

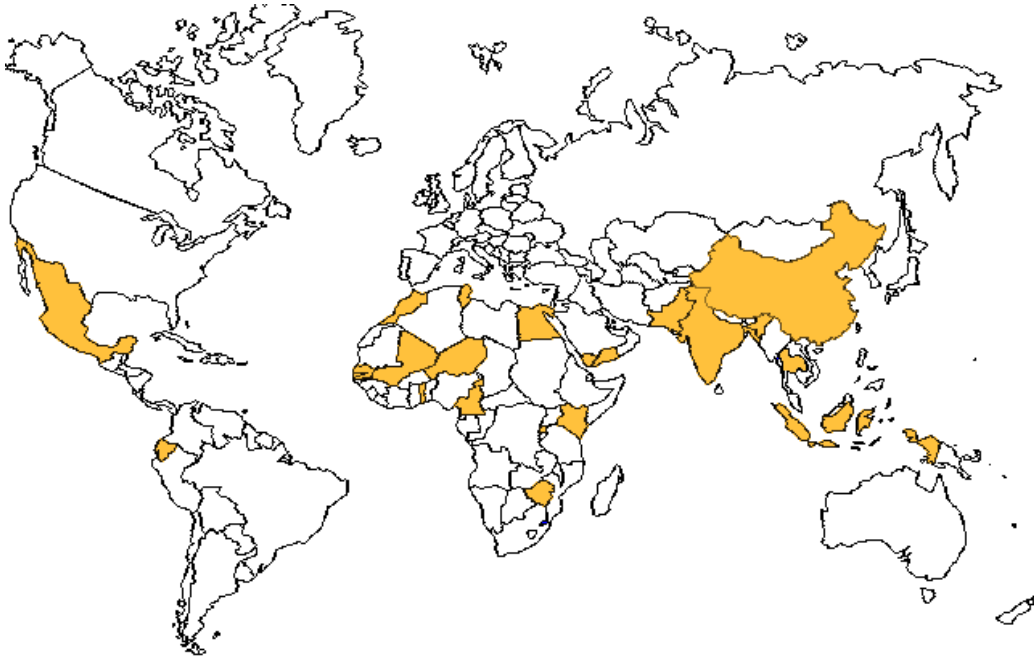
# **Annual Report**

## **2005**

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## Member Countries of Partners in Population and Development (PPD)



PPD covers 54% of the world population



Bangladesh



Indonesia



Pakistan



Benin



Jordan



Senegal



China



Kenya



Thailand



Columbia



Mali



Tunisia



Egypt



Morocco



Uganda



The Gambia



Mexico



Yemen



India



Nigeria



Zimbabwe

# EXECUTIVE COMMITTEE MEMBER

## Chair, PPD Board

### **H.E. Zhang Weiqing**

Honourable Minister

National Population and Family Planning Commission of China (NPFPC)

Government of the People's Republic of China

14 Zhi Chun Road, Haidian District, Beijing 100088, China

## Vice-Chair, PPD Board

### **H.E. Mme Maiga Zeinab Mint YOUBA**

Honorable Minister, Ministry of Health

Government of the Republic of Mali

Koulouba, Bp 232 (P.O. Box)

Bamako Mali

## Secretary, PPD Board

### **H.E. Dr. Cheikh Mohamed Biadillah**

Honourable Minister of Health

Government of the Royal Kingdom of Morocco

335 Avenue Med V, Rabat, Morocco

## Treasurer, PPD Board

### **Dr. Jotham Musinguzi**

Director, Population Secretariat

Ministry of Finance, Planning & Economic Development

Government of the Republic of Uganda

Crane Chambers, Plot 38, Kampala Road

PO Box 2666, Kampala, Uganda

## Member, Host Country, PPD Board

### **H.E. Dr. Khandaker Mosharraf Hossain**

Honourable Minister

Ministry of Health and Family Welfare (MOHFW)

Government of the People's Republic of Bangladesh

Bangladesh Secretariat, Dhaka-1000, Bangladesh

## I. MESSAGE FROM THE CHAIR

The core concept of South-South cooperation in population and development remains as valid today as it was in 1994 when the establishment of Partners in Population and Development (PPD) as an intergovernmental alliance of developing countries was announced at the UN International Conference on Population and Development in Cairo, Egypt. South to South cooperation seeks to maximise the impact and outreach of the experiences gained and the lessons learned by developing countries in population and development activities throughout the developing world through policy dialogues, training, research, exchange of information and practical cooperation in such areas as commodity security.

In the past ten years, PPD has undertaken programmes and activities in all of these areas. Through experience, PPD has learned, and its new strategic direction points this out clearly, that to be effective, PPD's limited resources must be focussed on a few, clearly defined policy and programme objectives. Much greater involvement and participation of member countries in pursuing these objectives will also be needed to fully implement these objectives.

During 2005, PPD has sought to sharply refocus its programme approaches along these lines and its secretariat has been reorganised in the same context. It is our hope that by focussing on a set of specific objectives relating to implementation of ICPD goals in the context of the Millennium Development Goals, integration of RH and HIV/AIDS programme and promotion and strengthening of increased contraceptive commodity security, PPD will further strengthen South-South cooperation in these areas to the increasing benefit of member countries as well as non-member countries associated with these activities.

Member countries pledged at the 10th Board Meeting of the Partners in Agra, India in 2005 much stronger support for PPD and much greater involvement in its activities in the coming years. They sincerely hope that PPD will also receive renewed support in its endeavours from International organizations such as UNFPA as also governmental aid agencies and private foundations.

As we are now entering into a new era, and with a new leadership at the Secretariat, it is my earnest wish that PPD moves forward with strong commitment and renewed determination. I am confident that the PPD will have a great future and I wish the very best of success to PPD and all its member countries.

I would like to take this opportunity to thank all my colleague Ministers of PPD Board for their trust in me and for having re-elected me to serve a second term as chair of this prestigious organization. I commit to keep up to their expectations and look forward to a very fruitful collaboration and support.



H.E. Zhang Weiqing  
Chair, PPD Board

A handwritten signature in Chinese characters, '张维庆' (Zhang Weiqing), written in black ink.

**Zhang Weiqing**

Chair, Partners in Population and Development

Minister, National Population and Family Planning Commission of China

## II. STATEMENT FROM THE EXECUTIVE DIRECTOR

It is my pleasure associating myself with the Chair of PPD and presenting to you the Annual Report of 2005. I joined PPD in January 2006 and hence all the achievements highlighted in this report are attributed to the staff of PPD who were involved in 2005 and to whom I am thankful and very appreciative.

This report highlights the major activities undertaken in 2005 with a brief statement on the financial status of PPD as at December 2005. All these realizations would not have been possible without the direct contributions of the Board Members and the Partner Country Coordinators (PCCs) in each of the countries aligned to PPD. The contribution of the donor agencies and governments have been very appreciative, most particularly UNFPA, Packard Foundation, Hewlett Foundation and the Government of the Netherlands. I would like here to take this opportunity to thank all our donors, contributors, affiliate countries, staff and well wishers for their support, assistance and commitment. I would like to thank particularly the Chair of PPD, H.E. Mr. Zhang Weiqing, Honourable Minister, National Population and Family Planning Commission, Government of China for his advice and guidance and his very encouraging remarks to me personally.

The year 2005 carries a special significance in the history of the organization. It is the year that witnessed the beginning of the second decade of the Alliance's journey towards human development and welfare, that heralded a new era of South-South cooperation in population and development, and that marked a new threshold in the implementation of a new 10-years strategic direction completing the transition in the governance and executive leadership of the Alliance. For the first time, the Governing Board re-elected the entire existing Executive Committee for a second term acknowledging their extraordinary leadership during the previous term and to effectively manage the transition in the executive leadership at the Secretariat.

PPD is a unique organization and distinguishes itself from all other intergovernmental organizations. We are proud to be "Partners" and we are determined to move forward with invigorated strength, enthusiasm and dedication. However, the imperatives of globalization and the new changing Sexual and Reproductive Health scenario delineate that the way forward is towards coalition building and linkages establishment. This forms the basis for the very spirit of South-South cooperation which PPD is destined to promote. I am confident that the spirit has now been rekindled. It is my wish that all stakeholders, including donor agencies, civil society and governments extend additionally their support and assistance to the cause of South-South cooperation, which is the affair of all, including the North. We have the commitment, determination and capacity. We need a little of more dedication from our well wishers. I am happy to notice positive signals and wish brighter days ahead. Thank you.



**Sangeet Harry Jooseery**  
Executive Director

## III. ORGANIZATION

### A. Brief History of PPD

The unprecedented population explosion throughout the world, particularly in the eastern hemisphere, during first half of the twentieth century triggered large-scale international development cooperation by the international community. Three successive decades of North-South cooperation and massive transfer of technology and resources from developed to developing countries through bi and multilateral channels produced remarkable success in contraceptive prevalence, fertility decline and stabilization in population growth worldwide. However, attaining comprehensive and sustainable sexual and reproductive health and rights for men, women and adolescents through universal access to reproductive health information, services and commodities; reduction in maternal morbidity and mortality; prevention and treatment of Sexually Transmitted Diseases (STD) and combating HIV/AIDS pandemic still remain grossly unmet.

After thirty years of efforts many developing countries have evolved successful programs with pools of planning, programming, supervisory and evaluation expertise that could be made available to help with family planning and sexual and reproductive program development in other less advanced countries. Many of these developing countries stepped into the forefront of design and implementation of population policies and programs and were eager to share their knowledge, experience and expertise with countries in the early stages of formulation and implementation of policies and programs and looking for more effective approaches. South-South cooperation is increasingly seen as an innovative, cost-effective and result-oriented modality for transferring and exchanging relevant knowledge, experience and expertise in the areas of reproductive health and population among developing countries. The preparatory process leading to the 1994 International Conference on Population and Development (ICPD) in Cairo gave South-South cooperation particular impetus. Recognition of the need to give this concept a specific framework of its own led to the decision by a group of 10 developing countries to establish Partners in Population and Development (PPD) as an Intergovernmental Alliance during ICPD conference. ICPD Programme of Action ratified by 189 participating nations accepted as the framework for the South-South cooperation towards:

- Appropriate integration of sexual and reproductive health programs into family planning initiatives;
- Ensuring adequate allocation resources for securing the availability of broad range of essential products and services in reproductive health;
- Addressing adolescent sexual and reproductive health;
- Significantly slashing maternal morbidity and mortality and ensuring safe motherhood;
- Combating the scourge of STD/HIV/AIDS pandemic and integration of effective prevention, care and treatment of STD/HIV/AIDS within the broader framework of family planning and reproductive health programs;
- Alleviation of poverty and enhancement of the quality of life of the people;
- Establishment of gender equality and equity in every sphere of economic, social, political and cultural arena;
- Development and implementation of vital health reforms towards greater health equity;

The Alliance established itself as a legal entity by adoption of its organizational Charter, the By-Laws; constituted its vision, mission, strategic directions and institutional framework; and elected the first Governing Board and Executive Committee in its first Annual Board Meeting in May 1995, from where it commenced its formal operation. The Permanent Secretariat of the Alliance was established in Dhaka by an unanimous consensus to carry out its executive functions.

### B. Vision

Our Vision is that by the year 2014, Partners in Population and Development, as an Intergovernmental Alliance, is driving the global reproductive health and population agenda to attain sustainable development.

## C. Mission

Our Mission is to assist each other and other developing countries to address successfully the sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development challenges through South-South collaboration by raising a common voice and sharing sustainable, effective, efficient, accessible and acceptable solutions considering the diverse economic, social, political, religious and cultural characteristics of our countries.

## D. Strategic Directions

The core strategic directions of Partners in Population and Development are:

- ALIGN with member countries' priorities.
- ALLIANCE building at all levels
- ADVOCATE for the Alliance and its priorities
- ASSETS creation and consolidation for the Alliances' sustainability

## E. Strategic Goals

### **1. ALIGN: The Alliance will align and be responsive to member countries priorities in reproductive health and rights, including family planning and HIV/AIDS, population and development**

During its first decade of establishment, PPD formulated its programs in line with global priorities in reproductive health including family planning and HIV/AIDS, population and development. However, with progressing time, member countries demanded that more emphasis be put in addressing specific country and regional needs and concerns such as adolescent's reproductive health, reproductive health commodity security, migration and ageing. This strategic direction represents a shift for PPD to focus on meeting the requirements and providing solutions to the needs and concerns of the member countries.

### **2. ADVOCATE: The Alliance will obtain support from different stakeholders, both at national and international levels by advocating for South-South collaboration**

South-South collaboration as an approach or methodology has not been clearly understood or fully utilized in scaling up the successful interventions through effective partnerships in addressing reproductive health programmes. Over the last decade, PPD has published lessons learned on how South-South collaboration can be a more efficient in saving time and resources in trial and error. Advocacy will bring to bear the application of these lessons through the multiple channels that the Alliance has at its disposal in particular, in its status at the United Nations General Assembly to advocate for scaling up interventions through South-South collaboration. The following scenario supports this concept:

*An 18-member Commission on Macroeconomics and Health led by Jeffrey Sachs, reported that, "Investing in health and making improvements in health is crucial for economic growth and also for the achievement of the Millennium Development Goals. The majority of diseases faced by developing countries are preventable using interventions already existing in the world. Scaling up these interventions world-wide and enabling the poor to access them, would save 8 million lives each year by 2010 and this would provide a distinct way of reducing poverty, stimulating economic growth and human security".*

### **3. ALLIANCES: PPD will form alliances with selected stakeholders to advance strengthened partnerships in meeting the ICPD/PoA and the MDGs in the member countries**

The increasingly complex challenges in the fields of reproductive health population and development exceed the capacity of any single organization or sector to overcome them. In 1994, ICPD Programme of Action identified partnership as the way forward in the implementation of this multifaceted agenda. PPD in itself is a partnership for South-South collaboration beyond government



constituencies to multiple other sectors and stakeholders at national and international level. This puts the Alliance in the best position to address resource constraints and bring revolutionary reforms in the field of reproductive health, population and development.

**4. ASSESTS: The Alliance will increase its financial base assets for supporting South-South collaboration activities on a sustainable basis, diversifying the sources of funding and raising its Endowment Fund**

The Alliance is making a strategic shift from donor-dependency to become self sustained. Greater effort is to be made to mobilise resources from the member countries and the private sector. This would entail involving other government ministries beyond health and population, such as treasury, foreign affairs, education and women affairs. Higher political will of the member countries is a significant pre-requisite to successful mobilization of resources. .

## IV. PROGRAMME ACTIVITIES

### A. South-South Technical Advisory Service (STAS)

Consultants are increasingly becoming an essential and integral part of the business and professional community, making solid and substantial contribution to the development of any organization. Thus, in 2001, PPD recognized the need to develop, enhance and mobilize consulting capacity and capability in its member countries. PPD established a consultant database consisting of highly skilled professionals from its member countries with some consultancy experience and high commitment to serve institutions in other developing countries. The aim has been to build and boost their consultancy competence in terms of skills and abilities in order to give them greater professionalism and the necessary visibility and acceptance in the global consulting arena. This initiative is called South-South Technical Advisory Services (STAS) and is generously funded by the Ministry of Foreign Affairs, The Government of Netherlands. This project commenced in January 2001 and is expected to terminate in December 2006.

During 2005, twenty six new consultants from eleven developing countries joined this database making the total number to be 100 consultants from twenty-seven developing countries. The consultants are experienced in research, training, advocacy, monitoring, evaluation and overall management of reproductive health, population, gender and poverty alleviation programs.



PPD Consultant Network. 27 Countries in 4 Regions

There is an exclusive website ([www.partners-popdev.org](http://www.partners-popdev.org)) with detailed profiles of each of the consultants listed in the database. All the consultants listed in the database have been trained in the latest consulting skills and approaches. The training introduced some practical and applicable procedures and practices in managing and dealing with clients and carrying out effective consulting services. It also introduced additional sessions on preparing reports, understanding clients, effective CV writing, self-marketing and promotion, presentation, effective listening and negotiations skills. The consultants are always encouraged to share information on any new consulting offer or opportunity with other consultants through the list serves (group e-mail addresses) which has been specially set up for this purpose.

To join the PPD CONSULTANT DATABASE, you need to:

- Have a Minimum master's degree in social sciences, reproductive health or medicine
- Have working experience within the field of reproductive health, population and development
- Have experience of working in, and knowledge of, developing countries

- Have experience of consultancy
- Have excellent writing and communication skills

And if you are:

- Fluent in English and/or French
- Ready to undertake short or long-term consultancy assignments

Send in your full CV (no more than 3 pages) with three references and full contact details by fax: 880 2 8829387 or email at: [stas@ppdsec.org](mailto:stas@ppdsec.org)

## B. Visionary Leadership Programme (VLP)

The PPD Secretariat is implementing this leadership development project in consortium with International Council on Management of Population Programmes (ICOMP) and Centre for African Family Studies (CAFS), which is funded by The David and Lucile Packard Foundation. The overall objective of the project is to contribute to the improvement of the reproductive health and rights of men, women and adolescents of the selected countries namely Ethiopia, India, Nigeria and Sudan, since late 2002 through the creation of a critical mass of visionary leaders and strengthening their knowledge and skills.



National Dissemination Workshop in Nigeria



National Dissemination Workshop in Ethiopia



National Dissemination Workshop in India



National Dissemination Workshop in Sudan

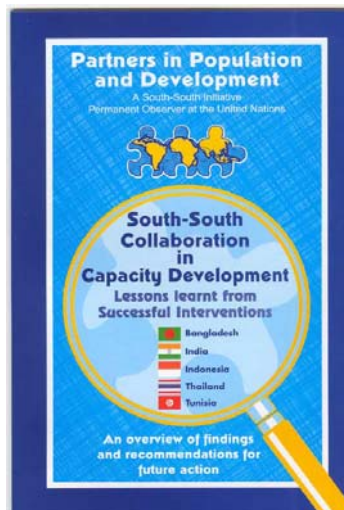
The VLP Task Force convened its Eighth Meeting in Kuala Lumpur, Malaysia in July 2005 where the plans for the final project activities were discussed and agreed upon. In September 2005, four National Dissemination Workshops (NDW) were organized in Nigeria, Ethiopia, Sudan and India. At the end of two and a half years of successful project implementation, the NDWs identified and promoted a group of committed and trained visionary leaders in population and reproductive health. The principal objective of the NDWs was to share experiences and, “showcase” the actions and achievements of the VLP participants (known as “VLP Fellows”) in their professional capacity and as VLP graduates. The workshops were actively participated by the fellows, representatives from anchor institutions, mentors, donor agencies and other stakeholders.

The project ended in August 2006.

## C. Capacity Development through South-South collaboration programs

During the last decade, many developing countries gained a vast range of experience in designing, implementing and monitoring population programmes through South-South collaborations. However, there is an increasing need to analyse and understand the planning and managing process as well as the added value of this mechanism as a useful tool for programme implementation.

A study was undertaken consisting of sixteen capacity development initiatives in five selected countries i.e. Bangladesh, India, Indonesia, Mexico, Thailand and Tunisia. The objective of the study was to analyse the experiences gained and lessons learned from the South-South collaboration implementation process. Capacity is defined as the ability of individuals, organizations and systems to perform in support of their development objectives. Each case represented a unique experience in terms of the nature of the intervention, their duration, scope of work and institutions involved. The South-South activities selected for the study were in the area of training, research, advocacy and commodity exchange in RH/FP, safe motherhood and HIV/AIDS were implemented by GOs, NGOs universities and professional associations. The data was collected through interviews, group discussions, reports and publications. Most cases of South-South collaborations were found to be beneficial for both the providers' and recipients' sides. They have also been significant and meaningful in terms of their conceptualization, implementation, and evaluation mechanism.



Final Report of the South-South Collaboration in Capacity Development

The five country experiences and a full report synthesizing the findings of these reports along with concrete recommendations for improving future South-South Collaborations are available on our web site: [www.partners-popdev.org](http://www.partners-popdev.org)

PPD is grateful to UNFPA for its generous support to complete this project successfully.

## D. Linkages between Millennium Declaration and ICPD Goals

The main objectives of the project were to further examine the relationship between the ICPD and the Millennium Development goals (MDGs) at country level in reproductive health and family planning, to help define how countries can assess progress on the ICPD and MDGs in this context, and to review and update the ICPD resource mobilization goals taking into account the latest country level assessments of specific needs and requirements.

Under this project, PPD conducted a global assessment of the performance of its member countries in implementing programs in attaining the ICPD and Millennium Development Goals and proposed specific strategies to address the constraints in improving the outreach and effectiveness of their performance. A comprehensive report was prepared on the study and its findings. A policy dialogue

consisting of senior members of the UN community and specially invited experts was organized during the United Nations' session of the Commission on Population and Development in 2005 where the findings of the report were discussed.

This was the second phase of a project funded by the UNFPA under which a series of very successful policy dialogues were organized by PPD in the previous year at the United Nations' Complex in New York. The Policy Dialogues were titled "Population and the Millennium Development Goals", "Family Planning, Reproductive Health and Development", "Population and HIV/AIDS" and "Empowerment of Women". The outcomes of the dialogues were published in four monographs and distributed by PPD.

## V. BRIEFING NEWS

### A. International Forum on Integration of ICPD and Millennium Development Goals

The International Forum on Integration of ICPD and Millennium Development Goals was jointly organized by PPD and the Ministry of Health and Family Welfare, Government of India in Agra, India in November 2005. It was supported by the United Nations Population Fund (UNFPA) and the William and Flora Hewlett Foundation.

The International Forum brought together 200 participants around the world consisting of Ministers of Health and Population and senior decision makers from PPD member states, representatives from leading international organizations, research institutions, NGOs, experts and resource persons to deliberate on the agenda of the event. The major themes addressed in the Forum were: (1) Integration of ICPD and Millennium Development Goals, (2) Integration of Reproductive Health and HIV/AIDS Services, and (3) Reproductive Health Commodity Security.



H.E. Zhang Weiqing, Chair – PPD Board delivering a speech in the opening ceremony of International Forum on Integration of ICPD and MDG

The Forum provided a platform for sharing and exchanging information, knowledge and experience gained by various countries throughout the process of integrating the ICPD and Millennium Development Goals, Reproductive Health and HIV/AIDS Services and ensuring reproductive health commodity security in their countries. At the conclusion of lively discussions and deliberations, the participants unanimously agreed on a set of recommendations which was published through a formal Declaration for future follow up and implementation through South-South collaboration.





From the left, Mr. Abdou Issa Dieng, PCC Sengal  
Ms. S Jalaja, Additional Secretary, Ministry of Health and Family Welfare India  
H.E. Dr. Khandaker Mosharraf Hossain, Honorable Member PPD Board Bangladesh and  
Dr. Nafis Sadik, Executive Director, UNFPA

The Forum reaffirmed its commitment to use effectively the available external and internal resources to achieve ICPD and Millennium Development goals. It recognized the importance of empowering people at the community level and putting them first with a focus on healthy life. It also urged the participants for paying special attention to the poor to achieve these goals.

It recognised the importance of improving human resources, developing institutional capacity and strengthening integration of reproductive health and HIV/AIDS programmes. The Forum called on the Governments to secure a political will to make accessible quality reproductive health commodities for its people, and committed itself to promote, follow up and monitor the implementation of the Agra Declaration.

The Agra Declaration (at Appendix-1) contained key recommendations, strategies and follow up actions for the PPD to be executed through South-South collaboration. In its 2005 Annual Board Meeting, which took place immediately following the Forum, the PPD Board Members fully endorsed its conclusions and recommendations and agreed that these would guide the future policy and programme directions of PPD member states.

The Forum reaffirmed the commitment to achieve universal access to reproductive health information, services and commodities by 2015 and to include them in the national strategies. While urging the developed countries to increase their Overseas Development Assistance (ODA) so as to reach the internally agreed target of 0.7 per cent of their Gross National Product (GNP), it committed itself to mobilize increased resources for attaining the ICPD and the Millennium Development Goals.





Participants of the Forum in front of the Taj Mahal, Agra, India.

## B. Consultative Meeting on Generic Drug

A consultative meeting on “The Role of Generic Products in Meeting Reproductive Health Commodity Needs in Lower and Middle Income Countries” was held in New Delhi in November, 2005. The purpose of the meeting was to discuss contraceptive commodity gap and how it is being addressed, to assess the impact of Trade Related Intellectual Property Rights (TRIPS) on generic pharmaceuticals and to consider what actions are required to address the constraints and obstacles to international supply. The meeting comprised representatives of several generic drug manufacturers as well several experts and resource persons. The meeting was organized by PPD and funded by UNFPA.



Panelists of the Generic Drug Manufacturers Meeting in New Delhi, India.  
From the left, Mr. Peter Hall, Mr. David Smith, Chief - Procurement Division UNFPA  
Mr. S P Sharma, Mr. Jyoti Singh, PPD Permanent Observer at UN, Mr. A. P. Singh PCC India.

The main objectives of the meeting were to ascertain what role generic drug manufacturers can play in assuring the availability of contraceptives, to discuss how the gap between the demand and supply can be bridged and how these two can be mixed to arrive at an affordable price, to discuss how South-South initiative can play a vital role in assuring the constant supply of good quality

contraceptives to the countries where they are most needed at an affordable price and to promote South-South learning and exchange of information on this vital issue of common concern.

The meeting was attended by representatives of several generic drug manufacturers, eminent experts and resource persons in the field. The Keynote Presentations based on the study, commissioned by PPD on manufacturing of generic contraceptive drugs in five of its member states, constituted the main theme of the meeting. The meeting also discussed other issues such as the contraceptive commodity gap and how is it being addressed, Hormonal contraception – what products are being manufactured in Asia and what are the constraints and obstacles to International supply, Drug regulation in India.

Following is a set of recommendations proposed during the meeting:

- A set of standard guidelines for medical devices should be developed adapting the guidelines developed by developed countries such as Australia, Canada, Japan and United States and adopted as standard guidelines by all countries.
- Governments should recognize the fact that generic drugs are of the same quality and efficacy as that of the branded drugs and should make generic pills widely available in their countries.
- The technical knowledge and methodology for design and development of high quality registration dossier should be made available to the countries to enable easy product registration.
- A collaborative network needs to be set-up, which can discuss and work on the issues of raising the capacity of generic manufacturers and ensuring that the production facilities are appropriate.
- An international quality control mechanism needs to be developed in close consultation with WHO.
- Intensive marketing ventures need to be undertaken to change the perception of the donors that products from developing countries are not good.

### **C. Honourable Minister of Health and Family Welfare, Bangladesh visits the PPD Secretariat**

H.E Dr. Khandaker Mosharraf Hossain, Honourable Minister for Health and Family Welfare (MOHFW) and Bangladesh Board Member and Ex-Officio Member of the Executive Committee visited the PPD Secretariat in November 2005 to meet with the Executive Director and staff members of PPD Secretariat. During the visit of the Honourable Minister, the Executive Director of PPD presented the ongoing and planned programmes as well as the concomitant opportunities and challenges the



Dr. Timothy Gandaho, former Director of PPD handing over a crest to H.E Dr. Khandaker Mosharraf Hossain Honourable Member PPD Board and Minister of Health and Family Welfare (MOHFW) Bangladesh.

Alliance encountered ever since its inception during the past decade (i.e. 1994-2004). The staff also shared additional information on specific projects and related activities during the discussion session. H.E. Dr. Hossain congratulated the Executive Director and the staff members for their continued effort to the attainment of the ICPD and Millennium Development Goals through South-South Collaboration and assured PPD of full support from the Government of Bangladesh and wished the Secretariat success in its future endeavour.

#### **D. Visit of the Chinese Delegation to PPD**

A twelve member Chinese delegation comprising of representatives from the Chinese Government and pharmaceutical and contraceptive manufacturers led by Mr. Liu Jiwu, Director General, China Contraceptives Supply and Development Centre (CCSC) visited the PPD Secretariat in August 2005. The delegation was interested to discuss and explore the possibilities of establishing strategic partnerships among member countries of PPD to meet their reproductive health commodity needs. The delegation also visited the Ministry of Health and Family Welfare (MOHFW) and the Directorate of Family Planning for similar talks with the Bangladesh Government.



Visit of the Chinese Delegation to PPD

#### **E. Harry Jooseery, the New Executive Director**

Following a recruitment exercise by Board Members, PPD is now headed by a new Executive Director, Mr. Harry Jooseery. Nomination was endorsed by Board Members at its 10<sup>th</sup> Annual Board Meeting held in Agra in November 2005. Harry Jooseery is a Social Scientist with a medical background. He holds expertise in Reproductive Health. He was the former Executive Director of the Mauritius Family Planning Association and Consultant with UNFPA, UNDP, UNICEF and IPPF. He also served at the UN Mission in Mauritius and in many developing countries. He was the recipient of IPPF Gold Medal in 2005, and assumed office in January 2006 as the 4<sup>th</sup> Executive Director of PPD.

#### **F. Executive Committee Re-elected**

The Executive Committee of PPD, consisting of a Chair, Vice-Chair, Secretary, Treasurer and a host country representative, is elected every three years by the Board. The last election of the Executive Committee took place in November 2005 in Agra, India during the 10th Annual Board Meeting. The Board unanimously re-elected the existing Executive Committee for a second term. The Executive Committee Members are:

Chair: **H.E. Mr. Zhang Weiqing**  
Minister, National Population and Family Planning Commission (NPFPC),  
Government of the People's Republic of China

Vice-Chair: **H.E. Mme Maiga Zeinab Mint YOUNA**  
Minister, Ministry of Health, Government of Mali

Secretary **H.E. Dr. Mohamed Cheikh Biadillah**  
Minister of Health, Government of the Kingdom of Morocco

Treasurer **Dr. Jotham Musinguzi**  
Director, Population Secretariat, Ministry of Finance, Planning & Economic  
Development, Government of Uganda

Member,  
Host country of  
PPD **H. E. Dr. Khandaker Mosharraf Hossain**  
Minister of Health and Family Welfare  
Dhaka, Bangladesh

## **VI. GOVERNANCE**

### **A. Tenth Executive Committee Meeting Bamako, Mali, April 2005**

10<sup>th</sup> Executive Committee Meeting of PPD was held in Mali from 25-27 April 2005. The meeting was presided over by the Honourable Chair of PPD Board H.E. Mr. Zhang Weiqing, Minister of National Population and Family Planning Commission of China. The meeting was attended by the Vice Chair, H.E. Mme Maiga Zeinab Mint Youba, Honourable Minister of Health, Government of Mali, Secretary, H.E. Monsieur Mohamed Cheikh Biadillah, Honourable Minister of Health, Government of the Kingdom of Morocco, Treasurer, Dr. Jotham Musinguzi, Director, Population Secretariat, Government of Uganda, H.E. Mr. Mizanur Rahman Sinha, Minister of State, Ministry of Health and Family Welfare, Government of Bangladesh. Mr. Sinha represented H.E. Dr. Khandaker Mosharraf Hossain, who is the Ex-Officio Member to the Executive Committee as the Board Member of the Host Country of the PPD Secretariat.

While the meeting reflected as usual on the governance, programmatic, operational and financial issues of PPD, it unanimously took the following landmark decisions for immediate implementation:

1. Dr. Timothee Gandaho will conclude his tenure of service as the Executive Director of PPD at the expiry of his present contract by the end of December 2005. The Executive Committee mandated the Treasurer of the Board to initiate the process of recruitment for a new Executive Director to succeed Dr. Gandaho and to assume office in January 2006.
2. The Executive Director will immediately restructure the Secretariat and reduce staff. The size of the Secretariat will be reduced to not more than 7 regular staff members.
3. The Secretariat of PPD will continue to operate from Dhaka, Bangladesh. However, a Programme Office will be established in China to operate under the administrative authority of the PPD Secretariat in Dhaka with the objective of contributing towards the realization of the ICPD and Millennium Development Goals in the member countries, and reinforce South-South Cooperation in the region.
4. International position at the PPD Secretariat will be limited to the Executive Director only. Staff secondment to the PPD Secretariat by member countries or Donors fully covering all related costs will be encouraged. External consultants could be used for the development and implementation of projects and programs.
5. The New York Liaison Office should raise funds for its sustainability and if possible additional funds for the Secretariat in Dhaka. It should not be funded from the membership contributions.
6. Other member countries may take the initiative to have decentralized self-financed and self-sustained regional or sub-office for South-South Cooperation.

### **B. Tenth Annual Board Meeting, Agra, India**

10<sup>th</sup> Board Meeting of PPD was held in Agra, India from November 21-23, 2005. . The meeting was presided over by the Honourable Chair of PPD Board H.E. Mr. Zhang Weiqing, Minister of National Population and Family Planning Commission of China, and assisted by the Board Members and Partner Country Coordinators of 19 member countries. The meeting was hosted by the Ministry of Health and Family Welfare, the Government of India.



One of the session of Tenth Annual Board Meeting of PPD. In the panel from left  
H.E. Dr. Khandaker Mosharraf Hussain, Honorable Minister- MOHFW, Bangladesh,  
H.E. Prof. Kinde Gazar Dorothee, Honorable Minister – MOH, Benin,  
H.E. Dr. Zhao Beige, Honorable Vice-Minister- NPFPC, China  
H.E. Mr. Zhang Weiqing, Honorable Minister-NPFPC, China  
H.E. Mme Maiga Zeinab Mint YOUBA, Honorable Minister-MOH, Mali

10<sup>th</sup> Board Meeting unanimously took the following decisions:

1. Mr. Harry Jooseery, a national of Mauritius, was appointed to succeed Dr. Timothee Gandaho as the new Executive Director of PPD.
2. Countries with more than three years of arrears in membership fees will sit in the Board and Executive Committee meetings as Observers and will not take active part in the discussions and decisions of the Alliance.
3. The PPD Secretariat will continue to remain in Dhaka, Bangladesh.
4. The New York office will cease to operate on its ongoing structure. However, an interim arrangement to continue administrative activities till September 2006 was made with available project funds.
5. Program Offices in Member Countries may be opened in consultation with PPD.
6. The Board reinforced the Secretariat proposal that, as envisaged in the PPD by-laws, member states with stronger financial capability have an obligation to make additional contribution to the budget of PPD beyond the annual membership contribution of US\$ 20,000/-. The organization of the Annual Board Meeting is the responsibility of the host country governments, which is considered as their additional contribution to the Alliance beyond annual membership contributions.
7. The new Executive Director of PPD will present a report on the status of the membership fee contribution at the 11th Executive Committee Meeting.
8. In line with the existing policies and procedures and considering the prevailing condition of the Alliance, the existing Executive Committee was re-elected to serve for another term of three years



## VII. AUDITOR'S REPORT AND FINANCIAL STATEMENTS

### A. Auditor's Report

We have audited the accompanying Balance Sheet of the Partners in Population and Development (PPD) as of December 31, 2005 and the related Income and Expenditure Account, Receipts and Payments Account and Cash Flow Statement for the year then ended. The financial statements are the responsibility of the PPD management. Our responsibility is to express an independent opinion on these financial statements based on our audit.

Basis of Opinion:

We conducted our audit in accordance with International Standards on Auditing as adopted in Bangladesh. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provide a reasonable basis for our opinion.

Opinion

In our opinion the financial statements give a true and fair view of the financial position of PPD affairs as of December 31, 2005 and of the results of its operations and its cash flows for the year then ended in accordance with International Accounting Standards as adopted in Bangladesh and comply with applicable laws and regulations.

We also report that:

- (a) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purpose of our audit and made due verification thereof.
- (b) In our opinion, proper books of account as required by law have been kept by the organization so far as it appeared from our examination of those books.
- (c) PPD's Balance Sheet, Income and Expenditure Account, Receipts and Payments Account and Cash Flow Statement dealt with by the report are in agreement with the books of account.

Dhaka  
March 30, 2006



**(A. Qasem & Co.)**  
Chartered Accountants  

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An Associated Firm of  
PricewaterhouseCoopers

## B. Financial Statements

### 1. BALANCE SHEET

as at 31 December 2005

	Amount in USD
<b>Fixed Assets [a]</b>	
At cost less accumulated depreciation	23,296
<b>Current Assets [b]</b>	902,149
Accounts receivable	4,863
Advances, deposits & prepayments	117,843
Short term deposits	600,000
Cash and bank balances	179,443
<b>Current Liabilities [c]</b>	
Other liabilities	120,510
<b>Net Current Assets [d = (b-c)]</b>	781,639
<b>Total Assets [a+d]</b>	<u><u>804,935</u></u>
<b>Financed By</b>	
Core Fund	419,183
Fixed Assets Fund	19,858
Donors Fund	365,894
<b>Total Liabilities</b>	<u><u>804,935</u></u>



## 2. INCOME AND EXPENDITURE STATEMENT

for the year ended 31 December 2005

	<b>Amount in USD</b>
<b>Income</b>	
Donations/Grants Income	1,273,800
Other Income	3,478
<b>Total Income [a]</b>	<b>1,277,278</b>
<b>Expenditure</b>	
Core Expenditure	366,724
Programme Expenditure	1,269,573
<b>Total Expenditure [b]</b>	<b>1,636,297</b>
<b>Excess of Expenditure Over Income [a - b]</b>	<hr/> <b>(359,019)</b> <hr/>

### 3. CASH FLOW STATEMENT

for the year ended 31 December 2005

	Amount in USD
<b>Cash Flow from Operating Activities [a]</b>	
Adjustment of non-cash item (depreciation)	16,007
Increase/(Decrease) in Current Liabilities	50,295
(Increase) /Decrease in Accounts Receivable	37,670
(Increase) /Decrease Advance Deposit & Prepayments	661,329
<b>Net Cash flow from Operating Activities</b>	<b>765,301</b>
<b>Cash Flow from Investing Activities [b]</b>	
Purchasing of Fixed Assets	(1,677)
(Increase)/Decrease in short term deposits	-
<b>Net Cash flow from Investing Activities</b>	<b>(1,677)</b>
<b>Cash Flow from Financing Activities [c ]</b>	
Increase/ (Decrease) in Capital Fund	2,243
Increase/ (Decrease) in Fixed Assets Fund	(14,330)
Increase/ (Decrease) in Donors Fund	(697,432)
<b>Net Cash flow from Financing Activities</b>	<b>(709,519)</b>
<b>Net Increase in cash and cash equivalents [ d=(a+b+c) ]</b>	<b>54,105</b>
Cash and Cash equivalents at the beginning of the year [e]	125,338
<b>Cash and cash equivalents at the end of the year [d + e]</b>	<b>179,443</b>

# ANNEXES

## A. Agra Declaration

We, the members of an alliance of developing countries, Partners in Population and Development, accounting for more than half of the population of the world, and many other developing countries attended the 2005 International Forum on Population and Development. The meeting took place in Agra, India on the banks of the River Jamuna, where the Great Taj Mahal stands as a testimony to the artistic glory of the Mogul Empire. The Forum was convened in order to exchange the experiences on integrating the goals of the International Conference on Population and Development (ICPD) with the Millennium Development Goals (MDGs), based on the implementation in our countries of the ICPD Programme of Action and of the MDGs. At the end of two days of deliberation, we adopted this Declaration. We commit ourselves to honour, promote, respect and implement this Declaration for the cause of peace, cooperation, poverty reduction and sustainable development everywhere. We therefore:

### PREAMBLE

1. **Reaffirm** our strong commitment to the principles, objectives and actions contained in the ICPD Programme of Action as strategic to attaining the MDGs.

2. **Welcome** the commitment of Heads of State and Government at their largest ever gathering in adopting the 2005 World Summit Outcome Document to:

“Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development.”

3. **Reaffirm** the importance of integrating this goal of universal access into strategies to attain the internationally agreed development goals, including those aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty.

4. **Reaffirm** our commitment to use effectively external resources made available to us to achieve the ICPD goals and the MDGs.

5. **Recognize** that population-poverty dynamics are subtle and complex. In poor families and under-served communities, the dynamics combine to create conditions that are likely to perpetuate poverty, ignorance, ill health, poor reproductive health, high fertility, high infant and maternal mortality and a host of other negative population and gender imbalances, and further recognize that empowering women, supporting reproductive choices and providing appropriate reproductive health services to poor individuals and households will break the population-poverty vicious cycle.

6. **Recognize** that key to achieving the ICPD goals and MDGs is empowering people and community for better knowledge, attitude, and full participation. Putting people first with a focus on a healthy life, education, and improvement of income, with special attention to the poor is likely to achieve these goals.

7. **Recognize** with concern that the reduction of stigma, using all approaches including cultural and religious approaches, is a critical element for the promotion of integrated reproductive health and HIV/AIDS programmes.

8. **Recognize** the responsibility of Governments to ensure the availability of quality, affordable and essential drugs and commodities, particularly those required for reproductive health.

9. **Recognize** that in some of the poorest communities the unmet need for contraception continues to rise, while excess manufacturing capacity exists for contraceptive production in several developing countries.

10. **Recognize** that information systems in our countries require strengthening to meet the demands of formulating, implementing and monitoring MDGs.

## **COMMITMENTS**

1. **Commit** to implement universal access to reproductive health by 2015 and to include it in comprehensive national development strategies to attain the agreed international development goals including the MDGs and to report on it in MDG monitoring.

2. **Commit** ourselves to do our utmost to mobilize our own domestic resources for attaining the ICPD goals and the MDGs.

3. **Urge** developed countries to increase their Official Development Assistance (ODA) so as to reach the internally agreed target of 0.7 per cent of GDP of OECD countries by 2015, while acknowledging our appreciation to those countries that have already reached the target and to those that have recently agreed to reach it in the near future.

4. **Further urge** the developed countries to cancel or provide greater relief to debt owed by the poorest countries.

5. **Request** multilateral and bilateral donors to continue funding HIV/AIDS programmes and to support initiatives that promote linkages between reproductive health and HIV/AIDS.

6. **Appreciate** the continued support and assistance provided by UNFPA to all our countries, and request the Fund to further increase its support to South-South cooperation activities in our countries as also to the Partners in Population and Development.

7. **Urge** international donors to provide support to Partners Secretariat for launching programmes to build the capacity of programme professionals of Member Countries in line with ICPD.

8. **Urge** Governments, the multilateral and bilateral donors, civil society organizations and other partners to promote stronger linkages between reproductive health and HIV/AIDS to:

- (i) enhance synergy;
- (ii) improve resource efficiency;
- (iii) expand access to and improve the quality of services.

9. **Call on** Governments and their development partners to facilitate stronger linkages and integration through strengthened health systems by:

- (i) improving human resource capacity and availability;
- (ii) developing institutional capacities and availability;
- (iii) strengthening the coordination of planning and management cycles for reproductive health and HIV/AIDS programmes.

10. **Urge** stakeholders to take all possible measures to eliminate stigma and discriminatory attitudes against persons infected with, or affected by, HIV/AIDS.

11. **Call on** partners to build the evidence base and to commit to the integration of reproductive health and HIV/AIDS and Operational research should be strengthened.

12. **Call on** governments and international donors, as a matter of urgency, to secure firm political commitment for ensuring the availability and accessibility of affordable and quality reproductive health commodities, especially for the poor, the disadvantaged and underserved groups.

13. **Encourage** the use of quality generic drugs, to help address the commodity supply and security needs of lower and middle income countries, provided that the active pharmaceutical ingredients (APIs) and production facilities conform to internationally accepted Good Manufacturing Practices; that data are available to comply with regulatory requirements; and their cost remains significantly lower than other branded products.

14. **Urge** South-South collaboration to maximize economic advantages, while ensuring that government tenders include quality criteria. In this context, we urge the rapid development of prequalification criteria and their implementation for reproductive health commodities and particularly hormonal contraceptives.

15. **Encourage** South-south collaboration in the transfer of manufacturing technology of appropriate reproductive health commodities particularly to Africa

#### **PPD FOLLOW UP**

1. **Commit** ourselves to share with each other lessons learned and experiences gained in our countries through high-level policy dialogues in key areas of significance to achieve the ICPD goals and MDGs.

2. **Commit** ourselves to address the capacity development issues through effective global and other partnerships.

3. **Commit** ourselves to further promote South-South cooperation by incorporating it in our national strategies and national projects.

4. **Commit** ourselves to develop a concrete action plan for projects on South-South programmes

5. **Seek** commitment by larger and more developed countries of the Partners Alliance to strengthen the capacities of needy member countries particularly least developed countries of alliance in areas that are vital to them.

6. **Urge** follow up action by WHO on various recommendations contained in this Declaration.

7. **Strongly** commit ourselves to promote, execute, follow up and monitor the implementation of this Agra Declaration that will immensely contribute to the attainment of ICPD goals and MDGs, particularly in low income and the least developed countries.

## **B. PPD Well Wishers**

**PPD Member Countries**

**The Rockefeller Foundation**

**UNFPA**

**DFID-UK**

**The World Bank**

**The European Commission**

**Bill and Melinda Gates Foundation**

**The William and Flora Hewlett Foundation**

**The David and Lucile Packard Foundation**

**The Government of Netherlands**

**The Ford Foundation**

**PATH- Mellon Grant**

**OXFAM-Quebec**

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## Acronyms

<b>API</b>	Active Pharmaceutical Ingredients
<b>CAFS</b>	Centre for African Family Studies
<b>GAAP</b>	Generally Accepted Accounting Principal
<b>GDP</b>	Gross Domestic Product
<b>GO</b>	Governmental Organization
<b>HIV/AIDS</b>	Human Immune Deficiency Virus / Acquired Immune Deficiency Syndrome
<b>IAC</b>	International Advisory Committee
<b>IAS</b>	International Accounting Standard
<b>ICOMP</b>	International Council on Management of Population Programmes
<b>ICPD</b>	International Conference of Population and Development
<b>IPPF</b>	International Planned Parenthood Federation
<b>MDG</b>	Millennium Development Goal
<b>MOHFW</b>	Ministry Of Health and Family Welfare
<b>NDW</b>	National Dissemination Workshop
<b>NGO</b>	Non-Governmental Organization
<b>ODA</b>	Overseas Development Assistance
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>PCC</b>	Partners Country Coordinator
<b>PPD</b>	Partners in Population and Development
<b>RH/FP</b>	Reproductive Health / Family Planning
<b>S-S</b>	South-South
<b>STAS</b>	South-South Technical Advisory Service
<b>TRIPS</b>	Trade Related Intellectual Property Rights
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Population Fund
<b>VLP</b>	Visionary Leadership Programme
<b>WHO</b>	World Health Organization