



Partners In Population and Development (PPD)

An Inter-Governmental Organization
Promoting South-South Cooperation

STRATEGIC

PLAN

2020-2024





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PPD Secretariat Office Complex
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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AIIB	Asian Infrastructure Investment Bank
ARO	Africa Regional Office
BAPA	Buenos Aires Plan of Action
BRICS	Brazil, Russia, India, China and South Africa
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CPDRC	China Population and Development Research Center
EARHN	Eastern Africa Reproductive Health Network
ED	Executive Director
Exco	Executive Committee
FP	Family Planning
HIV	Human Immunodeficiency Virus
HLPF	High-level political forum
HRD	Human Resource Development
ICAAP	International Congress on AIDS in Asia and the Pacific
ICFP	International Conference on Family Planning
ICPD	International Conference on Population and Development
IIMC	International Inter-ministerial Conference
IT	Information Technology
MCs	Member Countries
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
NEAPACOH	Network of African Parliamentary Committees of Health
NGO	Non Governmental Organization
NTFs	National Taskforces

ODA	Overseas Development Assistance
PCC	Partner Country Coordinator
PIs	Partner Institutions
PMNCH	Partnership for Maternal, Newborn and Child Health
PPD	Partners in Population and Development
RH	Reproductive Health
RM	Resource Mobilization
SDGs	Sustainable Development Goal
SMART	(Action Plan) - Specific Measureable Agreed Realistic Time-bound
SP	Strategic Plan
SRHR	Sexual and Reproductive Health and Rights
SSC	South South Cooperation
SSCAF	Chinese South-South Cooperation Assistance Fund
SSTC	South-South and Triangular Cooperation
STAS	South-South Technical Advisory Services
STEP-UP	Strengthening Evidence for Programming on Unintended Pregnancy
STI	Sexually Transmitted Infections
TFR	Total Fertility Rate
UN	United Nations
UNCPD	United Nations Commission on Population and Development
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNOSSC	United Nations Office for South-South Cooperation
WHA	World Health Assembly
WHO	World Health Organization

Message from PPD Executive

Committee Members

PPD has a vision: to promote South-South cooperation for attaining the global population and reproductive health agenda for sustainable development.

PPD established with ten founding member countries in 1994 and increased its memberships successively to twenty-seven in 2019 which represent more than 60% of the world population across Asia, Africa, Middle East and Latin American regions. Gaining this vision means overcoming various critical challenges including global pandemic COVID-19 is tipping the world into a dangerously volatile new era. But we have a great hope that we live in a developing world that has sufficient resources, means, and knowledge to solve these emerging problems, our leaders find the political courage to tackle them through promoting South-South cooperation (SSC). Today more than ever, we need a healthier world that must be moment for unity, solidarity, clear thought and evidence based action in the face of what is an unprecedented global crisis.

PPD has celebrated its 25 years of long journey with the 25th anniversary of the ICPD in 2019. PPD in the framework of ICPD laid the groundwork for SSC in reproductive health, population and development. PPD has greatly succeeded in institutionalizing SSC in reproductive health, population and development. Remarkable progress has been made by member states in implementing ICPD Program of Action and millennium development goals and are looking forward to achieve sustainable Development Goals through effective and transformational South-South Cooperation. PPD Board Members have played a vital role in the governance and expansion of SSC.

Creating the global political will for promoting SSC for a positive change needs people, institutions, and partnerships working together across countries and continents, North and South, and social divides to drive change nationally and globally. Success will emerge from the cooperation and partnership of political dialogues, knowledge exchange, experience sharing, technical cooperation and capacity building that links local and national action with global change.

We the members of the PPD Executive Committee heartily welcome the Secretariat staff and PCCs for utilizing their own experience developed and published the Strategic Plan 2020-24. This Strategic Plan has set out strategic objectives, targets and key results and interventions for the next five years with the overall aim to promote SSC globally for making a noticeable contribution to ensure healthy lives and promote well-being for all at all ages. Thus, PPD's Strategic Plan 2020-24 will contribute towards the achievement of ICPD and 2030 agenda in PPD member countries and in other developing countries.

The priorities in this Strategic Plan are centered on key areas like population dynamics, demographic dividend and development: universal access to sexual and reproductive health and rights including family planning; maternal, children’s and adolescents’ health; healthy and active ageing; social cohesion of migrants and their SRHR; health, including reproductive health, and poverty alleviation; and preventing Gender-based violence. The realization of the objectives in this ambitious Strategic Plan will result in positive benefits for those members of countries and their people in general.

The PPD Executive Committee members look forward to working with the member countries’ governments, UN agencies, International Organizations, donors, relevant stakeholders and development partners in its delivery.

Members of Executive Committee

Chair: Dr. Li Bin , Secretary General of Chinese People’s Political Consultative Conference, China	Vice Chair: H.E. Mr. Harsh Vardhan , Honorable Minister, Union Ministry of Health and Family Welfare, India
Secretary: H.E. Ms. Lindiwe Zulu , MP, Minister for Social Development, South Africa	Treasurer: Dr. Habib Ghedira , President, Director-General, National Board for Family and Population, Tunisia
Member: H.E. Mr. Zahid Maleque , Minister for Health and Family Welfare, Bangladesh	Member: H.E. Professor Benjamin I. B. Hounkpatin , Minister of Health, Benin
Member: H.E. Mr. Obadiah Moyo , Minister for Health and Child Welfare, Zimbabwe	Member: Ms. Gabriela Rodríguez Ramírez , Secretary-General, CONAPO, Mexico

Message from PPD Executive Director

We are immensely delighted to have our Sixth Five-Year Strategic Plan [2020-2024] approved by the distinguished Governing Board of Partners in Population and Development (PPD) that will guide PPD program activities until the end of 2024. PPD as an international Inter-Governmental Organization (IGO) have been functioning under carefully choreographed Strategic Plans since 1995 and those are firmly anchored on its founding principles and mandates, while the organization was officially launched in 1994 during the ICPD.

The accolade we have earned for the standard of the document from national and international stakeholders and partners across the world undoubtedly demonstrated that the Secretariat is more abreast of the needs and priorities, strengths and weaknesses, uniqueness and comparative advantages of PPD member countries. Most importantly, the entire exercise was greatly complimented by the involvement of all Secretariat staff who are greatly conversant about the principle and mandate, vision, mission and objectives of the organization.

Since the approval of the Board Members during the Annual Board Meeting held in Bali, Indonesia in 2018, PPD Secretariat initiated a rigorous consultative process with the member states and closest international partners. The Consultation process started during Africa PCCs Meeting organized by PPD Regional Office in Kampala, Uganda followed by the High-level Consultative Meeting of the PCCs with hosted by China Training Center (CTC) in Taicang and supported by the National Health Commission (NHC) of China and with participation and contribution from UNFPA and UNOSSC including high-level academics from China. The process was aiming at guaranteeing ownership by the Secretariat and the member countries and engaging partners in its implementation. The Sixth Strategic Plan was unanimously approved by the PPD Governing Board during its 24rd Meeting held in Tunis, Tunisia in September 2019 in the year of celebrating the 25th anniversary of Partners in Population and Development and the ICPD@25 with the Nairobi Summit.

Finally, I take this privilege to express my sincerest appreciation and gratitude to the Board and Executive Committee Members, Partner Country Coordinators (PCCs) for their guidance and insights and also our closest partners UNFPA and UNOSSC for their invaluable contributions to the process of developing the Strategic Plan inhouse for the first time in PPD history. I wish to thank each and every staff member of the Secretariat, PPD ARO and CTC, China for their efforts to promote the organization.

Adnene Ben Haj Aissa

Executive Director

Partners in Population and Development (PPD)

Executive Summary

Partners in Population and Development (PPD) was established in 1994 during the International Conference on Population and Development (ICPD) in Cairo, Egypt with ten founding member countries from the developing world to achieve ICPD Plan of Action (PoA) through South-South Cooperation programs. By 2019, PPD has expanded its membership from ten to twenty seven as a global inter-governmental organization representing over 60% of the world population. PPD has ranked high in repute and earned worldwide recognition as a global leader in promoting South-South Cooperation (SSC) in reproductive health, population and development. SSC is acknowledged as an effective alternative approach to achieve ICPD and the 2030 Agenda for Sustainable Development in developing countries. The landscape of international assistance in the recent times has also changed significantly with the emerging economy countries, most of them PPD member states, becoming international assistance recipient and provider countries. The outcome document of the Second High-level United Nations Conference on South-South Cooperation (BAPA+40) held in Buenos Aires, Argentina from 20 to 22 March 2019, re-emphasized the role of SSC in the implementation of the 2030 Agenda for Sustainable Development. At Nairobi Summit ICPD@25 in November 2019, SSTC was acknowledged as an alternative financial tool for achieving ICPD and SDGs.

With twenty-five years of experience in promoting SSC and ICPD, PPD member countries have made remarkable progress in reproductive health, population and development. PPD, as an inter-governmental organization, established its permanent Secretariat in Dhaka, Bangladesh, obtained the United Nations Permanent Observer Status, established its regional office in Kampala, Uganda and a Program Office in China and built its own permanent headquarters complex in Dhaka with generous contributions from member states. Through SSC, PPD has significantly improved its members' efforts in achieving better results in comparison with other Southern countries in terms of progress towards implementing ICPD. In the last 25 years, fertility rates in PPD member countries have consistently gone down and are expected to reach replacement level by 2030. Maternal mortality rate fell by almost half between 1990 and 2018 as PPD countries are committed to ensure that it remains less than 70 per 100,000 live births by 2030.

Over the two decades, PPD has developed several Strategic Plans (SP) including the 2015-2019 one which has six (6) priority areas (population dynamics; universal access to RH/ FP services; women, children and adolescent health; migration, ageing and poverty alleviation through health), which are being implemented through six interventions (advocacy and policy development; health and population diplomacy; partnership and relationship; knowledge management and sharing; capacity development and technical cooperation and capacity building for South-South cooperation). According to a recent survey of PPD with support from UNFPA, more than 80% of PPD member states have a national agenda for RH, population, and development; 88% of the countries have a national policy and strategy to realize the commitment; 88% of the countries have essential services for improving maternal and child health; 57% countries are emphasizing building institutional capacity and integration of ageing into national plans and policies, and 56% of the countries have a policy or strategies to address the linkage between health and poverty. PPD has also succeeded in institutionalizing SSC in reproductive health, population and development in the member states.

Regardless of the progress made to promote SSC in achieving ICPD and SDGs in PPD member countries, some critical challenges still remain -- such as a lack of national political commitment to and operationalization of SSC as an alternative model; absence of specific national SSC budgets; nonexistence of national policy and strategic frameworks; lack of knowledge and skills in SSC for focal persons; absence of international coordination in SSC and a lack of tools to measure the progress of SSC.

Despite PPD's exemplary evolution, many unfinished agendas remain that need to be accomplished. To do so, the world has to take massive preparations. The challenges that await us are staggering: as, by 2030, 2.1 billion babies will be born, 1.9 billion children will reach 15 years and 1.9 billion young people will enter the reproductive age. In addition, 214 million women who want to prevent pregnancy cannot get modern contraceptives; and by 2030 we need to bring down the global maternal mortality rate to less than 70 per 100,000 live births although maternal mortality risks remain high in many countries. It is still a big challenge to bring down gender-based violence and harmful practices to zero by 2030, which is not an issue for Africa and Asia alone but everywhere in the world.

Considering the 25 years of successful contribution of PPD in achieving ICPD and SDGs, and the different global factors in health, population and development, the PPD's next five year Strategic Plan (SP) 2020-2024 will address critical and emerging population issues by strengthening South-South cooperation to achieve the unfinished businesses of ICPD, and the SDGs 2030 agenda in PPD member countries as well as in other developing countries. Based on a high-level consultative process, research findings, global priorities and collective feedbacks from PPD's stakeholders seven priorities were identified and selected for the new SP 2020-24. These are:

1. Population dynamics, demographic dividend and development
2. Universal access to sexual and reproductive health and rights including family planning
3. Maternal, children's and adolescents' health
4. Healthy and active ageing
5. Social cohesion of migrants and their SRHR
6. Health, including reproductive health, and poverty alleviation; and
7. Gender-based violence.

To address these priorities, six strategic interventions will be put into place. These are: a) policy advocacy for political commitments; b) institutionalizing the international inter-ministerial conference on population and development; c) capacity building and technical cooperation; d) creation of SSC center of excellence; e) sharing best practices and knowledge management; and f) strategic partnership, resource mobilization and launching of pilot initiatives.

The progress of the Strategic Plan implementation monitoring is a structural process and will be done through the output, result indicators, deliverable strategies and deliverables as well as impact on the PPD priority areas. Nevertheless, the main actors for achieving the seven priorities of SP 2020-2024 will be PPD's Board Members, the Executive Committee, Partner Country Coordinators (PCC), the Secretariat, and Regional and Program Office staff who will be frequently briefed and reminded of the strategic priorities, objectives and expected results of the plan through the

integration of the agenda in their national work plans. Progress in the implementation in PPD member states will be shared during workshops and meetings that bring the PPD people together at different times. However, a strong political commitment to and ownership of the Strategic Plan from the most important actors and stakeholders of PPD are fundamental since the Strategic Plan is an organizational manifesto for achieving the global objectives that have been committed by the organization's leadership to achieve ICPD and SDGs.

A prescribed format will be used for preparing reports to reflect periodic progress which will be reviewed by PPD's Board and the Executive Committee to provide necessary guidance to the management to take remedial measures where necessary. Different reports, outcome documents of the conferences and implementation status of the decisions of annual board meetings are the main reporting tools for the management control. PPD will ensure quality reporting for management control and monitoring of the progress for the implementation of the Strategic Plan.

Within the timeframe of the implementation of the new Strategic Plan 2020-24, there will be two external evaluations, one at mid-term expected in 2022 and the other at the end of the plan period in 2024 to assess the progress made in achieving the planned outcomes. Furthermore, this will provide assurance to PPD that the progress is on track and give feedback including revision of input, strategies and activities. The final report will assess the achievement of the Plan and document the impact and success of the Strategic Plan.

PPD has a plan for resource mobilization through collecting regular membership fees from member countries, strengthening partnerships with potential partners like UNFPA; working closely with prospective donors of SSC like the South-South Cooperation Assistance Fund (SSCAF), Government of China; working through Bi-lateral partnerships with member countries like India; and ensuring good management of PPD building complex as resource income. However, some risks have been identified such as a lack of optimum level of political commitment, changes in emerging issues and technological changes, senior management turnover etc. Nevertheless, PPD has a firm determination to mitigate the risks and deliver the results and objectives of the Strategic Plan 2020-2024. PPD is strongly committed to work together to bring innovation for promoting SSC as an alternative programming and financing mechanism to support countries in strengthening national level actions for policy and program to achieve ICPD and SDGs.

1. Background

Partners in Population and Development (PPD) is an inter-governmental organization of 27 developing countries from across Asia, Africa, Latin America and the Middle East, representing 59% of the world population. PPD was established in 1994 during the International Conference on Population and Development (ICPD) in Cairo to promote and strengthen South-South cooperation (SSC) in reproductive health (RH), population and development within the framework of the International Conference on Population and Development (ICPD) Program of Action (PoA). It was subsequently reinforced by the Millennium Development Goals (MDGs) that were adopted by the world community in 2000. PPD ranks high in repute and has earned worldwide recognition as a global inter-governmental organization dedicated to promoting South-South cooperation (SSC). SSC is universally acknowledged as an efficient, cost-effective, and result-oriented modality for sustainable development of the Southern nations.

2. PPD Member Countries: A Picture of Shared Goals and Diversity

At present, 83% of the world population lives in developing countries. While the ICPD Programme of Action remains an unfinished agenda, the Sustainable Development Goals (SDGs) adopted by United Nations General Assembly in September 2015 have set a new agenda for development. Later in 2019, the Nairobi Summit set agenda to transform the world by ending all maternal deaths, unmet need for family planning and gender-based violence and harmful practices against women and girls by 2030. The PPD member countries, which account for the majority of the population of developing countries, have the same or similar challenges in population, reproductive health, and family planning that need to be addressed as the priorities of the PPD by 2030.

PPD Member Countries represent a wide diversity in terms of their economy, population size and growth rate, health and reproductive health situation, access to services, and service infrastructures, etc. Six member countries -- China, India, Indonesia, Pakistan, Bangladesh and Nigeria, are among the ten most populous countries in the world. Member country population varies from 1.7 million in the Gambia to 1,395.4 million in China. Total fertility rate (TFR) varies from a low of 1.82 in Thailand to above 5.0 in Benin, Mali, Nigeria, and Yemen. Similarly, the Maternal Mortality Rate (number of maternal deaths per 100,000 live births) varied from below 18.3 in China to above 405 in Benin in 2015. Teenage fertility (number of births per 1,000 women aged 15-19 years) varies from a low of 6 in China to 109 in Nigeria. Similarly, the countries also vary widely in terms of their economy, levels of adult literacy, the proportion of childbirths managed by skilled attendants and contraceptive use. While the broad diversity reflects, on the one hand, a varying degree of technical and financial support-need in the pursuit of ICPD goals and accomplishments by some countries, it also implies, on the other hand, that there are opportunities for sharing, exchanging and learning from each other.

3. PPD's 25 Years: Achievements and Contribution to ICPD and SDGs

The world celebrated the 25th anniversary of the ICPD in 2019 along with 25 years of of PPD. The PPD in the framework of ICPD laid the groundwork for SSC in reproductive health, population and development. ICPD is a key precedent of the MDGs and SDGs that highlights the importance of SSC globally. With two and half decades of experience in SSC and ICPD, remarkable progress has been made by developing countries in reproductive health, population and development. Studies have found that important SSC institutions like Center of Excellence for population and development, networking institutions, guidelines and agreements, national taskforces for SSC, institutionalization of national and international inter-ministerial conferences and documentation and experience sharing among policymakers, parliamentarians and programme managers can contribute to a great extent to achieving ICPD and SDGs 2030 agenda.

The Current PPD member countries are:

Asia Pacific: Bangladesh, China, India, Indonesia, Pakistan, Sri Lanka, Thailand and Vietnam

Subsaharan Africa: Benin, Côte d'Ivoire, Ethiopia, Ghana, The Gambia, Kenya, Mali, Nigeria, Senegal, South Africa, Uganda and Zimbabwe

Middle East and North Africa: Egypt, Jordan, Morocco, Tunisia and Yemen

Latin America: Colombia and Mexico

Over the last 25 years, PPD, as an inter-governmental organization, has set up its permanent Secretariat in Dhaka, Bangladesh, obtained the United Nations Permanent Observer Status, established its regional office in Kampala, Uganda and a Program Office in Taicang, China and built its own headquarters complex in Dhaka with generous contributions from its member states. Today, PPD has become a vigorous inter-governmental organization with 27 member countries sharing the same principles and committed to attaining a common vision in promoting SSC for the attainment of the global population and reproductive health agenda for sustainable development. PPD has established a robust system of governance led by its Governing Board consisting of Ministers and high-level government officials from Member Countries, a focal Partner Country Coordinator (PCC) from each of the 27 MCs and a network of 23 Partner Institutions (PIs) in 14 countries. The Executive Committee is the decision-making body comprising the Chair, Vice-Chair, Secretary, Treasurer, and five members elected by the Board for a three year term. PPD Secretariat is headed by an Executive Director who, along with a qualified professional team appointed by the Executive Committee, oversees the Organization's activities.

Since its inception, PPD has organized a series of international events including 16 consecutive International Inter-ministerial Conferences (IIMC) on SSC in population and development. IIMC itself has become a global event, supported by UNFPA and other partners and offering a global platform. PPD has implemented a number of programs/projects like Global Leadership Development Program, Visionary Leadership Program, STEP-UP project, AFP program, Scholarships program for Capacity Building and Community Clinics Project in its member countries.

PPD has been engaged in documenting best practices and disseminating the practices for their replications. It has published a series of books including *Sharing Innovative Experiences*, *Population Policy Series*, *Ageing: Learning from Global South and South-South Cooperation in Catalyzing Achievement of ICPD and SDGs 2030 Agenda*.

PPD's South-South scholarship program has contributed significantly to the creation of the next generation of Southern leaders in the field of reproductive health, population and development. The scholarship program of PPD with contributions from its member countries Egypt, India, and South Africa provides 40 scholarships each year for diploma and master's degree programs in population and development and public health. China provides more than 400 training scholarships to developing countries each year. PPD member countries are offering different training courses to improve technical skills and leadership abilities to build the next generation of reproductive health leaders in the global South.

PPD has significantly contributed to the global health and its member countries have achieved better results in comparison to other Southern countries in terms of progress towards ICPD and MDGs. Over the last 25 years, fertility rates in PPD member countries have kept decreasing and are expected to reach replacement level by 2030. Maternal mortality rate also fell by almost half between 1990 and 2018 and the countries are committed to ensure less than 70 per 100,000 live births by 2030.

Technology transfer and commodity exchange in reproductive health is another area where SSC has made remarkable progress. The government of China has donated over USD 1 million worth of contraceptives and USD 900,000 worth of reproductive health medical equipment to some PPD

member states. The Government of India contributed USD 1.2 million to construct 36 community clinics in rural Bangladesh to facilitate health care services to the hard-to-reach population. PPD coordinated the implementation of this project which will contribute to further reducing maternal mortality rate in Bangladesh.

PPD has been working with UNFPA as a key strategic partner ever since PPD was founded in 1994. Recently it has strengthened its partnership with UNFPA for further advancing SSC in RH, population and development areas. A Memorandum of Understanding (MoU) was signed between PPD and UNFPA in April 2018.

4. Review of Strategic Plan 2015-19

PPD has been guided by its Strategic Plan which is developed for every five years. The Strategic Plan that ended in December 2019 started in 2015. Before the preparation started for Strategic Plan 2020-24, an assessment was made to arrive at an understanding of the effectiveness of the implementation of the Strategic Plan 2015-2019 and challenges faced in implementing it. The SP 2015-2019 has six priorities which are being implemented through a conceptual framework of SSC with six interventions. Thus these priorities are the key elements to promote SSC in addressing the priorities. These are as follows:

1. Integrating population dynamics into the national development plan
2. Ensuring universal access to RH/FP service
3. Improving maternal, children's and adolescents' health
4. Promoting Social cohesion of migrants and addressing their equal healthcare services
5. Promoting healthy ageing, and
6. Contributing to poverty alleviation through health especially reproductive health and family planning

Six SSC intervention areas of PPD:

1. Advocacy and policy development
2. Health and population diplomacy
3. Partnership and relationship
4. Knowledge management and sharing
5. Capacity development and technical cooperation
6. Capacity building for South-South cooperation

A survey was conducted by PPD-UNFPA on SSC's contribution to the PPD priority areas in 2019. The salient findings of the survey are as follows:

SSC contributed to the progress of RH, Population, and Development in countries. Considering the commitment of ICPD and SDGs, more than 80% of PPD member states had a national agenda for RH, population, and development, About 76% of the countries had a policy or strategy to address the ICPD and SDGs issues. Majority of the countries have established a focal wing which addresses population issues through South-South cooperation.

Improving Universal Access to Reproductive Health and Family Planning Services. The countries of the South themselves found South-South cooperation as a remedial measure to address their RH and FP situation. The survey data showed that 88% of the countries had a national policy and strategy to realize the commitment.

Improving Maternal and Child Health. The survey found that more than 88% of the countries had essential services. Eighty percent of the countries had ensured emergency obstetric care and essential post-partum and newborn care. Accessibility of safe abortion, including post-abortion care, was found in 71% of the countries. Recruitment and training of skilled birth attendants were found available in 76% of the countries.

Promoting Healthy Ageing. PPD member countries have already taken some initiatives in this regard such as organizing international seminars and conferences to share the knowledge and experiences among countries to improve the elderly services. Countries are putting emphasis on building institutional capacity and integration of ageing into national plans and policies.

Each year the Government of China is organizing an international seminar on healthy ageing to share the best practices from PPD member countries and other countries of the globe.

Promoting social cohesion of migrant population and addressing their RH care service. Migrants are not only often driven by a desire for better economic and social opportunities but also other reasons such as conflict, violence, persecution, climate change and disasters. Specific migration and forced migration situations pose serious challenges in terms of protection, prevention of crime, logistics and diplomatic relations among countries.

Creating greater understanding and addressing the relationship between poverty and health including reproductive health. The survey showed that 56% of the countries had policies or strategies to address the linkage between health and poverty. Some countries like China, India, Egypt, Thailand, and South Africa have given special attention to regional and socio-economic disparities. Some countries have provided technical assistance to other countries in dealing with the relationship between poverty and health including reproductive health.

PPD has also greatly succeeded in institutionalizing SSC in reproductive health, population and development. Remarkable progress has been made by member states in appointing a Minister or a high-level policy maker equivalent to a Deputy Minister as a Board Member of PPD. These Board Members have played a vital role in the governance of SSC. These countries institutionalized a financial mechanism to contribute an amount of not less than USD 20,000 to PPD that resulted in a collective pool fund of USD 1.6 million on average (both core and grant fund) annually for the operation and management of SSC activities. Also, 58% of countries reported having several national initiatives for promoting SSC in the areas of RH, population and development. About 60% of PPD member countries have constituted National Taskforces (NTFs) for promoting SSC in the field of population and reproductive health. These NTFs could play a catalyst role in promoting SSC, but most of them were constituted without specific financial allocations. The training and research institutes could contribute greatly to promoting SSC at the national level if they were supported financially by the respective governments.

5. Success in Establishing the SSC Conceptual Frameworks Comprising the Following Elements:

5.1 *Advocacy and Policy Development: Conduct evidence-based advocacy for sound policies, budgets and program*

During this period, PPD succeeded in organizing 16 consecutive international inter-ministerial conferences on SSC in Population and development in partnership with member countries, UNFPA and other partners. It has organized a series of international conferences, seminars and consultations to advocate for and promote SSC at the global level in addressing relevant critical and emerging issues. These events mainly included annual Inter-Ministerial Conferences on SSC for Population and Development, the Ministerial Strategic Dialogues on SSC for Population and Development, the International Congress on AIDS in Asia and the Pacific (ICAAP12), four consecutive high-level consultation meetings on SSC, and four consecutive international seminars on healthy ageing.

Outcome/results

- Established an International Forum on SSC in Population and Development
- Contributed to policy and planning development for achieving universal access to RH/FP services
- Enhanced commitment of policymakers and programme managers to prioritize population, RH and gender issues and translated them into concrete actions.
- Improved sharing of experience, information and communication among Member Countries leading to more effective and results-oriented national population and RH/FP programmes.
- Strengthened support systems and structures at the national level for more effective SSC

5.2 *Health and Population Diplomacy:* Contribute to and organize global policy dialogues to encourage inclusive approaches that sustain global human development, reduce inequalities, and respond to the priorities and interests of developing countries

PPD successfully participated in global advocacy platform activities particularly in UN events like UNCPD, WHA, UN Second High-level Conference on SSC (BAPA+40), and the review of the implementation of ICPD +25 (Nairobi Summit on ICPD 25). A number of population and health-related side-events have been jointly organized in cooperation with relevant partners during the annual sessions of UNCPD and WHA. A technical meeting was hosted by PPD to explore the feasibility of the creation of a health and population diplomacy center jointly with WHO.

Outcome/results

- Promoted SSC globally as tools in RH, population and development for achieving ICPD and SDGs
- Contributed to health and population dialogue, played a role in evolving better global decisions and supporting national policies and programs

5.3 Capacity Development and technical cooperation: Member countries introduced capacity building training programs and increased technical cooperation to strengthen individual, organizational and societal capacity for other Southern countries, and build institutional capacities to stimulate, deepen and strengthen SSC.

Egypt, India and South Africa Provide regular scholarships in pursuing diplomas, one-year post-graduation degrees and short courses. The Chinese government provides short-term training fellowships to over 400 senior government officials, programme managers and service providers in population and RH/FP from PPD MCs and other developing countries each year. PPD in cooperation with the Chinese government and UNFPA organized capacity-building workshops for national SSC focal persons (PCCs). Technology transfer and commodity exchange in reproductive health is another area where SSC has made remarkable progress.

Outcome/results

- Provided over 2,900 short-term training fellowships in the field of population and reproductive health by PPD and its MCs.
- A total of 127 scholarships in the field of RH, Population and Development were facilitated by PPD. About USD 150,000 in kind is contributed by these three countries (Egypt, India and South Africa) annually.
- Established “SSC Centers of Excellence for Population and Development”.
- Developed training modules for capacity building of national SSC focal persons.
- Strengthened technical and programmatic skills among professional staff in priority thematic fields
- Increased capacity for utilization of evidence-based research findings for policy formulation, planning and programme development. Developed impressive expertise and institutional capacity to support policy and programmatic advances in the area of RH, population and development to ensure universal access to RH care and services

5.4 Knowledge Management: Facilitate the sharing of information, experiences and expertise through SSC

Outcome/results

- Published the policy series book on “Policy Trends in Developing Countries”
- Published the Policy series book on Ageing: Learning from the Global South
- Published a book on South-South Cooperation in catalyzing achievement of ICPD and SDGs 2030 Agenda
- Facilitated the SSC bilateral exchanges and cooperation among the MCs
- Contributed to the policy changes as reference and best practices in member countries

5.5 Partnership and relationship: Partnerships for contributing to and influencing the global policy dialogue on RH, population and development; strengthening and expanding sharing of information, collaborative programme planning and common advocacy through partnerships and coalition building for accelerated achievement of ICPD and SDGs.

Outcome/results

- Established partnerships with PMNCH, WHO, Women Deliver and implemented joint SSC activities;
- Renewed and strengthened the partnership with UNFPA by signing an MoU for implementing SSC Projects;
- Established a new partnership with UNOSSC;
- Utilized global platforms through partnerships to address emerging population issues and promote SSTC {BAPA+40, High-level political forum (HLPF), ICFP 2018, ICPD+25 etc.

6. Resource Mobilization from 2015 to 2019

Progress has been made by PPD in resource mobilization in the past five-year period from 2015-2019, despite the difficulties and challenges faced. The total amount of resource mobilized is USD 14,444,910 which breaks down as follows: (1) PPD Secretariat: USD 8,248,895 (57%); (2) PPD Africa Regional Office: USD 3,996,015 (28%) (3) PPD China Programme Office: USD 2,200,000 (15%). These mobilized resources have ensured accomplishment of milestone achievements such as successful IIMC on SSC, construction of PPD office building, capacity building enhancement, innovative project implementation, documentation and research.

The fund that has been shown above does not include in-kind contribution. For instance, (1) Direct contribution of the MCs to support long-term and short-term fellowships, training and conducting seminars, workshops and conferences. Egypt, India and South Africa contribute approximately an average of USD 150,000 annually for providing scholarships to PPD; (2) Bilateral SSC project activities between MCs, and (3) Shared budget of the MCs in hosting Inter-Ministerial Conferences on SSC for population and Development. The host country of an inter-ministerial conference contributes not less than USD 50,000 to organize such an international event.

The breakdown of the source of income by PPD Secretariat is as follows.

Source of Income 2015 to 2019		
1	Core fund received from Member countries as membership fees	3,321,991
2	Fund received for projects from Donors from UNFPA, India and Others	1,399,880
3	Fund received for PPD Office Building Construction from China and other MCs	2,235,500
4	Fund received for ICAAP12 from Bangladesh and others	1,055,380
5	Fund received from own resource-bases (rent from the building)	236,145
Total Income		8,248,895
Average annual income is 1.6 million		

The total income of the Secretariat over the past five years has been approximately USD 8,248,895 of which 40% are from core fund, 13% are from conferences and meetings, 17% are from projects, 27 % are from PPD office building construction, and the remaining 3% are from rental income.

7. Africa Regional Office (ARO): Five Years' Achievement in Promoting SSC in Population and RH/FP

For the last five years, ARO has made significant and tangible contributions to the improvement of RH/FP policy and funding environment in Africa. Within the countries of focus during the last 5 years, there has been a notable increase in the knowledge and appreciation of the linkages between RH/FP and development among policy makers and key government leaders. The funding for RH/FP programmes by national governments and international donors is improving as is accountability for RH/FP commitments that countries have pledged. In addition, there has been an improved South-South cooperation in the areas of RH/FP, a modality that has provided opportunities for countries to share good practices, lessons learned and experiences gathered for better RH/FP programming and implementation. Some of the SSC projects that ARO conducted for promoting RH/FP are summarized below:

ARO mobilized regional committees like Network of African Parliamentary Committees of Health (NEAPACOH), Eastern Africa Reproductive Health Network (EARHN) for high-level advocacy to increase governments' commitment and investment in RH, population and development to expedite the progress of achieving ICPD and SDGs in PPD African Countries.

Through NEAPACOH meetings, over 600 policymakers from 29 African countries have been reached. The outcome of the meetings was the Kampala Call to Action and Resolutions that make strong recommendations for addressing policy and funding barriers for RH/FP and SSC. EARHN consists of countries of Uganda, Kenya, Ethiopia, Rwanda, Burundi, Tanzania and South Sudan. The meetings provided excellent platforms for South-South sharing and learning of good practices in the field of RH/FP among countries. In particular, countries shared progress in implementation of FP2020 and other FP/RH related commitments, highlighting some good practices and lessons for other countries to learn from. The innovative and cost effective practices to increase access to FP services and information in Ethiopia, Kenya and Rwanda; and good practices in enhancing the demographic dividend from Uganda and Kenya were also shared.

In addition, PPD ARO organized the Africa region Partner Country Coordinators' (PCCs) meetings, in order to build capacity for South-South cooperation in the field of RH/FP, population and development. At the country level, PPD ARO conducted in-country capacity building meetings aimed at increasing the knowledge of policy makers to better understand and appreciate the linkages between FP/RH and development. Advocacy meetings were also conducted to provide follow up and the necessary technical backstopping to assist countries implement the RH/FP related commitments that they had made including resource mobilization for RH/FP. All the countries developed SMART action plans for repositioning RH/FP as a crosscutting issue for development. In-country meetings were conducted in the countries of Uganda, Kenya, Senegal, Benin, Tanzania and Burkina Faso. PPD ARO will continue its efforts to conduct similar meetings in Ghana, Zimbabwe and other countries.

8. Strengths and Limitations of PPD

Strengths of PPD

- Unique inter-governmental organization of 27 developing countries promoting SSC

in RH, Population and Development, having permanent observer status at UN and Diplomatic status in Bangladesh

- Ministers or Chiefs of relevant ministries or departments sit on the Governing Board of PPD
- Funded through membership fees and in-kind contribution from countries and organization's own resource based
- Represents 59% of total world population with diverse culture, experience and coverage of four global regions
- Southern emerging and leading economies are members of PPD
- SSC is globally recognized as tools for achieving ICPD and SDGs which has been further recognized by BAPA+40 outcome document and ICPD +25
- International Inter-ministerial forum on SSC has served as the influential international platform for experience sharing and policy dialogue for population and RH/FP.

Limitations

- Issues of ICPD are cross-cutting, while national SSC focal points are mainly either on health, or population and social development;
- Institutionalization of SSC remains an obstacle in some developing countries including PPD member states;
- A diversity of situation among member countries, creating challenges;
- South-South cooperation is a relatively new initiative or approach for international cooperation and there is no ready experience to copy from.
- Resource mobilization remains a challenge for SSC.

9. Challenges of SSC in Population and Development Sector

Despite the tremendous progress made to promote SSC in RH, population and development fields, some critical challenges remain that have undermined the potential of South-South Cooperation.

These are listed below:

- a) **Lack of institutionalization and operationalization of SSC as an alternative model for development in the context of global agenda like ICPD and SDGs:** Institution building is essential for deepening SSC. Sustained efforts are needed to establish Centres of Excellence on SSC for population and development, for innovation, establishing new partnerships, knowledge-sharing and scaling up of proven approaches.
- b) **Insufficiency or absence of specific national SSC budgets and donors' priority funding specifically for SSC:** There is insufficient fund allocation at the national level budgets as well as donors' priority sector for SSC in reproductive health, population and development.

- c) **Nonexistence of national policy and strategic framework that promote South-South and triangular cooperation:** It is necessary that MCs develop a national policy and strategic framework for SSC as an instrument for achieving SDGs 2030 Agenda.
- d) **Lack of knowledge and skills of national SSC focal persons:** Knowledge and skills are essential for a professional to understand and put into action SSC for ICPD and SDGs to make global level effective communication and advocacy. These were however found lacking among some focal persons. Overall effectiveness and efficiency of SSC need to be greatly improved by better advocacy, consensus building and capacity building.
- e) **Absence of international coordination on SSC.** As the SSC does not have a long history of development and the resource available is limited, international coordination in multiple partnership building is a key to the SSC in population and RH/FP.
- f) **Insufficient tools to measure the contribution of SSC:** Southern countries do not have sufficient tools to measure and evaluate how the exchange of knowledge, skills, resources and technical know-how through South-South cooperation contribute to the global agenda.

10. Lessons Learned and Considerations

- a) Establishment of the Center of Excellence can contribute to promoting SSC. Efforts should be made to establish a more effective “Center of Excellence” in SSC for population and development. It is essential to establish SSC Centres of Excellence in developing countries for effective knowledge management, research, innovation, scaling up best practices and advocating for translating agendas into national policies and programme.
- b) Capacity building is essential for officials who are involved in SSC. Initiatives need to be taken for extensive capacity-building training programme for SSC focal persons and other government officials in developing countries. UNFPA, PPD and other UN agencies involved in promoting SSC should take these initiatives jointly.
- c) In the absence of a strategic framework, measuring the progress of SSC is difficult. A strategic framework should be developed to promote the role of SSTC for supporting innovation, new partnerships, knowledge-sharing and scaling up of proven best practices to integrate ICPD and SDGs 2030 agenda into national policies and programmes.
- d) Though countries in the South are the main driving force behind the SSC funding, priority funding for SSC should be sought from donors and international agencies. Establishing and operationalizing the National SSC Task Force and effective networking with research and training institutions and NGOs for identifying national level policy gaps and policy initiatives should also be a priority.
- e) Partnerships between governments and donors are important. Governments and international organizations should consider making more commitment to SSC in the field of population and development, particularly in regards to emerging issues of low fertility and ageing, unmet need for FP, youth development for harnessing the demographic dividend, health and poverty alleviation, SRH & FP services in hard to reach areas, gender-based violence, humanitarian and conflict situation and big data utilization.

11. Global Situation Analysis in Population and Development

11.1 Unfinished Agenda of ICPD and SDGs: drawing on demographic trends to drive economic growth and achieve sustainable development

11.1.1 Getting ready for the next 2.1 billion babies

About 2.1 billion babies are expected to be born worldwide by 2030, which require massive preparation to ensure their basic needs. Sixty three out of every 1,000 babies will be born in Africa between 2025 and 2030; 25 of every 1,000 babies will be born in Asia and 16 of every 1,000 babies will be born in Latin America and the Caribbean. The share of global child deaths in Africa is anticipated to grow to 60 percent and the share of child deaths in Asia is projected to fall to 35 percent between 2025-2030. It is projected that around 60 million of the 2.1 billion babies born between 2015 and 2030 are not expected to survive to their first birthdays and approximately 85 million are likely to die before age 5 if necessary measures are not taken.

11.1.2 Getting ready for the next two billion adolescents and youth

Globally 1.9 billion children will reach their 15 years by 2030. Africa alone projects 474 million youths to turn 15 year old during 2015-2030. Asia, Latin America, and the Caribbean are anticipated to see declines in the numbers turning age 15 of 10 percent, 8 percent, and 6 percent, respectively. Half of the youths turning 15 year old over the period 2015-2030 will reside in Asia, while one-quarter will reside in Africa. Adolescents and youths become sexually active, exposing themselves to the risks of early pregnancy and sexually transmitted infections (STIs), including HIV. Rapid growth in the numbers of adolescents and youths is likely to challenge progress in combating HIV/AIDS, particularly in countries with high HIV epidemics.

11.1.3 Improving the quality of reproductive health care for the billion women of reproductive age

Data shows that 1.9 billion young people will enter the reproductive age by 2030. Half of them are women who will become pregnant or give birth during this span. Ensuring their access to reproductive health care and services is critical to continued progress towards numerous development goals. In most of the countries with the fastest projected growth in the number of women of reproductive age with unmet need for contraception, maternal mortality risks are high and maternity care is insufficient.

11.1.4 Meeting the unmet need for family planning

Globally, 214 million women want to prevent pregnancy but cannot get modern contraceptives. All women need to have the number of children they wish and choose the timing of their pregnancies as their right. Unmet need is high in the countries where population growth is high and where the number of women of reproductive age is high. Countries will have greater challenges in meeting the needs of women and girls who want to make decisions about their own sexual and reproductive health and reproductive rights; satisfying demands with modern contraceptives; meeting the needs of women aged 20-24 who were married or were in a union before age 18; ensuring safe abortion, and protecting girls and women from female genital mutilation in countries where these

are practiced.

11.1.5 Finishing the unfinished agenda of reducing global Maternal Mortality Ratio (MMR)

The global agenda is to bring down the global maternal mortality ratio to less than 70 per 100,000 live births by 2030, but maternal risks remain high in many countries, particularly in sub-Saharan Africa and in Asia. Every life can be saved if the necessary interventions are available, including family planning, antenatal care, skilled birth attendance, emergency obstetric services, and safe abortion services. ICPD PoA has been advancing, inter alia, gender equality and empowering women; ensuring women's access to education and their say in the political process; eliminating all forms of violence against women; and, critically, making sure that women who want to control their own fertility but are unable to do so have the ability to achieve this objective.

Range in PPD member countries	Rate
Contraceptive prevalence rate %	8.2-84.6
Fertility Rate	1.55-6.35
Unmet need for family planning, %	2-40
Maternal Mortality/100.000	35-630
Adolescent birth rate, per 1000 women	6-189

11.1.6 Gender-based violence

It is really challenging for us to take gender-based violence and harmful practices to zero by 2030. This is not only an issue for Africa and Asia but everywhere in the world. It is necessary to know what has worked and what not, and explore approaches which may help governments to end the threat of violence and harmful practices against women and girls. PPD member states which have achieved progress in developing strategies to prevent gender based violence will be willing to share their approaches with countries from the South including member states.

11.1.7 Right to sexual and reproductive health care in humanitarian and fragile contexts

Growing levels of conflict, war, humanitarian crisis and associated migration, mobility, climate change and other environmental threats place women, adolescents and children at particular risk of violence and exploitation. Women are also denied proper sexual and reproductive health care. According to UNHCR, the total number of displaced persons globally has increased consistently in the past 7 years, registering a 65% of increase over the number of 10 years ago. In 2018 alone, almost half of the displaced people were children.

11.1.8 Meeting the needs of ageing population

Globally, the total number of people aged 60 or over is projected to 1.4 billion in 2030 from 901 million in 2015. It was reported that between 2015 and 2030, 1.1 billion people would reach their 60th birthdays. This demographic change is driven by both declining fertility and improvements in survival for older age people. The elderly population growth rate will be different from one region to another—for example, Asia's population of older persons is projected to grow by 66 percent,

Africa's by 64 percent, North America's by 41 percent and Europe's by 23 percent.

12. Changes in the International Development Landscape

The past few years have seen dramatic changes in the focus and aims of overseas development assistance (ODA). Many of our development donors have reduced the number of countries and programmes they provide funding to. The changing international development landscape presents certain risks but it also leads to new opportunities for aid effectiveness. Development donors are now looking to work with implementing partners who are able to deliver multi-sectoral and multi-faceted interventions. The international development landscape is passing through a time of rapid changes as non-traditional donors make real contributions to development outcomes. The world now has inter-governmental development institutions such as the BRICS' New Development Bank and the Asian Infrastructure Investment Bank.

Over the past few years, countries have made efforts to reform the development aid system. Innovation has been brought to the governance system, global partnership and development cooperation were initiated and the process of reviewing ODA and creating a new and wider complementary concept were launched. The international community started to move beyond the narrow sphere of ODA to the much wider and more diverse field of development cooperation. But still, most of these changes fall short of what is needed for facing the development challenges of the 21st Century. The SDGs agenda 2030 obligates the international community to move towards a new financing system. A tentative estimate of resources required for achieving SDGs puts the figure between one and four trillion dollars annually which is unattainable from the current official flows. But it was found that ODA has hardly exceeded \$140 billion annually.

The international economic growth and the dynamism of new powers from the developing world have created a more multi-polar world. But the most innovative group is formed by a mixed collection of Southern providers that call for new principles, priorities, and procedures –which are different from those adopted in North-South cooperation.

13. Political Economy of South-South Cooperation (SSC)

Today a number of schools and political and economic thoughts stress the importance of SSC as an alternative approach or model of international development. The Buenos Aires Conference held in Argentina in March 2019 (BAPA+40) adopted a resolution that recommended the international community to strengthen and support SSTC as one of the best modalities to help achieve global development objectives. Since the adoption of BAPA, South-South cooperation has established itself as a distinct and innovative paradigm and has proved to be a valuable tool for building capacity and promoting development.

The Sustainable Development Goals (SDGs) stress the importance of SSC in implementing the 2030 agenda. Goal 17 aims to “Revitalize the global partnership for sustainable development,” and particularly focuses on the critical role of SSTC in achieving the 2030 agenda. It also sets targets for SSTC, which are 17.6 (technology, innovation and knowledge transfer) and 17.9 (capacity building to support national plans to implement all the sustainable development goals). SSC is steadily growing due to a healthy growth of Southern countries' economies that enables an increasing number of

countries to engage in cooperation and increase their provision of development assistance. The Nairobi Summit 2019 also acknowledged the support of the international community, particularly the influence of Southern emerging economies in promoting SSC.

Given the wide diversity and expanding competitive potentiality of bringing governments closer, access to technical assistance and cooperation for the solution of the problems of translating ICPD and SDGs to national action plans and achieving them within the stipulated period, South-South cooperation can be seen as a supplement to ODA or North-South cooperation.

The proximity of experiences is, therefore, a key catalyst in promoting capacity development in developing countries and, in this regard, accentuates the principles of SSC.

14. Strategic Plan 2020-24

Considering the 25 years of successful contribution of PPD to achieve ICPD and SDGs, the next five year strategy of PPD should address ICPD's unfinished agenda and sustainable development agenda 2030. The PPD Strategic Plan 2020-24 needs to provide a conceptual framework of SSC, taking into account its contribution, role and development impact in addressing critical and emerging issues of reproductive health, demographic transition and development. This plan will evolve from the government to government relations and their contribution to each other for their own development. Universal access to sexual and reproductive health and ensuring reproductive rights for all are being challenged as never before.

How to make these commitments political or financial with the institutional ability of governments, donors, foundations or the private sector to realize them at the global and national levels is very critical for the international community and for every country government. PPD is globally known as a unique inter-governmental organization which works with member countries and UN and International organizations for creation and expansion of global platforms to promote SSC for leading evidence-based advocacy to mobilize political, technical and financial commitments for achieving ICPD and SDGs and other global commitments. The global funding environment and reproductive health, population and demographic transition situation in developing countries during the coming years are predicted to be challenging but opportunities will also be enormous. These challenges and opportunities encourage us to design the Strategic Plan 2020-24 which aims to respond to them effectively for harnessing favorable results. The PPD family also feels obligated to work harder and work together to bring innovation for promoting SSC as an alternative programming and financing mechanisms to support countries in strengthening national level actions for policy and programmatic changes and achieve the priority agendas of PPD.

15. The Purpose of Having Strategic Plan 2020-24

The main purpose of the Strategic Plan 2020-24 is to address the critical and emerging population issues including reproductive health and poverty by strengthening South-South cooperation to achieve ICPD's unfinished agenda and SDGs 2030 agenda in PPD member countries and other developing countries. Goal 3 of SDGs is "Healthy lives and well-being," whose central concern is human development. Population dynamics is a key determinant in Goal 3, but it cannot be achieved without a harmonious balance between population on one side and social, economic

and environmental development on the other. Population dynamics, including changes in the size, structure, and spatial distribution of the population, can have direct and indirect implications for socio-economic development.

As population dynamics constitutes more challenges, it can also provide important opportunities for sustainable development. SP 2020-24 will address the long-standing issues as well as emerging issues faced by PPD member countries like high fertility and rapid population growth, unmet needs for family planning, universal access to affordable health care including reproductive health and family planning, maternal health, migration, aging and poverty. Policies need to be further strengthened to address the challenges and seize the opportunities associated with high and low population growth and population ageing, as well as migration and urbanization.

Demographic dividend can positively influence development, but it can only materialize if investments are made in creating new jobs, and in education and health including reproductive health particularly for poor women and children.

Today, more than two hundred million women in the world have unmet needs for family planning. Satisfying the needs of these women as well as the future demands will influence future population size. Population ageing can provide opportunities for socio-economic development provided that older persons benefit from good health and are empowered to actively participate in economic, social and political life.

Helping countries in collecting and analyzing data and producing evidence on how population dynamics is linked to sustainable development will allow for a breakdown of vital social, economic and environmental statistics by age, sex and location, and provide indispensable information for targeted policies. Capacities of the public and private sectors in regards to the collection and analysis of demographic data, including censuses and surveys need to be enhanced. Effective advocacy and dialogue at national and international levels are needed to ensure necessary technical and financial support towards effective integration of population and demographic issues in the national plan, programs and policy changes.

The overall purpose of PPD Strategic Plan 2020-24 is to ***promote SSC globally for making a noticeable contribution to ensure healthy lives and promote well-being for all at all ages***. Thus SP 2020-24 will contribute towards the achievement of ICPD and agenda 2030 for sustainable development.

16. PPD Vision, Mission, Guiding Principles and Conceptual Framework of South-South Cooperation

Vision

To promote South-South cooperation for attaining the global population and reproductive health agenda for sustainable development.

Mission

To materialize the vision through sustained advocacy, capacity building, networking, knowledge management/ sharing and transfer

of technology in the field of RH, Population and Development within the framework of SSC.

Guiding Principles

In order to fulfill its Mission, PPD's member countries have agreed to common values and principles to guide relationships and the work of Governing Board, Executive Committee, PPD secretariat staff and partners. Key among these are PPD's commitments to:

- **People centered development:** PPD recognizes the interconnectedness between sexual and reproductive health and rights, population and economic growth for the attainment of sustainable development. This principle leads PPD to value people as the most critical resource for development.
- **Alignment with member countries' priorities:** PPD will align and be responsive to Member Countries' priorities in reproductive health and rights, including Family Planning and HIV/AIDS, and population and development.
- **Equity:** PPD is committed to equality and equity among people in all countries, particularly gender equality and the empowerment of women and girls. PPD strives to build equity within member states, between developing countries and between developing and developed countries.
- **Mutual respect and solidarity:** All member countries—regardless of size, political system, economic strength, religious beliefs or cultures—have the same rights and responsibilities, and equal say in PPD's affairs.
- **Accountability and transparency:** PPD upholds high standards of good governance, transparency and accountability to stakeholders. These standards are recognized as the bedrock for PPD's relevance and sustainability.

Conceptual Framework of SSC

Figure 1 shows the interlink between development and the 6 intervention areas of South-South cooperation as prioritized intervention areas of PPD: a) Policy Advocacy for political commitments; b) Institutionalizing the international inter-ministerial conference on population and development; c) Capacity building and technical cooperation; d) Creation of SSC center of excellence; e) Experience sharing and knowledge management; f) Strategic partnership, resource mobilization and innovation pilot initiatives.

Figure 1



17. The Strategic Priority Areas for Action During 2020-24

Based on the review of the implementation of SP 2015-2019 and analysis of the current world situation of the population and RH/FP the following are selected as strategic priority areas for the next five (5) year plan of PPD:

1. Population dynamics, demographic dividend and development
2. Universal access to sexual and reproductive health and rights including family planning
3. Maternal, children's and adolescents' health
4. Healthy and active ageing
5. Social cohesion of migrants and their SRHR
6. Health, including reproductive health, and poverty alleviation
7. Preventing Gender-based violence

18. Strategic Objectives, Targets and Key Results Indicators

PPD Strategic Plan 2020-24 presents 7 objectives supported by strategic targets/outputs and Key results indicators.

Strategic Objective 1: To increase partnership for improving the capacity of member countries to integrate population dynamics into the national development plan to achieve ICPD and SDGs.

Strategic targets/outputs:

1. Each member country positioned to strengthen national policies and programs to reach growing numbers of people in need to achieve ICPD and SDGs.
2. Each member country recognized the importance of SSC and institutionalized SSC at the national level for reaping the demographic dividend and ensuring improved health and well-being of people.

Key Results Indicators

- A number of countries made policy changes and effectively integrated population dynamics into national development plan and programme
- A number of countries increased coverage of reproductive health and FP services
- Each PPD member country used population data for projections and scenarios to formulate forward-looking development goals, targets, and policies
- Two thirds of PPD member countries include SSC in population and RH/FP into their international cooperation strategies.
- Each PPD member country makes one or two practical contributions in various forms to SS partnership building each year.

Strategic Objective 2: To strengthen South-South partnership for the integration of reproductive health into national policy and programs and ensure universal access to reproductive health and family planning services

Strategic Targets/outputs:

1. Each member country made strong commitments to develop policies and investments that integrate RH in national policy
2. Each member country recognized the importance of SSC in ensuring universal access to sexual and reproductive health and family planning services in the country.

Key Results Indicators

- A number of countries have guaranteed women aged 15-49 years access to reproductive health care, information and education
- The proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods (access to at least five methods)
- A number of countries increased national and other institutional investment in reproductive health and family planning services
- A number of countries reduced adolescent birth rate (Year10-14 and 15-19) and

unplanned pregnancy

Strategic Objective 3: To reduce maternal mortality and morbidity and deaths of newborns and children under five (5) years of age and improve adolescents health in developing countries

Strategic targets/outputs:

1. Each member country committed to develop appropriate laws, policies and make investments for reducing MMR and death of newborns and children under five years and improve adolescent health
2. Each member country recognized the importance of SSC in defining priorities, actions and targets through best practices and lessons learned to improve maternal and child health and adolescent health at the national level

PPD member countries committed to:

Integrate population dynamics into national development plans and programs to ensure harmonious relations between population growth and social, economic and environmental development.

Tunis Commitments, September 2019

Key Results Indicators

- A number of countries reduced maternal mortality ratio per 100,000 live births (MMR)
- A number of countries increased births attended by skilled health personnel
- A number of countries reduced under-five mortality per 1000 live births
- A number of countries reduced neonatal mortality per 1000 live births
- A number of countries improved adolescent health care facilities to ease adolescent friendly service delivery
- A number of countries increased antenatal and postnatal care coverage for mother and baby either at home or facilities
- The number of SSC projects for improving maternal and child health have been doubled in MCs.

Strategic Objective 4: To ensure older persons' access to adequate social protection for healthy and active ageing in developing countries

Strategic targets/outputs:

1. Each member country strengthened national policies and programs to eliminate discrimination based on age to ensure that people of all ages can contribute to society to achieve ICPD and SDGs

PPD member countries committed to:

Develop appropriate laws, policies, investments and innovative approaches that ensure universal access to family planning and sexual and reproductive health and support the initiatives for achieving the Three Zeros by 2030.

Tunis Commitments, September 2019

2. Each member country recognized the importance of SSC in identifying priorities and actions at the national level to accommodate the needs of older persons

Key Results Indicators

- A number of member countries have a national policy to ensure the coverage of social protection, old-age pensions and health insurance
- A number of member countries have national policies to eliminate discrimination based on age
- A number of member countries' health systems are conveniently equipped to care for patients afflicted with conditions associated with old age

Strategic Objective 5: To ensure adequate social protection and assistance including sexual and reproductive health services to the migrant population

Strategic targets/outputs:

1. Each member country strengthened national policies and programs for the migrant population
2. Each member country made necessary plans and took actions for ensuring social protection and provided reproductive health services to migrants and displaced persons through SSC

PPD member Countries committed to:

Increase financial resources, including domestic, bilateral and multilateral funding, to increase transformational and effective SSC programs contributing to improved reproductive health, especially reducing maternal and under-five mortality in developing countries.

Tunis Commitment, September 2019.

Key Results Indicators

- A number of member countries have policies and programs available to protect migrants and displaced persons or refugees
- Access of migrants and displaced persons or refugees to assistance including their sexual and reproductive health care services in member states has improved significantly
- Situation of migrants and displaced persons or refugees is safe and orderly in their country of destination

Strategic Objective 6: To ensure that health including reproductive health is reflected in poverty reduction policies and strategies

Strategic targets/outputs:

1. Each member country's poverty reduction strategies included sexual and reproductive health and family planning for breaking the cycle of poverty
2. Poverty as a cause of ill-health recognized by each member country and prioritized

actions taken to eliminate it by 2030 through SSC

Key Results Indicators

- A number of the PPD countries have national policies and programs that respond to the health needs of the pro-poor and the most vulnerable
- The number of poor women of reproductive age who have their needs for family planning satisfied with modern methods in PPD countries
- Total government spending on health and social protection for the poorest and the most vulnerable in PPD countries is in proportion to their commitment
- A number of the member countries reduced stunting among under-5 children
- A number of member countries reduced malnutrition among under-5 children
- A number of member countries reduced anemia rate among women of childbearing age

Strategic Objective 7: To end gender-based violence and harmful practices including early and forced marriage and female genital mutilation

Strategic targets/outputs:

1. Each member country strengthened national policies and programs to eliminate all forms of violence against women and girls everywhere through SSC
2. Elimination of all forms of violence against women and girls and all harmful practices such as early and forced marriage and female genital mutation prioritized at the national level

Key Results Indicators

- A number of member countries have policies and programs on gender-based violence and harmful practices
- A number of member countries realized CEDAW at national-level policies and programs
- Violence against women and girls (aged 15-49) by persons other than an intimate partner, since age 15 is reduced
- Child marriage before age 18 in the high incident MCs has been reduced by one third.

19. South-South Cooperation Change Strategies (Interventions)

PPD will deliver change by combining high-quality programs with innovation and collecting evidence from countries; and through partnerships with member countries, UN agencies including UNFPA, Foundations and donors. PPD will make wider changes nationally and internationally through advocacy, capacity building, technical cooperation and knowledge sharing to achieve the results.

PPD Strategic Plan identifies six (6) change strategies which are as follows:

SSC Intervention 1: Evidence-based policy advocacy for stronger political commitment to achieve ICPD and SDGs.

Policy innovations have mostly originated from the South. Southern solutions often prove to be more context-specific and applicable to other developing countries. Over two decades of sustained high-level advocacy and networking has enabled PPD to develop and cultivate cordial and professional relationships with government departments, non-government organizations, civil-societies, academic institutions and donor agencies. SSC possesses the potential of building bridges and creating the environment through which agreements between developing countries can be formalized. PPD can act as convener of policy dialogues, preventing countries from falling back on their previous development commitments and reducing sensitiveness around the ICPD and SDGs issues. SSC will create opportunities for policy dialogues to renew and fulfill commitments to the ICPD and SDGs.

Deliverable Strategy

1. Create opportunities for national, regional and international policy dialogues to renew and realize commitments to the ICPD and SDGs.
2. Foster strong national ownerships and increase domestic investment that reaches women, children, adolescents, and youth
3. Engage policymakers (ministers, parliamentarians, senior government officials) of member countries to ensure that reproductive health, population and development are positioned as high priorities in the national development agenda.
4. Promote national SSC support structure (national taskforces for SSC) to engage think tanks and policy makers to address the national issues related to RH, population and development.
5. Advocate for the importance of SSC in meeting the interests and needs of developing countries: financial resources, human resources development and RH commodity security.
6. Ensure greater accountability and oversight of the commitments to ICPD and SDGs and address national needs to realize commitments.
7. Foster dialogues and prevent countries from falling behind on their previous development commitments and reduce eventual cultural sensitivities around the ICPD and SDGs.

Deliverables

- Higher number of recipient and provider countries helping governments to identify the countries' strengths and needs, increase bi-lateral partnership between countries and increase sharing of technical cooperation among countries and commodity supply for RH
- More members funding SSC

- Higher number of donors offering financial versus in-kind support for promoting SSC.
- Building bridges and creating the environment through which agreements and projects between developing countries can be formalized and implemented
- Increased access to a broad network of good practices and solutions that are likely to be replicated

SSC Intervention 2: Institutionalize the International Inter-Ministerial Conference on South South Cooperation in Population and Development.

PPD has created a new partnership mechanism with its member countries and UNFPA and hosted 16 consecutive International Inter-Ministerial Conferences on SSC for Population and Development which have resulted into SSC outcome documents and served as useful guidelines for participating countries in addressing country context specific reproductive health, family planning and emerging issues in population and development. This has become a unique platform for policy dialogues, experience sharing, bi-lateral meetings, peer review, exchange of knowledge, and showcasing the best practices.

Deliverable Strategy

1. Improve International Forum on South-South cooperation for population and development led by PPD, UNFPA and the MCs
2. Institutionalize the funding source of international inter-ministerial conference on population and development to ensure that the financial resources for IIMC are predictable, sufficient and sustainable.
3. Institutionalize bi-lateral meetings, experts dialogues and discussion on thematic issues related to population and development, and RH/FP.

Deliverables

- Increased Political Commitment with outcome documents on SSC to improve population and development
- Mobilized inter-agency cooperation on SSC
- Strengthened partnership between PPD and UNFPA and other agencies on population policy development
- Led resource mobilization direction/ideas for SSC to address RH, population and development in PPD countries

SSC Intervention 3: Knowledge management, experience sharing and pilot initiatives

Knowledge management that improves programs through data analysis and timely delivery

of high quality knowledge product. PPD will act as a leading organization for SSC and facilitate bi-lateral exchanges between countries in areas of common interest and best solutions for the implementation of the ICPD and the SDGs.

Deliverable Strategy

1. Institutionalized documentation and sharing of good practices and lessons learned, exchange of technology
2. Strengthened capacity of PPD Partner Institutions and Partner Country Coordinators in identifying good practices and documenting best practices
3. A group of SSC consultants mobilized for documentation and knowledge sharing
4. Activated national taskforce on SSC and NGOs network for consultation, dissemination and replication of best practices
5. Fostering communication across regions and countries to showcase SSC for improving RH, population and development
6. Publishing PPD e-journal focused particularly on PPD priority areas so as to build not only a new platform of experience sharing and exchanges but also an engaging network of scholars, program managers and policy makers among the MCs.
7. Upgrading PPD's IT communication tools such as Website, Facebook, Twitter and WeChat for better advocacy, information sharing, image building and communication.

Deliverables

- Best practices documented and disseminated among countries
- Created innovative solutions to address development bottlenecks
- Scaled up innovation that has proven to be successful
- Developed and maintained a database (knowledge bank) of policy, programmes and technical resources
- Strengthened capacity of Secretariat to facilitate and support knowledge management, networking and exchange of experience
- PPD e-Journal and newsletter published.

SSC Intervention 4: Capacity building and technical cooperation

Capacity and skills building is the most common initiative of SSC, pursued through technical cooperation, learning exchange and training projects. Governments of emerging economies and development agencies assist in the development of skills and capacity of professionals of low-income countries with programme and technical assistance. PPD will foster an understanding of the benefits of SSC and capitalize on capacity building, knowledge exchange and technical

cooperation, especially at the country level.

Deliverable Strategy

- Institutionalize systematic workshops for capacity building of national SSC focal persons and PPD partner institutions (PI) to strengthen national-level capacity for SSC
- Develop the training modules and prepare reference documents for capacity building training
- Explore opportunities and potential for PIs to strengthen their contributions to policy research on population dynamics
- Encourage MCs and PIs to expand the number and range of fellowship-supported training opportunities with a focus on RH and population and development, leadership and policy, strategic planning, program management, monitoring and evaluation and the planning and management of SSC initiatives
- Explore potentials and facilitate enhanced technical cooperation and technology transfer in priority areas that respond to country partner needs and capacities, including reproductive health commodity security, population census and vital statistics data generation, analysis and use, and the development and adoption of innovative information and communication technologies that advance progress towards ICPD goals.
- Strengthen capacities of health workforce including medical doctors, midwives and young professionals in sexual and reproductive health and family planning.

PPD Member countries committed to Adopt and strengthen our national policy to advance South-South and triangular cooperation, intensify sharing of knowledge, lessons learned, good practices and develop technical cooperation in population and development.

Tunis Commitment, September 2019

Deliverables

- Strengthened capacity at individual, national and system level for family planning, RH and maternal health
- South-South Technical Advisory Services (STAS) in RH Population and Development particularly to facilitate bilateral exchange study tours/exchange visits for policymakers for know-how, and adopting and scaling up best practices.
- Increased number of national SSC focal persons and PPD partner institutions (PI) trained to strengthen national-level capacity for SSC
- Increased number of countries provided scholarships to expand the number and range of scholarships-supported training opportunities
- Enhanced technical cooperation and technology transfer in priority areas that respond to country partner needs and capacities, including reproductive health commodity security that advance progress towards ICPD goals.

SSC Intervention 5: Creation of SSC Center of Excellence.

Developing countries collaborate to establish Centers of Excellence on SSC for Population and Development. China has established a Center of Excellence in SSC for Population and Development (China CPDRC) in 2017, and Tunisia, Indonesia, Thailand and Mexico have developed Centers of Excellence in SSC for Population and Development since 1994. These centers have been engaged in facilitating and increasing exchange programmes for capacity building and networking of academic institutions among the developing countries. These institutions also engaged in documenting and sharing knowledge and experiences among southern countries.

Deliverable Strategy

1. Establish SSC coordination committee with UNFPA and other relevant stakeholders. PPD will act as the Secretariat for advancing SSC for ICPD and SDGs in its member countries.
2. Identify the member countries willing to establish Centers of Excellence to serve as a platform to articulate sharing modalities, partnerships and technology transfer for implementing the ICPD and the SDGs.

Deliverables

- Increased number of Centers of Excellence in SSC for Population and Development in PPD member countries.

SSC Intervention 6: Improve strategic partnerships and resource mobilization.

SSC is an instrument for broadening the range and scope of contributions, and to leverage their effect through a new impact-oriented way of doing programming, mobilizing additional resources -- financial and human, and implementing innovative models such as co-investment schemes with the private sector. Putting in place innovative funding possibilities is critical, especially in cases where partner countries, despite technical expertise, have a low ability to finance activities. The implementation of the Strategic Plan 2020-24 requires many effective partnerships and relationships.

Deliverable Strategy

- Enhance strategic partnerships with UN agencies, Donors and International organizations that each member country recognizes
- Engage and work with emerging donors (South-South Cooperation Assistance Fund [SSCAF], BRICS and AIIB)
- Make a strategic shift from donor-dependency to a self-sustained mode
- Make greater effort to mobilize resources from the member countries against membership fee and other cash and in-kind contribution
- Enhance political will for SSC of the member countries which is a significant pre-requisite for mobilizing domestic resources
- Engage with relevant bilateral agencies that have reduced direct contributions in a

region, but wish to maintain their work in some countries for supporting SSC through a trust fund.

- Extend Partnership for SSTC beyond current constituencies
- Increase PPD membership in the under-represented regions and in a manner that enhances its presence in the regions with the greatest needs.

PPD member countries committed to make more efforts in supporting the development of effective Centers of Excellence to promote SSTC in RH and population

Tunis Commitments, September 2019

Deliverables

- Mobilized broader political support and commitments for SSC
- Mobilized additional resources and expanded the non-traditional donor base
- Improved self-sustained mode
- Worked with emerging donors including new development banks (SSCAF, BRICS and AIIB)
- Added 5 new members who recognize the value and philosophy of PPD on SSC and commit to pay membership fees

20. South-South Cooperation Institutionalization Enablers to Achieve Set Objectives

The PPD Strategic Plan 2020-24 lays out four critical South-South cooperation institutionalization enablers, which will increase the ability of PPD family members to achieve the set objectives. These are:

- Responsive and accountable governance system:** Achieving results depends on the responsiveness and an accountable governance system at the Secretariat and Board levels. Among numerous improvements in PPD's internal governance, it is important to strengthen financial controls and streamlined management functions.
- Responsive, effective, transparent and accountable Secretariat:** The Secretariat is the main organ of PPD that must be responsive, effective, transparent and accountable to the Board. The internal and external audit should be placed annually. Quarterly financial report to donors and PPD Chair office should also be submitted. Every three years, there should be an internal audit which is required to make a responsive Secretariat.
- Results-oriented, efficient and effective management:** PPD's results-oriented mission will be matched by a culture of managing for results. Under the Strategic Plan, the set principles, objectives and approaches will be embedded throughout PPD programmes, from conception and design to implementation, budget formulation, and monitoring and evaluation. The guiding principle for PPD management should be value for money. Innovative tools should be developed for results-based management and budgeting. In accordance with the governance directions, PPD will expand and strengthen national, regional and global level work through promoting partnerships with its partner

institutions, national level taskforce for South-South cooperation and international agencies including NGOs. PPD secretariat will ensure strong coordination with its Africa Regional Office and China Program Office. PPD will strengthen the involvement of member countries in the planning, implementation and monitoring of its programmes to ensure that its programmes respond to member country needs and priorities. It will build the capacity of National SSC Focal Persons to promote SSC at national level and ensure more commitments from countries for resource mobilization and implementation of country level activities to increase country level visibility of SSC.

- d. **Facilitate global dialogue among international partners:** It is essential to establish an international coordination committee with PPD serving as the Secretariat for advancing SSC for ICPD and SDGs.

- e. **Staff capacity to drive South-South cooperation:** The Strategic Plan highlights investments in the skills, knowledge, systems, and policies required to increase the capacity of PPD's staff. Appropriate training arrangement is to be made to strengthen staff capacity of PPD. Competent and qualified human resource is a key factor of organizational success, particularly while implementing a 5-year strategic plan to achieve results. In this regard, a Human Resource Development (HRD) plan will be undertaken for developing skills, competencies, knowledge and attitudes of staff of the organization.

HRD imparts the required knowledge and skills through an effective arrangement of training and development programs. The Staff Organogram along with job descriptions will be modified, particularly the job responsibilities of managerial level staff will be made specific and target oriented in order to strengthen organizational effectiveness and efficiency. PPD will take steps to improve its human resources as per the HRD strategies and emphasize continuous training as part of skill development among its staff so that they:

- develop capabilities required to perform various functions associated with existing and future roles
 - upgrade their general capabilities as individuals and explore their own inner potentials for organisational development
 - promote an organisational culture in which relationships among supervisors and staff, and collaboration and teamwork among sub-units are strong and contribute to the professional well-being, motivation and pride of employees.
- f. **Annual Plans and Periodic Plans based on Strategic Plan:** Annual work plans for different sectors and sub-sectors within the program thrusts will be based on this Strategic Plan. Annual Expected Results will be formulated within the identified Expected Results of the Strategic Plan. The key activities identified under each Objective will be translated into concrete activities every year.

 - g. **Scope for Improvement**

PPD shall take a key role in helping translate agreed goals and targets into operational strategies, and ensure that south-south and triangular cooperation is fully leveraged to realize these commitments. Expectations for improvement include:

- Strengthening PPD's focus on supporting country level capacities to nurture, plan and manage south-south cooperation – with particular attention to mainstreaming and building institutional capacities to support SSC.
- Tightening the results focus of the PPD secretariat's planning and budgeting, and its accountability to the Governing Board for results.
- Developing a clearer and more strategic and evidence informed advocacy agenda to be carried forward at the level of the UN by PPD Board members (Ministers) and Secretariat.
- Building confidence and cultures of SSC by expanding the number of concrete SSC initiatives and platforms, including expansion of the training and leadership development fellowship programs and increasing technology transfer and technical cooperation.
- Improving PPD's communications about its own priorities and work with the aim of building stronger appreciation and support for PPD's efforts.

For these changes to be successfully implemented there is also a need for PPD to ensure that PPD secretariat functions and capacities are fit for purpose; that the roles of the Permanent secretariat, Africa regional office, China Program Office and UN Observer in New York are well defined and coordinated; and that renewed attention be given to developing stronger relationships with strategic partners and to resource mobilization.

21. Monitoring and Evaluating the Implementation of the Strategic Plan

Monitoring and Evaluation

PPD will introduce the following mechanism to ensure the continued relevance of the objectives, expected results and key activity areas identified by the Strategic Plan:

Monitoring

PPD will monitor the Strategic Plan through the output, result indicators, deliverables strategies and deliverables as well as impact at the PPD priority areas. It will monitor the SSC conceptual framework and SSC Change Strategies (Interventions) of the Strategic plan through results and effectiveness of change at interventions levels.

Preparation of annual work plan and its successful implementation status will be used as a tool for monitoring the Strategic Plan. Analysis will be made on how the annual plan meets the targets and achieves the results as per the Strategic Plan.

Result-based performance framework

The Board, Executive Committee, PCCs, the Secretariat, and Regional and Program Office staff will be continually briefed and reminded of the strategic priorities, objectives and expected results of the Plan through the integration of this agenda in all works, interactions, workshops and meetings that bring the PPD people together at different times.

The Indicators for each of the Objectives articulate very clearly how success will look like and also provide a solid foundation for result based performance management framework. All the PPD constituencies are able to speak a common language about what achievements have been made rather than interpreting the results in different ways.

Reporting

The performance of various constituencies including that of the PPD Secretariat will be assessed against the progress made in achieving the objectives. A reporting framework that will capture and generate the information required for assessing the periodic progress made in achieving the objectives will be developed and implemented. PPD's Board and Executive Committee will review progress and provide necessary guidance to the management to take remedial measures where necessary. Annual report, ED's report, treasurer's report, outcome document of the conference, and implementation status of the decisions of annual board meeting are the main reporting tools for management control. PPD will ensure quality reporting for management control and monitoring the progress of the implementation of Strategic Plan.

Evaluation

Two external evaluations will be conducted during the implementation of the Strategic Plan: one at mid-term expected in 2022 and the other one at the end of the plan period in 2024 to assess the progress made in achieving the planned results. Furthermore, this will provide assurance to PPD that the progress is on track and provide feedback including the revision of input, strategies and activities. The end report will assess the achievement of the Strategic Plan and document its impact and success.

In addition, the following evaluation will also be made:

(a) To have an annual implementation review by PPD Exco and the Board

PPD's programmes are governed by the Board and the Executive Committee. The Board and the Executive Committee oversee the progress in the implementation and management of its programmes. Executive Director of PPD will report on the progress made in implementing the Plan based on the "results and resources framework" and the "results indicators" annually to the Executive Committee and the Board.

Projects or programmes designed in the Strategic Plan should undertake self-assessment according to assessment indicators or indexes at a certain time during the Strategic Plan period. Usually, the reviews will be done at mid-term and at the end of the Strategic Plan. i.e. at 2.5 years and 5 years of the SP. Implementation review report of the Strategic Plan will be provided to PPD Exco and Board. Annual implementation review by the PPD Exco and Board can be done for certain activities or programmes according to budget availability.

(b) To conduct annual auditing exercises and report their results to the PPD Board

Independent auditing exercises are very important for improving and strengthening programme and organization management. All funds should be used in a planned manner and within the budget

line.

The auditing exercises should be independent, objective and evident-based as they serve a legal basis for monitoring compliance with financial policies and effectiveness of the activities and programmes. The auditing report should be submitted to the PPD Exco and Board.

Multiple supervision mechanism of accounting and leadership should be established to ensure efficiency of funds using and prevent misappropriation and waste of funds. Self-correction should be conducted according to the auditing results. At the end of the 5-year Strategic Plan, the final auditing should be done by PPD treasurer country or Exco member countries.

(c) To conduct a survey on the implementation of the SP at ICPD +30

The corresponding survey to be conducted on a regular or irregular basis with selected qualitative and quantitative indicators or indexes will be developed, carried out and documented to reflect the results and concrete achievements of the implementation of the Strategic Plan at ICPD + 2030 agenda for member countries.

While internal review will be an annual process, a mid-term review facilitated by independent experts will be done after one and a half year of implementation of the Strategic Plan to assess the progress made in achieving the planned results and to revise the strategies if needed. Furthermore, this will provide assurance to PPD that the Plan is relevant and appropriate, and expected results are still valid in the emerging country situation and evolving internal realities.

Through these exercises, PPD Secretariat and alliance member states can find out the progress made in reproductive health and population development by SSC.

(d) To evaluate the resource mobilization situation of the PPD Secretariat

PPD ED should report to the Executive Committee and the Board each year on the progress of resource mobilization (RM) plan for implementing the annual work plan. The performance of RM is included as a key indicator of the performance of the Secretariat since the RM is so vital to the subsistence and development of the organization as well as the implementation of Strategic Plan.

22. Financial Plan and Resource Mobilization

22.1 Resource Requirements for five years (2020-24)

Total resources requirements during the next 5 years (2020-2024) are USD 5, 000,000 if the SP is to be implemented in full during the period. Among the total amount, 60% is essential to meet programme expenditure and 40% is for operating expenses. The Secretariat expects to mobilize

USD 5,000,000, of which 54% is from PPD membership fees and contributions, 30% from donors, and 16% from office rental incomes.

The PPD Africa Regional Office expects to mobilize USD 880,000 and China Programme Office expects to mobilize USD 1,000,000 over the next five years.



The expense of expected income is described as follows:

Description	Amount (USD)	Percentage
Program Expenditure	3,000,000	60%
Operating Expenses	2,000,000	40%
Total (approximately)	5,000,000	100%

22.2 Plan for Resource Mobilization

- To influence member countries to provide regular membership fee and encourage them further to make an additional contribution to PPD, apart from the annual fee of USD 20,000. Recover the long outstanding membership dues which is about USD 1.2 million as of 2019.
- To further strengthen partnership with UNFPA by implementing innovative projects on SSC advocacy, SSC Centers of Excellence, IIMCs, capacity building of national SSC focal points and persons, and SSC research projects.
- To work closely with South-South Cooperation Assistance Fund (SSCAF) in China for SSC projects as PPD is among the first group of a few international organizations who obtained the eligible qualification from SSCAF to apply for SSC projects in 2018.
- To explore opportunities for cooperation with potential partner organizations for

SSC project cooperation. The PPD Secretariat is expected to strengthen the internal capability and labor division and professional capability for resource development, including project proposal development.

- e. To build a good image of PPD through improved advocacy, improved management and improved efficiency.
- f. To ensure good management of the renting of the PPD office facility.
- g. To ensure good management, supervision and evaluation of RM programme.

23. Risk Management

Risk management in the implementation of the Strategic Plan is a process to identify, quantify, and mitigate any risk that is inherent in the execution of Plan. These risks may include:

- Diversity of expectations of various constituencies which is both a challenge and an opportunity for PPD.
- Lack of donors' fund for SSC
- Legal and regulatory change in member countries
- Changes in emerging issues and Technological changes
- Senior management turnover
- Political commitment of MCs

To mitigate the risk, PPD will ensure the following:

- Ensure good management and create more opportunities for the Secretariat Building.
- Carry out advocacy with emerging economies of PPD member countries for linking PPD with southern development banks like BRICS, AfDB and AIIB.
- Enhance partnership with UN agencies and other international agencies
- Ensure collection of member country contribution annually without dues
- Strengthen a result based management system including monitoring and evaluation
- Develop timely change management plans.
- Carry out performance evaluation of the staff regularly, reward them for more motivation and protect turnover of the qualified staff

24. Governance System of PPD

PPD's current governance system, institutional arrangements and organization structure is shown in Exhibit 4. The By-Laws and charters adopted by each member state regulate the governance and functioning of PPD. A brief description of roles and responsibilities is provided in the paragraphs that follow.

The Board

The PPD Board consists mainly of Ministers of Health, Population and Social Development from all 27-member countries and ensures the highest policy level commitments. Board members are envisaged to:

- Advocate for widening south-south collaborative exchanges.
- Support resource mobilization in both developed and developing countries.
- Guide and provide political and financial support to PPD.
- Nominate a Partner Country Coordinator.

The Board meets once a year. Annual meetings of the GB culminate in a “declaration” reflecting a consensus amongst members.

The Executive Committee (EXCO)

The Executive Committee consists of Nine (9) elected Members from the Board (Chair, Vice-Chair, Secretary and Treasurer and five general members). Members are representing each of the four main regions (Sub-Saharan Africa, Asia; North Africa and the Middle East; and Latin America and Caribbean). EXCO members serve two consecutive terms of 3 years each in the same position with the exception of Bangladesh, which has a permanent membership, by virtue of hosting the PPD secretariat in Dhaka. Further, the country hosting the ExCo meetings is an ad hoc non-voting member. The EXCO meets at least once a year between Board Meetings. Its role is to review/recommend annual plans and budget, monitor progress and provide guidance to the Executive Director of the Secretariat. Two Advisory Committees support the EXCO for Program, Planning and Development and Finance and Risk Management respectively; these committees meet once in a year and provide guidance on implementation of the annual plans.

Advisory Committees

Both the committees advise and make recommendations to the Executive Committee but do not make decisions. The Chair of each committee bears responsibility for ensuring that the principles outlined in this Charter are observed in the way each committee operates and performs its functions.

Finance, Audit and Risk Management Committee

The Finance Committee is comprised of eight members, and chaired by a Board member elected by the Board. The other Committee members include the Board Treasurer, five Partner Country Coordinators (PCCs) or delegated subject experts from the member states representing four PPD regions, where feasible. The PPD Executive Director is ex-officio member of the Committee. The Committee members can serve two consecutive terms of three years each. The Board Treasurer as Co-Chair will submit the committee meeting report to the Executive Committee.

Programme, Planning and Development Committee

The Committee is comprised of eight members, chaired by a Board member selected by the Board.

The other Committee members include the Board Secretary, five Partner Country Coordinators (PCCs) or delegated subject experts from the Member States representing the four PPD regions, where feasible. The PPD Executive Director is ex-officio member of the Committee. The Committee Members can serve two consecutive terms of three years. The Board Secretary as Co-Chair will submit the committee meeting report to the Executive Committee.

Partner Country Coordinators (PCCs)

The Partner Country Coordinator (PCC), a senior government official, designated by each Board Member shall develop the country's annual south-south work-plan, initiate and support PPD's activities in each country, co-coordinate with the Secretariat and in-country donors, and document and disseminate information about projects, organizations, and individuals engaged in south-south initiatives. PCCs meet annually for consultative discussions and suggestions on how to strengthen south-south cooperation activities among PPD's countries.

The PCC shall provide assistance and support to the Secretariat's work in his/her country, including management and logistical support for PPD meetings taking place within the member country. The PCC shall coordinate PPD work with other national, regional, sub-regional and international organizations and institutions based in the member countries and assist in establishing South-South National Task Force or Center of Excellence at the country level.

The Secretariat

The PPD Secretariat shall comprise of an Executive Director (ED), a Deputy Executive Director (DED) and such staff as the organisational organogram prescribed. The ED and the DED shall be recruited and appointed by the Executive Committee with the approval of the Board. The ED shall be the chief administrative officer of the Organization. The ED shall be appointed from a developing country by the Executive Committee with the approval of the Board on the basis of job description. In order to ensure effective accountability for the Secretariat management, the citizen of Bangladesh is not eligible for ED's post since Bangladesh is a permanent host country of the Secretariat.

The ED with the assistance of DED and the senior professional staff shall act in that capacity in all meetings of the PPD Board, Executive Committee, Advisory Committees and PCC meetings and shall perform such other functions as are entrusted to him/her by these organs. The Executive Director shall make an annual report to the Board, Executive Committee and shall update the advisory committees on the work of the Organization.

Each member of the PPD undertakes to respect the exclusively international character of the responsibilities of the staff of PPD staff and not seek to influence them in the discharge of their responsibilities.

The Secretariat shall facilitate impact oriented cooperation, SSC exchanges and cooperation among member states and other SSC stakeholders.

The Secretariat shall mobilize resources; explore triangular cooperation and other opportunities for expansion, transfer and promotion of SSC initiatives.

The Secretariat shall regularly translate the decisions of the Executive Committee and the Board into annual work plans and programs ensure their implementation and report to the next meeting.

The Secretariat is entrusted to maintain its agreement with the original mandate of PPD particularly for promoting SSC in the field of RH, Population and Development.

The Secretariat will engage to maintain and update a database and facilitate utilisation of experts and consultants based in the South to provide applicable solutions to context specific and similar challenges in RH, Population and Development in Southern countries.

The Secretariat shall, share technical expertise with, and provide support to, the member states and other partners in the application of SSC as an alternative strategy for the implementation of the ICPD beyond 2014 and SDGs.

The Secretariat shall be a custodian accountable for the efficient and effective management of PPD financial resources, resource bases and other fixed assets.

Africa Regional Office (ARO)

PPD opened the ARO in Kampala, Uganda in Feb 2007 to support the SRH program in Africa while fostering SSC. Apart from organizing forums and meetings on SRH, the ARO conducts high level policy dialogue with African leaders and other stakeholders to facilitate effective transfer of knowledge, information and technologies and commodity security through SSC.

A Regional Program Director shall head the Regional office and shall be supported by professional and support staff members.

China Programme office

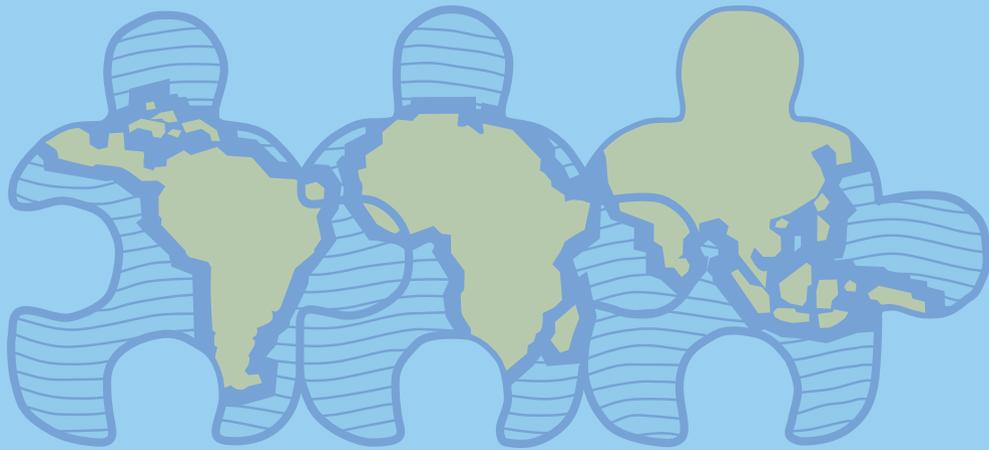
The China Programme Office was set up in 2006 primarily to take the lead in building staff capacities for the promotion of SSC in reproductive health, population and development. The China Programme Office is headed by a full time Program Director and is fully supported by the Government of China.

PPD UN Observers

PPD was conferred with Permanent Observer Status at the UN General Assembly in November 2002. According to the requirement of UN, PPD maintains a liaison office to the UN in New York. The role of the office is to:

- Provide high-level representation for PPD at meetings of the General Assembly, Economic and Social Council, UNDP/UNFPA Executive Board and other UN agencies

- Maintain regular liaison with the Permanent Missions of PPD member countries and other UN members, and senior officials of UN Organizations
- Undertake advocacy and resource mobilization activities and develop or participate in projects relevant to the work of the PPD



PPD Secretariat Building Complex
Shere-E-Bangla Nagar, Agargaon, Dhaka1207, Bangladesh