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

Report on

South – South Cooperation for Population and Development:

Assessing the 'Needs and Opportunities' *of PPD Member Countries*

October 2019

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Part A

Introduction

Today, South-South cooperation (SSC) is a dominant debate in the international development field and is appealing as an indispensable means of international development cooperation in the context of SDGs. In the developing world, it is seen as a magical elixir to bring socio economic and political change through technical cooperation from other peer countries. Inherently, south south cooperation means southern countries taking ownership of development and leading technical cooperation for peer countries. It promotes the transfer of practical experience among contexts that often share characteristics and constraints and southern solutions to development problems which can often be better adapted to a peer country conditions than northern-inspired solutions. SSC is now espoused by development agencies around the world and it is meant to foster policy dialogue, public private partnership, knowledge generation and exchange of information on the development experiences in the southern countries.

South-South cooperation is ever growing due to prosperous of southern countries economic growth that enables an increasing number of countries to engage in cooperation and increase their provision of development assistance. The SSC opportunities seem to be strongest among middle income countries than the least-developed, landlocked and small island states.

The idea of south south cooperation is not new but emergences through different strategies.

A. South South Cooperation: the first generation strategies (essence)

The first initiative for south south cooperation was established by a developing country in the name of "The Kuwait Fund for Arab Economic Development" in 1961 with the Islamic Development Bank (IsDB) and Arab Bank for Economic Development in Africa (BADEA). The bank's operation was started in the mid-1970s. In the late 1960s China started to provide south south cooperation assistance to African countries including constructing the Tazara railway between Tanzania and Zambia. Since then the numbers of southern development assistance contributors like India, South Africa, Indonesia, Korea and Brazil have provided technical assistance to developing countries. The volume of such South-South development cooperation remains limited, the relative decline in North-South development cooperation has made its growth seem more spectacular. Nineteen Seventies were marked by great optimism about the ability of the south to reshape the international structure of power and economic relations in a more equitable direction. The increased activism of G77 and the Non-Aligned Movement (NAM) during this period led to the adoption by the UN General Assembly of resolutions on the New International Economic Order and on new forms for technology transfer between countries. NAM established the Group for South-South Consultation and Coordination (G-15) in 1989.

B. South South Cooperation: the second generation strategies (recognition)

South south cooperation concept first phrased strategically at the 1978 United Nations Conference on Technical Cooperation among Developing Countries that resulted in the Buenos Aires Plan of Action. The United Nations General Assembly established the UNDP Special Unit for South-South Cooperation (SU/SSC) in 1978. The primary mandate was to promote, coordinate and support South-South and Triangular Cooperation on a global and UN system-wide basis. The General Assembly High-Level Committee on South-South Cooperation (HLC) provides policy directives and guidance to the Special Unit. This committee as a subsidiary body of the GA reviews world-wide progress in South-South Cooperation. In December 2003, the UN proclaimed (Resolution

58/220) United Nations Day for South-South Cooperation which is being celebrated annually on December 19th. This declaration serves to focus attention on SSC and to promote more extensive participation in SSC efforts.

Further, in 1974, the *United Nations General Assembly*, in *its* resolution 3251 (XXIX) urged all UN agencies, multilateral bodies, private sector and members state to promote technical cooperation in their program operations and to increase resource allocations to support SSC activities. A number of United Nations agencies have established coordination units and created strategies for South-South cooperation like UNFPA, ILO, ECOSOC, UNDCF and World Bank that have been actively encouraging and contributing towards SSC.

United Nations provided guidance specific to South-South cooperation and triangular cooperation through the different means and resolutions: a) the New Directions Strategy on technical cooperation among developing countries (1995); b) the Revised Guidelines for the review of policies and procedures concerning technical cooperation among developing countries (2003); c) the Nairobi outcome document of the United Nations High-level Conference on South-South Cooperation (2009); d) Framework of operational guidelines on United Nations support to South-South and triangular cooperation (2012); e) Leveraging South-South cooperation and triangular cooperation (2013) and f) operation activities for development: the state of south south cooperation issued by the Secretary-General (series of resolutions).

With the continuation of advocacy for SSC, UN states that in its policy and operational work, South-South cooperation to be defined as *"a process whereby two or more developing countries pursue their individual and/or shared national capacity development objectives through exchanges of knowledge, skills, resources and technical know-how, and through regional and interregional collective actions, including partnerships involving Governments, regional organizations, civil society, academia and the private sector, for their individual and/or mutual benefit within and across regions."*

South-south Cooperation maintained its momentum. There are now many regional mechanisms for promoting and coordinating South-South cooperation, for example,

- Asia has taken a lead role in promoting South-South Cooperation through regional and sub-regional integration. The 10-member Association of Southeast Asian Nations (ASEAN) continues to be a leader in this area. Under a framework agreement signed in 2000, ASEAN members pursued increased digital readiness in the region.
- The South Asian Association of Regional Cooperation (SAARC) formed in 1985 with comprised of 7 countries but today it membership raised to 8 countries.
- The Southern African Development Community (SADC) has been among the most dynamic sub-regional groupings in the past four years. South Africa has been the engine of this progress. Its economy has dominated the whole region and provided the main source of FDI flow in that sub-region.

C. South South Cooperation: the third generation strategies (institutionalization for engineering the promotion of reproductive health, family planning, population and development)

South-South cooperation existed even before the UN recognised it officially. However, the United Nations General Assembly Resolution 3251 (XXIX) of 1974 and Resolution 60/212 of 22 December 2005 significantly emphasized about the South South Cooperation for the fullest use of the capacity and experience of all UN members states to accelerate the integral development of the developing counties and less developed countries. It is with this issue the resolution indicated to create a special unite within the United Nation Development Program to promote technical cooperation among developing countries.

Later, 1994, the International Conference on Population and Development (ICPD) acknowledges SSC as a key strategy for implementation of its PoA. The ICPD PoA is widely acclaimed as a landmark multi-country agreement was committed by 179 countries to achieve a range of goals by 2015 that placed individual people and human rights at the centre of development. Further the Millennium Summit held in 2000, the world community called attention for the partnership for development as its included MDG goal 8 "Develop a global partnership for development"

Launched at the 1994 International Conference on Population and Development (ICPD) by ten developing countries to support implementation of the Cairo Program of Action (POA), PPD has been awarded Permanent Observer Status at the United Nations and enjoyed diplomatic status in Bangladesh. PPD has established itself as a key global south-south player in its areas of operation representing about 59% of the world population, Since its inception, PPD has contributed significantly to promote south-south cooperation in the area of reproductive health, population and development. PPD has helped its member states to improve reproductive health and family planning services, reduce maternal and child mortality and increase the voice of the global south-south towards addressing the ICPD agenda for population and development. The outstanding efforts of the Secretariat have contributed to PPD's institutionalization of south-south cooperation globally and established the Secretariat's permanent office building complex in Dhaka, Bangladesh.

The UN recognition gave a tool or strategy for developmental cooperation much impetus as was evident to creation of Partners in Population and Development (PPD) as an Inter-Governmental Organisation during the ICPD in Cairo in 1994 for institutionalising the South South Cooperation in the field of Reproductive Health, Population and Development. PPD started with 10 founding member countries and currently it has a membership of 26 developing countries (Bangladesh, Benin, China, Colombia, Egypt, Ethiopia, The Gambia, Ghana, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Sri Lanka, Thailand, Tunisia, Uganda, Vietnam, Yemen and Zimbabwe) that are home to over 58% of the world's population. PPD reflects the international acceptance of SSC as a vital means towards attainment of universal access to sexual reproductive Health and rights and sustainable development. Over the years, PPD has built a well acknowledged and credible reputation for its successful dedication to high level advocacy, policy dialogues, exchange of information, best practices, research, training and technical cooperation. This has assisted both its member countries and many non-member countries in the implementation of the ICPD PoA within the broader framework of the MDGs.

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

PPD developed a mechanism for institutionalisation of south south cooperation at national level. Sixty percent of its member countries have created south south cooperation structure (National Taskforce) at national level for fostering and sustaining south south cooperation for reproductive health, family planning, population and development. The taskforce comprises of key stakeholders from relevant ministries, INGOS, CSOs, and research and academic institutions. It has established a network of 21 Partner Institutions as centres of excellence for reproductive health, family planning population and development.

The UN Secretary General acknowledges PPD's contribution towards promoting South-South Cooperation (UN Resolution 69/2014).

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

The concept of South-South Cooperation (SSC) today occupies a dominant paradigm in the international development discourse. SSC's appeal as an indispensable means of international development cooperation offers tangible opportunities for developing countries, where its uniqueness sustains. The opportunities for South-South Cooperation are expanding gradually. The growing prosperity of the southern countries enables an increasing number of countries to engage in cooperation and extend their provision of development assistance.

The raison demand and the critical mandate of PPD are to promote South-South Inter-Governmental Partnership in the field of Reproductive Health (RH), Population and Development. The process of developing PPD's strategic plan for (2015–19) has identified that there is limited existence of data to understand and respond the **Opportunities** and **Needs** for South-South Partnership among PPD member countries.

Context of South to South Cooperation

South-South Cooperation (SSC) is a term historically used by policymakers and academics to describe the exchange of resources, technology and knowledge between developing countries, also known as countries of the "Global South".

UN secretary General said 'We Must Seize New Opportunities to Boost Cooperation Among Developing Countries' (Ban Ki-moon, 2016). Dr. Li Bin, the health advocate of the most populous country of the world said ' We are living in a golden age of South-South Cooperation' (Dr. Li Bin 2016).

An expression of solidarity among peoples and countries of the South based on their shared experiences and objectives derived the philosophy of South-South cooperation that result mutual benefit of dignity for all people living in global south (UN 2016). Even the most economically disadvantaged and smallest countries, which are often viewed primarily as recipients of South-South Cooperation, have good practices to offer other, it is a two-way street (Dr. Babatunde 2016)

The 1994 International Conference on Population and Development (ICPD), the milestone of population and development, 10 developing countries announced the establishment of a South-South initiative called Partners in Population and Development. The rationale for this initiative was set out in the ICPD Programme of Action. The aim of that partnership was to promote training, research and exchange of information among the developing countries (POPIN 1995).

The 1994 Cairo ICPD and its Program of Action (PoA) put forward new concepts such as "integrated population and development strategy", "all-round human-centered development" and "reproductive health", set the goal of coordinated and sustainable development, ushering in a new era of population and development programs (Guoqiang W 2004).

Six years later, in 2000, the UN Summit adopted the Millennium Declaration, which established the Millennium Development Goals (MDGs) and called upon all countries in the world to combat the spread of serious diseases such as HIV/AIDS, improve maternal and child health, promote gender equality and enhance global cooperation. The ICPD PoA and the UN MDGs are closely related to each other and mutually promotional, hence pointing out the direction forward for the world population and development cause (UNFPA Iran 2012).

In 2013, UN General Assembly significantly mentioned South-South Cooperation and a resolution was adopted in concurrence in the 71st plenary meeting on 20 December 2013 . The resolution was 'Recognizes the importance and different history and particularities of South-South cooperation, and reaffirms its view of South-South cooperation as a manifestation of solidarity among peoples and countries of the South that contributes to their national well-being, national and collective self-reliance and the attainment of internationally agreed development goals, including the Millennium Development Goals; South-South cooperation and its agenda have to be set by countries of the South and should continue to be guided by the principles of respect for national sovereignty, national ownership and independence, equality, non-conditionality, non-interference in domestic affairs and mutual benefit' (UN 2013)

It is well recognized that the ICPD thus laid the groundwork for international cooperation for development. The Preamble of the Programme of Action of ICPD began with the visionary recognition of the interdependence of population, development. Many have highlighted the coincidences between the ICPD and the SDGs. South-South Cooperation on Population and Development, aligned with the 2030 Agenda for Sustainable Development and underpinned by the principles of the Programme of Action of the International Conference on Population and Development (ICPD). On podium of the achievement and the challenges of MDGs, the unique spirit of ICPD, the Sustainable Development Goals were set where revitalize the global partnership for sustainable development captured one of 17 goals. (Grynspan R 2016).

Partnership is one of the six key elements for delivering SDGs. Partnership is to catalyse global solidarity for sustainable development. South to South Partnership (Partnership of developing countries) and collaboration has an enduring legacy for achieving population and development goals from International Conference on Population and Development (ICPD) era. The ICPD Programme of Action (PoA), adopted in 1994 by 179 Member States, laid out a far-sighted plan for advancing human well-being that places the human rights of individuals, rather than numerical population targets, at the centre of the global development agenda. ICPD PoA, later on metamorphosed to Millennium Development Goals (MDGs) and further graduated to SDGs (Thomas J, 2016)

The core message of the ICPD Programme of Action is more relevant today than it has ever been (Grynspan R 2016). The Global South is much more diverse in capacity and economic activity than the label implies, its emerging markets offer numerous opportunities for economic growth, investment and cultural contribution. The main difference that's put onward is that the cooperation of South to South is horizontal, and that what global South countries do is different, and comes from a different background than traditional donors. (Seifert J 2015)

South-South cooperation is ascribed a notion of horizontality that distinguishes it from North-South cooperation (NSC). SSC cooperation is horizontal, meaning that it based on solidarity that stems from the shared colonial past, that it occurs between equal partners and that it creates mutual benefits for both sides (DSA 2016)

There are doubts remain about how widespread horizontality is in South-South partnerships could be. As developing countries realized that they were better off acting together rather than being allies of either of the superpowers, South-South cooperation emerged as a practice in the international political arena. It is already evident that the collaboration among developing countries is beneficial and thriving. The countries of the South have established themselves as indispensable participants in the global socioeconomic arena. It is time seize new opportunities to boost cooperation among developing countries, especially at this time of great promise as the international community carries out the 2030 Agenda for Sustainable Development (UN 2016)

Mankind is experiencing the unique beauty of sharing knowledge and skills. Sharing skills among developing countries is an important way to learn about each other's policies and strategies, and about how they are being implemented and it could draw dynamic solution for the people who are in need of positive change of their life. South-South cooperation continued to grow as a driving force for development so as to foster the challenges of Sexual Reproductive Health Rights across the developing countries. Increasing the efficiency of South-South cooperation, emphasizing good practices was no reason to ignore failures. Exchanging lessons learned from different development cooperation models was a crucial way forward, together with building understanding of countries' comparative advantages, complementarities and synergies. Facilitating and maximizing the contribution that South-South and triangular cooperation could make towards achieving development outcomes in areas such as technical assistance, capacity-building and financing for development (UN 2016)

The philosophy of sharing the knowledge, experience and good practices across the national territory to enlighten people and to bring positive change for the mass population who are in need of change and boost of development is more than an exchange mechanism of knowledge, it is now branded as cooperation and the systematic continuous cooperation from an established platform could claim to be an integral part of diplomacy discourse.

Over the last half century, ideas about the relationships between population, sustainability and human rights have evolved significantly. At the centre of this evolution stands the 1994 International Conference on Population and Development. This watershed event shed new light on the linkages between reproductive health and rights and other aspects of development. The *Beijing Call for Action* in 2016 recognizes "population dynamics, sexual and reproductive health and reproductive rights and gender equality are at the core of sustainable development, and that deepening South-South cooperation in this field will contribute to

the health and well-being of all people in developing countries and their sustainable development at large."(PPD 2016)

The Sustainable Development Goals reflected this new global landscape and were the product of inter-governmental negotiation, through an inclusive and consensus-based decision-making process is essential. South-South Cooperation is not just a technocratic strategy; it is also the embodiment of a new world order in which the Global South has assumed political and economic leadership as never before. In concurrence Developing countries can play their role in ensuring 'no one is left behind.

PPD is a firm example of a South-South Cooperation (SSC), perhaps it would be wise to mention that PPD is the product of ICPD, enabling national institutions to promote horizontal cooperation in the field of reproductive health, population and development. Over the past two decades the organization's annual inter-ministerial conferences have provided a peer review mechanism for the member countries on all aspects of population and development issues.

A robust system of governance with a Board consisting of Ministers from Member Countries (MC), a focal Partner Country Coordinator (PCC) in all 26 MCs, a network of 23 Partner Institutions (PIs) in 14 countries, a Secretariat in Bangladesh, regional office in Uganda , program office in China, liaison offices in New York, Geneva and Bangkok; and expertise gained from a successful track record of facilitating south-south cooperation (SSC) by way of senior level peer review and policy dialogue, capacity building and transfer of knowhow is the base strength that driving PPD to enhance its mechanism of cooperation to diplomacy. The unique status of permanent observer in UN, the avenue of diplomacy for Population and SRHR is much aspiring for PPD. PPD is perhaps the only intergovernmental platform that speaks for the south from the south and the mode of cooperation is run by the south and undoubtedly the platform got the rare opportunity to speak as a combined voice of south in the united nations.

PPD traveled a long way of more than 20 years; the organization started working on the basis of ICPD PoA, reshuffled its priority with the post ICPD+, bring the line of its strategic direction to MDGs and lastly prepare the most revised a five -year strategic action plan for 2015-2019 aligned with SDGs.

In this stage it was felt by the PPD leadership and also the yearly peer review mechanism suggested conducting an assessment study reflecting the country level need, demand, priority and potential area where SSC could contribute for positive change for Population and SRHR. The assessment study is aiming to present, in a systematic way, the ups and downs of South-South cooperation on the international agenda, as well as the factors that have contributed to its powerful resurgence in the present decade. The assessment will also be helpful to identify the policy approaches of the member countries of PPD to take towards SDG agenda and how the established institutions respond to these new actors on the scene. It aims to combine the demand and cooperation requirement of member countries and their development policies with research on current trends in international development cooperation.

Objective of the Assessment Study

In this viewpoint, to assess the needs and opportunities scientifically by following a systematic methodology, a country assessment survey on **'Opportunities and Needs for South-South Partnership'** was conducted. It would be noted that the decision of conducting this particular assessment survey was approved by PPD board. The specific objectives of the study are

- To assess the need of the countries where SSC could contribute
- To assess the opportunities where SSC could add to draw positive change

Methodology

A questionnaire, developed in line with PPD's Strategic Plan 2015–19, was approved by the 26th Executive Committee meeting, held in Beijing in March 2015. The questionnaire was shared among the Partner Country Coordinators (PCCs). This sharing facilitated the process of collecting information from Member Countries (MCs) and reviewing their needs and opportunities for SSC, to align with PPD's action plan and activity support.

The questionnaire was divided into 2 sections, (Questionnaire is attached in Annex # 4) :

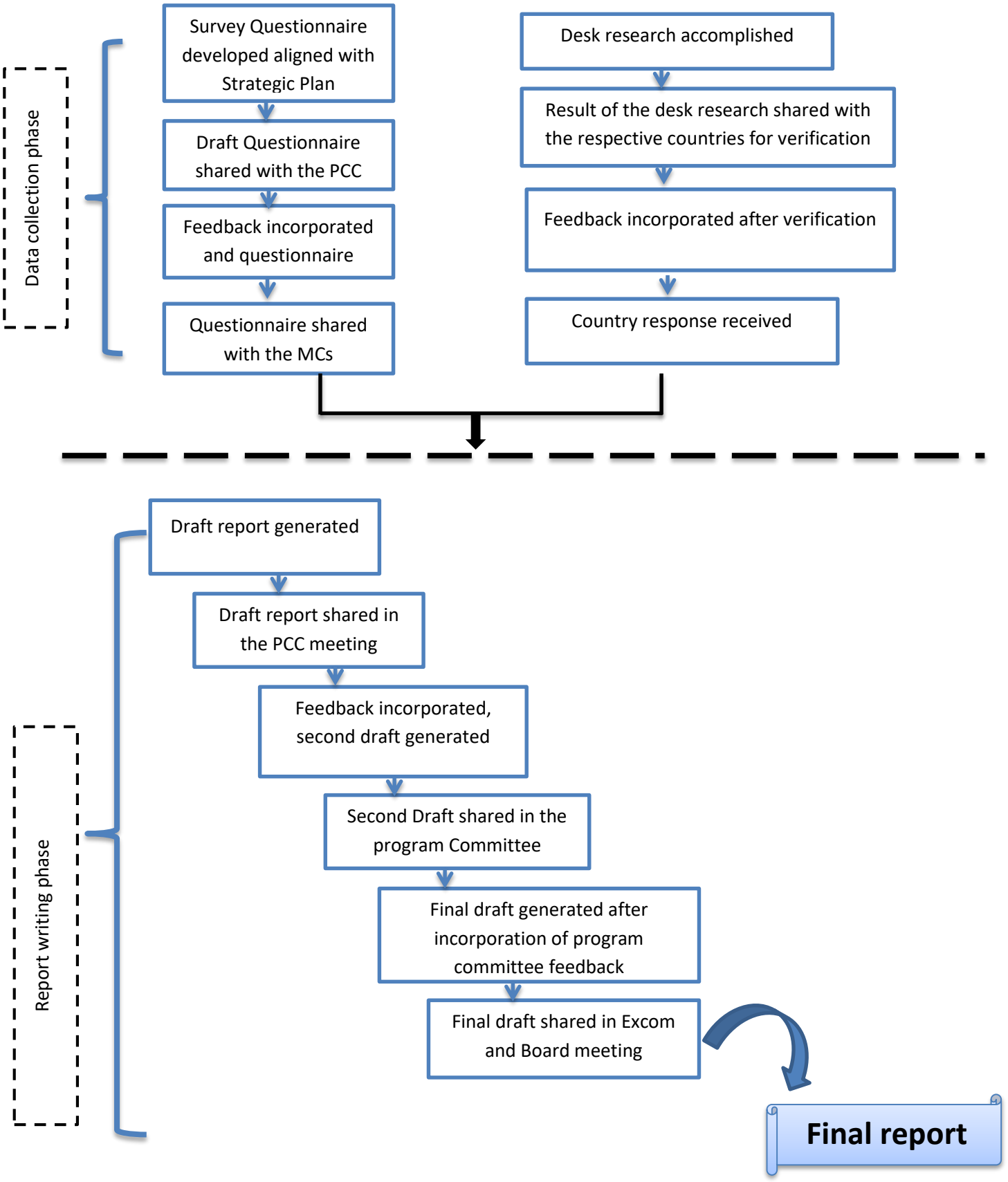
- Country Opportunity and Action Plan 2015–19
- Country Needs.

Over 16 countries have provided information based on the survey form, respective Partner's Country Coordinator's (PCC) were the respondent of this survey. Based on the primary information extract from the survey report an initial database was created. To qualify that information of the primary data, the study group also used the secondary information collected from the respective national survey and from their official website. In this regards, the study group also conducted an intensive desk review and the situation analysis of the member countries. It would be noted that, the secondary information collected from the different sources were also varied by the respective country coordinators.

To enrich the report as well as to develop it in most participatory approach, the study team decided to share the report systematically in different layers of PPD Governance mechanism. The final draft of the report was being shared in the PCC meetings held in Dhaka on November, 2015. Incorporating the feedback and suggestion of the meeting it was again submitted to the Program Committee, EXCOM and Board for larger consensus and further enrichments and validation in order to strengthen country ownerships towards SSC.

The systematic sharing of the report helped to promote as well as incorporate guidance from different phase of PPD Governance to enhance the capacity of the PPD member countries in order to promote South-South Cooperation in the areas of SRH, Population and Development.

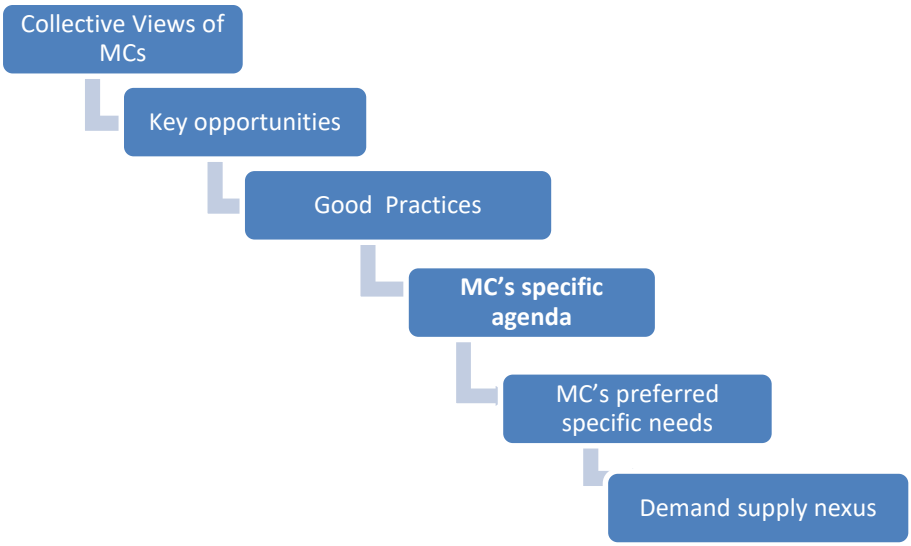
Method Flow


Data collection phase
Survey Questionnaire developed aligned with Strategic Plan
Draft Questionnaire shared with the PCC
Feedback incorporated and questionnaire
Questionnaire shared with the MCs
Desk research accomplished
Result of the desk research shared with the respective countries for verification
Feedback incorporated after verification
Country response received
Report writing phase
Draft report generated
Draft report shared in the PCC meeting
Feedback incorporated, second draft generated
Second Draft shared in the program Committee
Final draft generated after incorporation of program committee feedback
Final draft shared in Excom and Board meeting
Final report

Organization of the report

The assessment report has been presented in two broad compasses; the first part of the report has reflected the survey result based on the primary data collected from the country level. Second part of the report is the individual country summary report designed on secondary information collected from various sources and the brief reflection of country specific activities based on strategic priority areas of the respective countries.

The first part of the report started with the systematic presentation of data analysis combining the following highlights



On the other hand, second part of the report that is 'Country report' consisting of 18 individual country report with the country data summary and the reflection of country specific activities based on strategic priority followed by a brief recommendation.

1. Collective Views of MCs

From the survey analysis, South-South Cooperation (SSC) Strategy is identified as an important exchange channel for PPD MCs and could be implemented in the followings interfaces.

- To share information, experiences, good practices and histories of success for promoting national policies and programs in the field of Reproductive Health (RH), population and Development.
- To promote effective partnership between governments, institutions and stakeholders.
- To incorporate national policies and programs.
- To strengthen the health system and different institutions in ensuring the effective implementation of ICPD POA.

- To improve the RH, Population and Development activities through the best policies and programs of the country.
- To align national policies to international framework and strategies.

Survey result derived the following important areas for SSC

2. Key opportunities

Being an intergovernmental platform in the field of RH, Population and Development, PPD has a doorway to numerous opportunities for its member countries. PPD can offer the following opportunities through implementing SSC.

- PPD can offer opportunities and facilitate a global diplomatic platform for developing countries to share skills, experiences, knowledge, technology and other resources through conferences, documentation, study tours, exchange of experts, training/scholarship/capacity building/advocacy programs, partnerships and collaboration.
- PPD can promote flow of information, resource mobilization, exchange of commodities, collaboration, capacity development among the member countries.
- PPD can lead and negotiate on pertinent global and regional issues for countries across the world with similar needs and aspirations otherwise may not have the strength.

3. Good Practices

It has well pronounced in the 21st century that mankind is experiencing the unique beauty of sharing knowledge and skills. Sharing knowledge among developing countries is an important way to learn about each other's policies and strategies and about how they are being implemented and it could draw dynamic solution for the people who are in need of positive change of their life. The uniqueness of PPD is creating a platform where member countries could share their good practices and success stories to influence others. Indeed one success model could be replicated in the other countries could extent the benefit towards grass root level of community and the mass population can reap the benefit of SSC. One of the prominent objectives of this assessment study was to unfold the good practices for the other MCs so that it could generate the custom of reproduction of success. This effort will also revealed the scope of documentation in this regards.

The following table presents the country's good practices that could be widely shared across the member countries for wider application (Detail in presented in Annex# 1)

Summary: Reflection of Good Practices from Country response

- Integration of RH/FP services within the basic benefit package(Egypt)
- Adapting an integrated approach for SRH and FP service at all levels.(Gambia)
- Population Integration Modules (Ghana)
- National Health Insurance System (NHIS) (Ghana)
- Media and capacity building of journalists to report factually on Population issues.(Kenya)
- Lobbying with Members of Parliament to support FP(Kenya)
- National Strategy to prevent teenage pregnancy (Mexico)
- Rural Posting Scheme for Nurses and Midwives (Nigeria)
- Supply Chain Management System for contraceptives and medicines and the Logistics Management Information System(Pakistan)
- Adolescent Friendly Clinic initiative(South Africa)
- Prevention of Mother-to-Child Transmission (PMTCT) of HIV (Thailand)
- Mobile RH/FP service delivery reaching rural population and remote areas (Tunisia)
- Implementation of programs and projects to fight gender based violence. (Tunisia)
- Engaging Members of Parliament and leaders at different levels as population and reproductive health champions (Uganda)
- Contingent of population and health workers from central down to grassroots levels (Vietnam)
- 400% increase in federal funding and stepped up investment in health systems to improve maternal and child health(India)
- Rights-based, non-discriminatory, adolescent-friendly programme(India)
- Community Clinics (Bangladesh)
- Advance training on Strategic Partnership with Muslim Religious Leaders (MRLs) in Family Planning(Indonesia)

4. MC's specific agenda

Table 1: MC's specific agenda towards promoting SSC in the field of RH, Population and Development

SL	Member Country	Country Agenda
1	**Egypt**	• Implementation of a mix of modalities for deriving optimal benefit from South-South Cooperation. • Youth and adolescent development. • Sustainable improvements in RH, Family Planning. • Promotion of IEC and social communication. • Women empowerment.
2	**Gambia**	• Sharing experiences and good practices among member countries and learning from other countries. • Strengthening necessary policy environment to promote South-South Cooperation.
3	**Ghana**	• Current Medium Term National Development Policy Framework (GSGDA II) incorporates global, regional and sub-regional Agreements and Conventions such as South-South Cooperation. • Ghana's Foreign Policy objectives under the GSGDAII include "Promoting regional integration, support for the African Union" and "Developing and sustaining international goodwill, solidarity for national development". • Promoting close collaboration between Ghana and other African countries as well as developing countries from other parts of the world in diverse sectors of the economy including reproductive health and population and development.

SL	Member Country	Country Agenda
4	**Kenya**	• Kenya has in place a Standing Committee on South-South Collaboration that is coordinated by the Ministry of Devolution and Planning. NCPD is a member of this Committee and ensures that issues on population and development are given importance when supporting S-S activities. • The Sector Plan on Urbanization and Population 2013–17 has as its theme "Transforming Kenya: Pathway to devolution, socio-economic development, equity and National Unity"
5	**Mali**	• Exchanging and promoting country level programs for Sexual and Reproductive Health of Adolescents and Young Persons and mobile teams to provide quality FP services. • Project "Development of RH in the region of Kayes", realized with support from Tunisian experts in the field for Sexual and Reproductive Health of Adolescents and Young Persons and mobile teams to offer FP services.
6	**Mexico**	• As part of commitment to SSC, Mexico will promote regional and international dialogue on RH, population and development. 2nd Regional Conference on Population and Development and the policies of the Montevideo Consensus and of the Operational Guide that will be discussed at this Conference will impact SSC in HR, Population and Development issues being organised by Mexico.
7	**Nigeria**	• Work on joint research in areas of improving Reproductive Health, Population and Development, partnering for capacity development of humanpower working on RH, Population and Development. • Cooperate on existing opportunities for integration of public sector supply chain with SSC member nations.
8	**Pakistan**	• Annual use of contraceptives in Pakistan is around US$16–20 million imported through loan or grant funds. Pakistan can save these precious funds if it is able to work out an arrangement with PPD member countries producing contraceptives. • Pakistan also needs to benefit from the good practices/experiences of Muslim PPD member countries in involving religious scholars for promoting FP/RH agenda.
9	**South Africa**	• Promotion of ASRHR Framework Strategy through SSC. • PPD to play major role in facilitating the promotion of SSC in SDGs within MCs.
10	**Thailand**	• Thailand International Cooperation Agency (TICA) works in promoting SSC under partnership programs with other donor countries including non-government organizations and international agencies for development cooperation in developing countries in various regions. • Improvements of various forms of cooperation, such as the development projects, volunteer and expert programs, fellowships, scholarships and training programs.
11	**Tunisia**	• Being a founder member and Ex-Chair, Ex-Honorary Chair and currently treasurer of PPD, its priority agenda is to promote PPD's programs and activities at the national, regional and international levels. • SSC in the field of RH, Population and development is an agenda item in the bilateral joint commission meetings, in multilateral cooperation discussions with UN agencies and other partners.
12	**Uganda**	• Harnessing demographic dividend through promoting SSC
13	**Vietnam**	• Sharing knowledge and experience among member countries through short training courses and study visits and exchanging of document and data. Vietnam has been working closely with relevant agencies in China, and Indonesia. • Implementation of major programs in SRH and population size, structure and population aging.
14	**Yemen**	• Strengthening SSC in RH population and Development.
15	**Zimbabwe**	• Promoting SSC through country specific SSC program activities in the areas of FP and RH commodities.
16	**India**	• Family Planning in the public health discourse within the bigger ambit of RMNCH+A underpinned by the continuum of care approach. • National Population Policy of 2000 (NPP 2000) emphasizing the need for a rights-based approach that we continue to affirm as our goal for population policies including family planning. • National Rural Health Mission and the subsequent National Health Mission.
17	**Bangladesh**	• Promoting SS and Triangular Cooperation globally as an alternative sustainable development approach to address issues related to RH, Population and Development. • Promoting SSC as Centre of Excellency for bilateral exchange of knowledge, technology and commodity for improving reproductive health and population.
18	**Indonesia**	• Integrating with the 5 years National Development Plan 2015-2019. • Working closely with development partners (UNFPA) and state ministry of Indonesia in SSCT (South-South Cooperation Triangular)

5. MC's common needs

One of the objective of the study was to reveal MC's preferred common needs and the study unfold the furthermost common needs are for training and capacity building of the professionals. The countries also gave importance to train the community so that they could be able to internalize the benefit of SSC to bring positive change in their everyday reproductive life. On the other hand advocacy, lobby and to meet for the bilateral meeting with specific demand is also identified as crucial that member countries could enjoy through SSC. In this respect, countries are very keen to utilize PPD's diplomatic offices existing in Geneva and New York specially during the time of global gathering. Data collection, ensure the quality of data, regulation of data management also a challenging part where MC's showed huge demand of cooperation and exchange of technology sharing. In summary, following are the prominent common needs that were identified by the assessment study (Detail matrix in Annex # 2)

Table 2: MC's common needs revealed from Country Response

1. Capacity building of the community
2. Capacity building of young professionals and policy makers
3. Capacity of arranging international dialogue with stakeholders on population and development matters
4. Develop monitoring tools for implementing national and international commitment towards RH
5. Training on supply chain management of the commodity and generic life-saving drugs5.
6. Ensuring quality of data and strong MIS system to monitor the indicators
7. Documentation and sharing country's good practices in the South-South forum
8. Organizing MC's bilateral meetings
9. Organizing advocacy meetings using PPD's observer offices to lobby for more funds
10. MC to utilize PPD's diplomatic office in NY, and Geneva during the UNGA and WHA
11. Organizing country level meetings with UN and UNFPA on the issues related to RH, population and development.

6. MC's specific needs

The study result reflected country focus specific needs and each country participated in the assessment identified the specific providers who could address the respective demands. The matrix presented below

identified the demand supply nexus and it discover that China could meet the maximum demand of cooperation. Most of the countries showed interest to receive cooperation in terms of knowledge sharing, study tour organization, training facilities, expert manpower sharing from China. In the nexus the next demanding countries as identified is India and Indonesia. Tunisia, South Africa, Bangladesh , Egypt , Thailand , Uganda, Ghana and Kenya are also demanding for specific expertise. The result also identified another important finding which is "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order ensure affordability and accessibility of RH/FP commodity to all segment of the population of PPD MCs by 2030.

In summary, the specific demand that are unfold by this e assessment s are (Detail Matrix in Annex #3)

- Training cooperation from China
- Technical cooperation to strengthen national policy formulation from China and Tunisia
- Technical cooperation towards implementation of Task shifting of nurses/doctors from Tunisia
- Study tour to Thailand, China, India, Tunisia, Bangladesh
- Health system strengthening capacity from Ghana
- Technical cooperation with China Population and Development Research Centre for reproductive health, population and development.
- Study tour to learn data analysis and utilization from India , China and South Africa
- Experience from Tunisia and South Africa to mobilize resources for RH and adolescent friendly Health services
- Experience and knowledge sharing in the area of advocacy and dissemination of legal texts in the field of RH
- Knowledge from China on Maternal and Child Health Policy for the advancement of Women
- Experience sharing on aging, prevention of teenage pregnancy, sexual and reproductive health
- Mobilize religious Scholars of Bangladesh on inter personal communication (IPC) and Behavior Change and Communication (BCC) focusing RH and adolescent friendly Health services
- MC's experiences on Teenage Pregnancy Prevention and Sexual Education.
- Learn from China about mobilizing resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets.
- MC's support for manufacturing and supplying generic drugs

7. Demand and supply interconnection reflecting recipient and provider country

Table 3: Demand and Supply of the country needs

	Recipient	Potential Provider		
SL	Country's that placed preferred specific needs	Placed demand of cooperation on Capacity Development from the countries	Placed demand of cooperation on Knowledge Sharing	Placed demand of technical cooperation on technology and commodity supply
1	Egypt	• China • Tunisia	Thailand	PPD MC
2	Gambia	• Ghana • Bangladesh	• India	
3	Ghana	• China	• China • India • Kenya • South Africa • Tunisia • Indonesia • Uganda	
4	Kenya	• China • South Africa	• Indonesia • Uganda • India • Tunisia	PPD MC
5	Mali	• Tunisia • China • India		PPD MC
6	Mexico		PPD MC	PPD MC
7	Nigeria	PPD MC	PPD MC	PPD MC
8	Pakistan		• Egypt • China • Indonesia • Bangladesh	• China • Indonesia
9	Thailand	• China • Indonesia	China	
10	Tunisia	• China	PPD MC	PPD MC
11	Uganda	PPD MC	PPD MC	PPD MC
12	Vietnam	• China • Thailand • Indonesia • South Africa • India • Egypt.	PPD MC	• Thailand • India
13	Zimbabwe	• China India	• China	
14	South Africa		PPD MC	PPD MC
15	Yemen	• Tunisia • Egypt • Bangladesh • China • Indonesia		PPD MC
17	Bangladesh	• China India	PPD MC	PPD MC
18	Indonesia		PPD MC	PPD MC

Summary: Demand and Supply interconnection reflecting recipient and provider country

The countries could address as provider	The countries placed specific Demand of cooperation
• China	8 (Egypt, Ghana, Kenya, Mali, Pakistan, Thailand, Tunisia, Vietnam, Zimbabwe, Yemen, Bangladesh)
• India	7 (Ghana, Kenya, Mali, Vietnam, Zimbabwe, Bangladesh)
• Indonesia	6 (Ghana, Kenya, Pakistan, Thailand, Vietnam, Yemen)
• Tunisia	5 (Egypt, Ghana, Kenya, Mali, Yemen,)
• South Africa	3 (Ghana, Kenya, Vietnam)
• Bangladesh	3 (Gambia, Pakistan, Yemen)
• Egypt	3 (Pakistan, Vietnam, Yemen)
• Thailand	2 (Vietnam, Egypt)
• Uganda	2(Ghana, Kenya)
• Ghana	1 (Gambia)
• Kenya	1 (Ghana)

Recommendations

The report was an exemplary initiative extended by the secretariat to draw an evidence based reflection of the scope, opportunities, challenges and common needs of the PPD member countries. The assessment gathered substantial information directly from the member countries that could help this inter-government institution to implement any initiatives to address its strategic mission. Perhaps, the document could claim as is one the pioneer document that combined good practices from the member countries collected by using unique methodology.

The assessment recommended addressing the following demand of the member countries to fulfill by utilizing the potential of SSC

1. Capacity building of young professionals , policy makers and the capacity
2. Capacity development of the MC's to arrange international dialogue with stakeholders on population and development matters
3. Training on supply chain management of the commodity and generic life-saving drugs
4. Develop monitoring tools for implementing national and international commitment towards RH
5. Ensuring quality of data and strong MIS system to monitor the indicators
6. Documentation of country's good practices and also to share those across the member countries
7. Organizing MC's bilateral meetings
8. Organizing advocacy meetings using PPD's observer offices to lobby for more funds
9. MC to utilize PPD's diplomatic office in NY, and Geneva during the UNGA and WHA
10. Organizing country level meetings with UN and UNFPA on the issues related to RH, population and development.

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Part B : Country Report

EGYPT: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

The Ministry of Health and Population (MoHP) is responsible for the overall health and population policy as well as the provision of public health services. Under the umbrella support of the MoHP, health insurance organizations provide services. However, the Ministry of Higher education is responsible for professional health education (medical, nursing, dentistry and pharmacy, etc.) and also runs university teaching hospitals. Public health expenditure is low in Egypt. About half of the total health expenditure comes from out-of-pocket (50%) at the point of service in public and private facilities. Egypt is rolling out a new insurance scheme, currently being piloted in the Suez Governorate (north-east Egypt), based on a 'family physician model' that will separate financing from service provision and achieve universal coverage. Egypt produces over 90% of the pharmaceuticals it consumes. Pharmaceuticals account for just over one-third of all health spending, of which approximately 85% is private expenditure.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Signing agreement with China in training and procurement of long acting contraceptives. • Technical cooperation from China and Tunisia to strengthen national policy formulation and program implementation in order to ensure quality health care in Egypt. • Technical cooperation towards implementation of Task shifting of nurses/doctors initiatives.
Knowledge Sharing and Technical Cooperation	• Organizing study tour to learn from Thailand to promote RH and development initiatives. • Organizing study tour to learn successful experiences from Japan, China, South Korea and North African countries • Learning from PPD member country in postpartum and post abortion family planning initiatives . • Assist in learning from community-Based Family Planning Services initiative
Partnership and Technical cooperation in commodity supply	• Transferring technology from any PPD country to improve effective services related to reproductive health, population and development.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health indicators of Egypt	
Total population (in mid - 2015)	88 million
Birth Rate/1000	31
Death rate/1000	6
Infant mortality rate per thousand live births	22
Age Structure 15-24 yrs : Pop 60^{+} :	 20% 7%
Life expectancy at birth	73.5%
Neonatal Mortality Rate per thousand live births	14 (EDHS,2014)
Infant Mortality Rate per thousand live births	22 (EDHS,2014)
Under 5 mortality rate per thousand live births	27 (EDHS,2014)
Maternal Mortality per 100,000 live births	52 (MOHP)
Sex Ratio	1.03 m/f
% DTP3 Immunization coverage among 1-year olds	96%
Births attended by skilled health workers	92%
Total Expenditure on Health as % of GDP	5.4%
Gender Related Development Index	0.599406
CPR	59% (EDHS,2014)
Unmet need in FP	13% (EDHS,2014)
TFR	3.5

THE GAMBIA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

The Government of Gambia translated ICPD Programme of Action into a broad based national Reproductive Health Implementation Programme. The Government is the major health provider in the Gambia. However, the prevailing achievement towards ICPD and MDGs health targets remain poor.

The country faces numerous challenges in its efforts to reduce maternal mortality. Many maternal deaths occur among the adolescent age group. The main causes of maternal mortality are hemorrhages, eclampsia, anaemia, malaria in pregnancy and postpartum sepsis. Malnutrition among children continues to be a major public health problem in The Gambia. One in five children under age five is moderately underweight. The overall contraceptive prevalence rate among currently married women is less than 50%. Adolescent health is greatly affected by not only the inadequate provision of reproductive and sexual health services but also by factors outside the control of the health system, such as religious and socio-cultural issues and values.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Supporting health system strengthening and building institutional and individual capacities in data management and coordination in Ghana
Knowledge Sharing and Technical Cooperation	• Support in organizing study tour to learn lessons on strengthening of health systems in the provision of Emergency Medical and Obstetric Care (EMOC) service from **Bangladesh and India.** • Learn successful experiences for translating international commitments or declaration into national action plans for successful achievement of commitment or Goals at the country level.
Partnership and Technical cooperation in commodity supply	• Need to be explored
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of The Gambia	
Population (2014)	1,925,527
Birth Rate in thousands (2014)	31.75
Death rate in thousands (2014)	7.26
Infant mortality rate per 1000 live births(2014)	65.74
Age Structure 15-24 yrs Pop 60+	 21% 4%
Life expectancy at birth(2014)	64.36
Neonatal Mortality Rate per 1000 live births (2015)	30
Under 5 mortality rate per 1000 live births (2014)	69
Maternal Mortality per 1000 live births (2010)	360
Sex Ratio (2014)	0.98 male(s)/female
% DTP3 Immunization coverage among 1-year olds 2014	96%
Births attended by skilled health workers (2013)	57%
Total Expenditure oh Health as % of GDP (2011-2015)	6.0
Gender Related Development Index	0.613139
CPR (2010)	13.3
TFR (2010)	4.9
Unmet Need in FP (2008)	21.5

GHANA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Ghana demonstrated its commitment to the advancement of population programs by formulating its first Population Policy, later revised with the commitments of ICPD. Ghana has also made steady progress in the health and population sectors over the last decades with life expectancy improving from 50 years in 1960 to 65 yrs in 2014. Over the period of time, Ghana has achieved in reducing total fertility and mortality rates and increased contraceptive prevalence rates. Child health has improved resulting in the decrease in child mortality rate and infant mortality rate within few years. Nutritional status of children however still remains a challenge with about 28% of Ghanaian children being stunted, 9% being wasted and 14% being underweight. Maternal health is also improving with decrease in maternal deaths. Ghana is unlikely to achieve MDGs 4 and 5 by 2015. Though there is considerable progress in malaria control, it continues to be the disease with the highest burden being the top condition seen at OPD in health facilities.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Support to make an agreement with China Population and Development Research Centre for technical cooperation in the area of reproductive health, population and development.
Knowledge Sharing and Technical Cooperation	• Support in organising study tour to learn from Uganda and India for effective implementation, coordination and monitoring of the Ghana Costed Implementation Plan for Family Planning. • Support in organising study tour to learn from Kenya, South Africa, Tunisia and Indonesia to strengthen Population Policy Formulation and Implementation and Coordination • Support in organising study tour to learn from China on data management, analysis and utilization to strengthen health system in Ghana • Support in organising study tour to learn from Tunisia and South Africa to mobilise resources and to integrate SSC for RH, population and development into the domestic policies, programs and budgets
Partnership and Technical cooperation in commodity supply	• Assist in the area of capacity building and study tours on family planning/reproductive health (skills building and technology) and population and development (integration of population into development planning, data analysis and utilisation).
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Ghana	
Total population (2014)	25,758,108
Birth Rate in thousands (2014)	31.4
Death rate in thousands (2014)	7.37
Infant mortality rate per 1000 live births(2014)	38.52
Age Structure	
15-24 yrs	18.7%
Pop 60^{+}	6%
Life expectancy at birth (2014)	65.75
Neonatal Mortality Rate per 1000 live births (2015)	28
Under 5 mortality rate per 1000 live births (2014)	62
Maternal Mortality per 1000 live births (2010)	350
Sex Ratio (2014)	0.98 m/f
% DTP3 Immunization coverage among 1-year olds 2014	98%
Births attended by skilled health workers (2013)	69
Total Expenditure oh Health as % of GDP (2011-2015)	5.4
CPR (2011)	24
TFR (2010)	4.2
Unmet need in FP	35.3

KENYA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Kenya has initiated several processes to strengthen its health system and coordinate its work with donors and other development partners to avoid additional health-related reversals since 2007. Despite many efforts, health-related MDGs have not been achieved by the 2015 target in Kenya. Over the past two decades life expectancy has declined to 53 years, and mortality among children under the age of five has risen slightly. Maternal and neonatal mortality, on the other hand, had shown stagnation since 1993. Furthermore, there are wide disparities in health status across the country, closely linked to underlying socioeconomic, gender and geographical disparities. The country's burden of communicable diseases remains high. HIV/AIDS is responsible for up to 29.3% of all deaths and 24.2% of all disability in the country. Malaria is the leading cause of mortality amongst under five.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Partnership with China to set up a Population Centre in Kenya to build regional Capacity in the use of PADIS to project population trends. • Support from China to build capacity of officials on successful implementation of programs. • Assist in learning from PPD MCs through study tour to implement effective project in RH, Maternal Health, Child Health and Adolescent Health services at national level
Knowledge Sharing and Technical Cooperation	• Support in organising study tour to learn from Indonesia and India on how to successfully implement FP programs at lower (rural) levels • Support in organising study tour to learn from South Africa to strengthen policy implementation and analysis. • Support in organising study tour to learn from Tunisia and Uganda about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. • Support in organising study tour to learn from Uganda and Rwanda on how to translate international commitments into national action plans for successful
Partnership and Technical cooperation in commodity supply	• Support to make the provision of RH Commodities and quality equipment to ensure commodity security and affordable equipment in order to improve RH, FP services in Kenya • Support to arrange a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of RH/FP commodity to all segments of the population of PPD MCs by 2030.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators	
Population*	45,010,056
Birth Rate *per 1000	28.27
Death rate* per 1000	7
Infant mortality rate* per 1000 live births	40.71
Age Structure* 15-24 yrs	18.7%
Pop 60^{+}	4.3
Life expectancy at birth*	64
Neonatal Mortality Rate* per 1000 live births	22
Under 5 mortality rate* per 1000 live births	49
Maternal Mortality *per 100,000 live births	360
% DTP3 Immunization coverage among 1-year olds	81%
Birth attended by skilled health workers (2013)	102
Total Expenditure oh Health as % of GDP (2015)	4.5
Gender Related Development Index	0.654516
CPR(2011)	46
TFR(2010)	4.7
Unmet needs in FP(2009)	25.6

*-Year 201

NIGERIA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

The Nigerian health system is based on the National Health Policy, promulgated in 1998 as the first comprehensive national health policy. Among the African countries, Nigeria is the most populous country with a population of over 177 million. The reproductive age group constitutes about 50% of the Nigerian population. The reproductive health situation in Nigeria is improving but still not good enough. Total fertility rate is 5.5; maternal mortality is 630 deaths per 100,000 live births, contraceptive prevalence of 15%, and low utilization of reproductive health services, etc. The Nigerian health care system is poorly developed and health facilities are inadequate, especially in rural areas. Health system remains weak due to poor coordination, fragmentation of services, scarcity of resources, including commodities and supplies. Inadequate and inequity in resource distribution, and access to care. RH as a priority is commonly addressed, specific family-planning (FP) activities are not always included in health reform initiatives that resulted poor supply of RH commodities. In order to continue to improve RH and population sectors and face challenges to achieve SDGs, it needs to strengthen health system.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Assist in learning lessons from USA, Japan, Canada on mobilizing resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets • Assist in learning lessons from any PPD member country with successful history of implementation of strategies for ensuring sustained funding of RH/PPD programs, on updated techniques from research & experiences from the field on improving on RH/PPD program implementation in the country. • Support to learn from any other PPD country about successful experiences
Knowledge Sharing and Technical Cooperation	• Support in learning from MCs on improving supply chain management with provision of technical and financial support for procuring family planning and maternal drugs. • Assist in Pool procurement of any reproductive health/FP commodity through PPD.
Partnership and Technical cooperation in commodity supply	• Support to conduct Study Tours of policy makers and program implementers to any PPD MC to understand the policy and program development and implementation in countries with successful RH/PPD programs. • Assist in learning from any MC about the plan and programs towards improvement of RH, population and development
Advocacy and inter-ministerial consultation	• Support in organizing study tour to learn from experience of South Korea regarding Family Planning, Maternal and Child Health, Effective management of Ageing program.
Health and population diplomacy	• Need to be explored

Current Health Indicators of Nigeria	
Total population (2014)	177,155,754
Birth Rate per thousand (2014)	38.03
Death rate per thousand (2014)	13.16
Infant mortality rate per thousand live births(2014)	74.09
Age Structure 15-24 yrs	19.3%
Pop 60^{+}	5.3%
Life expectancy at birth (2014)	52.62
Neonatal Mortality Rate per thousand live births (2015)	34
Under 5 mortality rate per thousand live births (2014)	96
Maternal Mortality per 1000 live births (2010)	630
Sex Ratio (2014)	1.01
% DTP3 Immunization coverage among 1-year olds 2014	70%
Births attended by skilled workers	38
Total Expenditure on Health as % of GDP (2011-2015)	3.9
Gender Related Development Index	0.562458
CPR (2011)	15%
TFR (2010)	5.5%
Unmet need for family planning (2008)	20.2%

PAKISTAN: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Pakistan has made progress in the area of sexual and reproductive health in the past few decades. The country has a multi-tiered and mixed health care delivery system that has grown exponentially during the last three decades with a number of programs, projects, interventions and facilities. However, it remains one of the poorest performing countries in south Asia against MDG targets. Progress toward health MDGs are off track. It has a long way to go as a large proportion of women still have unmet contraception (20%) and unsafe abortion needs. Maternal health indicators have improved as 50% of deliveries have been provided by skilled health personnel. In the absence of comprehensive post-delivery care huge proportion of women are still experiencing post-abortion complications. The contraception prevalence rate is still very low (30%). The total fertility rate for the country is 3.8 but varies significantly among the rural and urban areas. The situation at the federal level is highly fragmented following the dissolution of the Ministry of Health and devolution of its responsibilities to the provincial Departments of Health. The country's health sector is further marked by urban-rural disparities in healthcare delivery and an imbalance in the health workforce, with insufficient health managers, nurses, paramedics and skilled birth attendants in the peripheral areas.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Need to be explored
Knowledge Sharing and Technical Cooperation	• Support to learn from the experiences/good practices of Iran and Egypt on involvement of religious scholars for FP/RH agenda. • Support in organising study tour to learn from **China, Indonesia** on Contraceptives, from Iran, Egypt, Turkey and Bangladesh
Partnership and Technical cooperation in commodity supply	• Assist in establishing a Joint Venture with China and Indonesia for ensuring affordable and accessible contraceptives to all segments of population in Pakistan. • Support to arrange a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of RH/FP commodity to all segments of the population of PPD MCs by 2030.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Pakistan	
Total population (2014)	196,174,380
Birth Rate per thousand(2014)	23.19
Death rate per thousand (2014)	6.58
Infant mortality rate per thousand live births(2014)	57.48
Age Structure	
15-24 yrs	21.5%
Pop 60^{+}	6.5%
Life expectancy at birth (2014)	67.05
Neonatal Mortality Rate per thousand live births (2015)	46
Under 5 mortality rate per thousand live births (2014)	81
Maternal Mortality per 100,000 live births (2010)	260
Sex Ratio (2014)	1.06
% DTP3 Immunization coverage among 1-year olds (2014)	70%
Birth attended by skilled health workers	52
Total Expenditure on Health as % of GDP (2011-2015)	2.8
Gender Related Development Index	0.61088
CPR (2011)	30%
TFR (2010)	3.4%
Unmet need for family planning (2007)	24.9%

UGANDA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

The reproductive health situation has remained poor or slightly improved in Uganda. Current fertility rate is 6.7 children and there has been almost no decline in fertility rate since 1995. Other reproductive indicators have also remained stagnant and poor or have slightly improved. The total fertility rate is approximately 6.2 births per woman and the contraceptive prevalence rate for modern methods is only 24%.

Current unmet need for family planning is 41%, skilled attendance at birth 57%. Uganda's young population is 52% of the population and this is the age that is most affected by HIV/AIDs. More than 1.1 million people or 4% of the population are currently living with AIDS. This epidemic leads to a high mortality rate as well as a lower life expectancy. The infant mortality rate exceeds 61 deaths per 1000 births and MMR is 310 per 100,000, with 57% of the births attended by a skilled health attendant. Life expectancy at birth in Uganda stands at 55 years. Children in Uganda do have regular immunization against DPT and measles with immunization programs. Healthcare provision and infrastructure in Uganda are chronically underfunded and highly variable in quality. There is still limited political support for Family Planning as a means of averting the high maternal mortality rate.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Need to be explored
Knowledge Sharing and Technical Cooperation	• Support in organising study tour/exchange visit to learn from better performing countries that will provide the opportunity for Uganda to implement policies especially with reference to National Health Insurance.
Partnership and Technical cooperation in commodity supply	• Assistance needed from China or any other PPD MCs for ensuring access and affordability of RH commodities from any PPD MCs since Uganda still experiences stock outs of essential lifesaving commodities
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Uganda	
Total population (2014)	35,918,915
Birth Rate per thousand (2014)	44.17
Death rate per thousand (2014)	10.97
Infant mortality rate per thousand live births(2014)	60.82
Age Structure 15-24 yrs Pop 60^{+}	21.2% 3.9%
Life expectancy at birth (2014)	54.46
Neonatal Mortality Rate per thousand live births (2015)	19
Under 5 mortality rate per thousand live births (2014)	55
Maternal Mortality per 100,000 live births (2010)	310
Sex Ratio (2014)	0.99
% DTP3 Immunization coverage among 1-year olds 2014	99%
Births attended by skilled health skilled workers	57
Total Expenditure of Health as % of GDP (2011-2015)	9.8
Gender Related Development Index	0.577075
CPR (2011)	24%
TFR (2010)	6.7%
Unmet need for family planning (2006)	40.6%

INDIA: Needs and opportunities (2015–19)

India

Country situation in RH, Population and Development

With 1.2 billion people, the second most populous country and the world's fourth-largest economy, India's recent growth and development pattern has been one of the most significant achievements of our times. India has undergone extraordinary socioeconomic and demographic changes. The total fertility rate is 2.6; maternal mortality is 200 deaths per 100,000 live births, contraceptive prevalence of 54%. Sex ratio shows about 1.08 male per female. According to a World Bank, 2010 report, total expenditure on health is 4% of GDP. Infant mortality rate declined from 83 in 1990 to approximately 44 per 1000 live births. However, India remains among the five countries with the lowest public health spending levels in the world. India has a vast health care system, but the vast differences in quality between rural and urban areas as well as between public and private health care remain a major challenge. India has a unique opportunity to align its existing PMNCH programmes with the EWECEA programmes by vertical integration and horizontal consolidation for optimization of its fiscal and technical resources.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-19
Capacity Development	• Support from the PPD Secretariat and other offices for contact and advocacy with other non-government stakeholders. • Support in organising study and exchange visits to provide opportunity for skill transfers
Knowledge Sharing and Technical Cooperation	•
Partnership and Technical cooperation in commodity supply	• Support through manufacturing and supplying generic drugs essential lifesaving commodities, as well as technological and commodities transfer of RH commodities
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of India	
Total population (2014)	1,236,344,631
Birth Rate in thousand (2014)	19.89
Death rate in thousand (2014)	7.35
Infant mortality rate per thousand live births(2014)	43.19
Age Structure	
15-24 yrs	18.1%
Pop 60^{+}	8%
Life expectancy at birth (2014)	67.8
Neonatal Mortality Rate per thousand live births (2015)	28
Under 5 mortality rate per thousand live births (2014)	48
Maternal Mortality per 100,000 live births (2010)	200
Sex Ratio (2014)	1.08 m/f
% DTP3 Immunization coverage among 1-year olds (2014)	88%
Births attended by skilled health workers	80
Total Expenditure on Health as % of GDP (2011-2015)	4
Gender Related Development Index	0.617261
CPR (2011)	54
TFR (2010)	2.6
Unmet need for family planning (2006)	12.8

MALI: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

The reproductive health situation in Mali has improved over the last decade due to reduce of maternal and infant mortality. The policies and legislation of the Mali have continued to promote family planning services and a reproductive health strategic plan for 2004-2008 was developed considering the ICPD. However, Mali still has challenging towards achieving MDGs related to health indicators like maternal, under-five, and infant mortality rates at 464/100,000, 98/1000, and 58/1000 respectively which are higher than any other countries with similar socio-economic status. The fertility rate is 6.1 births per woman with a modern contraceptive prevalence rate of only 9.9%. There is a considerable disparity between urban and rural areas. Contraceptive prevalence rate is very low and 31% of family planning needs remain unmet. The TFR and contraceptive prevalence rate in Mali shows that it has barely begun the fertility transition. The annual population growth rate remains high. Morbidity and mortality rates due to communicable diseases are also high. Specific action to be taken to improve maternal and child health in order to minimize the gaps and to achieve SDGs.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Support to ensure availability of Family Planning commodities and equipment and materials (insertion and removal of implants) in order ensure effective services
Knowledge Sharing and Technical Cooperation	• Support in learning from MCs for advocacy and dissemination of legal texts in the field of RH • Support in organising study tour to learn from Tunisia and China on Maternal and Child Health, Policy for the advancement of Women, Population Policy. • Support in organising study tour to learn from China, India and Tunisia about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets • Assist in learning from any successful experience in PPD countries towards translating international commitments or declaration into national action plans for successful achievement of commitment or Goals at the country level.
Partnership and Technical cooperation in commodity supply	• Need to be explored
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Mali	
Total population (2014)	16,455,903
Birth Rate in thousands (2014)	45.53
Death rate in thousands (2014)	13.22
Infant mortality rate per thousand live births(2014)	104.34
Age Structure 15-24 yrs	19%
Pop 60^{+}	3.5%
Life expectancy at Birth	54.95
Neonatal Mortality Rate per thousand live births (2015)	38
Under 5 mortality rate per thousand live births (2014)	115
Maternal Mortality per 100,000 live births (2010)	540
Sex Ratio (2014)	0.95
% DTP3 Immunization coverage among 1-year olds 2014	81%
Births attended by skilled health skilled workers	59
Total Expenditure of Health as % of GDP (2011-2015)	7.1
Gender Related Development Index	0.721818
CPR (2010)	9.2
TFR (2010)	6.3
Unmet needs (2006)	31.2

MEXICO: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Sexual and reproductive health is a key issue in Mexico. The Mexico health system includes a mixture of small private health insurance options and a universal health insurance program. The government of Mexcico provides universal health insurance coverage. It has a youth population about 27 million of 15-24 yrs (18% of the total). The elderly population also increased to 9.5 %. Despite family planning services are free nationally but are not focused for young people. Women are having their first birth at a younger age now than earlier. There is high level of unprotected sex practices and rising unmet need for FP is 12%. The contraceptive prevalence rate increased to 76%. The MMR in Mexico has decreased to 50 per 100,000 significantly over the last few years. The infant and under-5 mortality rate is 13 and 84 per 1000 live births respectively. The skilled birth attendant at delivery is 96%. The fertility rate has gradually declined to 2.3. Adolescent pregnancy is the major challenges in Mexico.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Assist in learning from MCs on topics as aging, prevention of teenage pregnancy, sexual and reproductive health, and sustainable cities.
Knowledge Sharing and Technical Cooperation	• Assist in learning from MCs on topics as aging, prevention of teenage pregnancy, sexual and reproductive health, and sustainable cities.
Partnership and Technical cooperation in commodity supply	• Need to be explored
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Mexico	
Total population (2014)	120,286,655
Birth Rate in thousand (2014)	19.02
Death rate in thousand (2014)	5.24
Infant mortality rate per thousand live births(2014)	13
Age Structure 15-24 yrs Pop 60^{+}	 18.1% 9.5%
Life expectancy at birth (2014)	75.43 years
Neonatal Mortality Rate per thousand live births (2015)	7
Under 5 mortality rate per thousand live births (2014)	13
Maternal Mortality per 100,000 live births (2010)	50
Sex Ratio(2014)	0.96
% DTP3 Immunization coverage among 1-year olds (2014)	87%
Births attended by skilled health workers	96
Total Expenditure on Health as % of GDP (2011-2015)	6.2
Gender Related Development Index	0.462991
CPR (2011)	73%
TFR (2010)	2.3%
Unmet need for family planning (2006)	12%

SOUTH AFRICA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

South Africa, one of the global economies and member of BRICS along with Brazil, Russia, India and China has gone transformative changes over the last two decades building an equitable society with accelerated growth trajectories. The population estimates put the country's mid-year 2013 total population to be 53 million based on South Africa's 2011 census; estimates. The effects of excess mortality due to AIDS is shown to result in lower life expectancy, higher infant mortality, higher death rates, lower population growth rates, and changes in the distribution of population by age and sex than would otherwise be expected. EWECEA programme offers a unique opportunity for South Africa to re-pool its resources to optimization of its national technical and fiscal resources.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Supporting to implement ASRHR Framework Strategy
Knowledge Sharing and Technical Cooperation	• Need to be explored
Partnership and Technical cooperation in commodity supply	• Need to be explored
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of South Africa	
Total population (2014)	48,375,645
Birth Rate in thousand (2014)	18.94
Death rate in thousand (2014)	17.49
Infant mortality rate per thousand live births(2014)	41.61
Age Structure 15-24 yrs Pop 60^{+}	 20.2% 7.8%
Life expectancy at birth (2014)	53.8
Neonatal Mortality Rate per thousand live births (2015)	11
Under 5 mortality rate per thousand live births (2014)	41
Maternal Mortality per 100,000 live births (2010)	300
Sex Ratio (2014)	0.99m/f
% DTP3 Immunization coverage among 1-year olds (2014)	95%
Births attended by skilled health workers	71
Total Expenditure on Health as % of GDP (2011-2015)	2.2%
Gender Related Development Index	0.489747
CPR (2011)	60
TFR (2010)	2.5
Unmet need for family planning (2006)	13.8

THAILAND: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Annual population growth rate is currently about 0.5 per cent in Thailand, and it is likely that the rate will continue to decline further over years. Thailand has achieved wide access to health services, including sexual and reproductive health (SRH) services through major reforms in the health and population sectors. It has also improved equity in access to health care, including SRH services, and also in health outcomes, improved significantly. Thailand has seen a steady decrease in its mortality trends. It has exciting primary health care, innovative health system development and a progressive health promotion program. It has achieved all health related Millennium Development Goals at the national level, but disparities remain sub nationally. Thailand is facing other problems caused related to population and social issues such as the breakup of families due to economic problems and the exploitation of and violence against women and children, all of which have a negative effect on reproductive health. Pregnancy rate among adolescent is high in Thailand and the number of teenage mothers is growing up to 17% in 2013. The ageing population is also another problem as their number is increasing to 12%. , the government has initiated a program of no conditional cash transfer for all Thais over 60 years of age.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Support to learn from the MCs on Teenage pregnancy prevention and Sexual education. • Support in organising study tour to learn from China about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. • Assist in learning from any other PPD country about successful experiences for translating international commitments or declaration into national action plans for successful achievement of commitment or Goals at the country level.
Knowledge Sharing and Technical Cooperation	• Support in organising study tour to learn from the experiences of China and Indonesia on National Family Planning and Population and development policy
Partnership and Technical cooperation in commodity supply	• Need to be explored
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Thailand	
Total population (2014)	67,741,401
Birth Rate in thousand (2014)	11.26
Death rate in thousand (2014)	7.72
Infant mortality rate per thousand live births(2014)	9.86
Age Structure	
15-24 yrs	15%
Pop 60^{+}	13.7%
Life expectancy at birth (2014)	74.18 years
Neonatal Mortality Rate per 1000 live births (2015)	7
Under 5 mortality rate per thousand live births (2014)	12
Maternal Mortality per 100,000 live births (2010)	48
Sex Ratio (2014)	0.98
% DTP3 Immunization coverage among 1-year olds 2014	99%
Births attended by skilled health workers	100
Total Expenditure on Health as % of GDP (2011-2015)	4.6
Gender Related Development Index	0.382264
CPR (2011)	80%
TFR (2010)	1.6%
Unmet need for family planning (2006)	3.1%

TUNISIA: Needs and opportunities (2015–19)

Country Situation in RH, Population and Development

Tunisia has been made tremendous progress in improving the population and RH situation. The voluntary political commitment focused on gender-related concerns, access to family planning; legalization of abortion; and creation of the National Board for Family and Population, and the Tunisian Safe Motherhood initiative have contributed to made such progress. Life expectancy at birth has increased to 76 years. The contraceptive prevalence rate is 60 in Tunisia. The infant mortality rate (18.7 per 1000) and the under-five mortality rate have dropped sharply. The immunization program ensures high immunization coverage rates with a demonstrated impact on under-5 mortality rate. It has achieved to decrease the maternal mortality ratio from 68.9 in 1993-1994 to 56 per 100000 live births in 2010. It has also increased the rates of skilled birth attended personnel (99%) and antenatal care coverage. However, maternal mortality remains higher in disadvantaged regions and it needs to reduce the maternal mortality rate to 19/100000 by 2015 to achieve the target of MDGs.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Support to organize training programs in CTC/China for professionals of Tunisia in RH, Population and Development
Knowledge Sharing and Technical Cooperation	• Support to learn from Thailand to make directory of list of experts and sources of expertise for RH and Population Development
Partnership and Technical cooperation in commodity supply	• Assistance needed from MCs for ensuring access and affordability of RH commodities from any PPD MCs. • Support to arrange a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order ensure affordability and accessibility of RH/FP commodity to all segment of the population of PPD MCs by 2030. • PPD should seek firm commitments from Governments of PPD to go for pool procurement as national laws and regulations are very strict on these issues.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Tunisia	
Total population (2014)	10,937,521
Birth Rate in thousand (2014)	16.9
Death rate in thousand (2014)	5.94
Infant mortality rate per thousand live births(2014)	23.19
Age Structure	
15-24 yrs	16%
Pop 60^{+}	10.4%
Life expectancy at birth (2014)	75.68 years
Neonatal Mortality Rate per thousand live births (2015)	8
Under 5 mortality rate per thousand live births (2014)	14
Maternal Mortality per 100,000 live births (2010)	46
Sex Ratio (2014)	0.99
% DTP3 Immunization coverage among 1-year olds (2014)	98%
Births attended by skilled health workers	99
Total Expenditure on Health as % of GDP (2011-2015)	7.1
Gender Related Development Index	0.293395
CPR (2011)	60%
TFR (2010)	2.0%
Unmet need for family planning (2013)	7%

VIETNAM: Needs and opportunities (2015–19)

Country Situation in RH, Population and Development

Vietnam has introduced a National Strategy on Population and Reproductive Health for 2011-2020 along with the goal of providing universal access to sexual and reproductive health, including voluntary family planning. It has 51.3 % young population under 25years of age. The contraceptive prevalence rate for married couples has greatly improved in the past ten years, reaching more than 80%. The Total Fertility Rate (TFR) is 1.8 CPR is 80 per cent and the unmet need for contraception is low (5%) among women aged 15-49 but increases to 15.6 per cent among young women aged 15-19. Skilled attendant at delivery is 93%. With a steady decline in maternal mortality, child mortality and malnutrition over the past decades, the under-five mortality rate is 16 and the infant mortality rate is 14 per 1,000 live births. Life expectancy at birth is 73 years; rate of under-five child malnutrition (weight for age) declines to 15% and 24%; maternal mortality rate per 100,000 live births is 70. However, there is a disparity in health outcomes, children in the poorest households are twice as likely to die before reaching 1 and 5 years of age compared to children living in better off families.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Assistance needed from MCs on Contraceptive commodities support and supply. • Support in organising study tour to learn from Assistance needed for building Management Capacity, from Thailand regarding commodity security and from India regarding MIS. • Support in organising study tour to learn from Assistance from Japan, Israel and South Korea in response to population aging issues. • Support to arrange a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order ensure affordability and accessibility of RH/FP commodity to all segment of the population of PPD MCs by 2030.
Knowledge Sharing and Technical Cooperation	• Sharing of know- how on population database system.
Partnership and Technical cooperation in commodity supply	• Support in organising study tour to learn from Knowledge and assistance from China in terms of Policy and distribution system of reproductive Health commodities, Contraceptives Supply Administration, Strengthening Leadership and • Support in organising study tour to learn from Lessons about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets from China, Thailand, Indonesia, India, South Africa, Egypt.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Vietnam	
Population (2014)	93,421,835
Birth Rate in thousand (2014)	16.26
Death rate in thousand (2014)	5.93
Infant mortality rate per thousand live births(2014)	18.99
Age Structure 15-24 yrs	17.8%
Pop 60^{+}	8.9%
Life Expectancy at birth (2014)	72.91 years
Neonatal Mortality Rate per thousand live births (2015)	11
Under 5 mortality rate per thousand live births (2014)	22
Maternal Mortality per 100,000 live births (2010)	59
Sex Ratio (2014)	1
% DTP3 Immunization coverage among 1-year olds 2014	95%
Births attended by skilled health workers	93
Total Expenditure on Health as % of GDP (2011-2015)	6.0
Gender Related Development Index	0.305248
CPR (2011)	80%
TFR (2010)	1.8%
Unmet need for family planning (2002)	4.8%

ZIMBABWE: Needs and opportunities (2015–19)

Zimbabwe

Country situation in RH, Population and Development

The RH situation in Zimbabwe has been improved much after unprecedented decline during the first decade of this millennium. There was week health system as the infrastructure deteriorated due to lack of investment, poor remuneration of health workers, shortage of essential supplies and commodities that led to the near collapse of the health sector in the late 2008 and early 2009. The Ministry of Health and Child Care strategy is being guided by the 2009-2013 National Health Strategy that has been extended to 2015 to coincide with the ICPD and MDGs. The MMR in Zimbabwe has deteriorated significantly over the past 20 years and is 570 which are much higher than the MDG target for Zimbabwe. Zimbabwe has been most severely affected by the pandemic and HIV was involved in 30–40% of maternal deaths. The infant and under-5 mortality rate is 64 and 84 per 1000 live births respectively. The proportion of births attended by skilled health workers at 69%. The contraceptive prevalence rate increased to 59% and the unmet need for family planning is 13%. The fertility rate has gradually declined to 3.6.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Support in organising study tour to learn from China on how to strengthen health system for ensuring quality healthcare in Zimbabwe • Assist in partnership with China and India for technical cooperation in the area of reproductive health, population and development.
Knowledge Sharing and Technical Cooperation	• Need to be explored
Partnership and Technical cooperation in commodity supply	• Support from China on Technology and commodity assistance to access and increase affordability of RH/FP services in the country. • Assist in learning from successful experiences for translating international commitments or declaration into n ational action plans for successful achievement of commitment or Goals at the country level. • Support to arrange a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order ensure affordability and accessibility of RH/FP commodity to all segment of the population of PPD MCs by 2030.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Zimbabwe	
Total Population (2014)	13,771,721
Birth Rate in thousands (2014)	32.47
Death rate in thousands (2014)	10.62
Infant mortality rate per 1000 live births(2014)	26.55
Age Structure 15-24 yrs	22.1%
Pop 60^{+}	6%
Life expectancy at birth (2014)	55.68 years
Neonatal Mortality Rate per thousand live births (2015)	24
Under 5 mortality rate per thousand live births (2014)	71
Maternal Mortality per 100,000 live births (2010)	570
Sex Ratio (2014)	0.95 male(s)/female
% DTP3 Immunization coverage among 1-year olds (2014)	91%
Births attended by skilled health skilled workers	66
Total Expenditure oh Health as % of GDP (2011-2015)	5.2
Gender Related Development Index	0.582645
CPR (2011)	65%
TFR (2010)	2.2%
Unmet need for family planning (2006)	12.8%

BANGLADESH: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Bangladesh has achieved MDG target 4 and 5 by reducing MMR to 155 and child mortality to 45 which was 322 and 155 respectively. Immunization rate was less than 2% in early 70's now it is over 85%. Bangladesh has reduced TFR to 2.3 which were 6.3 in early 80's; CPR is around 62% and unmet need is 12%. Due to multi-sector improvement, quality of life has improved as such longevity stands at 70 years from 50 years in early 80s. Despite these achievements Bangladesh has challenges in regard to early marriage, 66% of girls get marry before they reach to 18.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Assistance needed from China to learn Good Practices in providing RH care services and community clinics for elderly population care
Knowledge Sharing and Technical Cooperation	• Learning from other countries to reduce early marriage. •
Partnership and Technical cooperation in commodity supply	• Support needed from any MCs to ensure affordable and accessible long acting methods of Family Planning. • Assistance needed from any MCs in supply lifesaving commodities for reducing maternal mortality.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Bangladesh	
Total population (2014)	166,280,712
Birth Rate in thousand (2014)	21.61
Death rate in thousand (2014)	5.64
Infant mortality rate per thousand live births(2014)	45.67
Age Structure 15-24 yrs Pop 60^{+}	 19% 8%
Life expectancy at birth (2014)	70.65
Neonatal Mortality Rate per thousand live births (2015)	23
Under 5 mortality rate per thousand live births (2014)	38
Maternal Mortality per 100,000 live births (2014)	170
Sex Ratio (2014)	0.95 m/f
% DTP3 Immunization coverage among 1-year olds (2014)	93%
Births attended by skilled health workers	34%
Total Expenditure on Health as % of GDP (2011-2015)	3.7%
Gender Related Development Index	0.549841
CPR (2014)	62.4%
TFR (2010)	2.2
Unmet need for family planning (2014)	12

YEMEN: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Despite the significant progress Yemen has made in expanding and improving its health care system over the past decade, the system remains underdeveloped. The healthcare in Yemen is very poor, which is why there is a very small population of elderly, people of age above sixty are 8.9%. Life Expectancy at Birth in Yemen gained 9 years from the period 1980-1985 to the period 2005-2010, increasing from 53.0 years to 64 years. The Infant Mortality Rate of the Yemeni Population was estimated at 117 infant deaths per 1,000 live births in 1980-1985 and decreased to 50.41 infant deaths per 1,000 live births in 2005-2010. Sex ratio shows 1.03 male per female. Contraceptive prevalence rate is 28 and total fertility rate is 5.2. The maternal mortality rate per 100,000 live births is 200. The demographics of the country show wide regional variation.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Technical assistance needed from any **MCs** in developing national population policy and action plan for the next 5 years, in light of national, regional and international vision, plans and objectives beyond 2015. • Lessons learning from **Tunisia and Bangladesh** in field of RH and FP program implementation, from **Egypt** in Population policy and planning and from **Indonesia** in the field of Social mobilization, population and RH advocacy and from **China** in the field of ageing people. • Lessons learning from **Tunisia** about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. • Assistance needed from any MCs to review and update of National Population Policy to meet the current national and international requirement.
Knowledge Sharing and Technical Cooperation	Need to be explored
Partnership and Technical cooperation in commodity supply	• Technical assistance from any **MCs** in field of designing and updating Population, RH ageing people policy and programming and in field of implementation, following up and evaluation of the population projects. • Assistance from **China** for transferring technology (IT software for procurement and supply chain management, warehouse systems requirement) in the area of reproductive health, population and development..
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health Indicators of Yemen	
Total population (2014)	26,052,966
Birth Rate in thousand (2014)	31.02
Death rate in thousand (2014)	6.45
Infant mortality rate per thousand live births(2014)	50.41
Age Structure 15-24 yrs	21.1%
Pop 60^{+}	8.9%
Life expectancy at birth (2014)	64.83
Neonatal Mortality Rate per thousand live births (2015)	22
Under 5 mortality rate per thousand live births (2014)	42
Maternal Mortality per 100,000 live births (2010)	200
Sex Ratio (2014)	1.03 m/f
% DTP3 Immunization coverage among 1-year olds (2014)	88%
Births attended by skilled health workers	89%
Total Expenditure on Health as % of GDP (2011-2015)	5.4
Gender Related Development Index	0.769489
CPR (2011)	28
TFR (2010)	5.2
Unmet need for family planning (2006)	38.6

INDONESIA: Needs and opportunities (2015–19)

Country situation in RH, Population and Development

Government of Indonesia views the implementation of Indonesia Technical Cooperation Program (ITCP) has run more effectively and efficiently both for Indonesia and the recipient countries. In order to enhance the program, the Government of Indonesia has included the ITCP in the 5 years National Development Plan 2015-2019. This may increase the budget for national capacity building programs related with ITCP. However, the implementation of ITCP still hampered by several problems such as the limited qualified human resources. Yet, the secure budget allocation for capacity building programs is also still limited. Meanwhile, there is a declining trend of financial assistance gained from development partners. Following to this, support from PPD through triangular cooperation for enhancing human resources to improve the implementation of TCTs will be very much strategic and important.

Example of activities benefitted through SSC

Strategic priority Area	Country specific Activity 2015-2016
Capacity Development	• Need to be explored
Knowledge Sharing and Technical Cooperation	• Attending advance training • Supporting the potential funding from development partners to attend advance training in Indonesia. Supporting in organizing the advance training on contraceptives
Partnership and Technical cooperation in commodity supply	• Assist in establishing joint venture for ensuring affordable and accessible contraceptives to all segments of population.
Advocacy and inter-ministerial consultation	• Need to be explored
Health and population diplomacy	• Need to be explored

Current Health indicators of Indonesia	
Total population	237.641.326 (2010)
Birth Rate in thousands	17.9 (2010)
Death rate in thousands	
Infant mortality rate per 1000 live births	32 (IDHS 2012)
Age Structure 15-24 60+	
Life expectancy at birth	70.7 (SP 2010)
Neonatal Mortality Rate per 1000 live births	19 (IDHS 2012)
Infant Mortality Rate per 1000 live births	32 (IDHS 2012)
Under 5 mortality rate per 1000 live births	40 (IDHS 2012)
Maternal Mortality per 100,000 live births	359 (IDHS 2012)
Sex Ratio	101 (SP 2010)
% DTP3 Immunization coverage among 1-year olds	36.8 (IDHS 2012) all basic vaccinations
Births attended by skilled health workers	91.36 % (Indonesian Health Ministry, 2015)
Total Expenditure on Health as % of GDP	Average expenditure per capita in a month in health care costs (IDR.25.520) Indonesian Statistic 2014
Gender Related Development Index	68.52 (Human Development Based on Gender Book, 2013)
CPR	IDHS 2012 : 62
Unmet need in FP	IDHS 2012 (11,4%)
TFR	IDHS= 2.6

Part C

Annex

Annex 1: List of Good Practices among MCs in the field of RH, Population and Development

SL	Member Country	Shared Good Practices
1	**Egypt**	• Contribution of community health workers in raising awareness among household women during home visits. • Integration of RH/FP services within the basic benefit package. • Mobile clinics to improve the access to FP &RH services in all deprived and slum areas.
2	**The Gambia**	• Gambia has the strength of sharing experiences in adapting an integrated approach for the provision of SRH and FP service at all levels. • Gambia has excellent structures established for effective programme coordination.
3	**Ghana**	• Ghana has the Good Practices of "Population Integration Modules" which was documented by PPD in the publication "Sharing Innovative Experiences", Vol. 19). • Other Good Practices include the following: - Community Health Planning System (CHPS). - National Health Insurance System (NHIS) (Government has accepted in principle the inclusion of family planning in the NHIS benefits package).
4	**Kenya**	• "Tupange Project" – an initiative to increase the use of modern contraceptives among the urban population in Kenya, specifically among the marginalized poor, by 20% points –ensures that all sectors of life have access to family planning information. • Successful development and implementation of "Population Policy". • Advocating for support of Population and RH/FP by Country Governments. • Coordinating with the media and capacity building of journalists to report factually on Population issues. • Lobbying with Members of Parliament to support FP.
6	**Mexico**	• National Strategy to prevent teenage pregnancy. It is a strategy that has been implemented in cooperation with other government agencies. • Population Council of Mexico has been a model for other countries.
7	**Nigeria**	• "Rural Posting Scheme for Nurses and Midwives" in order that maternal and child health services are also made available at rural health facilities where over 70% of the Nigerian population reside . • With the shortage of doctors and nurses/midwives, "Adoption of Task Shifting Policy" reassigns clinical roles by shifting tasks to different cadres of health workers such as the Community Health Extension Workers (CHEWs)/nurses to become involved in prescribing drugs to a particular group of patients and provide injectable contraceptives, etc. This offers high-quality care to patients while expanding access to care.
8	**Pakistan**	• "Supply Chain Management System" for contraceptives and medicines and the "Logistics Management Information System" recently developed in Pakistan through USAID support is reportedly the best in Asia. There has been a tremendous improvement in the Health Service Sector in Pakistan.
9	**South Africa**	• Adolescent Friendly Clinic initiative • Love Life • ASRHR Framework Strategy
10	**Thailand**	• Program on Family Planning and Prevention of Mother-to-Child Transmission (PMTCT) of HIV implemented programs.
11	**Tunisia**	• Implementation of RH strategies according to the specific needs of population and development. • Mobile RH/FP service delivery reaching rural population and remote areas. • Management of RH programs at central and regional level (to ensure universal access to quality RH services).

SL	Member Country	Shared Good Practices
		• Implementation of advocacy, communication and education activities and production of related tools and educational materials. • Training guidelines and experiences in the field of SRH. • SRH for adolescents and young people (the youth friendly centers). • Implementation of programs and projects to fight gender based violence.
12	**Uganda**	• Government of Uganda and United Nations Joint Programmes on Population and Development (JPP) and on Gender (JPG) have been instrumental in defining how effectively joint programmes can contribute to the delivery of services and increasing coverage without duplication of resources. • Supporting districts to integrate population issues in development planning has resulted in a POPDEV manual for monitoring and evaluating effects of the task. • Task sharing family planning from high level cadres to lower level cadres to increase the provision of services, especially in hard to reach districts. A policy that supports clinical officers' capacity to provide surgical family planning and community health workers to provide injectable depo Provera were developed and are being implemented. These have contributed to increased contraceptive prevalence. • Engaging Members of Parliament and leaders (district, religious, cultural, the First Lady of Uganda, etc.) at different levels as population and reproductive health champions have boosted advocacy and contributed to increased financial resources for national and district programmes. • Integrating population issues in the Local Government Assessment Manual has enhanced, within the local governments allocation of resources for population and development issues. • Developing harmonized data base at the lower local governments (districts) provides evidence base for planning and decision making and has been a key aspect in the allocation of resources in the Budget Framework conferences. • Advocacy for the re-introduction of vertical midwifery bonding training programs; a robust strategy that will improve the quality and quantity of midwives in hard to reach districts and subsequently increase institutional deliveries. • Ensuring adequate midwifery staffing in health facilities, institutionalizing maternal and peri-natal death review and social accountability and improving capacity of facilities to offer emergency obstetric care are the key results areas.
13	**Vietnam**	• Integration of population issues into the national socio-economic development plan. • Participation of a contingent of population and health workers from central down to grassroots levels to bring about the great contribution to the success of the population and family planning program over the years in Vietnam.
14	**Yemen**	• Republic of Yemen has good experience in the field of Population Planning and Programming ; it has adopted the National Population Policy and RH programs since more than twenty years.
16	**India**	• Almost 400% increase in federal funding and stepped up investment in health systems to improve maternal and child health. • Janani Suraksha Yojana (JSY), world's largest conditional cash transfer scheme provides financial incentives for institutional deliveries both to pregnant women and to ASHA (Accredited Social Health Activists). This program guarantees every woman delivering in a public health institution absolutely free and cashless services that include free drugs, diagnostics diet and to and fro transport. • Introduction of a name, telephone, address based web enabled system to track every pregnant woman and child in order to ensure and monitor timely and quality services to them including ANC, JSY benefit, Immunization, etc. Dedicated Maternal and Child Health (MCH) Wings have been established at high caseload facilities to improve the quality of care provided to mothers and children. • Increasing access to sexual and reproductive health information, supplies and services. • Recognition of women's rights to exercise their bodily autonomy and integrity through the Medical Termination of Pregnancy Act of 1971. India has now repositioned Medical Termination of Pregnancy (MTP) as Comprehensive Abortion Care (CAC) making it a holistic service with pre- and post-abortion care and counseling in addition to clinical procedures. • Gender biased cultural practices that result in adverse sex ratio remains a matter of continuing concern. India is committed to the effective implementation of laws and policy measures to reverse the adverse sex ratio and we have noted, with some satisfaction, progress in some areas where the problem was most acute.

SL	Member Country	Shared Good Practices
		• RKSK, a rights-based, non-discriminatory, adolescent-friendly programme that reaches out to all adolescents – urban, rural, in communities and in school to address the needs of adolescents – with information, counseling, commodities and services. • Stringent measures are being taken to combat crimes against women. The Criminal Law (Amendment) Act 2013 broadens the definition of rape and criminalizes a greater set of violations including stalking, voyeurism, acid attacks and human trafficking. • Development and implementation of Guidelines and Protocols for Medico-Legal Care for Survivors of Sexual Violence. • Formation of National Steering Committee on FP2020 under chairmanship of AS&MD comprising of all RMNCH+A donor partners, GoI representatives and NGOs working in the field of FP and will be meeting once a year. • Formation of India FP 2020 Country Coordination Committee under the chairmanship of JS (RCH). This committee comprising BMGF, USAID, UNFPA & DFID meet biannually. • Formulation of National and State Roadmaps detailing the FP projections till 2020 along with the training and commodity calculation for each state. • Formulation of district action plans. • Establishment of fixed day static centers for FP services, operationalizing delivery points for PPFP services and increasing NSV service.
17	**Bangladesh**	• Community Clinics. • Coordination among government, civil society organizations and faith based organizations for improvement of voluntary Family Planning. • Legalization of MR as an alternative for safe abortion services. • Life saving skill building for adolescents.
18	**Indonesia**	• Advance training on empowering women through Family Planning and Economic Development Interventions • Advance training on Strategic Partnership with Muslim Religious Leaders (MRLs) in Family Planning. • Developing Center of Excellence on Rights Based Comprehensive Family Planning Training. • Advance training on decentralization of family planning program and health system.

Annex # 2 : MC's preferred common needs

SL	Areas of Strategic Intervention	Required Common Needs and Opportunities
1	**Capacity Building and technical cooperation**	• Capacity building of young professionals and policy makers in rights and evidence based approach to reproductive and sexual health and care. • Professional training on community participation, empowering NGOs and partnership towards effective reproductive health care services. • Training of young professionals – doctors and nurses – and policy makers in strategic planning, management, policy analysis, advocacy for youth, demographic and statistics, program implementation and coordination and M&E, statistical data analysis, education on population issues, information models/sexual health campaigns, population and policy trainings, skills in RH/PPD service provision in the field of social and demographic research, on the provision of SRH, on advocacy and IEC. This would include young professionals from South Africa on 'Population Policy Analysis', from China on 'Data Management, Analysis and Utilization', from India, Tunisia, China , Indonesia on 'FP/RH skills'. . 1. Training of health personnel in supply chain management. 2. Training of contraceptive technology and providers. 3. Capacity building to provide RH services in rights-based approach. 4. Research management, operations research in RH/FP.Training and Communications skills. 5. Capacity building of young professionals and policy makers in the field of project management and implementation and research. 6. Offering scholarships, fellowships, short training course and study visit among PPD member countries and other partners. 7. Training in field of designing, planning, following-up of implementation of population projects.
2	**Partnership and Technical cooperation in technology and commodity support**	1. Arranging a **"Pool procurement"** system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of RH/FP commodity to all segments of the population of PPD MCs by 2030. 2. Ensuring quality of data and reporting in IT software. 3. Developing monitoring tools for implementation of national and international commitment towards RH, population and development.
3	**Advocacy and inter-ministerial consultation**	1. Hosting consultative meeting or international conference jointly with any other PPD MCs. 2. MCs to attend consultation, conference, seminar/meeting/ workshop on contraceptive technology 3. Conducting high level meetings in each country to promote SSC in the context of SDGs. 4. SMCs to conduct international dialogue with stakeholders on population and development matters. 5. MCs to host consultative meetings/international conferences jointly with other PPD MCs. 6. MCs to participate in global level advocacy for additional budget as well as domestic budget for RH program.
4	**Knowledge Management and technical cooperation**	1. Documenting and sharing good practices in task shifting. 2. Documenting and sharing of country Good Practices. 3. Organising study tours in PPD MCs to learn lessons from the Countries. 4. Promoting dissemination of resources and materials. 5. Learning lessons from integration of population into other social and developmental programs. 6. Promoting ASRHR Framework Strategy.
5	**Partnership, health and population diplomacy**	1. Building Partnership with international agencies/groups/countries to host any consultative side event during the UNGA/WHA

SL	Areas of Strategic Intervention	Required Common Needs and Opportunities
		2. Support to MCs to participate during formulation of the agenda for UN General Assembly, UNCPD and other meetings and the expected recommendation in order to advocate for regional or global issues related to RH, Population and Development. **3.** Organizing MC bilateral meetings that could be used to advocate for RH, Population and development issues in Africa by utilizing other platforms like **AU and ESCAP** **4.** Organizing advocacy meetings using the PPD observer offices to lobby for more funds for national population and development programs 5. Organizing working session between the permanent office of PPD in New York and the Board Members and the PCCs 6. Organizing meeting between representatives of PPD member countries and platforms like AU and ESCAP to advocate for regional or global issues related to RH, population and development. 7. MCs in utilizing the PPD diplomatic office in NY, and Geneva during the UNGA and WHA for capacity building for national RH/PPD implementers on advocacy and diplomatic skills and participation of country representatives. 8. Organizing country level meetings with UN and UNFPA on the issues related to RH, population and development. 9. Member Country to attend meeting in New York with diplomatic offices of PPD MCs and other developing countries and developed countries on RH, Population and Development issues like Ageing and Migration

Annex 3: MC's preferred specific needs

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
1	**Egypt**	1. Signing agreement with **China** in training and procurement of long acting contraceptives. 2. Technical cooperation from **China and Tunisia** to strengthen national policy formulation and program implementation in order to ensure quality health care in Egypt. 3. Technical cooperation towards implementation of **Task shifting of nurses/doctors** initiatives	1. Organising study tour to learn from **Thailand** to promote RH population and development initiatives. 2. Organising study tour to learn successful experiences from Japan, China, South Korea and North African countries and any other PPD country for translating international commitments or declaration into national action plans for successful achievement at national level. 3. Learning from PPD member country in **postpartum and post abortion family planning** initiatives from any PPD country. 4. Learning from **community-Based Family Planning Services** initiative.	**1.** Transferring technology from any PPD country to improve effective services related to reproductive health, population and development.
2	**Gambia**	1. Health system strengthening and building institutional and individual capacities in data management and coordination in Ghana	**1.** Organising study tour to learn lessons on strengthening of health systems in the provision of Emergency Medical and Obstetric Care (EMOC) service from **Bangladesh and India.** **2.** Learning from successful experiences to translate international commitments or Declaration into national action plans for successful achievement of commitment or Goals at the country level.	
3	**Ghana**	1. Making an agreement with China Population and Development Research Centre for technical cooperation in the area of reproductive health, population and development.	1. Area of capacity building and **study tours** on family planning/reproductive health (skills building and technology) and population and development (integration of population into development planning, data analysis and utilisation). 2. Organising study tours to learn from **Uganda and India** for effective	

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
			implementation, coordination and monitoring of the Ghana Costed Implementation Plan for Family Planning. 3. Organising study tour to learn from **Kenya, South Africa, Tunisia and Indonesia to** strengthen Population Policy Formulation and Implementation and Coordination. 4. Organising study tour to learn from China on data management, analysis and utilization to strengthen health systems in Ghana 5. Organising study tour to learn from **Tunisia and South Africa** to mobilise resources and to integrate SSC for RH, population and development into the domestic policies, programs and budgets.	
4	**Kenya**	1. Setting up with **China** a Population Centre in Kenya to build regional Capacity in the use of PADIS to project population trends. 2. China to build capacity of officials on successful implementation of programs. 3. Organising study tour to learn from **South Africa** to strengthen policy implementation and analysis. 4. Learning from PPD MCs through study tour to implement effective project in RH, Maternal Health, Child Health and Adolescent Health services at national level.	1. Organising study tour to learn from **Indonesia and India** on how to successfully implement FP programs at lower (rural) levels. 2. Organising study tour to learn from **Tunisia and Uganda** about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. 3. Organising study tour to learn from Uganda and Rwanda on how to translate international commitments or Declaration into national action plans for successful achievement of commitment or Goals at the country level.	1. Making the provision of RH Commodities and quality equipment to ensure commodity security and affordable equipment in order to improve RH, FP services in Kenya 2. Arranging a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order ensure affordability and accessibility of RH/FP commodity to all segment of the population of PPD MCs by 2030.
5	**Mali**	1. Learning from **MCs** for advocacy and dissemination of legal texts in the field of RH. 2. Organising study tour to learn from **Tunisia and China** on Maternal and Child Health,		1. Ensuring availability of **Family Planning commodities** and equipment and materials (insertion and removal of implants) in order ensure effective services.

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
		Policy for the advancement of Women, Population Policy. 3. Organising study tour to learn from **China, India and Tunisia** about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. 4. Learning from any successful experience in PPD countries towards **translating international commitments or Declaration** into national action plans for successful achievement of commitment or Goals at the country level.		
6	**Mexico**		**1.** Learning from MCs on topics such as **aging, prevention of teenage pregnancy, sexual and reproductive**	
7	**Nigeria**	1. Conducting study tours to any PPD MC of policy makers and program implementers to understand the policy and program development and implementation in countries with successful RH/PPD programs. 2. Learning from any MC about the plan and programs towards improvement of RH, population and development.	1. Organising study tour to learn from experience of **South Korea** regarding Family Planning, Maternal and Child Health, Effective management of Ageing program. 2. Learning lessons from **USA, Japan, Canada** on mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. 3. Learning lessons from any **PPD member country** with successful history of implementation of s**trategies for ensuring sustained funding of RH/PPD programs**, on updated techniques from research & experiences from the field on improving in RH/PPD program implementation in the country. 4. Learning from any other PPD country about successful experiences for translating international commitments or declaration into national action plans for successful	1. Learning from MCs on improving **supply chain management with provision of technical and financial support for procuring family planning and maternal drugs.** 2. Assist in **Pool procurement** of any reproductive health/FP commodity through PPD.

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
			achievement of commitment or goals at the country level.	
8	**Pakistan**		1. Learning from the experiences/Good Practices of Iran and Egypt on involvement of religious scholars for FP/RH agenda. 2. Organising study tour to learn from **China, Indonesia** on Contraceptives; from Iran, Egypt, Turkey on Involvement of Religious Scholars; from Bangladesh on inter personal communication (IPC) and Behavior Change and Communication (BCC).	1. Establishing a Joint Venture with China and Indonesia for ensuring affordable and accessible contraceptives to all segments of the population in Pakistan. 2. Arranging a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of RH/FP commodity to all segments of the population of PPD MCs by 2030.
9	**Thailand**	1. Organizing study tour to learn from **the experiences of China and Indonesia** on National Family Planning and Population and development policy	1. Learning from the MCs on Teenage Pregnancy Prevention and Sexual Education. 2. Organising study tour to learn from **China** about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets. 3. Learning from any other PPD country about successful experiences for **translating international commitments or declaration into national action plans** for successful achievement of commitment or Goals at the country level.	
10	**Tunisia**	Organizing training programs in **CTC/China** for professionals of Tunisia in RH, Population and Development.	Ensuring availability of list of experts and sources of expertise in Thailand for Development (documents).	1. Ensuring access and affordability of RH commodities from any PPD MCs. 2. Arranging a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of RH/FP commodity to all segments of the population of PPD MCs by 2030. 3. PPD seeking firm commitments from Governments to go for **pool procurement**

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
				as national laws and regulations are very strict on these issues.
11	**Uganda**	1. Organising study tour/exchange visit to learn from better performing countries that will provide the opportunity for Uganda to implement her policies and action plans better especially in reference to National Health Insurance.		**1.** Ensuring from China access and affordability of RH commodities from any PPD MCs since Uganda still experiences stock outs of essential lifesaving commodities.
12	**Vietnam**	1. Organising study tour to gain knowledge and from China in terms of Policy and distribution system of reproductive Health commodities, Contraceptives Supply Administration, Strengthening Leadership 2. Organising study tour to China, Thailand, Indonesia, India, South Africa and Egypt to learn about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets.	1. Sharing of know-how on population database system.	1. MCs to regularly supply contraceptive commodities. 2. Organising study tour to learn Management Capacity building from Thailand on commodity security and from India on MIS. 3. Organising study tour to learn from Assistance from Japan, Israel and South Korea in response to population aging issues. 4. Arranging a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of RH/FP commodity to all segments of the population of PPD MCs by 2030
13	**Zimbabwe**	1. Organising study tour to China to learn how to strengthen health system for ensuring quality healthcare in Zimbabwe. 2. Partnership with **China and India** for technical cooperation in the area of reproductive health, population and development.	1. Accessing and increasing affordability from **China** on technology and commodity assistance for RH/FP services in the country. 2. Learning from successful experiences and translating international commitments or declaration into national action plans for successful achievement of commitment or Goals at the country level. 3. Arranging a "Pool procurement" system among the PPD countries for any reproductive health/FP commodity in order to ensure affordability and accessibility of	

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
			RH/FP commodity to all segments of the population of PPD MCs by 2030.	
14	**South Africa**	1. Supporting to implemnt ASRHR Framework Strategy		
15	**Yemen**	1. Techncial assistance from any **MCs** in developing national population policy and action plan for the next 5 years, in light of national, regional and international vision, plans and objectives beyond 2015. 2. Learning from **Tunisia and Bangladesh** in the field of RH and FP program implementation, from **Egypt** in Population policy and learning and from **Indonesia** in the field of Social mobilization, population and RH advocacy and from **China** in the field of ageing people. 3. Learning from **Tunisia** about mobilising resources and integrating SSC for RH, population and development in domestic policies, programs and budgets. 4. Reviewing and updating National Population Policy by MCs to meet the current national and international requirements. 5. Resource mobilization from MCs for Population and RH/FP programs.		1. Technical assistance from any **MCs** in the field of designing and updating Population, RH; ageing people policy and programming and in the field of implementation, follow up and evaluation of the population projects. 1. Technical cooperation from any MCs in the area of reproductive health, population and development. 2. Transferring technology (IT software for procurement and supply chain management, warehouse systems requirement) from China in the area of reproductive health, population and development.
16	**India**	1. Contact building and advocacy with other non-governement stakeholders from PPD Secretariat and other offices 2. Organising study and exchange visits to provide opportunity for skill transfers.		**1.** Support for manufacturing and supplying generic drugs that are essential lifesaving commodities, as well as technological and commodities transfer of RH commodities.
17	**Bangladesh**	1. Support needed from **China** to learn Good Practices to provide RH care services and community clinics for elderly population care.	1. Learning from other countries to reduce early marriage.	1. Ensuring affordable and accessible long acting methods of Family Planning from any MCs. 2. Supplying life saving commodities for reducing maternal mortality from any MCs.

SL	Country	Capacity Development and Technical Cooperation	Knowledge Sharing and Technical Cooperation	Partnership and Technical cooperation in technology and commodity supply
18	**Indonesia**		1. Attending advance training 2. Supporting the potential funding from development partners to attend advance training in Indonesia. 3. Supporting in organizing the advance training on contraceptives	1. Assist in establishing joint venture for ensuring affordable and accessible contraceptives to all segments of population.

Annex # 4: Assessment on Opportunities and Needs for South-South Partnership among PPD Member Countries

Background and Introduction: *The idea of South-South Cooperation (SSC) occupies today a dominant place in the international development discourse. This idea appeals as an indispensable means of international development cooperation, offering viable opportunities for developing countries. The opportunities for South-South Cooperation are growing due to the growing prosperity of southern countries that enable an increasing number of countries to engage in cooperation and extend their provision of development assistance.*

The raison *d'être* and the *critical mandate of PPD are to promote South-South Inter-Governmental Partnership in the field of Reproductive Health (RH), Population and Development. During the process of developing the PPD strategic plan (2015–19) it has become apparent that there is limited existence of data to understand and respond to the Opportunities and Needs for South-South Partnership among PPD member countries.*

This assessment questionnaire, developed to collect information and data on ***'Opportunities and Needs for South-South Partnership'*** *among the PPD member countries, is now being shared with the Partner Country Coordinators (PCCs). This assessment is done in line with the PPD's Strategic Plan 2015–19, that was approved by the 26th Executive Committee meeting, held in Beijing in March 2015.*

The questionnaire is divided into 2 sections, namely:

a) *Country Opportunity and action plan 2015–19*
b) *Country Needs.*

The report of the assessment findings will be shared during the 20–23 November 2015 PPD annual meetings to be held from in Bangladesh. This sharing of the report will help to promote, advocate and seek guidance from the PPD Governance Board on how to enhance the capacity of the PPD member countries in order to promote South-South Cooperation in the areas of SRH, Population and Development. The report will also serve as a reference for PPD's 5 years action plan for the period 2015–19.

Kindly fill in and return the completed questionnaire by 15 September to the PPD Secretariat by e-mail to: nislam@ppdsec.org Attention of the Program Manager, Dr Nazrul Islam.

For any further clarification please contact Dr Nazrul Islam or the PPD Executive Director.

Thank you for your cooperation.

Dr Joe Thomas
Executive Director, Partners in Population and Development (PPD)

An Assessment on Opportunities and Needs for South-South Partnership among PPD Member Countries

SECTION A: OPPORTUNITIES AND ACTION PLAN

Name of the country: ……

Name of the Ministry and Department: ……

A. Country Opportunity and Plan for SSC for the next 5 years

1. How important is the South-South Cooperation (SSC) Strategy in your country to promote national policies and programs in the field of Reproductive Health (RH), Population and Development?

   ……

   ……..

2. Enlist the key opportunities that PPD as an inter-governmental organisation in the field of (RH), Population and Development can offer to promote SSC?

   ……

   ……

3. Is there a specific agenda your country has to promote SSC in the field of RH, Population and Development?
   ……

   ……..

4. Is there an initiative in your country that has been successful or demonstrated as Good Practices in the areas of RH, Population and Development? If yes, can it be shared with other PPD member countries?

   ……

……..

5. In the past 5 years has your country provided support or had an opportunity to support another PPD member country to strengthen its national policy and programs in the areas of Reproductive Health (RH), Population and Development? Please specify/tick mark the areas of support/opportunities from the following table?

SL	*PPD Strategic Plan, SSC Strategic Intervention Areas*	*Opportunity provided in the specific areas related to RH, Population and Development*	*Put a tick (√) mark*	*Other comments*
5.1	Knowledge management	Documentation & Exchanging Good Practices/experiences		
		Data, and evidence sharing & dissemination		
		Supporting study tour for experience sharing		
		Facilitating technical consultation		
		Joint research/studies with Partner Institutions		
		Providing support & knowledge exchange in RH, Population and development related National Surveys (population census, DHS, impact evaluation, cost analysis models, gender equality and women empowerment accountability models and budgeting, etc.		
5.2	Capacity development & technical cooperation	Providing Scholarships for professional development & building local capacity in alliance countries		
		Facilitating training for senior officials of Member Countries (MCs)		
		Providing technical support for institutional capacity building		
		Providing RH/FP commodity support		

SL	*PPD Strategic Plan, SSC Strategic Intervention Areas*	*Opportunity provided in the specific areas related to RH, Population and Development*	*Put a tick (√) mark*	*Other comments*
		Providing technology, capacity transfer & support (instruments, medical equipment and tools, etc.)		
		Facilitating technology support (IT software for procurement and supply chain management, warehouse & stores systems management)		
5.3	Advocacy & policy development	Hosting/supporting of regional or international policy dialogue/conference		
		Hosting regional/international seminar/workshops		
		Hosting regional parliamentarian meeting/dialogue		
		Facilitate combined/joint South-South Cooperation statement during United Nations General Assembly (UNGA), World Health Assembly (WHA), BRICS summit and African Union (AU)		
		Advocacy with regional and global stakeholders for supporting of SSC (donors, private sector and philanthropists, civil society, academia, research institutions)		
5.4	Partnerships and relationships	Facilitating joint/triangular cooperation for joint initiatives & project implementation in a PPD country		
		Facilitating joint/triangular cooperation for capacity building program in a PPD member state		
		Facilitating joint project bidding at the global level		
		Contributing resources and technical assistance to PPD for strengthening SSC		
		Creating a trust fund for SSC		
		Facilitating partnership for pool procurement of commodity		
		Promoting PPD at regional/global events (BRICS, UNGA, WHA) and regional economic networks		
		Facilitating resources from southern based private sector and philanthropists		
		Promoting/Facilitating collaborations with national and regional research and academia training institutions		
		Promoting/Facilitating partnerships for SSC between the public and civil society sector		

SL	*PPD Strategic Plan, SSC Strategic Intervention Areas*	*Opportunity provided in the specific areas related to RH, Population and Development*	*Put a tick (√) mark*	*Other comments*
5.5	Global health and population diplomacy	Facilitating advocacy support for global negotiation on RH, population and development through PPD permanent observer office at UN Head Quarters and PPD's countries Ambassador to UN		
		Contributing to global health and population dialogue through strategic support to global Commissions and working groups like global commission on aging		
		Facilitating advocacy support for global negotiation on RH, Population and Development through foreign policies of emerging economies like BRICS		
		Advocacy through regional economic networks and sector ministries for addressing common cross boarder and regional RH, population and development issues (migration, epidemics, refugees, etc.)		

6. What are your country's plans for the next 5 years to implement PPD's strategic plan 2015–19 and to strengthen SSC at the country level? Please specify your activities and time line against each SSC strategic intervention area.

	SP SSC Strategic Intervention Areas	Name of Activities	Timeline	Projected budget *(if information available)*
6.1	Knowledge management	1. …… 2. …… 3……		
6.2	Capacity development & technical cooperation	1. …… 2. …… 3……		
6.3	Advocacy & policy development	1. …… 2. ……		

		3……		
6.4	Partnerships & relationships	1. …… 2. …… 3……		
6.5	Global health & population diplomacy	1. …… 2. …… 3……		

SECTION B: COUNTRY NEEDS

7. Is your country in particular need of specific assistance from any PPD alliance member country? If yes, please specify the areas and how these can be facilitated by PPD?

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8. Does your country have any specific proposal for getting assistance/support from another PPD member country? Please specify details.
   1. ……..
   2. ……
   3. ……..

9. What are your country's specific needs with particular focus on the PPD Strategic Plan (SP) and strategic results for the period 2015–19 to a) ensure universal access to reproductive health care and services; b) integrate population dynamics in development planning at national, regional and international levels; c) advance gender equality and the empowerment of women and girls

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	SP SSC Strategic Intervention Areas	Name of Activities	Timeline	Projected budget *(if information available)*
9.1	Knowledge management	1. …… 2. …… 3……		
9.2	Capacity development & technical cooperation	1. …… 2. …… 3……		
9.3	Advocacy & policy development	1. …… 2. …… 3……		
9.4	Partnerships & relationships	1. …… 2. …… 3……		

9.5	Global health & population diplomacy	1. …… 2. …… 3……		

10. What are your country's key **needs** in the field of RH, Population and Development where would PPD's assistance be relevant?

SL	*Name of Strategic Intervention Areas of SSC*	*Name of needs in the specific areas related to RH, population and development*	*Pls provide your answer*
10.1	Knowledge management	10.1.1 What are the most valuable lessons you have received from PPD MCs in the past 5 years.	
		10.1.2 Does your country want to learn lessons from a successful policy or program implementation? What are the lessons (please specify) and from which country? What assistance do you want from any other country?	
		10.1.3 Are you aware of any PPD member countries having success in policy formulation or program implementation that you would like to learn from? What assistance do you want from other country? Please specify the program or policy.	
		10.1.4 Is there a PPD member country you know who could offer lessons about mobilising resources and integrating SSC for RH, population and development into the domestic policies, programs and budgets?	
10.2	Capacity development & technical cooperation	10.2.1 In the past 5 years in which of the following capacity building areas has your country participated with the support from other MCs and how many delegates from your country received such opportunities? i. Professional development through Scholarships ii. Regional/international Seminar/Workshops iii. Technical consultative meeting iv. Regional or international policy dialogue v. Institutional capacity building and technical support	

SL	*Name of Strategic Intervention Areas of SSC*	*Name of needs in the specific areas related to RH, population and development*	*Pls provide your answer*
		vi. Study tours for experience sharing	
		10.2.2 Does your country need any specific training for young professionals from any other country/ Please specify what type of training and the assistance your country needs through SSC	
		10.2.3 lease mention areas in which you see the strongest need for capacity building of young professionals and policy makers in the RH Population and Development	
		10.2.4 as your country received any kind of technology capacity transfer and commodity assistance from other PPD MCs to increase access affordability of RH/FP services in the past 5 years? If yes, please specify	
		10.2.5 as your country any specific proposal for getting technology and commodity assistance from other PPD MCs to access and increase affordability of RH/FP services in your country? If yes, please specify	
		10.2.6 as your country sought or wanted to make any agreement with any other PPD MC for technical cooperation in the area of reproductive health, population and development? If yes, please specify.	
		10.2.7 as your country any proposal for getting support or assistance from any PPD country for transferring technology (IT software for procurement and supply chain management, ware house systems requirement) in the area of reproductive health, population and development? If yes please specify	
10.3	Advocacy & policy development	10.3.1 oes your country want to attend consultation, conference, seminar or meeting hosted by another PPD member country? If yes, please specify?	

SL	*Name of Strategic Intervention Areas of SSC*	*Name of needs in the specific areas related to RH, population and development*	*Pls provide your answer*
		10.3.2 oes your country want to host any consultative meeting or international conference jointly with any other PPD MCs?	
		10.3.3 oes your country have interest to host any consultative side event during the UNGA/WHA in collaboration with PPD? If yes, specify	
		10.3.4 oes your country require any assistance from any other PPD country to learn successful experiences for translating international commitments or declaration into national action plans for successful achievement of commitment or Goals at the country level	
10.4	Partnerships & relationships	10.4.1 Is your country interested in partnering with other PPD countries for a "pool procurement" of any reproductive health/FP commodity? If yes, what process can be sought for from your country like an *Expression of* Interest for pool procurement?	
		10.4.2 our country/ministry has been involved with PPD and providing necessary support for promotion of SSC in the field of RH Population and Development. What is the government mechanism followed by your country to strengthen the national political good will and commitments for SSC?	
		10.4.3 oes your country have a national task force for South-South Cooperation or equivalent national body to promote evidence based knowledge and technology transfer and peer review in the field of RH, Population and Development	
		10.4.4 s the NTF or equivalent national coordination body included in the country national plans or budget for sustaining SSC activities for RH, Population and Development?	
		10.4.5 hat success have you had with the NTF or the equivalent body in advancing SSC for RH, Population and Development?	

SL	*Name of Strategic Intervention Areas of SSC*	*Name of needs in the specific areas related to RH, population and development*	*Pls provide your answer*
		10.4.6 hat were the challenges experienced with establishing or coordinating the NTF or the equivalent body?	
		10.4.7 hat support would you expect from the PPD Secretariat and other offices in establishing and/or coordinating the NTF or the equivalent body?	
10.5	Global health and population diplomacy	10.4.8 ow can your country use the PPD diplomatic office in Geneva during the WHA meeting to advocate for regional or global issues related to RH, Population and Development?	
		10.4.9 ow can your country use PPD's permanent observer offices in New York during the UN General Assembly, UNCPD and other meetings to advocate for regional or global issues related to RH, Population and Development?	
		10.4.10 ow can your country utilize other platforms like AU and ESCAP to advocate for regional or global issues related to RH, population and development?	

11. Being an alliance member of PPD, how do you measure the success of your country's commitment for SSC activities in the field of RH population and development? Do you use any monitoring tool to ensure effectiveness of SSC?
    …….

12. What specific support do you expect from PPD Secretariat to promote South to South Cooperation in the area of sexual reproductive health and rights, family planning, population and development?

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13. Is there any other suggestion from your experience to strengthen PPD Secretariat to promote SSC in the context of SDGs?
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