

PARTNERS IN POPULATION AND DEVELOPMENT (PPD) A SOUTH-SOUTH INITIATIVE

PPD MEMBERSHIP PROCEDURES

INTRODUCTION

South-South Cooperation is universally acknowledged as one the most efficient, cost-effective and result oriented modalities for attaining balanced and sustainable development of southern nations by addressing Reproductive Health, Population and Development problems through sharing, exchange and transfer of knowledge, experiences, expertise, best practices and technologies. In the 1960's and 1970's, as the widespread problems of Reproductive Health, Population and Development spread over developing countries, they undertook massive efforts to tackle the problems with technical and financial assistance from the northern developed countries. In the process of this international development cooperation between the North and the South, many developing countries achieved remarkable progress in policy formulation, program development and implementation in these areas. Subsequently, the preponderant capability of providing technical assistance shifted from the North to the South that led many of the developing countries to the forefront of offering technical assistance to other developing countries. However, all countries could not achieve progress uniformly in all the areas, but different developing countries acquired progresses in different areas, and indeed in varying degrees. The potentials of the South-South Cooperation were acknowledged in the 1980's and early 1990's when the voices from the South resounded in all high level policy dialogues.

1. ABOUT THE ORGANIZATION

Partners in Population and Development (**PPD**) is an Inter-governmental Alliance of 25 developing countries accounting for 57% of the world population, which was initiated during the International Conference on Population and Development (ICPD) held in Cairo in 1994 to expand and strengthen South-South collaboration between and among the developing countries in the field of reproductive health, population and development. The Alliance embraced the concept of South-South collaboration to enable its members and other developing countries to share their knowledge, experiences, expertise and best practices to ensure sustainable development and improve the quality of life through population, development and reproductive health programmes. The concept received further stimulus in the Program of Action adopted by 179 Governments at the ICPD in Cairo in 1994, which states that:

".....more attention should be given to South-South Cooperation as well as to new ways of mobilizing private contributions, particularly in partnership with nongovernmental organizations. The international community should urge the donor agencies to improve and modify their funding procedures in order to facilitate and give high priority to supporting direct South-South collaboration arrangements.South-South Cooperation at all levels is an important instrument of development."

1.1 Creation of Partners in Population and Development (PPD)

The idea of forming the Alliance for South-South collaboration owes its origin in the deliberations held in Bellagio, Italy in October 1993, followed by another meeting in the same venue in April 1994, which concluded that *"a number of developing countries have been remarkably successful in the design and implementation of national population policies and programmes. This represents a unique pool of practical experiences which can greatly assist other developing countries in their*

efforts to implement national strategies.” It was realized in the meeting that sharing of these experiences through South-South Cooperation under an intergovernmental framework would immensely benefit the developing countries, which led to further consultations and launching of the Alliance at ICPD in 1994 in Cairo.

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








1.2 Organizational Focus and Initial Achievements

ICPD Program of Action constituted the guiding principles for collaboration among developing countries which was later reinforced by the Millennium Development Goals (MDGs) adopted at the World Summit in 2000. While the organization was yet in the formative stage, it implemented a wide array of program activities contributing substantially to the improvement of reproductive health, population and development programs in the developing countries, which led to the rapid expansion of its constituencies. With the span of 15 years time, the membership increased from 10 to 25 countries bringing 57% of the world population under its coverage. In recognition to its extraordinary accomplishments by the international community, the United Nations conferred the Permanent Observer Status on the organization in 2002 to ensure greater and deeper interaction between PPD and United Nations agencies in areas of mutual interest.



1.3 Geographical Coverage and Member States of PPD

The constituencies of PPD are divided into four geographical regions, and the current member states of PPD are:

1. Asia & the Pacific (AP):

| | |
|--|--|
|  Bangladesh |  Indonesia |
|  India |  Thailand |
|  Pakistan |  Vietnam |
|  China | |

2. Sub-Saharan Africa (SSA):

| | |
|---|---|
|  Benin |  Gambia |
|---|---|



Ethiopia



Kenya



Ghana



Nigeria



Mali



South Africa



Senegal



Zimbabwe



Uganda

North Africa & the Middle East
(MENA):



Egypt



Jordan



Morocco



Tunisia



Yemen

Latin America & the Caribbean (LAC):



Colombia



Mexico

1.4 Vision of PPD

By the year 2014 Partners in Population and Development, as an intergovernmental alliance, is driving the global reproductive health agenda to attain sustainable development.

1.5 Mission of PPD

To assist each other and other developing countries to address successfully the sexual and reproductive health and rights and 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.

1.6 Strategic Directions



The following four central pillars constitute strategic priorities of PPD:

- ALIGN with member countries' priorities

The Alliance will align and be responsive to Member Countries' priorities in reproductive health and rights, HIV/AIDS, poverty alleviation and women empowerment.

- ADVOCATE for the alliance and its priorities

The Alliance will advocate for the promotion of Reproductive Health, Population and Development programs through South-South Cooperation

- ALLIANCES building at all levels

The Alliance will build Networks, reinforce Partnership and enhance Coalition Building to promote ICPD Goals and Millennium Development Goals

- ASSETS creation and consolidation for the alliance's sustainability

The Alliance will increase its financial base and assets for supporting South-South Collaboration activities on a sustainable basis by diversifying its sources of funding and increasing its endowments.

1.7 Organizational Structure

PPD has its Secretariat headed by the Executive Director, which is located in Dhaka, Bangladesh. It has a Regional Office in Kampala, Uganda headed by a Regional Director to coordinate South-South program activities in Africa. It has a Program Office in Taicang, China headed by a Director to organize its South-South Capacity Development activities for professionals from the member states. In order to represent PPD in the United Nations, PPD maintains a Liaison Office to the UN in New York headed by PPD Permanent Observer to the United Nations.

PPD also has a country coordinating mechanism involving one senior government official in each member state known as Partners Country Coordinators (PCCs) to coordinate South-South program activities with different sectors within the country, among other member countries and with the PPD Secretariat, regional offices and its affiliates.

1.8 Governance

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

of the Chair, Vice-Chair, Secretary and Treasurer elected by the Board for a three years term and who constitute the Executive Committee of the organization. The Board meets once each year to discuss the governance, policy, programmatic and financial issues while the Executive Committee meets once between the Board Meetings to provide guidance to and evaluate the achievements of the organization. The By-Laws signed by each member state regulate the governance and functioning of the organization.

1.9 Uniqueness, Value Added and Comparative Advantage of PPD

- PPD is the only Intergovernmental Organization created and mandated exclusively to promote and strengthen Reproductive Health, Safe Motherhood, HIV/AIDS, Women Empowerment and Poverty Alleviation through South-South Cooperation;
- PPD enjoys high level reputation and creditworthiness worldwide as a global intergovernmental organization;
- The Governing Board of PPD, which is constituted of Cabinet Ministers from Member States, ensures highest policy level commitments of the governments to the Alliance;
- PPD has a country coordinating mechanism constituted with senior government officials from member states, which helps efficient implementation of PPD's South-South programs at the national level;
- PPD has long-term and effective collaborative partnerships with the worlds' premiere training and research institutions, which help capacity development at individual, institutional and systems level of the member states;
- PPD has unfettered access to the relevant information, knowledge, experience, expertise, best practices and technical know-how available in different member states to facilitate the sharing, exchange and transfer among developing countries;
- PPD Observer Status at the United Nations provides a platform for member states to voice their opinion on global issues and advocate in favor of issues of their interest;
- PPD Annual Board Meetings offer opportunities for negotiating bilateral cooperation among member states on different areas of common interest;
- PPD Member States can take united stand on issues of common interest for developing countries in the international forums;
- PPD International Forums and Conferences provide Member States exposure to the latest approaches and strategies for the implementation of ICPD PoA and MDGs;
- PPD Fellowship programs provide opportunity for development of human resource base of the member states;
- PPD provides opportunities for member states to have access to Reproductive Health Commodity Security and Supply.

2. PROGRAMME HIGHLIGHTS

South-South Cooperation is an excellent example of the ways developing countries can help each other to accomplish much more than they can achieve individually. Achievements and lessons from one country can eliminate the need of trial and error, thereby reducing costs and enhancing efficiency. In today's world of globalization and global economic downstream, such collaborative efforts can unlock potential resources. South-South exchange has the potential to strengthen institutional and organizational development and build partnerships

that will lead to sustainable improvements in RH, Family Planning, Population and Development programs.

2.1 International Programme Advisory Committee (IPAC)

PPD constituted an International Programme Advisory Committee (IPAC) consisting of outstanding professionals in the respective fields to provide guidance to the organization in the design, development and implementation of South-South programmes in the field of reproductive health, population and development.

2.2 PPD Strategic Plan and Strategic Business Plan

In order to strengthen its activities and to give its programme a sharper focus to address the emerging and complex issues related to the achievement of the ICPD Goals and the Millennium Development Goals (MDGs), PPD developed a Strategic Plan covering the period 2005-2014 which highlighted its four Strategic Directions, namely:

- I. Aligning its programmes with member country needs and priorities,
- II. Building alliances and networks,
- III. Advocate for key issues and priorities in various national, regional and international fora and
- IV. Build assets/resources for the functioning of PPD

In accordance with the Strategic Plan 2005-2014, and in close consultation with the member countries, PPD developed a Strategic Business Plan (SBP) for the period 2008-2011. The SBP is an operational tool designed to establish specific goals as well as time bound outputs that PPD will strive to achieve in support of the Strategic Plan. It is also a tool for mobilizing resources for PPD programmes from member countries as well as donor organizations and foundations.

The following are the Goals of the SBP:

- I. Strengthened South-South Cooperation
- II. Strengthened capacities at systems, institutional and individual levels
- III. Strengthened networks and partnership
- IV. Improved voluntary FP and other RH services
- V. Enhanced resource availability

2.3 Promoting the Understanding of South-South Cooperation at the National levels

In order to promote better understanding of the concept of South-South Collaboration at the national level and to enlist the support of all stakeholders in PPD member countries to promote South-South programme for the achievement of ICPD Goals and MDGs, PPD conducted a series of national workshops that started in Pakistan and was followed in Uganda, Bangladesh, Tunisia and Yemen. In 2008, PPD organized similar activities in Senegal, Gambia, South Africa and Indonesia.

These workshops were attended by participants from different Ministries, NGOs, private sector and the civil-society. PPD made strong appeals at the workshops on the need to integrate ICPD Goals with MDGs and promote South-South Cooperation. PPD is planning to organize similar workshops in other developing countries in the years ahead.

2.4 Capacity Development

Capacity development has been identified as a priority area for PPD as outlined in its SBP. PPD conducted capacity needs assessment of its Member Countries and Partner Institutes (PIs) to find out the gaps for achieving the ICPD Goals and the MDGs.

A Strategic Inquiry conducted by PPD in 2007 confirmed the findings of the Needs Assessment of PIs. PPD developed a Capacity Building Plan in 2008, which aims to reinforce training and research for the coming 4 years at individual, institutional and system levels.

2.5 PPD Partner Institutes- South-South Centers of Excellence

Over the years PPD has also established strong relationship with national and regional training and research institutions in Asia, Africa, Middle-East and Latin America and identified twenty Centers of Excellence as PPD Partner Institutes (PIs). PPD has worked to develop the capacity of these Partner Institutes and conduct regional and international training programmes. A capacity development needs assessment was conducted by PPD for the Partner Institutes where priority needs were identified and accordingly, PPD prepared four Generic Modules in collaboration with representatives of the PIs and experts. These Generic Modules were incorporated into the training curricula of the PIs and helped building capacity at the institutional level. PPD is in the process of expanding the network of PIs by bringing in other well established institutions creating a database of PIs for exchange of information, research findings and expertise.

2.6 Advocacy for promoting RH through SSC

PPD has been promoting RH in its member countries and the world through active participation in different national, regional and international meetings, conferences and forums. PPD organizes each year high level policy dialogue and initiates meetings and for a for Ministers, government officials, policy makers, representatives of donor agencies, UN organizations, major international NGOs and experts to discuss salient RH, population and development issues pertaining to ICPD and MDGs. These meetings prove enriching for Ministers and Policy Makers for a better understanding of the linkage of RH, population and development issues and help participants to share experience of successful practices among each other.

2.7 Southern RH Consultants

PPD launched a South-South Technical Advisory Services (STAS) programme that promotes the use and recruitment of developing country experts. This led to the creation of a database of 117 Southern RH experts. The Consultants are all from PPD member states and their areas of expertise varied from strategic planning, program management, management information system, monitoring and evaluation, research to capacity building and others. PPD has organized a series of training and orientation program for the Consultants to upgrade their knowledge and skills and also to expand their field of consultancy. The member countries and donors were encouraged to refer to the database in their search for relevant experts and professionals from the South. In 2007, PPD developed a "Marketing Action Plan" to market the skills of these consultants. PPD constantly admits consultants to its network.

2.8 Leadership Development

Leadership development is one of the cornerstones of PPD's mission. Lack of strong and effective leadership prevented developing countries from designing and implementing viable policies and programmes needed to address problems of high fertility, rapid population growth and reproductive health. With this in mind, the **Visionary Leadership Programme (VLP)** was created by PPD in collaboration with the International Council on Management of Population Programmes (ICOMP, Malaysia) and the Centre for African Family Studies (CAFS, Kenya). The Programme targeted potential leaders in India, Ethiopia, Sudan and Nigeria and offered South-South advanced two weeks leadership training, mentoring and exposure comprising self-assessment and learning and an inter-country forum. This was further strengthened by networking and on-the-job support. To date, 196 leaders have been formed.

The **Global Leadership Programme (GLP)** of PPD targeted senior- and mid-level professionals in the field of Reproductive Health with the goal to develop a new generation of planners, programme managers, technical experts and services providers. A total of 890 Global RH leaders from 81 developing countries were created through this programme.

2.9 Fellowships

PPD provides both long-term and short-term fellowships to professionals in its member countries to enable them upgrade their knowledge and expertise in RH, Population and Development issues.

The following are fellowships awarded by PPD to member countries:

- 10 one-year fellowships for Diploma in Demography at The Cairo Demographic Centre (CDC), Cairo Egypt
- 10 two-year fellowship course for a Masters Degree on Health Management at National Training Institute (Institut National d'Administration Sanitaire – INAS) in Morocco
- 30 short-term fellowships on "Sexual and Reproductive Health and Safe Motherhood" and "Essential Newborn Care and Youth Child Feeding" at ICMH, Bangladesh.
- Fellowship on Management of Child Development Programmes, Development of Adolescent Girls from the NPCCD, India.
- Population courses offered in IPS India
- BIRPERHT Bangladesh offered fellowship on Norplant implant research methodology
- Fellowship on prevention and treatment of STI offered by the Directorate of Populations, Morocco
- BKKBN Indonesia offered fellowship on BCC, Women in RH and development, community based RH programmes
- Fellowship on Non-Scalpel Vasectomy (NSV) offered by China

Apart from these fellowships, PPD provides yearly fellowships to more than 100 professionals from member states in China on Reproductive Health, Population and Development issues, as per a Memorandum of Understanding signed between the Government of China and PPD. PPD has also obtained commitment from its Partner Institutes and member states to provide additional fellowships.

2.10 Networking

PPD encourages long-term bi-lateral and multi-lateral relationships which permit implementation of a mix of modalities for deriving optimal benefit from South- South Cooperation. Networking enables the creation of a useful database of the range of expertise and resources available. PPD member countries commitment to South-South Collaboration was strengthened through the launching of inter-country projects, training and fellowship activities and research and documentation involving Partners and other stakeholders.

Regional Reproductive Health Networks were launched and exchanges of expertise have been carried out in the form of policy dialogue, training and joint projects:

- East Africa Reproductive Health Network (EARHN)
- West Africa Reproductive Health Network (WARHN)
- Francophone Reproductive Health Network
- Asia NGO Network and Asia Sexual and Reproductive Health Network
- Latin American Web based NGO Network
- Sub-Saharan Africa Reproductive Health Network
- Sub-Saharan Africa NGO Network
- Arab Regional Network

2.11 Transfer of Experience, Technologies, Commodities and Equipments

PPD is currently facilitating transfer of technologies to six selected developing countries, namely, Bangladesh, Kenya, Mali, Nigeria, Uganda and Zimbabwe. PPD also facilitated donation of Reproductive Health commodities, equipment and technology to Egypt, Kenya, Mali, Nigeria, Pakistan, Senegal, Uganda and Yemen between 2006 and 2008. PPD is an Executive Committee Member of Reproductive Health Supply Coalition (RHSC) and is accordingly actively engaged through a network of organizations in promoting Reproductive Health Commodity Supply and Security.

3. SOURCES OF FUNDING

PPD source of funding falls under three broad categories, namely:

1. Support from the Member States
2. Support from the Donors and Institutions
3. Self-generated income

3.1 Supports from the Member States

Support and assistance from Member States to PPD are financial and in kind. PPD receives financial support from Member States in term of contributions or membership fees amounting to a minimum of USD 20,000 per annum for each Member States. Member States agreed to increase the annual membership fees as per their ability at the 12th Annual Board Meeting in November 2007 and this indicates an enhanced commitment from them. China and India have increased their contributions to USD 40,000 and Thailand to USD 23,000 as from 2008.

Beyond the regular membership contributions, some Member Countries are also contributing significant amount in kind to support PPD. Bangladesh, China and

Uganda for example have shown commitment and generosity by providing support in many ways. Bangladesh being the host country of the Secretariat extended their support for office accommodation, furniture, fixture, utilities etc since 1996. Recently the Government of Bangladesh has also allocated 64 decimals of land in a very prestigious area in Dhaka City for the construction of PPD's Permanent Secretariat. The Ministry of Health and Family Welfare of Bangladesh contributed USD 171,000 to procure this land from the Ministry of Works and House Building, the land is currently valued, in the present market, at about USD 5.7 million. Bangladesh Government has also pledged its contribution and efforts in the construction of appropriate buildings on this land to meet the present and future needs of PPD Secretariat. In addition, PPD is also enjoying diplomatic status and tax exemption facilities in Bangladesh.

The Government of Uganda is hosting the Office for PPD Africa Region and providing office space, furniture and fixture and utilities with a support of staff since February 2007.

The Chinese Government is also hosting the PPD Program Office for China with all support including office space, furniture and fixture, utilities, salaries and two staffs namely a Director and a Program Officer.

3.2 Supports from the Donors and Institutions

PPD receives support for both program and core activities from Governments, UN Agencies, the Private Foundations and well wishers. Program support is mainly in the form of grants received from the donors and the different institutions to implement projects and program activities; and core support refers to support for the organizational operating cost.

3.3 Self generated and other income

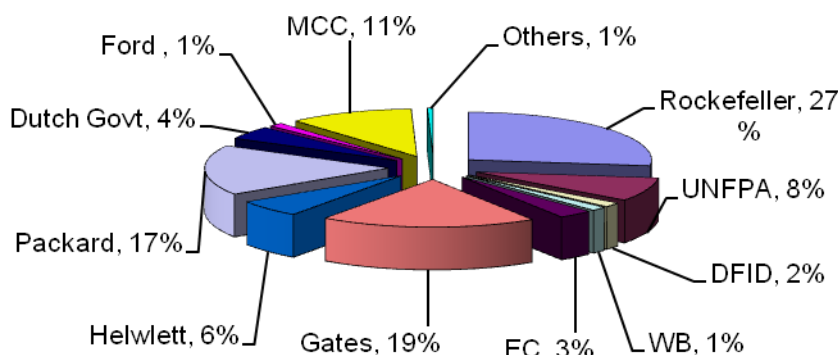
Self-generated income represents the income from all other sources. Presently PPD has a few self-generated incomes such as overhead charged to the different projects, interest from investment etc.

3.4 Contributions to PPD Fund at Glance

Since its inception PPD has acquired considerable support and commitment from different donors, foundations and other stakeholders including The Rockefeller Foundation, The Bill and Melinda Gates Foundation, The David and Lucile Packard Foundation, The Netherlands Government, UNFPA, The European Commission, DFID, World Bank, Ford Foundation, Canadian International Development Agency (CIDA) and many other organizations. In over a decade PPD has mobilized 24.0 million US Dollars, both for core and program activities.

The Rockefeller Foundation, one of the main sponsors of PPD Fund, contributed the highest amount, 27% of the total fund, which was mainly for core support in the initial years. The Gates Foundation also provided an extended support of 19% of the total fund both in core and program activities. Packard is yet another sponsor of the PPD fund contributing a significant amount of 17% to the total fund, and they continue to be one of the sponsors of PPD Fund. PPD has also got substantial support from many other organizations like UNFPA, The Netherlands Government and The European Commission. PPD mobilizes resources mostly from donors and foundations which account for 89.0% of the total fund mobilized, mainly dedicated for

program support. Member States contributed 10.56% to PPD total fund which is fully used for core activities.



PPD Funders since its inception are:

- Member Countries
- The Rockefeller Foundation
- UNFPA
- Canadian International Development Agency (CIDA)
- 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
- Venture Strategies
- Population Communication, USA

4. MEMBERSHIP TO PPD

PPD was founded by 10 developing countries having achieved encouraging progress in reproductive health, population and development programs. The initial achievements of the Alliance made more developing interested to join the Alliance and benefit from South-South Cooperation. Consequently, the Board adopted a Membership Document delineating the policies and procedures for accession to PPD membership, which are described below.

4.1 Membership requirements

Membership to join the Alliance is voluntary. Countries with proven work experience in the field of Reproductive Health, Population and Development and having commitment to the ICPD Programme of Action (ICPD/POA) in general, are eligible

for PPD membership. However, following are the key pre-requisites for the membership:

- Developing countries and countries with economies in transition are eligible for membership. Countries applying for membership must have demonstrated a strong commitment to the implementation of the ICPD Programme of Action and MDGs.
- The countries are open to indicate formally their interest in participating in South-South activities and their commitment to pay an accelerated Annual Contribution to the Budget of the Alliance.
- The countries are able to mobilize the interest of and engage the ability of various sectors, such as Civil Society, NGOs and/or private sector and/or government entities - to participate in South-South exchanges in the fields of Reproductive Health, Population and Development.
- The countries demonstrate commitment and are willing to invest time, energy, human, technological and financial resources in support of their participation in the activities of the Alliance.
- The countries demonstrate their ability to have support from the highest government level - the Heads of State in the activities of South-South collaboration.

4.2 The Membership Obligations

The member countries are obligated to and will:

- Contribute an Accelerated Membership Fee annually to the Fund and budget of the Alliance the minimum presently is **US\$20,000**.
- Elect a High Level Government Representative (preferably the Minister for Health) to the PPD Board where all members have both Voice and Vote and will participate equally and fully in the governance meetings of the **Alliance** which take place annually and the Board Member participate at the Country costs.
- Designate a High Government Official within the Health Ministry to be designated as **Partner Country Coordinator** who will oversee and coordinate South-South collaborative activities at the country level and liaise with PPD for county program implementation and sharing of information.
- Form a Multi-sector Steering Committee/National Task Force at the Country level, a body of volunteers, for planning, formulation and implementation of South-South activities. The Multi-sector Steering Committee/National Task Force will comprise of Parliamentarian, Media, Professionals, NGOs, Staff representing different Ministries, Cultures, Religion, Technology, Business Community including the participation of vulnerable groups, such as the young, the elderly, rural, PLWA and gender balanced representation, the media and the South-South Experts group.
- Undertake country programs for South-South Exchange among the member countries and beyond on Reproductive Health, Population and Development and maintain close liaison with PPD Secretariat for program implementation and information sharing.

- Sign PPD by-laws on behalf of their respective Government.

4.3 Roles of the Multi-sector Committee

- Designate, in consultation with the Board Member, a focal institution (Country Coordination Centre - CCC) and focal persons (Partner Country Coordinators - PCCs) to be responsible for carrying out the day-to-day activities of the Alliance including providing briefing materials and regular reports to the Board Member and the Committee.
- Participate in dialogues with the key stakeholders at the national level about population, health and development in order to ensure coordinated development among the public, NGO and private sector stakeholders in the ICPD Programme of Action and relevant development work of the country to advocate for South-South approach among the concerned constituencies.
- Initiate and support in country resource mobilization efforts in support of South-South programmes including timely remittance of membership fees.
- Ensure the necessary finances, facilities, staff and mechanisms for the functioning of the Multi-sector Steering Committee/National Task Force, the CCC and PCC to implement all in-country work related to the Alliance's work programme.
- Follow-up with local institutions at country level to ensure a broad and deep diffusion of the vision, strategies, themes and values of the Alliance as well as the commitment to mobilize resources and undertake action.
- Take the initiative in identifying and developing potential opportunities for South-South programmes/projects in the country priority areas and ensure effective implementation.
- Continually advocate for the Alliance's vision, strategic directions, themes and values with national leaders and leaders of the national and international donor community including the private manufacturing sector.
- Select a Steering Committee, Treasurer and Secretary on a 03 year rotational basis. Partner Country Coordinating Centres will be managed by a minimum of 03 regular staff members, which may be increased depending on the intensity of South-South collaboration work the Multi-sector Committee is engaged in.
- Provide a report to the National Parliament on the activities and progress of the National Multi-sector Steering Committee, the Partner Country Coordinating Centre and the Partners Board.

4.4 Roles of the Partners Country Coordinators (PCC)

- Develop an annual national work plan for South-South collaboration, including identification of resources and support required by the Secretariat.
- Promote and operationalize the vision and strategic directions, themes and values of the Alliance among public and private sector constituencies and institutions to encourage their commitment for the implementation of South-South collaboration activities.

- Assist national constituencies and institutions including NGOs and private sector in developing plans for collaborative projects and identify resource persons from appropriate national institutions, NGOs and the private sector to collaborate in their implementation.
- Keep the National Multi-sector Steering Committee, Board member and the Secretariat informed of ongoing South-South activities, including ongoing and planned projects and events through quarterly report and updating the country's South-South web-page.
- Work with the Multi-sector Steering Committee to ensure that there is up-to-date information on of the strengths and weaknesses of the country's reproductive health, population and development priority areas for South-South exchange, and directories of organizations and individuals with the capacity or potential to support South-South exchange amongst the members of the Alliance.
- Provide assistance and support to the Multi-sector Steering Committee's work in the country, including management and logistical support to the Alliance's meetings taking place within the member country.
- Coordinate the Alliance's work with other national, regional, sub regional and international organizations and institutions based in the member country.
- Publish a Newsletter on the activities of the Alliance in the country and with other countries.

4.5 Admission Process

4.5.1 Submission of the Application

Countries willing to join the Alliance as members require submitting a formal Application addressed to the Chair of the PPD Board. A country profile and the country's reproductive health strategic plan or a strategic plan in population or appropriate field of comparative advantage should be attached with the application letter. The country profile should cover the following issues:

- An inventory of resources - training institutions, experts, research institutions, networks, NGO, Government and private sector organizations.
- A concrete proposal or plan for areas of South-South collaboration designed to improve reproductive health, population and development programmes in their own country which could also be shared with other developing countries.
- Basic information, including the profile of the proposed Board Member, Partner Country Coordinator, and the process of establishing a Multi-sector Steering Committee/National Support Structure and its profile, an internal assessment of the strengths and weaknesses of the country's Reproductive Health, Population and Development programmes, a statement of how the member could benefit from and contribute to South-South exchanges in the ICPD priority areas, a description of the priority areas for South-South exchange, and commitment of resources (membership fee, personnel time, in-country program activities and energy).
- A statement of why and how the values and the vision of the Alliance apply and

appeal to the country and its priorities.

4.5.2 Processing of the Application

- The Chair of the PPD Board sends the Application of the country to the Executive Committee meeting which takes place before the Board Meeting every year. Once the Executive Committee reviews the application, it is submitted to the PPD Board Meeting for approval. This Board Meeting usually is attended by a High Level Government Official of the Country desiring to be a Member of the Alliance and express the country intension to be the members.
- At least two current Members of the PPD Board attending the Board Meeting must affirm that the country seeking membership demonstrates an understanding of and willingness to contribute to South-South cooperation as well as to assume the obligations, roles and responsibilities required of Alliance members.
- Following approval of the Board, the new member country requires signing PPD by-laws and upon signing the by-laws the new member country automatically participates in all aspects of the organization's activities.

5. CONCLUSION

While PPD is a South-run and South-owned organization of 25 developing countries, its program activities encompass all developing countries. PPD wishes that the concept of South-South Cooperation be understood and accepted by all, irrespective of any affiliations. South-South Initiative has been accepted as one of the key strategies for balanced and sustainable development of developing countries by synergistically addressing Reproductive Health, Population and Development issues. From ICPD to Beijing Women Conference, Millennium Summit, World Summit 2005, and at other regional conferences like Maputo Conference on Continental Policy Framework for Africa and the Maputo Plan of Action of 2006, South-South Cooperation attached high priority for implementing their outcomes. South-South Cooperation of PPD is not the substitute of but complimentary to North South Cooperation, which ensures straightforward, cost-effective and efficient implementation of programs by curtailing the element of trial and error, as it allows replicating the successful interventions into similar socio-economic and cultural circumstances of one country to the other.

In today's interconnected, interdependent and globalized competitive world, the very survival and routine functioning of countries with respect and dignity in isolation is becoming increasingly worrying. Even the most economically developed and technologically advanced countries of the world are increasingly resorting to partnership and coalition building to safeguard their technological, industrial, economic, political cultural interests. It is therefore indispensable for developing countries to build coalition and partnerships to survive with dignity, attain sustainable development and ensure happiness, peace and prosperity. PPD invites the developing countries and countries in economic transition to join the Alliance and strengthen the South-South Cooperation initiative for their common interest.

This paper is attached with PPD By-Laws which regulates the functioning of the organization.

Seventh Annual Board Meeting

Tunis, Tunisia :
10 -12 June 2002

Partners (PPD) Revised By-Laws**1. Preamble and Mission Statement**

The mission of Partners is to expand and improve South-South collaboration in the fields of family planning and reproductive health. Each Partner Country will strengthen institutional capacity to undertake South-South exchange activities and will rapidly expand the number of South-South training and consultative programs. Long term collaborative arrangements will be encouraged. The Partners Secretariat will provide a central point for networking among Partner Countries and for identifying opportunities for South-South exchanges and sources of financial support.

2. Charitable Purposes.

The objects and purposes of Partners shall be exclusively charitable, educational, and/or scientific. The specific and primary purpose of Partners is to engage in charitable, educational, and scientific activities that benefit, perform the functions of, or carry out the public purposes of those developing countries that become Partner Countries of Partners.

3. Participation

Partner Countries shall be developing countries applying for membership and willing to contribute annually to the Partners' budget. Initial Partner Countries are: Bangladesh, Columbia, Egypt, Indonesia, Kenya, Mexico, Morocco, Thailand, Tunisia, and Zimbabwe.

Associates, who may be invited to participate in Partners meetings and other activities, shall be multilateral, bilateral, regional and national entities and private and non-governmental organizations, from both developing and developed countries involved in Partners' South-South substantive activities or funding.

4. Governance

Governance of Partners will be the responsibility of a Board which shall consist of one individual appointed by each Partner Country. A representative of the UNFPA will sit ex-officio with the Board in a non-voting capacity.

5. Powers of the Board

The Partners' policies, programs, and matters relating to administration will be determined by the Board. The Board will select and supervise the Executive Director, adopt an annual budget, monitor and evaluate Partners' operations and admit new members.

6. Officers of the Board

The Board will elect its own Chair from among its members. It will also elect a Vice-Chair, a Treasurer and a Secretary. These officers will constitute the Executive Committee of the Board. The Executive Committee through the Chair will provide guidance to the Executive Director of the Secretariat. The Treasurer will work with the Executive Director in the preparation of the budget and will review financial operations.

The Secretary will be responsible for the preparation of minutes and notes of the Board and Executive Committee meetings. In case of a vacancy in the Executive Committee the Chair will select a member of the Board to serve until the next meeting.

7. Executive Committee

The Executive Committee will consist of one person from each of four major regions (sub-Saharan Africa; Asia; North Africa and the Middle East; and Latin America and the Caribbean). Incumbents of positions on the Executive Committee will serve a maximum of three years in anyone position.

8. Meetings of the Board and Executive Committee

The Board will meet at least once a year. The Executive Committee will meet at least once between annual Board meetings.

9. Meetings of Partner Countries and Associates

Partner Countries and their associates will meet periodically in conjunction with meetings of the Board, usually not more than once a year, to provide advice on program and policy issues. Similar meetings may be organized for regional, sub-regional or other sub-groups for networking purposes as needed.

10. Secretariat and Financial Arrangements

A Secretariat will be located in Dhaka, Bangladesh. Funds provided to the Secretariat will be spent by it in accordance with internationally recognized

rules, regulations and financial controls. The Executive Director will provide an annual accounting of receipts and expenditures to the Board and to the Executive Committee at its request.

11. Executive Director

The Secretariat will be headed by an Executive Director who will be selected by the Board, on the basis of a job description and at a level of compensation approved by the Board. All other Secretariat staff will be selected by the Executive Director subject to policies established by the Board or the Partners Executive Committee. The Executive Director will attend all Board meetings except when the Board meets in executive session.

12. Budget

The Board shall approve a budget for each fiscal year. The fiscal year will be January 1 through to December 31.

13. Legal Status

Partners has been constituted with the participation of and by agreement among the Partner Countries as an intergovernmental organization. As such it is not incorporated in any individual country. As appropriate, it may be the subject of specific national legislation regarding its privileges and immunities or it may enter into legally binding agreements for the same purpose with the Partner Countries hosting its Headquarters or other offices.

14. Prohibited Activities.

Partners shall not be conducted or operated for profit, and no part of the net earnings of Partners shall incur to the benefit of any director, officer or other individual; provided, however, that this shall not prevent the payment to any such individual of reasonable compensation for services rendered to or for Partners in effecting any of its purposes.

No substantial part of the activities of Partners shall consist of the carrying on of propaganda or otherwise attempting to influence legislation, nor shall Partners participate in, or intervene in (including the publication or distribution of statements), any political campaign on behalf of or in opposition to any candidate for public office.

15. Dissolution

Upon the dissolution of Partners, Partners' property or assets shall not be conveyed or distributed to any director, officer or other individual, nor to any organization created or operated for profit, but shall be distributed only to Partner Countries for purposes consistent with the original aims of Partners.

16. Amendments

Amendments to By-Laws will be by majority vote of the Board.

Endorsement of Revised By-Laws by Partners Board Members at Partners Seventh Annual Board Meeting :Tunis,Tunisia, 10 -12 June 2002

Bangladesh

H.E. Dr. Khandaker Mosharrof Hossain
Member, Partners Board, and Minister,
Ministry of Health and Family Welfare
(MOHFW), Government of Bangladesh

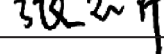
Signed on behalf of the Government of
Bangladesh

Signature: 
Name: Md. FAZLUR RAMAN

China

H.E. Mme. Zhang Yuqin
Member, Partners Board, and Vice
Minister, State Family Planning
Commission Government of China

Signed on behalf of the Government of
China

Signature: 
Name: ZHANG Yuqin

Colombia

H.E. Dr. Gabriel Riveros
Member, Partners Board, and
Vice Minister, Ministry of Health,
Government of Colombia


Signed on behalf of the Government of
Colombia

Signature: _____
Name: _____

Egypt

H.E Prof. Dr. Mohammed A.Tag El-Din
Member, Partners Board, and
Minister of Health and Population
Government of Egypt

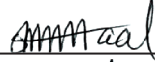
Signed on behalf of the Government of
Egypt

Signature: 
Name: Mohamed Awad TAGELDIN

The Gambia

H.E. Mrs. Isatou Njai-Saidy
Member, Partners Board, and Vice
President, Office of the Vice President
Government of The Gambia

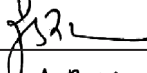
Signed on behalf of the Government of
The Gambia

Signature: 
Name: Isatou Njai-Saidy

India

H.E. Dr. C. P. Thakur
Member, Partners Board, and
Minister of Health and Family
Welfare, Government of India


Signed on behalf of the Government of
India

Signature: 
Name: A. RAJA, Ministry of State for Health & FW

Indonesia

H.E. Prof. Dr. Yaumil Chairiah Agus
Akhir
Member, Partners Board,
and Chairperson- I BKKBN,
Government of Indonesia


Signed on behalf of the Government of
Indonesia

Signature: 
Name: PROF. DR. YAUMIL C.A. ACHIR

Kenya

H.E. Ambassador Simon Bullut
Member, Partners Board, and Director,
National Council on Population and
Development, Government of Kenya

Signed on behalf of the Government of
Kenya

Signature: 
Name: AMB. SIMON B. AANT BULLUT

Mali

H.E. Mme Diakite Fatoumata N'Diaye
Member, Partners Board, and Minister
Ministry of Social Development and
Solidarity with Aging Persons,
Government of Mali

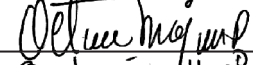
Signed on behalf of the Government of
Mali

Signature: 
Name: Adama Diarra

Mexico

H.E. Mme Diakite Fatoumata N'Diaye
Member, Partners Board, and Minister
Ministry of Social Development and
Solidarity with Aging Persons,
Government of Mali


Signed on behalf of the Government of
Mexico

Signature: 
Name: OCTAVIO MOJARRAD

Morocco

H.E. Mr. Thami El Khyari
Member, Partners Board, and
Minister of Public Health,
Government of Morocco

Signed on behalf of the Government of
Morocco

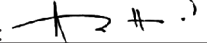
Signature: 

Name: Dr. Mostafa TYANE

Pakistan

H.E. Dr. Attiya Inayatullah
Member, Partners Board, and
Minister for Population Welfare
Government of Pakistan

Signed on behalf of the Government of
Pakistan

Signature: 

Name: ABBAS HAIDER ZAIDI, AMBASSOR
OF PAKISTAN

Thailand

Prof. Dr. Pakdee Pothisiri
Member, Partners Board
Director General, Department of Health
Ministry of Public Health,
Government of Thailand

Signed on behalf of the Government of
Thailand


Signature: 

Name: KANCHANA KANCH

Tunisia

Dr. Nabih Gueddana
Member, Partners Board, and Director
General National Office of Health and
Population (ONFP)
Government of Tunisia

Signed on behalf of the Government of
Tunisia

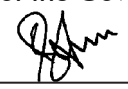
Signature: 

Name: NABIHA GUEDDANA

Uganda

Dr. Jotham Musinguzi
Member, Partners Board, and Director
Population Secretariat Ministry of
Finance, Planning & Economic
Development, Government of Uganda

Signed on behalf of the Government of
Uganda

Signature: 

Name: Dr Jotham Musinguzi

Zimbabwe

H.E. Dr. Timothy Stamps
Member, Partners Board, and
Minister of Health and Child Welfare
Government of Zimbabwe

Signed on behalf of the Government of
Zimbabwe

Signature: 

Name: Dr. Timothy Stamps