to share successful initiatives and improve policies and institutions.
- Facilitate the use of PDAs (Personal Handheld-Devices) among partners from the global south for census and collecting other data.

South-South Cooperation: technology as an enabling factor

**Increasingly interconnected world creates a series of unexplored opportunities...**

- The Global South accounts for more than 80% of world population and while world trade has grown almost fourfold, South-South trade has grown more than tenfold.
- However, the ICPD has been unequally achieved, demanding horizontal partnerships based on mutual benefit, solidarity and adaptability.
- Facilitating the connection of individuals and institutions
- Basis for up streamed South-South Cooperation on population issues
- Stimulating new cooperation modalities (i.e. Multi Country Cooperation).

**Potential Initiatives: SSTC on Family Planning**

**SDGs: 3, 5, 17**

**Idea for a SSC Project:** Support capacity development of health systems through technical cooperation between peer institutions from the global south through a collective project with the engagement of partners from the global south.

**Expected outcomes:** Increased capacity of National Health Systems to provide access to voluntary rights-based family planning.

**Potential partners:** Traditional donors, development banks, partners from the global south, private sector and other UN agencies.

**Flagship Projects:** Project on Every Woman Every Child

**SDGs: 3, 5, 17**

**Idea for a SSC Project:** Stabilizing a “South-South Cooperation Center” for continuous training of public civil servants based on successful policies, systems, protocols, practices and services to reduce maternal mortality.

**Expected outcomes:** Improved capacity of national institutions dealing with maternal health.

**Potential partners:** Traditional donors, partners from the global south.
Closing Statements

Bangladesh

Mr. Harunur Rashid, Addl Secreatary Min Health and Family Welfare, Government of the People's Republic of Bangladesh and PCC Bangladesh

- Thank all the participants for contributing to this Conference and for your leadership and commitment.
- Thanks all for collectively identifying the way forward.
- Call to Action will amplify the voice of 60% of the world's population.

Vote of thanks

South Africa:

Mr. Jacques van Zuydam, Chief Director, Population and Development, Department of Social Development, Government of the Republic of South Africa and PCC of PPD

- Thanks to the Bangladesh dignitaries.
- Thanks to the Bangladesh Government.
- Thanks to all the dignitaries.
- Thanks to the UN speakers who prepared PPD directed speeches.
- Thanks to all the delegates from the member countries.
- Thanks to the hotels.
- Thanks to the translators.
- Thanks to PPD ED and Secretariat

Conference Outcome

Dhaka Call for Action (Annexure 2)
## Agenda

### 9.30–10.30a.m. 21 Nov. 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Resource Person/Speaker</th>
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<tr>
<td>9.30–10.30a.m</td>
<td>Master of Ceremonies</td>
<td>PPD: Dr Joe Thomas</td>
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<td></td>
<td>Welcome Address</td>
<td>Bangladesh: H.E. Mr. Zahid Maleque, Honorable State Minister, Ministry of Health and Family Welfare, Government of People's Republic of Bangladesh</td>
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<td>Guest of Honour</td>
<td>Bangladesh: H.E. Dr Shirin Sharmin Chaudhury, Honorable Speaker of the National Parliament, Government of Bangladesh</td>
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<td>Addresses by</td>
<td>UN: Dr. Nana Taona Kuo, Senior Manager – &quot;Every Woman Every Child&quot; Health Team, Executive Office of the UN Secretary-General</td>
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<td>UNICEF: Dr. Karin Hulshof, Regional Director, UNICEF Regional Office for South Asia, Nepal</td>
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<td>UNFPA: Dr. Yoriko Yasukawa, Regional Director UNFPA-Asia Pacific, Bangkok, Thailand</td>
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<td>Opening Statement</td>
<td>USA: H.E. Ms. Marcia S.B. Bernicat, Hon. US Ambassador; Embassy of the USA, Bangladesh</td>
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<td>Tunisia: Dr. Ridha Gataa, President Director General, National Board of Family and Population, Ministry of Health, Government of Tunisia; Treasurer – PPD Board</td>
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<td>China: H.E. Mr. Wang Pei'an, Chair PPD Board, and Honorable Vice Minister, National Health and Family Planning Commission, Government of the People's Republic of China; Chair – PPD Board</td>
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<td>Bangladesh: H.E. Mr. Mohammed Nasim, and Honorable Minister, Ministry of Health and Family Welfare (MOHFW), Government of the People's Republic of Bangladesh; Member – PPD Board</td>
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<td>India: H.E. Mr. Jagat Prakash Nadda, Honorable Minister, Union Ministry of Health and Family Welfare, Government of India; Vice Chair – PPD Board</td>
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<td></td>
<td>Closing Statement</td>
<td>Vote of Thanks</td>
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<td>Bangladesh: Mr. Syed Monjurul Islam, Secretary, Ministry of Health and Family Welfare (MOHFW), Government of Bangladesh</td>
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### 10.30–10.45a.m.

- **TEA / COFFEE BREAK**

### 10.45–10.50a.m.

- **Technical Session I:** "Financing for Every Woman Every Child Every Adolescent"
  - **Chair:** India: H.E. Jagat Prakash Nadda, Honorable Minister, Union Ministry of Health and Family Welfare, Government of India and Vice Chair, PPD Board
  - **Co-Chair:** Zimbabwe: Dr. Munyaradzi Murwira, Executive Director, Zimbabwe National Family Planning Council and PCC of PPD

### 10.50–10.55a.m.

- Keynote Speaker: **UNFPA:** Dr. Yoriko Yasukawa, Regional Director Asia Pacific, UNFPA, Bangkok, Thailand

### 10.55–11.05a.m.

- Introduction of Operational Framework of EWEC
  - **India:** Mr. C K Mishra, Additional Secretary, National Health Mission, Ministry of Health and Family Welfare, Government of India and PCC of India

### 11.05–11.15a.m.

- **Discussion**

### 11.15–11.25a.m.

- **High Level Panelists:**
  1. **UN:** Dr. Nana Taona Kuo, Sr. Manager – Every Woman Every Child Team, Executive Office of the UN Secretary-General
  2. **Benin:** Dr. M. Pakidaba Jacob Namboni, Director of Department of Health, Ministry of Health, Republic of Benin

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**Rapporteurs**

- **Nigeria:** Dr. Faniran Sanjo Oladepe, International Cooperation Department, UN System Unit, National Planning Commission, Government of Nigeria; PCC of PPD
- **Bangladesh:** Mr. Harun-ur Rashid Khan, Additional Secretary, Ministry of Health and Family Welfare, Government of Bangladesh; PCC of PPD
- **Ghana:** Ms. Esther Cofie, Head, Population and Development Unit National Population Council; PCC of PPD
investments for Every Woman Every Child in developing countries

3. Country experience in implementing EWEC campaign in Bangladesh

4. Mobilization of financing: innovative engagement of new players and SSC (state, non-state actors)

5. Global Financing Facility: an effective tool to leverage domestic and international resources to implement country-specific plans towards reductions in preventable maternal, newborn and child deaths

6. Global, regional and domestic funding for SSC to address the unfinished business and new challenges in Reproductive, Maternal, Child

Bangladesh: Ms. Saima Wazed, Chairperson of National Advisory Committee on Autism; Member of WHO’s Expert Advisory Committee on Mental Health

Uganda: Dr. Betty Kyadondo, Head of Family Health Department, Population Secretariat (POPSEC), Ministry of Finance, Planning & Economic Development

World Bank: Dr. Bushra Binte Alam, Senior Health Specialist, Health and Population Office, Bangladesh

UNICEF: Dr. Karin Hulshof, Regional Director for South Asia, Nepal

12.10–12.20p.m. Q & A

Bénin: Dr. Lucien Toko, Deputy Director of Health, Ministry of Health, Republic of Benin; PCC of PPD
Morocco: Dr. Abdellah Taleb, Medical Doctor attached to the Director of Population, Ministry of Health, Morocco; PCC of PPD
PPD Secretariat

12.30–1.30p.m. Lunch Break

1.30–2.45p.m. Technical Session II: “National leaderships and ownership in support of every woman every child and every adolescent”

1.30–1.35p.m. Chair: Tunisia: Dr. Ridha Gataa, President, Director-General, National Board for Family and Population, Ministry of Public Health, Government of Tunisia & Treasurer of PPD Board

1.35–1:40p.m. Co-Chair: Yemen: H.E. Dr. Ahmed Ali Bournji, Secretary-General, National Population Council, Council of Ministers, Government of Yemen and Member of PPD Board

1.40–1:50p.m. Keynote Speaker
Kenya: Dr. Josephine Kibaru-Mbae, Director General National Council for Population and Development, Government of Kenya and Member-PPD Board

1.50–2.35p.m. High level Panellists

China: Mr. Hu Hongtao, Commissioner, Department of International Cooperation, National Health and Family Planning Commission of China, Government of the People’s Republic of China; PCC of PPD

South Africa: Ms Nompumelelo S Nzimande, University of Kwazulu-Natal. Department of Population Studies and Development Studies, South Africa
### 3. The role of global partners in supporting country leadership in the area in support of every woman, every child, and every adolescent

**China:** Mr. Hu Hongtao, Commissioner, Department of International Cooperation, National Health and Family Planning Commission of China, Government of the People's Republic of China; PCC of PPD

**South Africa:** Ms Nomphumelelo S Nzimande, University of KwaZulu-Natal, Department of Population Studies and Development Studies, South Africa

**UNICEF:** Dr. Kumanan Rasanathan, Senior Health Specialist, Health Section

### 4. Collective of women and girls’ leadership and maximization of its impact in ending all preventable maternal and child and adolescent deaths: Bangladesh experience

**Rapporteurs**
- **Mali:** Mr. Adama Diarra, Director-General, National Solidarity Fund, Ministry of Social Development Solidarity and Ageing People, Government of Mali; PCC of PPD
- **Kenya:** Mr. Charles N. Oisebe, Assistant Director, National Council for Population and Development (NCPD), Government of Kenya; PCC of PPD

### 2:45–3:00 p.m. Tea Break

### 3.00–3.05 p.m. Technical Session III: South-South Cooperation: A viable "global partnership between governments of developing countries" in support of Every Woman Every Child Every Adolescent for the realization of the SDGs

**Chair:** **China:** H.E. Mr. Wang Pei’an, Chair-PPD Board and Honorable Vice Minister, National Health and Family Planning Commission, Government of the People's Republic of China

**Co-Chair:** **Pakistan:** Mr. Gaffar Khan, Director General, Ministry of National Health Services, Population Programme Wing, PCC of PPD

### 3.00–3.10 p.m. Keynote Speaker

**Pathfinder International:** Dr. Halida Akhter, Country Representative and Chief of Party-USAID-DFID NGO Health Service Delivery Project

### 3.10–3.20 p.m. Rapporteurs

**Egypt:** Dr. Sahar El Sonbaty, Head of the Family Planning Central Management, MoHP; PCC of PPD

**The Gambia:** Mr. Saikou J K Trawally, Director of Population Affairs, National Population Commission Secretariat; PCC of PPD

### 3.10–3.20 p.m. Keynote Speaker

**UNFPA:** Ms. Argentina P. Matavel Piccin, Country Representative, Bangladesh

### 3.20–4.05 p.m. Rapporteurs

**Egypt:** Dr. Sahar El Sonbaty, Head of the Family Planning Central Management, MoHP; PCC of PPD

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**UNFPA:** Ms. Argentina P. Matavel Piccin, Country Representative, Bangladesh

### 4.05–4.15 p.m. Q & A

**Egypt:** Dr. Sahar El Sonbaty, Head of the Family Planning Central Management, MoHP; PCC of PPD

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**UNFPA:** Ms. Argentina P. Matavel Piccin, Country Representative, Bangladesh
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Countries/Participants</th>
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<tbody>
<tr>
<td>4.15–4.20p.m.</td>
<td>Technical Session IV: “Investing in Every Woman Every Child Every Adolescent: Ending AIDS by 2030”</td>
<td>Kenya: Dr. Josephine Kibaru-Mbae, Director General National Council for Population and Development and Board Member of PPD</td>
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<td></td>
<td>Chair: Kenya: Dr. Josephine Kibaru-Mbae, Director General National Council for Population and Development and Board Member of PPD</td>
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<td>4.20–4.25p.m.</td>
<td>Co-Chair: Nigeria: Dr. Faniran Sanjo Oladepo, Asst Director (Multilateral), International Cooperation Department, Ministry of Budget &amp; National Planning, Government of Nigeria; PCC of PPD</td>
<td>Nigeria: Dr. Faniran Sanjo Oladepo, Asst Director (Multilateral), International Cooperation Department, Ministry of Budget &amp; National Planning, Government of Nigeria; PCC of PPD</td>
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<td>4.25–4.35p.m.</td>
<td>Keynote Speaker</td>
<td>Indonesia: Dr. Surya Chandra Surapaty, MPH, PhD, Member, PPD Board and Honourable Chairperson, National Family Planning Coordination Board (BKKBN), Government of Indonesia</td>
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<td>4.35–5.20p.m.</td>
<td>High level Panellists</td>
<td>Thailand: Dr. Wachira Penguontr, Honorable Director-General, Department of Health, Ministry of Public Health, The Royal Thai Government.</td>
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<td></td>
<td>2. SRH and HIV/AIDS: Critical links and opportunities to end AIDS by 2030</td>
<td>John Snow Inc: Dr. Muhammad Tariq, Country Director, Population Programme Wing, Ministry of National Health Services, Regulations &amp; Coordination, Government of Pakistan</td>
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<td></td>
<td>3. Contraceptive Logistic Management Information System: experience from Pakistan</td>
<td>UNFPA: Ms. Marcela Souza, Global Director South-South Cooperation, UNFPA, New York</td>
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<td></td>
<td>4. SSC for increase access to New technology and innovations for strengthening health system to improve health outcomes of women children and adolescents and to improve health outcome</td>
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<tr>
<td>5.20–5.30p.m.</td>
<td>Q &amp; A</td>
<td>Rapporteurs: Zimbabwe: Dr. Munyaradzi Munwira, Executive Director, Zimbabwe National Family Planning Council, PCC of PPD</td>
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<td>Uganda: Dr. Betty Kyadondo, Head of Family Health Department, Population Secretariat (POPSEC) and PCC of PPD</td>
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<td>5.30–5.45p.m.</td>
<td>Tea Break</td>
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<td>5.45–6.15p.m.</td>
<td>Closing Statements</td>
<td>Bangladesh: H.E. Zahid Maleque, M.P., State Minister, Ministry of Health and Family Welfare (MOHFW), Govt. of Bangladesh</td>
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<td></td>
<td>Call for Action</td>
<td>India: H.E. Jagat Prakash Nadda, Honorable Minister, Union Ministry of Health and Family Welfare, Government of India and Vice-Chair PPD Board</td>
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<td></td>
<td>Vote of thanks</td>
<td>South Africa: Mr. Jacques van Zuydam, Chief Director, Population and Development, Department of Social Development, Government of the Republic of South Africa and PCC of PPD</td>
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<td>Rapporteurs: Vietnam: Ms. Nguyen Viet Ha, Deputy Director of Personnel Department of General Office for Population Family Planning (GOPFP), Government of the Socialist Republic of Vietnam and PCC of PPD</td>
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<td>Yemen: Mr. Motahar Ahmed Zabarah, Assistant Secretary-General, National Population Council, Government of the Republic of Yemen and PCC of PPD</td>
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<td>PPD Secretariat</td>
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Mobilizing financing for Every Woman, Every Child and Every Adolescent

Mobilizing Financing for Every Woman, Every Child and Every Adolescent

Hon. David Bahati
Minister of State for Finance, Planning and Economic Development and PPD Board Member for Uganda

PPD Inter-ministerial Conference on Population and Development

21st November 2015
Dhaka, Bangladesh

<table>
<thead>
<tr>
<th>Development indicator</th>
<th>Baseline (2016)</th>
<th>Target (2040)</th>
</tr>
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<tbody>
<tr>
<td>Per capita income (US$)</td>
<td>506</td>
<td>9,500</td>
</tr>
<tr>
<td>% of population below the poverty line</td>
<td>19.7</td>
<td>5</td>
</tr>
<tr>
<td>Life expectancy at birth (years)</td>
<td>55</td>
<td>85</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>54</td>
<td>4</td>
</tr>
<tr>
<td>Under 5 mortality rate</td>
<td>90</td>
<td>5</td>
</tr>
<tr>
<td>Maternal mortality ratio</td>
<td>438</td>
<td>15</td>
</tr>
<tr>
<td>Literacy rate</td>
<td>73</td>
<td>95</td>
</tr>
</tbody>
</table>

Source: VISION 2040, National Planning Authority, 2010

Health Financing Strategy
- Budget Strategy takes into account the newly adopted SDGs.
- Sustain government momentum to increase health budget so that the per capita govt expenditure rises from $13 to $48 by 2040.
- Resources from domestic public & private finance and development agencies (Foreign Direct Investment).
- Increase share of the budget for disease prevention and health promotion.
- Universal Health Coverage for equitable service delivery.
- Shift from input to results based financing.
- Address the financial accountability.
Challenges to financing health care

1. Increased demand for maternal, neonatal, child and adolescent health services due to a rapidly growing population.
2. Increase in non-communicable diseases burden due to urban transition and change in lifestyle.
3. High public demand to access better quality care as a result of new technologies.
4. Reduced likelihood of increasing health care resource envelope as a result of competing national priorities.
5. High cost of health infrastructure.

RMNCAH Plan

- Uganda’s sharpened plan for RMNCAH aims to prevent an additional 40% of under five deaths and 26% maternal deaths by 2017.
- Projected to cost $662M for five years.
- Government and donors will finance the plan.
- Negotiations are ongoing with the World Bank, MOH, NOFED, Development Partners and CSOs to support the Plan from the GFF.
- The total cost for the Family Planning Costed Implementation Plan (FP-CIP) is $235 M.
- The CIP will take up 4% of Uganda health budget.
- The number of women accessing FP will increase from 1.7 m in 2014 to 3.7 m in 2020.

Overall CIP Cost Distribution by Thematic Areas, 2015-2020

<table>
<thead>
<tr>
<th>Item</th>
<th>Costs (USD)</th>
<th>%</th>
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<tbody>
<tr>
<td>Commodity</td>
<td>115.1</td>
<td>49</td>
</tr>
<tr>
<td>Service delivery</td>
<td>46.9</td>
<td>20</td>
</tr>
<tr>
<td>Demand creation</td>
<td>27.6</td>
<td>12</td>
</tr>
<tr>
<td>Contraceptive Security</td>
<td>9.3</td>
<td>4</td>
</tr>
<tr>
<td>Policy/Environment</td>
<td>3.5</td>
<td>1</td>
</tr>
<tr>
<td>Financing</td>
<td>0.5</td>
<td>0.2</td>
</tr>
<tr>
<td>Stewardship</td>
<td>33.2</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>235 millions</td>
<td>100</td>
</tr>
</tbody>
</table>

Thank you
Global financing facility in support of Every Women Every child

The Investment Case

- Clinical service delivery and promotion interventions
- Health systems strengthening
- Multisectoral approaches
- Facility quality and rights

Mobilisation of financing for investment cases: complementary financing of the Investment Case

- Government
- Global Partners
- Health financing stakeholders

Smart, scaled, and sustainable financing for results

- Focus on evidence-based, high-impact interventions and results
- Maintain RMNCAH at scale through significantly increased domestic and international financing
A south to south perspective on survive, thrive and transform

COUNTRIES ELIGIBLE FOR GFF TRUST FUND FINANCING

THANK YOU
Operationalizing the global strategy for women’s, children’s and adolescents’ health

Operational Framework

- Why?
  - Guides implementation of the Global Strategy
  - Serves as a resource for countries on how to strengthen action at country level
  - Provides options for translating SDG targets and Global Strategy action areas into existing and new country-specific plans for implementation

- Who for?
  - National governments
  - Civil society, private sector, development partners
  - Clarify roles of global and regional action

Process of development

- Co-chaired by Government of India, PFD and UNICEF
- Build on Global Strategy consultations
- Specific consultations
  - Tanzania, August 2013
  - India, August 2014
  - General Assembly, New York, Sept 2015
  - Minamata, Oct 2015
  - Zanzibar, Oct 2016
  - Uganda, Oct 2016
  - Fiji, Oct 2016

“We want to learn from our experience with the MDGs where it took 10 years for us to start action. We want to implement the SDGs from January 2016.”

- Abraham, Minister of Health, South Africa
- Of consultation, SA Sept 2015

Content of Operational Framework

It will include:

- "Ingredients for action" aligned to Global Strategy action areas
- Country case studies
- Links to detailed guidance on RWMNCAH
- Milestones for monitoring implementation of Global Strategy
- Role of global and regional partners

Operational Framework will exist as a document and an Every Woman Every Child website as a resource centre that can be updated
A south to south perspective on survive, thrive and transform
Le partenariat sub-sub dans le cadre de la stratégie globale 2.0

De Jacob NAMBONI, MD, MPH, MSc
Directeur de Cabinet Ministre sané du Bénin

Next steps
- Public online consultation 18 November – 1 December 2015
- Finalization by mid-January 2016
- Discussions on Global Strategy and Operational Framework at WHO Executive Board (Jan 2016) and World Health Assembly (May 2016)

A south to south perspective on survive, thrive and transform

A Report—Every Woman Every Child Every Adolescent:

Thank you!
Situación OMD en la región y en Benín

Resultados de evaluación OMD: resultados mixtos:
- Avance dado por los países en la atención de los objetivos del milenio para el desarrollo, a pesar de las condiciones iniciales desfavorables;
- Progresión notable en la reducción de la mortalidad infantil y juvenil, pero con una velocidad más lenta que se impone para alcanzar la cobertura vacinal;
- Algunas progresiones en la reducción de la mortalidad materna, pero que no son suficientes para atender la cima relativa en este indicador;
- Los tasa de prevalencia elevados del VIH/sida empeoran los esfuerzos de intervención contra la tuberculosis.

Source: Analysis for the Global Burden of Disease Study 2013. Lastef 2014
Situation des OMD en santé au Bénin

- Résultats mitigés malgré les efforts importants consentis face à cette situation.
- Pour réduire les décès évitables des mères, des enfants et des adolescents, adoption des ODD, notamment de l’ODD 3 qui vise à améliorer la santé tout au long de la vie.
- Chaque pays s’est engagé lors de l’AG de l’UN de septembre 2015 à soutenir la stratégie globale du SG de l’UN à travers le choix des priorités.

ODD: Priorités et engagements du Bénin (1)

- Résultats mitigés malgré les efforts importants consentis face à la situation des OMD au Bénin.
- Quels Priorités et quels engagements pour le Bénin?

ODD: Priorités et engagements des pays, Bénin

ODD: Priorités et engagements des pays

- 17 ODD pour l’ensemble des Pays;
- 117 cibles;
- Chaque pays tenant compte de ses priorités s’est engagé lors de l’AG de l’UN de septembre 2015 à soutenir la stratégie globale du SG de l’UN.
ODD: Priorités et engagements du Bénin (4)
1. Réduire le taux de la mortalité maternelle en dessous de 70 pour 100 000 naissances vivantes, le taux de mortalité des enfants de moins de 5 ans en dessous de 20 décessés sur 1 000 naissances vivantes et le taux de mortalité néonatale en dessous de 10 pour 1000 naissances vivantes ;
2. Accélérer l’effort pour l’élimination de la transmission du VIH de la mère à l’enfant avec le taux de transmission résiduel inférieur à 1% ;
3. Assurer la gratuité de la PF pour les adolescents et les jeunes ;
4. Investir dans les jeunes (diversité démographique) ;

ODD: Priorités et engagements du Bénin (5)
4. Pourvoir et renforcer la politique de gratuité de la césarienne ;
5. Actualiser et disséminer la Politique Nationale de Population
5. Renforcer la disponibilité, l’accessibilité et l’utilisation des Soins Obstétricaux et Néonatals d’Urgence ;
6. Pourvoir les efforts pour réaliser la révolution contraceptive dans le cadre de la Politique globale de la Population en vue de bénéficier du dividende démographique ;
7. Introduire l’éducation sexuelle intégrée et adaptée à l’use dans le secteur éducatif formel et informel ;

ODD: Priorités et engagements du Bénin (6)
8. Rendre disponibles et, accessibles les 13 Produits d’Importance vitale des Nations Unies pour les services et soins de qualité à la Femme et l’Enfant ;
10. Réduire la malnutrition chronique chez les enfants de moins de cinq ans d’au moins 40% ;

ODD: Priorités et engagements du Bénin (7)
11. Réduire les facteurs de risques liés aux Maladies non transmissibles surtout chez les femmes,
12. Lutter contre les maladies tropicales négligées
13. Lutter contre les maladies prioritaires (Paludisme, VIH, tuberculose et l’hépatite) ;

Opportunités financement stratégie 2.0
Un mouvement mondial sans précédent et désormais lancé en vue d’accélérer l’atteinte de l’objectif de réduction de la mortalité de la mère, de l’enfant et de l’adolescent grâce à des partenariats internationaux de tels que :
- le Partenariat pour la santé de la mère, du nouveau-né et de l’enfant (PMNCH),
Opportunités de financement de la stratégie 2.0 (2)

- L’initiative de Muskella lancée par le G8 avec principal défis : construire le pyjama 1,24 dollar/b dans 74 pays a été touché en 2015.
- Le GFF:
  - Principal défis : réduire 4 millions de décès maternels, 107 millions de décès d’enfants et 21 millions de mortalités enfant dans 15 ans dans 74 pays.

Opportunités de financement de la stratégie 2.0 au Bénin (1)
La mise en œuvre de la stratégie globale 2.0 représente une opportunité à saisir, et il existe un environnement favorable à sa mise en œuvre.
1. La revue à mi-parcours de PNDS 2005-2018 qui permet d’aligner les objectifs, et les cibles du PNDS, sur les engagements du gouvernement du Bénin dans le cadre de la stratégie 2.0. Cependant, il faut veiller à :
   - disposer d’un plan de financement dédié et de ces PNDS, y compris des ressources nationales.

Opportunités de financement de la stratégie 2.0 au Bénin (3)

3. Le Bénin est parmi les pays potentiellement bénéficiaire du GFF. Dès lors, le Bénin est parmi les pays bénéficiaire de RMNCAH. Depuis Septembre 2015, il pourra activer les mécanismes pour faire une requête.

Opportunités de financement de la stratégie 2.0 au Bénin (4)
Dans le cadre de partenariat Sud-Sud, le Bénin peut demander des partages d’expériences avec les pays ayant des progrès remarquables. Il peut s’agir de :
- L’amélioration du registre d’Etat civil dans un contexte de développement important du secteur informel.
- Du renforcement de l’approche multisectorielle et de la participation communautaire dans la résolution des problèmes de santé.
- Des mécanismes de coordination et de redondance.

Opportunités de financement de la stratégie 2.0 au Bénin (5)
Le Bénin souhaite aussi :
- Le renforcement de la collaboration sous-régionale pour enclencher les problèmes communs, parfois transfrontaliers.
- L’organisation des rencontres conjointes de suivi des progrès.
- Le développement des modalités de financement régionales pour compléter les efforts nationaux.
- S’inspirer des approches utilisées par les autres pays dans la mobilisation des ressources et des initiatives nationales dédiées aux ODD.
The global strategy for women’s children’s and adolescent’s health (2016-2030)

Survive, thrive, transform

Opportunités de financement de la stratégie 2.0 au Bénin (6)

- le RANCAH :-financement H+4 (UNFPA, UNICEF, OMS, UNUSIDA);
- 4 milliards en 1an
- Coverture : 8 2S/34

Conclusion

- Réultats mitigés de l’évaluation des OMD dans la plupart des pays;
- Forts engagements des pays pour les SDG et notamment pour l’ODDS en fonction des priorités à l’AG de Septembre 2015;
- Existence des opportunités de financement pour l’atteinte de la stratégie globale « chaque femme, chaque enfant, et chaque adolescent »,
- le Partenariat Sud-Sud reste une vraie opportunité qui a été peu utilisée à ce jour

Merci pour votre aimable attention
Global Strategy for Women’s, Children’s and Adolescents’ Health
- Front runner implementation platform in support of SDGs
- Women, children and adolescents are essential to achieve the SDGs

Developing the Global Strategy
- Regional consultations hosted by the Governments of India, South Africa and United Arab Emirates
- World Health Assembly 2015, Inter-Parliamentary Union, Partners in Population and Development, etc.
- PANCH public online consultations
- Technical papers developed by many partners, published in The BMJ

$7,000+$ inputs from individuals and organizations

4. Vision, Principles, Objectives
- Vision
  By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping sustainable and prosperous societies.
- Guiding principles
  - Evidence-informed
  - Universality
  - Partnership-driven
  - People-centered
  - Community-owned
  - Accountable
  - Aligned with development effectiveness and humanitarian norms

Targets aligned with the SDGs

Global Strategy Outline
1. What’s New
- Equity: Focus on reaching the most vulnerable and leaving no one behind
- Universal: For all countries, with an explicit focus on humanitarian settings
- Multilateral: The “90s generation” – a 10 year old in 2019 will be 20 in 2029
- Life-course approach: Health and well-being interlinked at every age, and across generations
- Multi-sectoral approach: Joint progress across core sectors e.g., nutrition, education, MISP
6. Implementation Starts with Country Ownership
- Success determined by country ownership and leadership
- Countries drive global action
- Create transformative and resilient environments:
  - Make the health of women, children and adolescents a top political priority
  - Fund and implement evidence-based national health plans
  - Work towards universal health coverage

Accountability Framework
- Builds on the Commission on Information and Accountability’s principles – Monitor, Act, Review
- Linked with the “Follow-Up and Review” mechanism for the SDGs (High level Political Review) - other inter-governmental bodies (WHA 2016, regional bodies e.g. AU)
- Establishment of the Independent Accountability Panel: annual Report on “State of Women’s, Children’s and Adolescent Health”

Operationalizing the Strategy
- High-level Advisory Group to guide the UN Secretary-General
- A 3-year Operational Framework being developed to accompany the Global Strategy
- Sustainable financing - Global Financing Facility in support of Every Woman Every Child
- Innovation Market Place – scale-up of new products and practices
- Robust accountability framework

The Power of Partnerships
- Partnerships will continue to accelerate progress to 2030. We all have a role to play.

- Over 40 countries and 120 multi-stakeholder already pledged commitments, totaling over $25 billion for women, children, and adolescents.

Every Woman Every Child Architecture

Ensure that all women, children and adolescents not only survive but thrive!

More information is available at www.everywomaneverychild.org
Promoting SSC for improving women’s and children’s health

Promoting SSC for Improving Women’s and Children’s Health

Hu Hongteac
National Health and Family Planning Commission of China

21 November 2015 Dhaka, Bangladesh
Email: hongteac@126.com  http://nhfc.gov.cn

What Progress China has Made

1. Maternal and child mortality rates continue to decline; accomplished MDG4 and MDG5 ahead of schedule;
2. Equity in maternal and child health has been significantly improved;
3. Nutrition and health status of women have been constantly improving, while burden of disease gradually lowered;
4. Family planning and reproductive health services has been continuously improved.

By the end of 2014,
Maternal mortality rates (MMR) fell to 21.7 per 100,000
A 75.8% drop, compared with 88.8 per 100,000 in 1990
Achieved MDG target 1 year ahead of schedule.

Equity has been significantly improved

Under-5 mortality rate between 1991-2014
- Absolute disparity between urban and rural areas declined by 31.5%.
- Rural-urban ratio dropped from 3.4 times in 1991 to 2.4 times in 2014.
- Disparity between East and West China and East and Central China declined by 92.7% and 98.3% respectively.

Maternal mortality rate between 1991-2014
- Absolute disparity between urban and rural areas declined by 89.5%.
- Rural-urban ratio dropped from 2.4 times in 1991 to 1.1 times in 2014.
- Disparity between East and West China dropped from 4.7 times in 1990 down to 2.6 times in 2014.
A south to south perspective on survive, thrive and transform

What are the New Targets?

- Sustainable development goals (SDGs);
- Targets in Building Healthy China (by 2020):
  - Maternal mortality rate: 18/100,000 (21.7);
  - Infant mortality rate: 8 % (8.9);
  - Under-5 mortality rates: 10 % (11.7)

What experience China has gained

- Improved laws and regulations for MCH;
- Development of plans at various levels;
- A well-established nationwide service delivery system;
- Improve health insurance system for women and children;
- Funding
- International exchanges and cooperation

A Report - Every Woman Every Child Every Adolescent:
Women, children and youth health

Women, Children and Youth health: Required health policies and strategies

A south to south perspective on survive, thrive and transform

**Key health threats**

- Determinants: Health issues such as tuberculosis and poverty are significant.
- Violence and neglect against women and children are a concern.
- HIV/AIDS and other sexually transmitted infections in adolescents and adults are prevalent.
- Lack of access to family planning services to reduce maternal mortality and morbidity.
- Child labor and nutrition are major concerns.
- Women's health is a concern.
- Youth morbidity and mortality.

**Intervention strategies: Preventative (Children)**

- Establishment of comprehensive child health programs.
- Early childhood education programs.
- Maternal and child health programs.
- Nutrition programs.
- Public health programs.
- Vaccination programs.
- Nutrition programs focused on growth and development.

**Intervention strategies: Preventative (Youth)**

- Addressing noncommunicable diseases.
- Sex education and reproductive health.
- HIV/AIDS prevention and education.
- Maternal health and reproductive health programs.
- Adolescent health and development.
- Prevention programs that encourage healthy lifestyles and resilience.
Experiences and key strategies to promote partnerships for SSC in RH, population and development: Tunisia

A viable “global partnership between governments of developing countries” in support of Every Woman Every Child Every Adolescent

Key issues for SSC: How do we start?

- Country with strong political commitment for RH and Population, and expressing needs to improve RH and maternal health through SSC
- Bilateral agreement
- Development Partner: Enhance health situation, effective use of DDA, Support to SSC

Tunisia – Demographics

- Population: 10,966,5
- Birth rate: 19.3/1000
- Death rate: 6.3/1000
- Population growth: 1.3%
- TFR: 2.2
- Life expectancy: 75 years
- MMR: 85/100,000 LB
- CPR: 62%

Sharing the success: South South and triangular Cooperation

1994: Centre of Excellence in Population activities for Africa and Arab world (UNFPA)
1995: Partners in Population and Development: Tunisia, founding member & 1st Chair of PPD
1999: Country of expertise in RH/Population - JICA (Third Countries Training Program)
2009: CaFIR as WHO Collaborating Center for training and research in RH

Fields of South-South cooperation

- International training (JICA TCTP, UNFPA and EU)
- Training courses in beneficiary countries
- Observation and study tours for decision makers, religious leaders, parliamentarians and health professionals
- Technical assistance and dispatch of experts (short, mid and long term)
TUNISIA – Niger – France
The Kollo Project

Bilateral agreement signed in 1999
Advocacy and OST in Tunisia for Nigerians and French parliamentarians
Needs assessment mission conducted in Niger Project proposal submitted to French government: Goal: Transferring the Tunisian model and adapting it to the context of Niger in order to respond to the urgent health needs of women in the Kollo health district.
Period of project: 2004 – 2006

Fields of assistance

1. Advocacy: decision makers, parliamentarians and religious leaders
2. Capacity building (training in Tunisia and in Niger)
3. Provision of equipment for mobile units
4. Information, education and communication activities

Challenges & Opportunities

- Case of good performance: health care for women and children
- Potential redundancy: lack of medical support in selected projects (school health services)

Support of PPD on GIC: Global Initiatives
- EWI: 1P201 Women Delivers... through north-south projects to achieve 2030 Objectives

Major results

<table>
<thead>
<tr>
<th>Description</th>
<th>Baseline</th>
<th>Start rate</th>
<th>Achieved rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage coverage by quality control services</td>
<td>70%</td>
<td>68%</td>
<td>78%</td>
</tr>
<tr>
<td>Preventive consultations</td>
<td>91%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Rate of pregnancies with complications</td>
<td>8%</td>
<td>28%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Rate of prevalence with knowledge abnormality</td>
<td>9%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Rate of incidence for hypertension</td>
<td>9%</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>Number of targeted communities</td>
<td>49</td>
<td>160%</td>
<td>99%</td>
</tr>
<tr>
<td>Health care providing emergency services</td>
<td>–</td>
<td>100%</td>
<td>99%</td>
</tr>
</tbody>
</table>

UNICEF supported ICV activities
- UNICEF used mobile units to provide immunization
- The World Bank supported the project as a path for future
Presentation for 2015 Conference

A south to south perspective on survive, thrive and transform

At the time of the founding of the Partnership for Population and Development, American leaders, representing President Carter of Indonesia, presented the Framework for Health, which called for implementing family planning services, especially for poor women and their children. This led to the demand that members of the Foundation join forces to support this plan.

In 1992, the first world family planning program began, the combined population of 953 Member Countries was 4,196,660,000. When the FP was formed in 1992, the FP1 Member Countries had a combined population of 463,000,000. The population of all FP1 countries is 413,000,000 and is projected to double by the turn of the century.

Abstract

Statement on Population Stabilization

It is necessary to recognize the essential need to achieve population stabilization and to support country capacity to manage the health of its population. It is necessary to encourage the use of contraceptives and programs to do so, in addition to the use of family planning and reproductive health services. As the statement of the President of the United Nations in 2000, we recognize the importance of ending the violence and the quality of life for all people, including all women, and the importance of women's health and empowerment. The statement on population stabilization should be a call for action, not only for population stabilization, but also to address the needs of the people. The statement should be renewed and expanded to include human rights and family planning.

In 1992, the first world family planning program began, the combined population of 953 Member Countries was 4,196,660,000. When the FP was formed in 1992, the FP1 Member Countries had a combined population of 463,000,000. The population of all FP1 countries is 413,000,000 and is projected to double by the turn of the century.
A south to south perspective on survive, thrive and transform

A Report — Every Woman Every Child Every Adolescent:
A south to south perspective on survive, thrive and transform
A viable “global partnership between governments of developing countries”
Global partnership
SDG Goal 17 emphasizes on...

- Revitalization of the global partnership
- Strengthen implementation
- The global partnership’s spirit of solidarity with poorest and vulnerable
- Enhance North–South and South–South and triangular cooperation on access to Science, Technology and Innovation (STI)
- Global diplomatic arena - a platform for addressing health inequities.

Collaboration

- Advocacy: Roles for diplomacy
- Ministries of Finance and Social Development of WHO, NGOs and Champions for southern voices
- Parliaments are SRHR advocates

- Mobilize resources to fill funding gaps at country level
- Innovative financing mechanisms to invest in global public goods
- Provide technical support for countries to develop and cost national plans
- The southern countries position themselves as providers of resources to other countries

Diplomacy-based advocacy
- Permanent organs: party envoys, country, regional, global levels
- Increase negotiation capacity at international level
- Capacity building needs on preparation diplomacy: perspectives

Share institutional expertise for capacity building: assessing regulatory barriers to improve efficiency
- Share tools and best practices for national planning
- Encourage collaboration on cross-border cooperation and regulations
- Create transparency and mutual accountability

Community
- Create a space - voices of women, children and adolescents are heard at global level e.g. citizen hearings
- Monitoring progress: systems to track progress, strengthen action and accountability for research, children’s and adolescent health
- Regulatory and standards
- Define norms, regulations and guidelines to improve health
Building capacity for systematic monitoring and impact evaluation to promote and demonstrate impact of SSC

Building capacity for systematic monitoring and impact evaluation to promote and demonstrate impact of SSC

Every Woman Every Child Every Adolescent: A south to south perspective on survive, thrive and transform

Dhaka, Bangladesh 21 November 2010
Jacques van Zyl
Republic of South Africa

Pathfinder International has 40 years of experience serving 12 countries through 51 projects strengthening service delivery systems for contraceptive services and is committed to building capacity of local government institutions and partners.

Pathfinder International has 40 years of experience serving 12 countries through 51 projects strengthening service delivery systems for contraceptive services and is committed to building capacity of local government institutions and partners.
Conceptualisation

- “The objective of this session is to understand the role of south-south cooperation as means of a viable ‘global partnership between governments of developing countries’, in support of Every Woman Every Child in the realization of the SDGs.”
- “The discussion will include the role of Southern countries as non-traditional donors to ensure the delivery of the post-2015 agenda, the role of SSC in global public goods such as knowledge, expertise, and technology, market shaping, international norms and standard setting, etc. The southern countries position to become providers of resources to other developing countries.”
- Building capacity for ...
- Systematic monitoring and impact evaluation ...
- To promote and demonstrate impact of SSC

in other words...

- To build capacity to monitor and evaluate ...
- ... there must be something to monitor and evaluate ...
- ... systematically ...
- ... presumably SSC in support of EWEC-EA ...
- ... which implies that there must be a (politically agreed) SSC programme ... with a monitoring and evaluation framework ...

... but ...

- Whilst we have global programmes, for example ICPD PoA, Beijing PoA, EWEC, SDGs ...
- We do not have a politically agreed SSC programme that goes to the heart of population matters, which are (like it or not) Sexual and Reproductive Health and Rights in its fullest meaning, and Gender Equality and Equity in its fullest consequence, which includes freedom of sexual orientation and gender identity

... and consequently ...

- ... matters of SRHR and GEE have remained in the domain of north–south relations.
- The implication? We’ll only look after EWEC-EA in its full meaning when financially supported by the north ... or now, by the emerging economies of the south.
- But maybe right now, through a marriage of PPD to EWEC-EA, we have arrived at the juncture where a historical shift can be made?

How? (1)

1. Politically agree to own EWEC-EA, regardless of the north;
2. Commit to implement EWEC-EA, even if without the north;
3. Identify what we don’t know, for example what services must be in place to support SRHR in all respects, including services to LGBTQI; termination of pregnancy / abortion services, and services to adolescents.

How? (2)

- Create an agreed programme of SSC to build capacities in each of our countries to deliver; these services in a rights-based framework;
- And include a monitoring and evaluation framework therein;
- Which includes M&E of SSC cooperation;
- Include civil society, academia and researchers ...
- To help unlock capacity building opportunities.
Adolescent sexual reproductive health and HIV/AIDS: Critical links and opportunities to end AIDS by 2030

ENDING AIDS BY 2030?
90 - 90 - 90
Linkage with ASRH?

People living with HIV, 2014
- 36.9 mil (34.3-41.4 mil) people globally were living with HIV
- 2 mil (1.9-2.2 mil) people became newly infected with HIV
- 1.3 mil (1.0-1.6 mil) people died from AIDS-related illnesses

World map of People living with HIV

ASRH within the context of Development

ASRH LINK WITH HIV/AIDS

A south to south perspective on survive, thrive and transform
Experiences of Vietnam

1. Strong commitments
   - National Program for Adolescent
   - Government Agencies: Home Affairs
   - Youth Union
   - Private sectors, NGOs

2. Enhancing knowledge
   - Providing information, knowledge of ASRH including HIV/AIDS
   - By family, schools, communities & large society
   - Mass media, facebook, Twitter ...

3. Promoting Safe Sexual Activities
   - Providing information/knowledge of safe sexual activities
   - Variety, convenient and effective contraceptive particular in context
   - Reducing STIs, STDs
   - Improving health services including public and private

4. Enforcing Marriage and Family regulations
   - Premarital checking health & consulting
   - Ending child marriage/early marriage/adolescent marriage
   - Implementing Family Planning
   - Reducing adolescent fertility rate
   - Reducing maternal and infant mortality

5. Improving Gender Issues
   - Education
   - Working
   - Health care
   - Prevention and Control Domestic Violence
   - Policies

6. International Co-operation

Some Achievements

- Survey Assessment of Vietnamese Youth (aged 14-25), 2008: 98% know about HIV, Transmission and Prevention
- Proportion of pregnancy among adolescents aged 15-19: 1.6% - invest in FP/R
- SMAM (male, 2013): 26.1f Female 22.8
- Contraceptive (modern methods) use by Adolescents (15-19), 2001-2015: 11%
- Allowed Age marriage by law: Male: 20, Female: 18
- June, 2015: Total people living with HIV: 227,114; Newer: 3,204, reducing 47% compare with last June, 2014. AIDS: Reducing 49%

PPD – THE WAY FORWARD

- Strong commitments among PPD Member States
- Sharing experiences among PPD Member States
- Strengthening Co-operation PPD with Partners such as UNAIDS, UNFPA, UNDP ...
- Integrating ASRH with HIV; HIV with improve health and sustainable development
- Vietnam: pledged to strengthen cooperation with PPD and ready to become lead country of this issues.
Scaling up sustainable and comprehensive multi-sector response to HIV and AIDS

Kittipong Saejong, MD
Director, Bureau of Reproductive Health, DoH, MoPH

Outline of Presentation

- National Strategy: Ending AIDS
- National Condom Strategy
- PMTCT

Ending AIDS: Thailand National Strategies
A Report—Every Woman Every Child Every Adolescent: A south to south perspective on survive, thrive and transform

Acknowledgement

- National AIDS Management Center (NAMC)
- National Health Security Office (NHSO)
- Thai United State Collaboration (TUC)
- Thai Red Cross, HIV-NAT centre
- WHO UNAIDS UNICEF UNDP UNFPA
- USAID
- Thai Civil Society Organizations
- etc.

Thailand HIV/AIDS Situations

Source: IBSS and sentinel surveillance in 2014 Thailand AIDS Response Report

Estimation of HIV new infections

Source: OMS 2014/2015 Project on HIV/AIDS in Thailand, DEE, ODC, DEP.

Key challenges and opportunities

- Competing health priority and limited resources for prevention particularly in marginalized population (rely on external funding sources)
- Stigma, discrimination, violence and hinder access to service
- New technology development particularly on treatment as prevention
- Built upon past strengths with innovative interventions to end AIDS Epidemic in Thailand
Key Changes to End AIDS Epidemic in Thailand

- **Paradigm shift from disease control to end game**
- **Provide life-long care and expand antiretroviral treatment regardless of CD4**
- **Normalize HIV, enable supportive policy and mechanisms, and enhance strategic information and management**

Source: Bureau of Aids, Thailand Department of Health, 2016

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STIs among Youth (age 15 – 24 years)

Source: Bureau of Aids, Department of Disease Control, 2013 - 2014

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National Condom Strategy

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Teen Birth Rate among age 15-19

Source: Health Statistics

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Condom use in the first sex

<table>
<thead>
<tr>
<th>Students</th>
<th>2006</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
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<tr>
<td>High school</td>
<td>51.5</td>
<td>51.0</td>
<td>51.1</td>
<td>56.4</td>
<td>61.1</td>
<td>65.2</td>
</tr>
<tr>
<td>Male</td>
<td>51.5</td>
<td>50.5</td>
<td>51.1</td>
<td>56.4</td>
<td>61.1</td>
<td>65.2</td>
</tr>
<tr>
<td>Female</td>
<td>51.0</td>
<td>51.0</td>
<td>51.1</td>
<td>56.4</td>
<td>61.1</td>
<td>65.2</td>
</tr>
<tr>
<td>Vocational school</td>
<td>51.4</td>
<td>49.4</td>
<td>55.0</td>
<td>56.2</td>
<td>59.3</td>
<td>61.2</td>
</tr>
<tr>
<td>Male</td>
<td>51.4</td>
<td>49.4</td>
<td>55.0</td>
<td>56.2</td>
<td>59.3</td>
<td>61.2</td>
</tr>
<tr>
<td>Female</td>
<td>47.3</td>
<td>49.1</td>
<td>56.0</td>
<td>54.6</td>
<td>58.8</td>
<td>62.3</td>
</tr>
</tbody>
</table>

Source: Bureau of Epidemiology

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National Condom Strategy Policy

“to enhance sexual well-being of the population in the country by normalizing the use of male and female condoms and lubricants to prevent pregnancy, STI and HIV, as well as to reduce the risk of sexual transmitted cancers”
The National Condom Strategy 2015-2019

Aims:
1. To create images and attitudes towards condoms
2. To increase access to and correct and consistent use
3. To enhance and develop a sustainable and integrated condom management system
4. To create or improve an enabling environment for condom use

Strategy 1: promoting acceptability of reducing stigma surrounding the use of condoms and lubricants

Strategy 2: increase access to use of use of condoms and lubricants

Strategy 3: establishing condom management and quality assurance systems

Strategy 4: establishing an enabling environment to promote the use

Strategy 5: Monitoring and Evaluation

Prevention of Mother to Child Transmission (PMTCT) of HIV

National Policy on PMTCT

Indicators for the National Condom Strategy

Impact indicators
- Percentage of condom use in different target groups

Outcome indicators
- STI incidence rate
- HIV prevalence rate in different target populations
- Birth rate in women aged under 20 years
Pakistan contraceptive LMIS case study

Goal for Elimination Mother-to-Child HIV Transmission, Thailand by 2020

Country Overview
- Total population: ~76 million
- Administrative structure:
  - 44 provinces
  - 104 districts
  - 44 Federally administered regions (GB, AJK, FATA and ICT)
- 13th Amendment/Devolution:
  - NFC extended 18 June 2016
- Prisons responding well
- Security/Governance Situation: Improving

Indicators for validation of EMTCT of HIV & syphilis

HIV Impact Indicators
- 100% reduction in number of new pediatric HIV infections
- 100% reduction in newborn infections
- 100% reduction in transmission into children
- 100% reduction in transmission into children

Syphilis Impact Indicator
- Incidence of congenital syphilis ≤0.5 cases per 100,000 live births

Process Indicators
- Antenatal care (ANC) coverage (≥1 visit): ≥95%
- Coverage of HIV/banthelene of pregnant women at first ANC visit: ≥90%
- Antiretroviral (ARV) coverage of HIV-positive pregnant women: ≤25%
- Treatment of syphilis; antenatal women: ≥85%
A south to south perspective on survive, thrive and transform
A south to south perspective on survive, thrive and transform
The potentials behind South-South and triangular cooperation for delivering

Every Woman Every Child

Every Woman Every Child and the IPD Agenda

UNFPA's Response

A south to south perspective on survive,thrive and transform
UNFPA’s Work: some examples

- Since 2010 the alliance of Health and Public Health of the Sphere has worked with the support of UNFPA to establish essential health services with emphasis on sexual and reproductive health care for women, adolescents, and sexual health clinics.
- To increase awareness among women, governments, and parliaments, UNFPA implemented a program to train midwives to provide reproductive health services.
- To ensure the delivery of reproductive health services, UNFPA supported the establishment of a program to train midwives in the region to provide reproductive health services.
- UNFPA worked to support the implementation of these programs in partnership with local governments, universities, and other organizations.

The new frontiers for SSC

- SSC and technology for strengthening health systems:
  - New technologies used in communications can boost capacity building of health workers with the involvement of civil servants from different countries.
  - Technologies can be used to deliver services; for example, telemedicine for delivering ANC using drones.
  - Use of technology to share successful initiatives and improve policies and institutions.
  - Facilitate the use of Kitas (Personal Health Devices) among partners from the global south for census and collecting other data.

South-South Cooperation principles and dimensions

- South-South cooperation: technology as an enabling factor
  - More interconnected world creates a series of unmissed opportunities.
  - The South-South cooperation can support the development of small and medium-sized enterprises, which can help address global health challenges.

- South-South cooperation: technology as an enabling factor
  - The basis for up-streamed south-south cooperation on population issues.
A south to south perspective on survive, thrive and transform

Flagship Projects

Project: Every Woman Every Child

1. Every Woman Every Child: Opportunities for SSTE

- Share successful experiences and best practices in family planning and reproductive health services.
- Increase technical cooperation and policy dialogue aimed at improving health systems.
- Increase cooperation in training of service providers with the participation of qualified health workers including midwives.
- Unify cooperation in policies, programmes and services, making initiatives, solutions and culturally centered and context-specific.
- Strengthen capacitive and effective implementation data monitoring for quality assurance of health services.

THANKS!
3 DHAKA CALL TO ACTION – 2015

Dhaka Call to Action 2015

Shaping Healthy Future for Every Woman, Every Child, Every Adolescent

Optimising South to South Cooperation for shaping healthy futures for citizens of the Global South

Outcome statement of the 12th International Inter-Ministerial Conference on Every Woman Every Child Every Adolescent held on 21st November, Dhaka, Bangladesh.

Introduction: Partners in Population and Development (PPD) is an inter-governmental organization of 26 countries from the Global South mandated to promote South to South Cooperation (SSC) in the areas of Reproductive Health (RH), Population, and Development. The goal of the PPD alliance, representing over 30% of the total world population, is to promote South to South Partnership for improving the lives of women, children, and adolescents through advocacy and the inter-ministerial policy dialogue. The 12th International Inter-Ministerial Conference on Population and Development “Every Woman Every Child Every Adolescent” was jointly hosted by PPD, the Ministry of Health and Family Welfare, Government of Bangladesh and UN Secretary General’s Every Woman Every Child Initiative. The Conference was attended by more than 150 delegates representing 26 developing countries including nine ministers from member countries, a speaker of the Parliament, Parliamentarians, Diplomat, Ambassadors, several senior officials in charge of population, health and development from member countries, as well as international academic experts and health practitioners. The delegates at the Conference reaffirmed their political will and national commitments while assigning highest importance to the Sustainable Development Goals (SDGs) and Targets in the “Dhaka Call for Action”.

Recalling our Commitments made at the International Conference on Population & Development (ICPD), Plan of Action adopted in 1994, the Millennium Development Goals (MDGs) adopted during the Millennium Summit 2000 and those agreed upon at the General Assembly in 2005 and 2010 including the launch of the Every Woman Every Child Every Adolescent initiative by UNICEF and reviewed by the UNGA 2015, and our own PPD pronouncements in the area of reproductive health, population, child survival and demographic dividend, we the delegates assembled here reaffirm our political will and national commitments and assign highest importance to the Sustainable Development Goals (SDGs 2015) as a transition of post-2014 ICPD engagement and post-2015 MDGs focus areas amalgamated into the SDGs framework and Global Strategy for Every Woman, Every Child, Every Adolescent.

We the delegates representing 26 Governments of PPD Alliance gathered here in Dhaka, Bangladesh, on the 21st November 2015 for the “International Inter-ministerial Conference on Every Woman Every Child Every Adolescent. A South to South Perspective on Survive, Thrive and Transform” are committed to achieving the health, population and sustainable development goals within the framework of the Sustainable Development Goals (SDGs) approved by the UN General Assembly in September 2015, and pronounce herein our full commitment throughout Dhaka Call to Action.

Dhaka Call to Action 2015

RECLAIM that we are committed to the action plan derived out of the Global Strategy for woman, children and adolescents and align our national and regional programmes in full adherence to the strategy towards the full attainment of the SDGs and targets.

REQUEST of our governments to create a new sustainable enabling environment through transformation of our mindsets, reformation of our health systems and reaffirmation of our political will and national commitments, to build new horizons for shaping healthy futures for our women, children and adolescents.

APPEAL to our governments and the global community to foster synergistic actions for the creation of a new world by 2030, in which every woman, every child and every adolescent realizes her/his right to health, well-being, equal social and economic opportunities and will have access to full participation in the creation of new sustainable societies and nations where Every Woman, Every Child and Every Adolescent Survives and Thrives.

ARE UNITED in our thought and consent that our transformative programming, in total alignment with and integration into our national population planning will optimize harnessing demographic dividend and human capital.

REITERATE our earlier commitment expressed in the Beijing and Delhi Declarations and the Delhi Call to Action, for accelerating the Every Woman, Every Child and Every Adolescent initiative, as a continuation of PPD’s corporate priority of investing in human capital for accelerating healthy futures for its citizens.

RECOGNIZE the need for strengthening RMNCAH (Reproductive, Maternal, Newborn, Child and Adolescent Health and SRHR (Sexual and Reproductive Health and Rights) programmes through integration and consolidation to improve inclusive access and delivery efficiency in alignment with the Every Woman Every Child and Every Adolescent initiative, and to optimize utilization of fiscal resources, services and health infrastructure.

APPEAL to our governments to explore innovative financing channels such as GFF (Global Financing Facility) and integrate RMNCAH and SRHR components fully into national health plans, in adherence to the new norms of utilization and accessibility and ensure smooth flow of funds for better functioning of the Every Woman, Every Child and Every Adolescent initiative.

ASSURE the full engagement of our political leadership, national Governments and local governments to ensure that our national RMNCAH and SRHR plans are adequately funded from domestic resources, innovative global financing, and continuous engagement of donors. We call upon the state and non-state actors within the South to South Cooperation (SSC) framework to extensively participate in the financing of the Every Woman, Every Child and Every Adolescent initiative in the Global South.

APPEAL all governments, especially through our South to South Cooperation (SSC) framework to ensure security of life-saving commodities and essential drugs by shaping SSC and regional markets through effective mechanisms such as pooled procurement and aggregated demand and thereby increasing the availability of quality, life-saving commodities. The participation of major pharmaceutical companies in PPD countries in shaping local delivery markets for Every Woman, Every Child. Every Adolescent could be linked to innovative financing while providing, to those most in need, improved access to life-saving commodities, including Reproductive Health (RH) and Family Planning commodities.

URGE our member countries to apply the SSC framework to utilize the opportunities and resources as enumerated in the PPD internal survey for improved RH and FP services and contribute to the reduction of

Dhaka Call to Action 2015
maternal and child mortality and enhance the reproductive and sexual health of communities, especially the adolescents.

REQUEST our governments and global communities to recognize the importance of Every Woman, Every Child and Every Adolescent initiative as an appropriate intervention to End AIDS by 2030 and create an AIDS-free generation.

REDEDICATE ourselves to unreservedly harness all our synergies, resources and actions for addressing the challenges, constraints and obstacles to the attainment of our commitments to the Global Strategy and SDG targets, in an equitable environment with full access to gender and human rights, in our quest for shaping healthy futures for every woman, every child and every adolescent.

URGE our governments to keep the three thrust areas of Survive, Thrive and Transform in alignment with the Sustainable Development Goals and targets, for the success of the Every Woman, Every Child, and Every Adolescent movement:

We urge our governments to support Every Woman, Every Child and Every Adolescent to…

Survive: While doing so, we need to end all preventable deaths. Maternal Mortality Rate needs to be brought down to 70 per 100,000 live births, new-born mortality to 12 per 1000 live births and Under 5 Mortality Rate to 25 per 1000 per live births. Accelerated efforts should be taken up for eradicating the epidemic of HIV/AIDS. Similar efforts should also focus on containing Tuberculosis and Malaria.

Thrive: For this to realise, we need to ensure their good health and well-being. All forms of malnutrition need to be eradicated. Nutritional needs of children and adolescents need to be comprehensively addressed. We need to ensure full development of children from early stages. We need to work towards providing universal access to sexual and reproductive health services and RH/FP commodities; and ensure universal health coverage through inclusive planning and resource allocation.

Transform: We need to create and expand the enabling environment for women, children and adolescents to be benefited by the above efforts. Strong multi-sectoral efforts, within the SDGs framework will help eradicate poverty; accelerate access and quality of universal primary education; contribute to social reformation for ending harmful cultural practices; provide universal access to safe potable drinking water; and firm up the environment for access to equal gender and universal rights; and strengthen partnerships to create and sustain a transformative environment for shaping better, healthy futures for Every Woman, Every Child and Every Adolescent.

References:


Dhaka Call to Action 2015
12th International Inter-Ministerial Conference on Population and Development

Every Woman Every Child
Every Adolescent:
A South to South Perspective on Survive, Thrive and Transform