



Partners in Population and Development (PPD)

Report on

**INTERNATIONAL FORUM ON
“ICPD @ 15: Progress and Prospects”**

24-25 November, 2008 / Kampala, Uganda

Partners in Population and Development
IPH Building (2nd Floor)
Mohakhali, Dhaka 1212
Bangladesh

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PART ONE

REPORT OF THE FORUM

1. INTRODUCTION

Partners in Population and Development (PPD), an intergovernmental alliance of developing countries, organized the annual **International Forum** on “**ICPD@15: Progress and Prospects**” at Kampala, Uganda in cooperation with the Government of the Republic of Uganda, and with assistance from the United Nations Population Fund (UNFPA) and Venture Strategies for Health and Development, USA, during 24-25 November, 2008. This International FORUM is the first of such events to mark the 15th anniversary of the adoption of the Programme of Action (PoA) agreed upon by 179 countries around the world at the International Conference on Population and Development (ICPD) at Cairo, Egypt in 1994. The main objectives of the FORUM were to assess the progress and prospects in the implementation of ICPD PoA, and to agree on a set of measures to further advance its implementation, which is central to the achievement of MDGs.

The participants at the FORUM included Board Members and senior officials, including Partner Country Coordinators (PCCs) from PPD member countries; Ministers and Members of Parliament from the Government of the Republic of Uganda; high level representatives of donor agencies including UNFPA; representatives of international and national Non-Governmental Organizations; UN agencies; as well as the private sector (involved in the supply of reproductive health commodities and supplies), resources persons and members of the academic community. Participants also included a number of eminent personalities who were involved in discussions leading up to ICPD which resulted in the establishment of Partners in Population and Development in 1994, mandated to promote South-South cooperation as an important strategy for implementing the ICPD PoA (See Annex 1 for the full list of participants).

2. ORGANIZATION OF THE FORUM AND THE REPORT

In addition to the Opening and Closing sessions, deliberations at the FORUM was organized into five substantive sessions and one dedicated to the discussion and adoption of the Kampala Declaration (See Annex 2 for the detailed programme of the FORUM), which was drafted by a Committee (See Annex 3 for the list of Members of the Drafting Committee) with inputs provided by the rapporteurs of various sessions as well as the participants.

The five substantive sessions dealt with the following topics:

Session 1: Reproductive Health and Population

Session 2: Integration of Reproductive Health with HIV-AIDS

Session 3: Reproductive Health Commodity Security

Session 4: Climate Change and Environmental degradation: Impact on Population

Session 5: South-South Cooperation: A Strategy for RH and Population Programme

This report is a summary of discussions that took place during the FORUM and draws upon the inputs provided by the various session rapporteurs. It is also the basis of the Declaration, appearing as Part II of the report.

The report is organized under the following broad headings:

PART I: Report of the FORUM

PART II: Kampala Declaration

PART I of the report, in large part, is the summary of the deliberations at the FORUM and is organized under the following headings:

1. Introduction
2. Organization of the FORUM and the Report
3. Opening Session
4. Family Planning, Reproductive Health and Population
5. HIV/AIDS
 - (a) Integration of RH and HIV/AIDS
 - (b) Gender and HIV/AIDS
6. Reproductive Health Commodity Security
7. Environmental Sustainability
8. South-South Cooperation
9. Adoption of the Kampala Declaration
10. Closing Session

3. OPENING SESSSION

Dr. Jotham Musinguzi, Director of PPD Africa Regional Office, and the Master of Ceremonies for the Opening Session, welcomed the participants to the FORUM and thanked **H.E. Hon. Mrs. Janet Musevini**, MP and the First Lady of the Republic of Uganda, for her gracious presence at the session and for agreeing to open the important FORUM. He also noted with appreciation the First Lady's interest in the health and wellbeing of women in Uganda and for her untiring efforts to improve maternal health in the country.



Opening Session of the Forum

Dr. Musinguzi also welcomed H.E. Dr. Stephen Mallinga, Minister of Health of the Republic of Uganda, H.E. Dr. Li Bin, Minister of the National Population and Family Planning Commission of the Republic of China, and the Chairperson of PPD Board, and Dr. Purnima Mane, Deputy Executive Director of UNFPA. He also noted the presence of Dr. Nafis Sadik, who, as the Secretary General of ICPD, spearheaded the adoption of the landmark agreement at Cairo and played a central role in the establishment of PPD. Dr. Musinguzi also recognized the presence of a number of eminent personalities who have contributed to ICPD and in the formation of PPD.

In his remarks he reflected that convening of the Forum, the first event to mark the 15th anniversary of ICPD, at Kampala as significant because the preparatory process for ICPD also began at Kampala.



Dr. Jotham Musinguzi

Mr. Harry Jooseery, the Executive Director of PPD, began his address by welcoming the participants to the FORUM and recalling the significant contribution of the First Lady of Uganda, H.E. Hon. Mrs. Janet Museveni, who, as a social activist, spared no efforts to uplift the status of women and improve maternal health in Uganda. He thanked the Republic of Uganda for hosting the Forum, and UNFPA and the Venture Strategies for their technical and financial support in convening the Forum.

Mr. Jooseery called on the Forum participants to critically look at the efforts that have been made during the fifteen years since ICPD in implementing the Programme of Action, assess progress, and identify challenges that need to be addressed. He noted that over the last half century relationship between population, sustainable development and human rights have evolved significantly and that at the centre of it all is the ICPD which called upon all countries and development partners to put individuals at the centre of development with due regard and respect for human rights in the formulation and implementation of population policies and programmes.

Mr. Jooseery noted that Cairo Agenda has not remained just a blueprint and that progress has been made in a number of areas, especially notable being narrowing the gender gap and in empowering women. He indicated, however, that high rate of population growth in the developing world, particularly in Sub-Saharan Africa, is impeding efforts to achieve MDGs. In this regard he noted that support for family planning during the last few years has declined from 55 to 7 percent during the period 1995-2005." He gave examples of the resulting consequences that many countries are facing which include, among others, high levels of unwanted pregnancies and unsafe abortions. He also noted that environmental degradation, climate change, food scarcity and human security are also closely connected to population trends. He then called on all participants to share their experiences and thoughts and recommend ways to move forward to advance the ICPD agenda and make the world a better place for future generations.



Mr. Harry S. Jooseery

Dr. Purnima Mane, Deputy Executive Director of UNFPA, conveyed the greetings from Dr. Thoraya Obaid to the participants, and acknowledged the presence of many among the participants, who played a central role at the Cairo conference, at the Forum. She noted that the Forum is taking place amidst an evolving economic crisis presenting both opportunities and challenges.

Dr. Mane informed the participants about the UNFPA reforms currently underway that focus on strengthening capacities at country levels for delivering assistance. In this context, she noted that emphasis is also being placed on promoting south-south cooperation and saw good opportunity to strengthen partnership with PPD in the future.

Dr. Mane reiterated that ICPD PoA still remains relevant and issues such as climate change and food security have emerged as important and are linked to population factors. She expressed the hope the Forum provides an opportunity to gauge progress, identify challenges, and to reflect and propose solutions based on the experience of the past fifteen years. She called for renewed commitment and increased funding for the achievement for the goals and targets of the ICPD PoA and for a better understanding of the linkages between reproductive health, family planning and population.



Dr. Purnima Mane

Dr. Mane informed the participants that a number of organizations are planning events to mark the fifteenth anniversary of ICPD, and thanked PPD and the Government of Uganda for organizing the Forum, the first of such events.

H.E. Dr. Li Bin, Minister of Population and Family Planning of the People's Republic of China and Chairperson of PPD Board, in her address, thanked the Government of the Republic of Uganda for hosting the Forum. She also thanked H.E. Mrs. Janet Museveni, MP and the First Lady of the Republic of Uganda for honoring the participants with her presence and for agreeing to open the Forum. She informed the participants PPD will honor six insightful persons who have made outstanding contributions to international population programmes and for the establishment and strengthening of PPD.



H.E. Dr. Li Bin

Dr. Li Bin noted that countries around the world have made significant efforts to achieve ICPD Goals and MDGs and have achieved notable progress. Dr. Li Bin remarked that population growth exposes humankind to unprecedented energy, environment and food crisis and that under the current financial crisis and economic slowdown their linkages with population issues are closer than ever before.

Dr. Li Bin cited the Secretary General of the United Nations, Mr. Ban Ki-Moon who stated during the World Population day, July 11, 2008, that if we are to achieve MDGs we have to focus on the critical importance of family planning and that population issues are at the core to sustainable development and the foundation for countries worldwide to achieve holistic human development.

Dr. Li Bin then highlighted China's efforts aimed at achieving ICPD Goals and MDGs and the progress that has been made, as a result, in holistic human development and rapid economic growth. She noted that the Chinese experience is a proof that family planning has promoted socio-economic development, mitigated pressure on resources and the environment, improved people's living standards, and enhanced the safeguarding of human rights.

Dr. Li Bin then pointed to the challenges that China would face in the coming years. These include, among others, meeting the employment needs of an increasing workforce and balancing the supply and demand of the labour market, high sex-ratio at birth due to sex-selective abortion, rapid population ageing and increasing mobility of the population. She informed the participants about the steps that will be taken by the Chinese Government to address these issues.

Dr. Li Bin appreciated the support that it has received from the international community which has helped China to push forward reform, including China's population and family planning programme. She informed the participants about China's commitment to support and strengthen south-south cooperation and called upon PPD member countries to strengthen their cooperation. She highlighted China's contribution to PPD with its project office for south-south cooperation playing an important role to nurture it further. She discussed the obstacles that many countries face to further expand south-south cooperation and assured that China will do its utmost to work with other countries in further promoting south-south cooperation as it enjoys huge potentials and a promising future.

H.E. Dr. Stephen Mallinga, Minister of Health of the Republic of Uganda, welcomed the participants and recognized the presence of a number of fellow Ministers and Members of Parliament among the participants. He thanked PPD for organizing the Forum in Kampala and noted that ICPD was about people and about putting people and their needs at the centre of sustainable development. He also noted that the achievement of ICPD goals is central to the achievement of



MDGs and in that regard noted the importance of linking them with financial frameworks.

Dr. Mallinga, informed the participants about the progress that Uganda has made in stemming the spread of HIV/AIDS, and to a limited extent in reducing poverty. He noted that, despite these gains, a large number of people still live in poverty and that mortality during infancy and childhood, and among pregnant women remain high. He informed the participants about the important role being played by the First Lady of Uganda in improving women's status and maternal and child health in Uganda and then invited her to deliver the opening address.

Hon. Mrs. Janet Musevini, Member of Parliament and Uganda's First Lady welcomed the participants and invited them to take some time to see Uganda and its beautiful countryside. In her opening address Hon. Mrs. Musevini highlighted the progress in containing HIV/AIDS in Uganda while at the same time underscored the challenges that must be tackled to bring down high maternal mortality ratios. She emphasized the importance of south-south cooperation in addressing many of the challenges.

Mrs. Musevini recounted the beginnings of HIV/AIDS in Uganda nearly thirty years ago and that the initial government response was inadequate to address the spread of the pandemic. She noted, however, that the Government, soon afterwards, initiated a comprehensive multi-sectoral approach, and provided the political leadership at the highest level for providing an enabling environment for all stakeholders to play their role in combating the disease, and necessary support for effective coordination of these efforts. These efforts, she said, were critical in the remarkable decline in the prevalence of HIV/AIDS in Uganda. She warned of complacency and called on everyone not to lower their guard as prevalence is still high. She noted that Uganda's success in combating the disease is an example that clearly demonstrates that serious and focused efforts with strong leadership can be effective in combating the spread of the pandemic. It is also a lesson that other developing countries can benefit from, she added.



*Hon. Mrs. Janet
Musevini*

Mrs. Musevini, in her statement highlighted that many developing countries, including Uganda, continue to experience high levels of mortality among children, and among women during pregnancy and child birth. She noted that these deaths are preventable,

and called on everyone to spare no efforts to ensure that women do not die from conditions that are preventable and for which remedies are available.

Mrs. Musevini also reiterated the potentials of south-south cooperation and called on every one to form strategic partnerships with each other by forming networks to share evidence based information and experience, and to learn from each other about good practices.

Mrs. Musevini recognized that there is renewed commitment to make the goals of ICPD and MDGs a reality, and to make south-south cooperation an effective modality towards the achievement of these goals. In declaring the International Forum open, Mrs. Musevini called on the participants to chart the way forward towards that end.

4. Family Planning, Reproductive Health and Population

The session, chaired by **Dr. Sugiri Syarief**, MPA and Chairperson of BKKBN, Government of Indonesia, and PPD Board Member dealt with the progress in improving access to reproductive health, as called for in the ICPD PoA, and the centrality of family planning and population in the achievement of MDGs, in particular the eradication of poverty and hunger. Keynote address on “From Cairo to date: RH/Population Programme Achievements and Challenges” was given by Dr. Purnima Mane, Deputy Executive Director, UNFPA.



Dr. Sugiri Syarief

Dr. Mane expressed her appreciation to PPD for inviting her to address the Forum which is convened to mark the fifteenth anniversary of ICPD and take stock of the accomplishments and to identify strategies to move forward the Cairo Agenda. In her address, she recalled that Cairo represented a turning point at which population policies and programmes were viewed not as instruments to control population growth but as those that promoted reproductive rights by which couples and individuals could decide freely and responsibly the size of the family and the timing of births based on information and access to safe, effective, affordable and acceptable methods of family planning. She further noted that reproductive right was recognized as a fundamental human right and reproductive health was seen as a development issue. The focus on reproductive rights and reproductive health, she noted, helped to bring out in the open issues such as unsafe abortion, gender-based violence, reproductive health needs of adolescents,

and female genital cutting which, until then, were sensitive to be discussed in public fora.

Dr. Mane noted that there is an enduring commitment to the Cairo Agenda as witnessed during the ICPD+10 process and the emergence of global consensus to include universal access to reproductive health by 2015 as one of the targets to be achieved under MDGs. Furthermore, increasing national and global attention to “health MDGs” represents the recognition that achieving them is central to achieving MDGs, including the eradication of poverty.

Dr. Mane, in her address, recalled recent agreements arrived at other global fora, such as the G8 Summit, which have called for universal access to reproductive health, integration of HIV/AIDS with family planning, and for strengthening the health systems. In this context, she noted that an improved health system will contribute significantly to improving reproductive health, including maternal health. Dr. Mane informed the participants about other global initiatives to improve aid effectiveness, and the increased attention being given to address the reproductive health needs of populations made vulnerable by armed conflict and natural disasters.

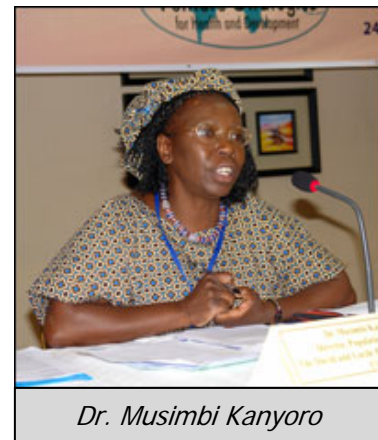
Dr. Mane also underscored achievements being made in improving primary school enrolment, bridging the gender gaps in education, reducing child mortality, reducing teen-age pregnancy and in increasing the use of family planning. She noted with concern the inequities that still remain and that burden of ill health falls heavily on women in low and middle income countries. In this context, bridging the inequities in access to reproductive and sexual health information and services between the rich and poor within and among countries is a major challenge for the future, she added.

Dr. Mane expressed concern for the gap in funding for the costed package of services included in the ICPD PoA; and for the declining share of resources allocated to family planning even as the need for related services has increased as a result of increased demand and increasing number of people entering reproductive age. She also expressed concern about the current financial and economic crisis as it would impact on the allocation of national budgets as well as donor support for family planning reproductive health and population programmes. She expressed the need for judicious and more efficient use of resources and create better linkages between different aspects of the programme.

Dr. Mane indicated that PPD has an important role in advocating for ICPD goals and MDGs, and in facilitating the sharing of experiences and lessons learned among the countries of the South as it will trigger greater progress.

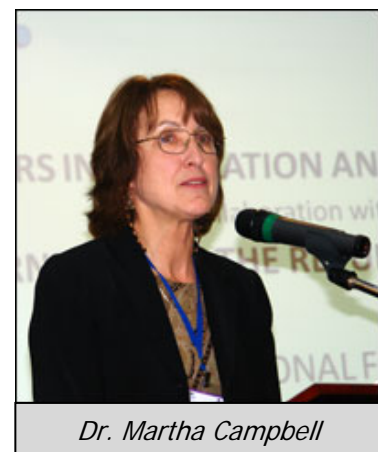
Dr. Musimbi Kanyoro, Director of Population and Reproductive Health Programme, Packard foundation, in her remarks, noted that population policies and family planning programmes will never return to the pre-Cairo paradigm which were aimed at meeting demographic targets and not at improving choices for women, and highlighted it as one of the major achievements of ICPD. Drawing on country level experiences, she identified a number of successful approaches to meet the unmet need for family planning, which include, inter alia, social marketing of contraceptives; adding and linking it with programmes related to, for example, nutrition; and embracing new technologies for contraception and post abortion care. She saw costing and access as major issues that the governments need to look at in addressing the unmet need.

Dr. Kanyoro called for, among others, forging closer alliances with other programmes, integrating RH with HIV/AIDS, improving access to family planning, development of new family planning methods, and involvement of men and also boys in RH/ FP programmes.



Dr. Martha Campbell, President and Founder, Venture Strategies for Health, USA, in her remarks, traced the history of the shift in population policies from its focus on family planning to reproductive health, which is at the centre of the ICPD PoA. She expressed concern about the prevailing feeling that family planning is somehow related to coercion. She pointed to the anomalies of the demographic transition model and presented an alternate model, called the reduced barriers model.

Dr Campbell noted that barriers to family planning are complex and many, and talked about the mis information and misconceptions that exist. She indicated that fertility decline can occur within a human rights framework, and that population factor one among the many factors affecting development, but saw it as a very critical one. She referred to the recent parliamentary hearings in the UK and highlighted their conclusion that MDGs cannot be achieves at the current level of population growth in th less developed countries.



The **open discussion** that followed emphasized the importance of gender in reproductive health and family planning and, in that regard, highlighted the importance of male involvement in population and reproductive health/family planning

programmes. It also underscored the link between population issues and poverty reduction strategies. It also called for improving access to health services for men and women, and for the need to provide these services in one location, and in that regard called to establishing one-stop-shop for health services.

5. HIV/AIDS

The session, chaired by **H.E. Dr. Stephen Mallinga**, Minister of Health, Republic of Uganda, dealt with the complex issue of integrating HIV/AIDS with Reproductive Health services. The key note address by **Dr. Nafis Sadik**, Special Envoy of the Secretary General of the United Nations for HIV/AIDS to Asia and the Pacific, focused on the importance of understanding how gender impacts on HIV/AIDS and its transmission. Key points from her presentation are summarized in the sub-section (b) below.

(a) Integration of RH and HIV/AIDS

Prof. Nelson Ssewankambo, Principal of the Makerere University College of Health Sciences traced the origin of HIV/AIDS in Uganda and noted that collaborative work and national leadership led to the beginning of a national AIDS control programme in Uganda. He also pointed out other factors such as community involvement, home based approach to VCT, and free access to anti retro-virals that have contributed to stemming the disease. He also indicated the trends in the epidemic in Uganda and the factors that contribute to its spread, and identified a number of actions required to continue to prevent the disease from spreading. These include: committed leadership, inclusive health system that will reach out to hard to reach areas and include HIV+ as catalysts for change, universal access to ARV and the integration of HIV/AIDS with other health services.



Prof. Nelson Ssewankambo

Dr. Malcom Potts, Professor, University of California, Berkeley, USA, recalled Dr. Sadik's statement that the current economic crisis is going to hit the poorest and most vulnerable, and said that he would look at burden of disease, resources available to help the poor and evidence based interventions to help the poor in PPD member countries. Reviewing the HIV/AIDS situation he concluded



Dr. Malcom Potts

that MDG 6 “to halt and begin to reverse the spread of AIDS” is one that has been achieved and that the peak incidence of HIV infection is a thing of the past in many countries. He noted the resource allocation remains disproportional to the burden of disease. He noted that the global economic crisis gives us an opportunity to look into cost effective use of resources and called upon PPD to build and support evidence based policies, in this context.

Dr. Potts noted that, in his opinion, slowing the vertical transmission of HIV from mother to child is not through VCT or ARV but through improving access to family planning as it would meet the unmet need for family planning, prevent unwanted pregnancies and thereby reduce vertical transmission of HIV. He said, it will also help those women who are unable to reach an anti natal clinic.

Dr. Potts noted that most MDGs are unlikely to be achieved in the world’s poorest countries, and opined that their achievements could be accelerated with improved access to family planning. He indicated that in many countries in sub-Saharan African the number of people living in poverty--below dollar a day-- has increased due to rapid population growth. He noted that improving EmOC is important, but if MDG5 is to be achieved, we have to look beyond the health system and empower women to use misoprostol to control PPH and to use family planning.

Dr. Potts reiterated the call to reposition family planning as central to development and called upon countries to support evidence based policies and allocate resources based on the burden of disease.

Dr. Elizebeth Lule, Manager, AIDS campaign Team for Africa, World Bank, discussed the rationale for linking HIV/AIDS and sexual and reproductive health, which included, among others, the following: opportunity for clients to seek multiple services, programmes reach similar targets with common interventions, reduces MTCT, increases dual protection, reduces stigma and increases efficiency in skills and management. She also noted that linking them is critical to achieving MDGs, both SRH and HIV/AIDS face health system challenges and provides opportunity to minimize costs and improve effectiveness.

Dr Lule highlighted the barriers to integration from both country and donor perspectives. At the country level the constraints include weak infrastructure, vertical planning, limited community involvement, and lack of focus on integration during pre and in service training. Constraints arising from the donors include, among others, misalignment between country and



donor priorities, donor competition and poor harmonization and challenges to implement the Paris Declaration.

In summarizing the results of an investigation of service integration in a number of countries, the co-author of the paper, highlighted the factors hindering integration that included unpreparedness of service delivery facilities and lack of empowerment of providers and concluded that integration requires whole-site preparation.

Dr. Lule, in her presentation, also discussed the impact of HIV/AIDS from a demographic, economic, social and developmental perspectives as well as trends in financing for health. She also highlighted the relationship between HIV/AIDS and CPR (modern methods) which depicts large cluster of countries in which both HIV/AIDS prevalence and CPR are low and where they are both high.

Dr. Lule, in pointing the way forward towards the integration of services called for the reorganization of MOH, addressing health system constraints, conducting operations research to identify ways to strengthen service delivery coordination, and for improving coordination among civil society efforts. She also called on donors to support national priorities, harmonize procedures, provide predictable long-term financing, and evidence based policy advice.

Ms. Bettina Mass, Chief, Programme Support and Regional Desk Branch, Programme Division, UNFPA underscored, the importance of evidence-based research to link the integration of SRH and HIV/AIDS services. She noted that while there is recognition of the interaction between SRH and HIV/AIDS and programming practices have improved since ICPD, there is a gap in identifying the packaging and delivery of various types of care at different levels of the health system. She also noted that resource-scarce countries deliver only a few of the services in the package and partition the desired elements of the package into individual components.



(b) Gender and HIV/AIDS

As noted earlier, **Dr. Sadik** focused her key-note address on the importance of gender in HIV/AIDS. She noted that many people, including some policy makers see HIV and AIDS as a mysterious affliction as a category of its own separate from other public health problems, and that many married women -those who follow the rules- are infected with HIV. She also indicated that these two are interconnected.

Dr. Sadik, drawing upon the results of the Commission on HIV and AIDS in Asia, noted that in Asia it is still not an epidemic and that it is largely confined to high risk groups. She noted that some countries have responded by criminalizing and stigmatizing HIV/AIDS while others have taken steps to hold back the spread HIV/AIDS by reaching out to high risk groups, promoting condom use and the use of clean needles. She emphasized that “successful campaigns to turn back HIV/AIDS have brought the disease into light” which, she added, has been the key to their success.

Dr. Sadik, citing research findings, pointed out that HIV/AIDS in Asia is driven by male behavior, and that the conventional wisdom of marriage instead of protecting women has become a risk factor for women in contracting HIV. She noted that married men through their risky behavior contract HIV which is the transmitted to their unsuspecting wives. Fortunately in Asia, she said, the spread of HIV/stops there as women in Asia on the whole do not engage in risky sexual behavior. Citing examples from she concluded that marriage was the only factor that put women at risk of infection from HIV/AIDS in Asia and the Pacific.



Dr. Nafis Sadik

Dr. Sadik agreed with the conclusion of the Commission that the most sensible way to prevent HIV/AIDS from rising among women is to prevent their husband from becoming infected. She added, however, that it ignores the fundamental right of women to protect their own lives and health, even from their husbands.

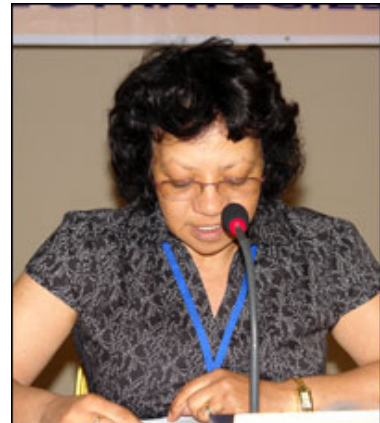
Dr. Sadik expressed her frustration and dismay for the lack of recognition, during discussions about HIV/AIDS, about the importance of and need for empowering women to protecting themselves. She emphasized that, empowering women, therefore is an urgent priority, and that its urgency even higher in sub-Saharan Africa where the incidence is six-seven times higher among young women that among young men. She also noted that in Latin America to most infected women in stable unions acquire the disease from their partners. Gender-based violence, she added increases the risk of HIV infection by 50 percent in all regions. She concluded that this represents a large scale abuse of women and utter disregard for their right to protect themselves.

In concluding, Dr. Sadik called for: redoubling the efforts to educate and inform about HIV and AIDS and programmes for HIV/AIDS prevention must include respect for women as equals; improving access to services easily by women--which is easier when the services are integrated; strengthen efforts to provide information and education,

reduce stigma and ignorance, and address cultural factors that condone men's behavior and condemn women for the result of men's behavior and actions.

6. Reproductive Health Commodity Security

The session was chaired by **H.E. Dr. Swanson-Jacobs**, Deputy Minister for Social Development of the Republic of South Africa and dealt with the importance of and challenges to ensuring Reproductive Health Commodity Security (RHCS), which, as the presentations demonstrated, are central to the achievement of MDGs and ICPD Goals.



H.E. Dr. Swanson-Jacobs

Prof Fred Sai, Special Adviser to the President of the Republic of Ghana, in his keynote address, highlighted the challenges to ensure that all people, including the youth, have the right to choose access and use quality affordable reproductive health supplies in maintaining a healthy sexual and reproductive life. In his address, he emphasized that achievement MDGs 4, 5 and 6 dealing respectively with child mortality, maternal health and HIV/AIDS are closely linked to the availability of reproductive health commodities and supplies.

Dr. Sai highlighted the consequences of shortfalls of reproductive health commodities and supplies and gave an account of the trends in funding and provided estimates of funding needs taking account of population growth and rising demand. He expressed the need to set the stage for discussion and advocacy efforts at various levels to promote reproductive health commodity security.

Dr. Sai then discussed the issues at country level and identified some of the major obstacles to improve quality and increase access, which include poor management information system as well as issues related to logistics and personnel.

Dr. Sai also gave an overview of the debate concerning Reproductive Health, HIV/AIDS and Family Planning and noted the reasons and implications of Governments' inability to provide high priority to these issues.



Prof Fred Sai

A call for a concerted advocacy at all levels, and particularly

by women leaders at both national and international levels, was recommended as an important approach to sensitize governments of the urgent need to ensure reproductive health commodity security.

Dr. Kechi Ogbuagu, UNFPA Adviser on Reproductive Health Logistics, East Africa Regional Office, in her presentation, highlighted the magnitude of the problem and noted that globally about 600,000 women die each year from the complications of pregnancy and childbirth; and approximately 4.3 million infants die during the first month of life in addition to 4 million who are stillborn. She noted that many of these deaths are due to complications their mothers experienced during pregnancy or childbirth. She identified three areas requiring action to reduce these risks: reduce the number of high-risk and unwanted pregnancies; reduce the number and severity of obstetric complications; and reduce case fatality among women with complications.



Dr. Ogbuagu brought to the attention of participants what is entailed in ensuring reproductive health commodity security and identified the specific components of the reproductive health commodities. She also noted the declining trend in financing for family planning and reproductive health and indicated the steps needed to address the abovementioned issues include, among others, the following: advocate for and secure adequate funding, including the mobilization of funding from private sector; efficient use of funding; equity in funding focusing on the needs of marginalized and less privileged populations; maximize joint support for health/health systems; advocate and dialogue with communities to understand early signs and symptoms of pregnancy complications and the risks of delay in seeking help; community and government support for transportation to health facilities; demand their right for quality services; and efficient monitoring to ensure effective implementation of programmes.

Mr. John Skibiak, Director of the Reproductive Health Supplies Coalition, in his presentation, pointed out that there is a twenty percent gap between resource requirement and availability for the financing for supplies and that many countries are paying too much for products, waiting too long for delivery, and are wasting what they have. He also noted that many countries are unable to obtain financing for the supplies when they actually need them, leading to a situation wherein they buy irrespective of need.

Mr. Skibiak noted that donor financing represents only one part of the struggle to ensure adequate resources as commodities constitute only a small portion of what is needed. He noted that improving access to favorable pricing and delivery terms; improving consistency of product quality; minimizing supply chain complexity; and increasing ability for long term planning and supply chain management are as important to strengthen reproductive health commodity security.



Mr. John Skibiak

Dr. Tomas M. Osias, Executive Director of the Commission on Population Welfare, Philippines, in his presentation discussed the situation in the Philippines and noted the gap between desired and actual fertility, high incidence of teen age pregnancy, high unmet need for family planning and high incidence of abortion. He noted that the challenges to contraceptive security in the Philippines are: need for steady direction in FP/RH strategies and approaches, resistance to FP/RH legislation; non allocation and under utilization of budget for family planning, need to change “free contraceptive” mentality, apathy towards health-seeking behaviour; and the need to improve FP/RH service delivery.



Dr. Tomas M. Osias

Dr. Osias then highlighted the government response including, inter alia, the need to increase Contraceptive Prevalence Rate (CPR), meet the high unmet need of family planning particularly among the poor, reduce donor dependency and minimize subsidy from the government. He added that private commercial sector involvement in family planning is limited due to non-conductive environment for business viability.

Dr. Eliya Zulu, Deputy Executive Director, APHRC, Kenya, in his presentation discussed the situation of population growth, fertility, contraceptive use and unmet need for family planning in Sub-Saharan Africa and highlighted the implications and the way forward. He noted that despite progress, fertility and population growth still remain high in the region and that unmet need for contraception is greater than many other regions with more women wanting to limit the number of children. D. Zulu highlighted the disparity between the rich and the poor with the poor having highest levels of unmet need for



Dr. Eliya Zulu

family planning. He called for greater commitment to address the huge inequities and an approach based on equity to improve access for in access to contraception within and across countries/region. This will require action on many fronts including ensuring reproductive health commodity security, including those for family planning.

Prof. Duff Gillespie, Director, the Gates Institute for Population and Reproductive Health, John Hopkins Bloomberg School of Public Health, United States, in his presentation pointed out that the reasons for non use of contraception has changed over time and that clients who receive their method of choice are more likely to continue using the method. He also noted that rising proportion of injectables in the method mix is concomitant with increase in CPR. He recounted many steps to increase CPR: social marketing, depot distribution and fulltime family planning fieldworkers who have brought health and contraceptive services to the doorstep of every household. Also important in a successful programme are mass media campaigns, functional literacy programmes, and the involvement of women's clubs and cooperatives. These are factors that not only contribute to the demand for family planning services but necessary to ensure reproductive health commodity security, particularly in ensuring choice and improving access.



Prof. Duff Gillespie

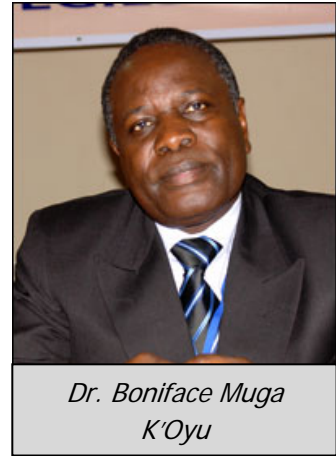
7. Environmental Sustainability

The session titled "Climate Change and Environmental Degradation: Impact on Population", chaired by **H.E. Dr. Firdous Ashiq Awan**, Federal Minister, Ministry of Population Welfare, Government of Pakistan, began with the playing of a video presentation by **Professor Jeffrey D. Sachs**, Director, Earth Institute at Columbia University and included a number of presentations. Prof. Sachs shared with the participants the concepts and experiences of an innovative programme termed "MDG village" which brings together multi-sectoral strategies to mitigating the impact of environmental degradation. The presentations demonstrated the impact of climatic and environmental changes. They also pointed out that the natural resources and environmental sustainability were under severe pressure which, unless addressed urgently, will have adverse impacts on the well-being of populations.



H.E. Dr. Firdous Ashiq Awan

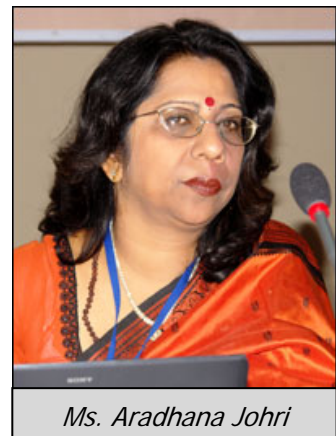
Dr Boniface Muga K'Oyu, Member, PPD Board, and CEO, NCAPD Kenya, in his presentation defined climate change as a long term shift in the weather conditions with focus on changes in temperature and rainfall and opined that these changes can be due to natural causes or human induced. He went on to say that something can and should be done about the changes that are human induced and, in that regard, highlighted the adverse impacts of greenhouse gases on the climate as they add carbon dioxide to the environment.



In his remarks Dr. K'Oyu outlined major environmental and climate changes that included global warming and changes in temperature levels, deforestation and changes in the ecosystems, melting of the ice and rising sea levels, as well as floods, droughts and the depletion of water resources that we experience today. He highlighted the impacts of these changes to food security, hunger and malnutrition, health and survival, and migration-induced by a deteriorating environment.

Dr. K'Oyu called for multi-sectoral strategies such as the MDG village programme which include interventions in health, agriculture and the environment, efforts to seek alternate sources of energy that minimize carbon emissions, and for efficiency in the use of land and water resources. He also called for making family planning central to development efforts so as to reduce population pressure, and to give priority to initiatives that focus on social and environmental issues.

Ms. Aradhana Johri, PCC and Joint Secretary, Ministry of Health and Family Welfare, India, drawing upon the current situation in India characterized by unusually heavy floods, highlighted the potential impacts and challenges, particularly in regard to health and survival. She noted that severe floods and droughts contribute to unsafe water resulting in water borne diseases and deaths. She also noted that droughts, that are also common place, affect food production.



Ms. Johri called for increased awareness creation and research to better understand the linkages between the environment, climate change, and population. She also expressed the need for disaster preparedness; enhanced infectious diseases control programme, and intersectoral co-ordination to curb malnutrition and micronutrient deficiency.

Mr. Sory Ouane, Deputy Regional Director, Southern, Eastern and Central African Region, World Food Programme (WFP) gave an overview of the impact of climate change and environmental degradation on the most food insecure populations and the humanitarian challenges that this brings, and how the WFP is addressing these challenges. The major challenges to food security and development as a result of climate change highlighted include: poverty, rising food prices, and decreasing food production. He noted that poverty, most acute in Sub-Saharan Africa, is compounded by declining in agricultural productivity, lack of employment opportunities, conflicts and disease burdens such as HIV/AIDS and Malaria. He noted that under-nourishment is increasing and that climate change alone increases the number of under-nourished people by between 40 – 170 millions.



Mr. Ouane noted that declines in food production are due to reduced area of land available for farming, adverse impacts of shifting agricultural patterns resulting from increase in the level of moisture in arid lands, reduction in amount of rainfall and increases in temperature, and declines in crop yields and livestock production during periods of floods. He further noted that communities develop coping strategies to meet immediate food requirements and that some of them have serious adverse effects on the environment. He cited cultivating non-arable land causes more land degradation, deforestation, soil erosion and soil infertility causing agricultural failure as an example.

Mr. Ouane called for analytical and operational approaches that recognize the current and prevailing realities in communities; step by step decision making processes that include situation analysis, environmental assessments, resource mobilization and development of policies. He emphasized that if food crisis is not handled properly it could worsen environmental degradation and deforestation. He also informed the participants about WFP's programmes and strategies in ensuring food security and environmental sustainability.

Ms. Amy Coen, CEO and President of Population Action International, USA in her presentation expressed the need for improving the understanding of the relationship between people and the environment and for scientists and



environmentalists to give importance to addressing issues of reproductive health and population because of the close linkages that exist between them and the environment and climate change.

8. South-South Cooperation

The session, chaired by **Prof Fred sai**, Special Adviser to the President of the Republic of Ghana, was devoted to the discussion on strengthening south-south cooperation, one of the goals contained in the Strategic Business Plan of PPD, as an important modality to accelerate the achievement of MDGs and ICPD Goals.

Mr. Jyoti Singh, PPD Permanent Observer at the United Nations, New York, in his key note speech, gave a brief background to the establishment of PPD, and acknowledged the presence of many founding members at the Forum, in particular the Government of Indonesia through Dr. Haryono Suyono, chairman of BKKBN. He noted that South-South was included as an important strategy in the PoA adopted at Cairo (paras 14.9, 14.10(b), 14.6, and 16.19), the objective of which was to support the implementation of the POA. He continued that PPD, as an intergovernmental alliance of nine countries, was formed at the ICPD in 1994 and the first Board meeting was held in Harare, Zimbabwe in 1995. He noted that the importance of South-South cooperation in population and development is reiterated by the special session of the United Nations General Assembly in 1999 (para 88, 94 and 99 of the Key Actions for Further implementation of ICPD PoA) and by other global and regional conferences.



Mr. Singh recalled some of the important achievements of PPD since its establishment which included: promotion of policy dialogues among member countries to positively influence initiatives and outcomes of the various follow-up meetings to the ICPD and MDG; promotion of technical assistance ; transfer of technology and equipment ; strengthening reproductive health commodity security, capacity development through training and the institution of a fellowship programme to participants from member and non-member countries, exchange of information and experience and the engagement of parliamentary committees on health from Eastern and Southern Africa. He also noted the increasing technical and material resources allocated to south-south cooperation by member countries and the increase in the number of members of the alliance.

Mr. Singh referred to the important role played by PPD in capacity development and referred to the new initiatives taken by PPD that include establishing and strengthening a network of 17 Partner Institutions (PIs) from member countries, developing generic modules on: 1) A Historical and Institutional Perspective on Population: ICPD goals and MDGs; 2) Population and poverty; 3) Reproductive health; and 4) Increasing Human Capacity to Address Gender Equity in Development; and the completion of a directory of training and research institutions.

Mr. Singh indicated that PPD has been active in facilitating the exchange of information, experience and expertise among member countries, and noted that, in the future, PPD will give more focus to systematic documentation of best practices and lessons learned.

Mr. Singh acknowledged the support that it has received over the years from a number of organizations and foundations, and noted, however, that the volume of such assistance is not very large. He called on donors to consider favourably the inclusion of south-south programmes in their aid packages to countries, and for the use of consultants and experts from the south in the implementation of such programmes. He also stressed that greater political and policy level support at the national level for south-south programmes, and, in that regard, called for the establishment of national level support structures involving key stake holders.

Dr. Werner Haug, Director Technical Services Division, UNFPA, in his presentation, noted that the international environment is changing and not all the United Nations agencies have made progress in adjusting to these changes. He stated that UN Reforms are on-going and the Secretary General has called for the utilization of the new opportunities offered by the new emerging economies of China and India.

Dr. Haug stressed that south-south cooperation is not an alternative to north-south cooperation but is complementary to that effort. The United Nations, he said, continues to provide regular support for south- south-north cooperation termed as the Triangular Cooperation. He recalled that the Paris Declaration and the Accra Agenda have called for increased national ownership.



Dr. Haug noted that there was not enough knowledge about south-south collaboration and no generic global and regional strategic framework, and as a result, south-south cooperation is institutionalized differently in programmes. He noted that so far only China and Brazil have vigorously promoted south-south cooperation in the area of census, health and HIV/AIDS programmes. He concluded that there should not be

opposition to north-south cooperation, and called for greater synergies to be built between the two programmes. He called for quality assurance and evaluation to be an integral part of south-south cooperation and pledged UNFPA support for capacity building and institutional support for visibility and better understanding of south-south cooperation.

Dr. Sara Seims, Director Population Programmes, Hewlett Foundation noted that developing countries are going through a process of rapid urbanization and demographic transitions which are faster than what the developed countries went through. In her remarks, she recalled the discussions that led up to the formation of PPD, highlighted the role of south-south cooperation in development, and expressed Hewlett's continued support for south-south cooperation, with focus on Africa.



Dr. Sara Seims

Dr Haryono Suyono, Chairman, Indonesia Peace and Prosperity Foundation, Indonesia, gave an overview of the demographic transition and the challenges that lie ahead, as young people are demanding a secure and better living. He noted the silent revolution that is currently ongoing at the community level and that south-south cooperation offers new strategies at the grass root level for development. He stressed that people must be the centre for development and, therefore, called for strong government commitment to improve the human development.



Dr. Haryono Suyono

Dr Suyono, informed the participants about a community empowerment initiative known as "Posdaya" in Indonesia, which, he said, is based on MDGs and Human Development Index. In this context, he called for getting the seniors and influential citizens to be involved, improvement in the quality of basic services through community based programmes, promotion of self reliance and healthy life styles, establishing community health posts managed by people in the community, early education including life skills education as well as other community based interventions.



Dr. Robert Gillespie

Dr Robert Gillespie, President, Population Communication, USA, highlighted population programmes such as child survival programmes and the role of population communication that

enhance programme design and implementation.

Prof Nabiha Gueddana, President and Director General of the National Board for Family and Population, and Board member of PPD, noted that Tunisia adopted the ICPD PoA with strong political commitment and that its success has been recognized by many in the development field. She highlighted Tunisia's commitment to south-south cooperation and PPD and called for the harmonization of programmes of development partners and for their support.



Prof Nabiha Gueddana

In the discussion that followed, it was noted that population issues should not be politicized; communication should be at the heart of changing behaviour; and the contributions of other countries such as India for strengthening south-south cooperation should also be recognized.

9. ADOPTION OF THE KAMPALA DECLARATION

The session was chaired by **H.E. Dr. Ahmed Bourji**, PPD Board Member, and Secretary General, Technical Secretariat, National Population Council, Council of Ministers, Republic of Yemen. Mr. Jyoti Singh gave a brief introduction on the Kampala Declaration and noted that it reflects the consensus that emerged from the discussions during the Forum. He also noted that it will constitute an important guide in moving the ICPD agenda forward. Dr. Jotham Musinguzi, with the permission of the Chair and the support of the panel members, guided the discussion on the declaration and a number of suggestions and recommendations that emerged during the discussion were incorporated.



Adoption of the Kampala Declaration

At the end of the session, the **Kampala Declaration** was adopted by the Forum participants by acclamation, and the final version incorporating all the suggestions and changes is reproduced as Part II to this report. The Declaration includes recommendations to further strengthen population and reproductive health programmes at the national level and deal with the need to: (i) reposition family planning in the development agenda through active advocacy; (ii) to document successful approaches to the integration of reproductive health and HIV/AIDS and facilitate the sharing of such information among member countries; (iii) recognize the importance of cultural norms and practices that affect gender roles and gender relationships in planning and programming RH and HIV/AIDS services; and (iv) to take steps to ensure reproductive health commodity security.

In addition, the Declaration includes specific recommendations to strengthen national level support structure for planning and implementing south-south cooperation programmes and to improve net-working among member countries and Partner Institutions (PIs).

Finally, the Declaration calls upon PPD and its member countries to actively advocate for the actions contained therein and report on the progress to PPD Board at its next meeting in 2009.

10. Closing Session

The Forum was concluded at 13:00 hours on 25 November, 2008 with concluding statements by H.E. Dr. Li Bin, Honorable Minister, NPFPC, China and Chair, PPD Board; and H.E. Dr. Stephen Mallinga, Honorable Minister of Health, Government of Uganda.

Vote of thanks was given by Mr. Harry Jooseery, Executive Director of PPD. In particular, Mr. Jooseery thanked the Government and People of Uganda for hosting the Forum, and for their genuine hospitality. He also thanked H.E. Hon. Mrs. Janet Museveni, MP and the First lady of The Republic of Uganda for her commitment and support to improve the women's status, for her gracious presence and address at the opening session.

11. Award of Excellence

During the Forum, Partners in Population and Development honored, on 24 November 2008, six eminent persons for their pioneering role in its establishment and for their continuing support to promote south-south cooperation as an important strategy for the achievement of ICPD Goals and MDGs.



In honoring them Mr. Harry Jooseery, Executive Director of PPD stated that:

"Their contribution, I should say, will never die down; their new fresh and innovative ideas coupled with an ever present resolve for doing more and more and best, is testimony of their enviable youthful exhuberance."

The honorees are:

Prof. Dr. Haryono Suyono, Former Minister for Population, Government of Indonesia and current Chairman of the Damandiri Foundation.

Professor Haryono Suyono, currently the Chairman of Damandiri Foundation completed his MA in Social Science and a Ph.D in Sociology specializing in Population and Development from University of Chicago in 1971. Prof. Suyono was the Chief of Social Statistics Bureau in Indonesia. He served as Deputy Chairman, National Family Planning Coordinating Board (NFPCB) from 1972 to 1983 and became the Chairman of NFPCB. Prof. Suyono served the Government of Indonesia as Minister for Population from 1993 to 1998 and as Minister Coordinating for PeopleWelfare from 1998 to 1999.

Prof. Suyono has been associated with numerous national and international organizations and contributed significantly in the field of Population and Development. Currently he is the President of Indonesian Sociological Association, Deputy Chairman of Stroke Foundation, President of Indonesian National Committee for Social Welfare, President of Scout

Friendships, and Member of AUICK, Kobe. Prof. Suyono served as President of Indonesian Demographic Association, President of ICOMP, Chairman of Indra Foundation and was Founder and Secretary General of Partners in Population and Development from 1995 to 1998.

For his lifelong achievements in the Population and Development sector, Prof. Haryono Suyono received numerous prestigious awards namely, Hugh Moore Awards for Innovation, Washington, 1995; Mahaputera Utama, Special Class of National Awards, 1982; Mahaputera Adipradana, Highest Level National Awards, 1996; Republic of Indonesia, Special National Awards, 1998; Professorship from University of Airlangga, Surabaya, 1994; Doctor Honoris Causa from Monash University, 1995 and Honorary Member of Indonesian Doctor Association, 1996. A hall in Johns Hopkins University has been named as "Haryono Hall" in honour of Prof. Suyono in 1995.

Dr. Nafis Sadik, Former Executive Director, UNFPA, and currently Special Envoy to the UN Secretary General for HIV/AIDS in Asia and the Pacific.

Dr. Nafis Sadik, born in Jaunpur, India, holds a Doctor of Medicine Degree from Dow Medical College, Karachi, Pakistan, interned in Obstetrics and Gynaecology at City Hospital, Baltimore, Maryland, and further studied at The Johns Hopkins University. From 1954-1963, Dr. Sadik served as civilian medical officer in various Pakistani armed forces hospitals, and was Pakistan's Director-General of the Central Family Planning Council (1966-1970). She joined UNFPA in 1971, and served as its Executive Director from 1987-2000. She was the first woman in the United Nations, to head one of its major voluntarily-funded programmes. Following her retirement in 2000, Dr. Sadik was appointed by the UN Secretary-General as Special Advisor, with responsibilities as UN Special Envoy for HIV-AIDS in Asia and the Pacific.

Dr. Sadik is well-known for her dynamism and guiding force in the field of maternal and child health, reproductive and sexual health, and a strong advocate for education and prevention of HIV-AIDS. Under her leadership as Secretary-General of the International Conference on Population and Development (ICPD), held in Cairo in 1994, the approach to reproductive health which includes empowering women through education and economic opportunity was unanimously agreed to by the international community. It is under her leadership that the South-South Initiative was included in the ICPD PoA in 1994, following which PPD was formed. As a stunt supporter of South-South Cooperation, she has always been since 1994 by the side of PPD as a guiding force. Her special assistance to PPD especially in the early years was instrumental in the growth of PPD. Among her numerous national and international awards and honours, Dr. Sadik

was the recipient of the 2001 United Nations Population Award for her outstanding contribution to the awareness of population issues, and recognition of her significant, life-long contribution to addressing women's rights and sexual and reproductive health rights.

Dr. Sadik was a member of the UN Secretary-General's High-Level Panels on, "Threats, Challenges and Change", and "Alliance of Civilizations". She is a member of the Board of Directors of several national and international organizations, and author of publications on reproductive health and family, population and development, women, and gender and development.

Mr. Jyoti Shankar Singh, former Deputy Executive Director, UNFPA, and currently PPD Permanent Observer at the United Nations, New York.

Mr. Jyoti Shankar Singh is the former Deputy Executive Director of the United Nations Population Fund (UNFPA). He was the Executive Coordinator of UN International Conference on Population in 1984 and UN International Conference on Population and Development (ICPD) in 1994. Mr. Singh served as Special Advisor to Executive Director, UNFPA on ICPD+5 Review from 1998 to 1999 and was the Executive Coordinator, United Nations World Conference against Racism from 2000 to 2001.

Currently Mr. Jyoti Singh is the Permanent Observer to the UN for Partners in Population and Development. Mr. Jyoti Singh played a key role in the formation of PPD and has been contributing to PPD and South-South Cooperation since 1994.

Mr. Singh is the author of several books widely studied globally, namely, Creating a New Consensus on Population, Earthscan, London, 1998; South to South: Developing Countries Working Together on Population and Development (ed.), Population 2005, Washington D.C., 2000; Un nuevo consenso sobre poblacion, Icaria, Barcelona, 2001; The Population Challenge in Asia: Parliamentarians as Advocates and Policy Makers, Population 2005, Washington DC and AFPPD, Bangkok, 2002 and 2006.

He was President of Population 2005 in the years 1999-2005, a global network of individuals with significant experience in the population field who are committed to the earliest possible implementation of the Programme of Action adopted at the Cairo Conference.

Prof. Dr. Nabiha Gueddana, General Director, National Institute of Family and Population, Ministry of Public Health, Government of Tunisia.

Professor Dr. Nabiha Gueddana is the General Director, National Office of Family and Population, Ministry of Public Health, responsible for the National Family Planning Programme and Policy Development in Tunisia; She is currently a Board Member of and was the first Chair of Partners in Population and Development from 1995 to 1998; Previously she was the Secretary of State for the Prime Minister in charge of Women's and Family Affairs and former Secretary of State for the Ministry of Social Affairs in charge of Social Protection and Promotion.

Professor Gueddana has published many books and articles in major international journals. Originally from the island of Djerba in Tunisia, she is a professor of paediatrics, and has long been involved in reproductive health and family planning activities at the national, regional and international levels. Professor Gueddana is recognized globally for her significant contribution in promotion of South-South Cooperation and ICPD Programme of Action.

Dr. Steven W. Sinding, Former Director General, IPPF, and currently Senior Fellow, Guttmacher Institute, USA.

Now a Senior Fellow at the Guttmacher Institute and independent consultant, Dr. Steven Sinding retired in 2006 after four years as Director-General of the International Planned Parenthood Federation, headquartered in London. He directed a global federation of 150 member associations and six regional offices, operating programmes in 180 countries around the world.

Dr. Sinding was Professor of Population and Family Health and Adjunct Professor of Public Policy at Columbia University from 1999 to 2002 where he wrote and published "Re-engaging with the Developing World: the Aid Imperative" (2002).

From 1991 to 1999, he directed the Population Sciences programme at The Rockefeller Foundation, providing grants for social science, policy, and biomedical research. In 1994 he was a member of the United States delegation to the International Conference on Population and Development at Cairo and in 1990-91 was the World Bank's senior population advisor. He has been since then an ardent supporter of South-South Cooperation for the attainment of ICPD Goals. He is one of the founding fathers of PPD and contributed immensely in providing both financial and technical support to PPD especially in the early years.

Dr. Sinding had a 20-year career at the U.S. Agency for International Development (1971-1990) during which he served as Director of the Mission to Kenya (1986-1990) and Agency Director for Population (1983-1986). He and his family also lived in Pakistan and the Philippines.

Dr. Sinding has published extensively on international population and reproductive health matters and speaks frequently to both academics and general audiences on these issues. He is the author of the article on Family Planning Programmes in the Encyclopedia of Population and co-editor of Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World (Oxford: 2001). A Government major at Oberlin, Dr. Sinding earned a Ph.D. in political science at the University of North Carolina at Chapel Hill in 1970. He is married to Monica Knorr and they have two grown daughters.

Dr. Sara Seims, Director, Population Programme, The William and Flora Hewlett Foundation, USA.

Dr. Sara Seims joined the William and Flora Hewlett Foundation in October 2003 as Director of the Population Programme. Immediately prior she was president of the Alan Guttmacher Institute since November 1999, where she led the organization to a greater involvement in international reproductive health issues and behavioral research in the areas of HIV-AIDS.

Dr. Seims was associate director of population sciences at The Rockefeller Foundation in New York for six years. At the Foundation, she contributed to the expansion of international collaboration in reproductive health and promoted dialogue between developed and developing nations on both programmatic and policy issues relating to women's and reproductive health. For three consecutive years she was named by Earth Times as one of the key actors in sustainable development. She is very much committed to promote the ICPD agenda and South-South Cooperation. Her support to PPD since 1994 has been remarkable and instrumental in putting PPD on the rail.

Dr. Seims is on the board of Nairobi-based Africa Population and Health Research and a former member of the board of directors of Management Sciences for Health in Boston, where she ran the population division. She has also been deputy chief of two divisions of the United States Agency for International Development: the Office of Health, Population and Nutrition in Dakar, Senegal, and the policy division of the Office of Population in Washington, D.C. She is currently a member of the Board of Directors of the National AIDS Fund and the National Campaign to Prevent Teen and Unplanned

Pregnancy and Chair of the Development Committee of the Population Association of America. In 2007, she accepted an invitation to join UNESCO's Global Advisory Group on HIV and Sex Education.

Dr. Seims received a Bachelor of Arts in Anthropology from Rutgers University and a Ph.D. in Demography from the University of Pennsylvania. She is a Fellow of the New York Academy of Medicine.

Annex 1

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Annex 2

**Partners in Population and Development (PPD)
In Collaboration with
Government of the Republic of Uganda
With Assistance from UNFPA and Venture Strategies**

**Programme for International Forum on
“ICPD @ 15: PROGRESS AND PROSPECTS”
24 – 25 November 2008, Kampala, Uganda**

Monday, 24 November 2008

Time	Opening Ceremony	
8:30 – 9:00	Registration	
9:00 – 10:30	Welcome: Dr. Jotham Musinguzi, Regional Director, PPD, Africa Regional Office (ARO) Addresses: Mr. Harry S. Jooseery, Executive Director, PPD Dr. Purnima Mane, Deputy Executive Director, UNFPA New York H.E. Dr. Li Bin, Chair, PPD Board, Minister, National Population and Family Planning Commission (NPFPC), Government of the People's Republic of China H.E. Dr. Stephen Mallinga, Minister of Health, Republic of Uganda Opening Address: H.E. Hon. Mrs. Janet K. Museveni MP, First Lady of the Republic of Uganda	Master of the Ceremony Dr. Jotham Musinguzi Director, PPD, ARO Rapporteur Ms. Mamsie Olga Mabitsela Director, Population and Development Strategy Department of Social Development Human Sciences Research Council, South Africa.
	<i>Award of Excellence to Pioneers of South-South Cooperation By, H.E. Mrs. Janet K. Museveni, First Lady of the Republic of Uganda and H.E. Dr. Li Bin, Chair, PPD Board</i>	

10:30 – 11:00 TEA / COFFEE BREAK

SESSION I: REPRODUCTIVE HEALTH AND POPULATION

Time		
11:00 – 13:00	Chair: Dr. Sugiri Syarief, MPA, PPD Board Member and Chairperson, BKKBN, Government of Indonesia	
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>Key Note: “From Cairo to date: RH/Population Programme Achievements and Challenges”: <i>Dr. Purnima Mane, Deputy Executive Director, UNFPA New York</i></p> </div> <p>Discussants:</p> <ul style="list-style-type: none"> • Dr. Musimbi Kanyoro, Director Population and Reproductive Health Programme, Packard Foundation, USA • Dr. Martha Campbell, President and Founder, Venture Strategies for Health and Development, USA 	<p>Rapporteur</p> <p>Dr. Kadamattumadom S. Seetharam Consultant</p>

13:00 – 13:30 LUNCH BREAK

SESSION II: INTEGRATION OF REPRODUCTIVE HEALTH WITH HIV/AIDS

Time		
13:30 – 15:00	Chair: H.E. Dr. Stephen Mallinga, Minister of Health, Republic of Uganda	

	<p>Key Note: “The Scourge of HIV/AIDS and Prospects for its Integration with Reproductive Health Programme”: <i>Dr. Nafis Sadik, Special Advisor to the UN Secretary General, Special Envoy for HIV/AIDS in Asia and the Pacific</i></p> <p>Presenters:</p> <ul style="list-style-type: none"> • Prof. Nelson Ssewankambo, Principal of Makerere University College of Health Sciences, Uganda • Dr. Malcolm Potts, Professor, University of California, Berkeley, USA • Ms. Elizabeth Lule, Manager, AIDS Campaign Team for Africa, World Bank • Ms. Bettina Maas, Chief of Programme Support and Regional Desk Branch, UNFPA 	<p>Rapporteur</p> <p>Dr. Abdel Hamed Ragab PCC and General Manager of General Directorate of Population Planning, Egypt</p>
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15:00 – 15:30 TEA / COFFEE BREAK

SESSION III: REPRODUCTIVE HEALTH COMMODITY SECURITY

Time		
15:30– 17:00	Chair: H.E. Dr. Swanson- Jacobs, Deputy Minister for Social Development, Government of the Republic of South Africa	
	<p>Key Note: “The Missing Link- Ensuring Access to Quality Reproductive Health Essential Medicines and Commodities.” <i>Professor Fred Sai, Special Adviser to the President, Ghana</i></p> <p>Presenters:</p> <ul style="list-style-type: none"> • Dr. Kechi Ogbuagu, Adviser, Reproductive Health, Logistics, UNFPA, Ethiopia • Mr. John Skibiak, Director, RH Supplies Coalition, Belgium • Dr. Tomas Osias, Executive Director, Commission on Population Welfare, Philippines • Dr. Eliya Zulu, Deputy Executive Director, APHRC, Kenya • Professor Duff Gillespie, The Gates Institute for Population and Reproductive Health, Johns Hopkins Bloomberg School of Public Health, USA 	<p>Rapporteur</p> <p>Ms. Kasmiyati PCC and Deputy of Training and Development, BKKBN, Indonesia.</p>

19:30: DINNER: Hosted by the Government of Uganda
Chief Guest: H.E. Mrs. Janet Museveni, First Lady, Republic of Uganda

TUESDAY, 25 NOVEMBER 2008

SESSION IV: CLIMATE CHANGE AND ENVIRONMENTAL DEGRADATION: IMPACT ON POPULATION

Time		
8:30 – 10:00	Chair: H.E. Dr. Firdous Ashiq Awan, Federal Minister, Ministry of Population Welfare, Government of Pakistan	
	<div> Key Note: “Protection of World Population from Climate Change and Environmental Degradation”: <i>Professor Jeffrey D. Sachs, Director, Earth Institute at Columbia University</i> </div> Intervenients: <ul style="list-style-type: none"> • Dr. Boniface Omuga K’Oyugi, PPD Board Member and CEO, NCAPD, Kenya • Ms. Aradhana Johri, PCC and Joint Secretary, Ministry of Health and Family Welfare, India • Mr. Sory Ouane, Deputy Regional Director, Southern, Eastern and Central Africa Region, World Food Programme (WFP) • Ms. Amy Coen, CEO and President of Population Action International, USA 	Rapporteur Ms. Fatima Mhuriro, Zimbabwe National Family Planning Council, Zimbabwe

10:00 – 10:30 TEA / COFFEE BREAK

SESSION V: SOUTH – SOUTH COOPERATION: A STRATEGY FOR RH AND POPULATION PROGRAMME

Time 10:30 – 12:00	Chair: Professor Fred Sai, Ghana Aids Commission, GHANA	
	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> Key Note: “South-South Cooperation: A Modality for Partnership to Meet ICPD Goals and Future Challenges”: Mr. Jyoti Singh, PPD Permanent Observer at the United Nations, USA </div> Discussants: <ul style="list-style-type: none"> • Mr. Werner Haug, Director, Technical Support Division, UNFPA New York • Dr. Sara Seims, Director, Population Programmes, Hewlett Foundation, USA • Dr. Haryono Suyono, Chairman, Indonesia Peace and Prosperity Foundation, Indonesia • Dr. Robert W. Gillespie, President, Population Communication, USA • Pr. Nabiha Gueddana, President Director-General, National Board for Family and Population, Tunisia 	Rapporteur Mrs. Esther Y. Apewokin Executive Director, National Population Council Ghana

SESSION VI: ADOPTION OF THE KAMPALA DECLARATION

Time		
12:00 – 12:30	H.E. Dr. Ahmed Bourji, PPD Board Member, National Population Council (NPC) Sana’a, Yemen	Rapporteur
	<ul style="list-style-type: none"> • The Kampala Declaration – Introduction: Mr. Jyoti Singh, PPD Permanent Observer at the United Nations, New York • Presentation of Draft Declaration: Dr. Jotham Musinguzi, Director ARO, PPD and Dr. K. Seetharam • Adoption of Kampala Declaration 	Dr. Betty Kyadondo PCC and Head of Family Health Department, Population Secretariat, Uganda

CLOSING CEREMONY

Time		
12:30 – 13:00	Closing Ceremony <ul style="list-style-type: none"> • Address, H.E. Dr. Li Bin, Chair, PPD Board, Honorable Minister, NPFPC, China • Address, H.E. Dr. Stephen Mallinga, Honorable Minister of Health, Uganda • Vote of Thanks, Mr. Harry Jooseery, Executive Director, PPD 	Master of Ceremony Dr. Jotham Musinguzi Director, PPD, ARO Rapporteur Mr. Charles N. Oisebe PCC and Senior Population Programme Officer National Coordinating Agency for Population and Development, Kenya

13:00 – 14:00

LUNCH BREAK

15:00 – 17:00

Courtesy call to His Excellency Mr. Yoweri Kaguta Museveni, President, Republic of Uganda (By Invitation)

19: 00

DINNER: Hosted by PPD

Annex 3

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PART TWO

KAMPALA DECLARATION

We, the members of Partners in Population and Development, an intergovernmental alliance of developing countries, accounting for more than half of the world's population, along with a number of other developing countries attended the 2008 International Forum on "ICPD @ 15:Progress and Prospects" convened in Kampala, the capital of Uganda. The Forum was convened to assess progress in the achievement of the goals of the International Conference on Population and Development (ICPD), within the context of the Millennium Development Goals (MDGs), and to examine the prospects of achieving them by 2015. After two days of intense deliberations and exchange of experiences, we adopt this Declaration and commit ourselves collectively, through strengthened cooperation, to promote and implement this Declaration for the cause of peace, poverty reduction, and sustainable development everywhere. We, therefore:

PREAMBLE

- **Recognize** the close linkages between ICPD goals and the MDGs, and that MDGs cannot be attained unless the goals contained in the ICPD Programme of action is achieved. Achievement of three of the MDGs (4, 5, and 6) relating to health, including reproductive health, is pivotal to achieving poverty reduction.
- **Recommit** to *"Achieving universal access to reproductive health by 2015 as set out at the International Conference on population and Development"* as agreed to by the Heads of State and Government at the Millennium +5 summit in 2005.
- **Reaffirm** the commitments made in international and regional policy frameworks, including Fourth World Conference on Women (1995), Abuja Declaration (2001), Paris Declaration (2005) and the Maputo Plan of Action (2006). The members of the Alliance as of 24th November 2008 are Bangladesh, Benin, China, Colombia, Egypt, The Gambia, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, South Africa, Thailand, Tunisia, Uganda, Yemen and Zimbabwe.
- **Reaffirm** our strong commitment to the principles, objectives and actions contained in the ICPD Programme of Action, as well as to the Wuhan, Agra and Rabat Declarations adopted during previous meetings of the PPD.
- **Reiterate** the importance of integrating the goal of universal access to reproductive health including family planning into strategies to attain the MDGs.

- ***Note with concern*** that family planning is losing its centrality in terms of budgetary allocations as well as its place in poverty reduction strategies and in population and reproductive health policies and programmes, and that it needs to be repositioned as a priority in development.
- ***Recognize*** that demographic changes, especially population momentum, changing age structure, and migration are having significant adverse consequences for the environment, employment, provision of social security and for sustainable development in most countries, while in the poorer countries continued high fertility and population growth is adversely affecting the achievement of MDGs, including eradicating poverty.
- ***Further Recognize*** that the current global economic slowdown is having severe impacts on our economies, societies and the families, especially the poor, with potential consequences for our efforts to achieve ICPD Goals and MDGs.
- ***Recognize*** that this provides us a unique opportunity for us to strengthen our cooperation in mitigating the adverse impacts on the quality and welfare of our peoples.
- ***Note with continuing concern*** that international donor assistance to population and reproductive health programmes, particularly for family planning, is below what is required by developing countries.
- ***Reaffirm*** our commitment to use effectively and in cost-efficient manner external resources made available to achieve ICPD Goals and MDGs.
- ***Reaffirm*** our commitment, despite the current economic crisis, to promote and strengthen cooperation among ourselves and other developing countries.

I. Family Planning, Reproductive Health and Population

The ICPD Programme of Action, rooted in the human rights framework, called upon countries to achieve universal access to reproductive health services by 2015 and emphasized welfare of individual women, achievement of their sexual and reproductive health and rights, and gender equity and equality. The MDGs, adopted at the Millennium summit, include “reducing maternal mortality by three quarter between 1990 and 2015” as one of its goal (Goal 5), and the ICPD goal of universal access to reproductive health services is adopted as a target at the MDG+5 summit in 2005. ICPD, in a significant way, contributed to the formulation of MDGs.

Since ICPD, countries around the world have invested significant amount of resources to improve access to and quality of reproductive health services, and reproductive health now forms part of the development agenda of poverty reduction in many countries.

Progress, however, on several of the MDGs and ICPD Goals is mixed. While progress has been made towards the achievement of goals related to universal primary education and reduction in gender disparities in education, and in stemming the spread of HIV/AIDS, progress has been slow in others, most notably in the reduction of maternal mortality and improving maternal health. Moreover, in the least developed regions the number of people living on dollar a day or less is increasing.

Family planning, which is an important component of reproductive health, has lost its centrality in terms of budget allocations and integration in poverty reduction strategies, resulting in high unmet need for family planning and in keeping maternal mortality and poverty high in many countries, especially the least developed.

While the environment for providing reproductive health information and services to adolescents and young people has improved in many countries, much more needs to be done for improving access to information and services, as the cohort of young people reach their highest ever levels in many countries.

Recognize that:

--universal access to quality reproductive health services, including family planning services, is central to achieving MDGs.

--that non-evidence based barriers to the availability of family planning remain, in particular denying adolescents and young people access to information and services they need.

--continued high fertility and population growth exacerbates poverty and contributes to the deterioration of environment, and that high level of unmet need for family planning, particularly in poorer countries, inhibits progress towards reduction in poverty, improving maternal health and reducing maternal mortality and achieving environmental sustainability.

--inequities between the rich and poor have increased which manifest itself in high infant, early child hood and maternal mortality and limited access to affordable reproductive health, including family planning services.

--adolescents and young people who constitute the highest proportion of the population in most countries do not have access to reproductive health as well as life skills-related information and services.

Note with concern that:

--funding for family planning has declined significantly during recent years while that for safe-mother hood programmes have remained stagnant over the years, contrary to the agreements reached at Cairo.

--the current economic downturn will put severe strain on our resources and budgets as well as individual abilities to cope with the declining incomes.

--under these conditions it is the poor who are affected most and that the consequences will be severe.

--gender inequalities and unequal gender relations have adverse consequences for reproductive health of girls and women. Social and cultural norms continue to discriminate women and girls and stifle efforts to empower them to seek reproductive health information and services and protect themselves against unwanted pregnancy and unsafe abortion, leading to many unfavourable outcomes related to reproductive health.

We declare our commitment to the centrality of family planning in development and to improving access to sexual and reproductive health information and services for adolescents and young people.

Reaffirm our commitment to:

--make pregnancy and child birth safe, and reduce maternal mortality and morbidity through better emergency obstetric care as well as availing skilled manpower.

--redouble efforts to reduce gender inequality and to empower women and girls through education, employment and improved access to information, education and services on reproductive health.

Call on Governments to:

--emphasize the importance of family planning to the attainment of the MDGs and increase support for family planning in the national budgets and donor supported programmes.

--improve access to family planning through a better health service system and social marketing and by strengthening the links with other programmes.

--examine affordability, accessibility and accessibility constraints and barriers for increasing the use of family planning and reducing the unmet need for family planning services, and for bridging the inequities in access between the rich and the poor.

--promote the involvement of men in reproductive health and family planning

--address issues of access to sexual and reproductive health services for adolescents and young people through actions agreed upon in 2007 at Rabat.

--invest in research needed to develop cost-effective evidence-based policies.

Call on PPD to:

--promote advocacy at national, regional and global levels to emphasize the importance of repositioning family planning in development and as a central component of reproductive health, and for improving access to reproductive health information and services for adolescents and young people.

--facilitate exchange of information, experience and best practices among member countries.

--strengthen cooperation with other partners including national and regional parliamentary groups on population, international and national NGOs to synergize advocacy efforts at all levels.

Call on donors to:

--provide technical and financial support to make family planning as a central component of the development agenda, including health sector reforms, sector wide approaches and poverty reduction strategies.

--support the development of new technologies to improve contraceptive choice.

--support policy and operations research to strengthen evidence-based policies and programmes.

II. HIV/AIDS

(a) Integration of RH and HIV/AIDS

In countries with high HIV prevalence and high contraceptive use significant linkages between HIV/AIDS and sexual and reproductive health, including family planning, exist which could facilitate the provision of integrated RH/FP and HIV/AIDS services.

However, there are also barriers to integration which arise from constraints at the country level or from the donors. Country level constraints include, among other factors, vertical nature of programme components, unpreparedness of facilities and service providers. Donor constraints relate to planning and financing and mis-match of priorities. Therefore, situation in different countries would determine the extent to which integration of RH/FP and HIV/AIDS services is feasible or practical. There are gaps in identifying the effective way of packaging and delivering various types of care at different levels of the health system.

Recognize, therefore, that RH/FP and HIV/AIDS integration poses major challenges.

Call on Governments, in particular the Ministries of Health and National AIDS Organizations, to:

--identify country obstacles and opportunities for integration and identify service delivery strategies through operations research.

--invest to address health system constraints including human resources capacity and supply chain management.

Call on PPD to:

--document successful approaches of integration of RH/FP and HIV/AIDS and facilitate exchange of information on best practices.

Call on donors to:

--support policy and operations research and country priorities, provide medium and long term and predictable financing, and establish harmonized procedures.

(b) Gender and HIV/AIDS

In many countries, social and cultural norms continue to discriminate women and gender inequality and subordinate role puts women at higher risk of contracting HIV/AIDS. Evidence also shows that, contrary to expectations, even women within marriage are highly susceptible to contracting HIV/AIDS from their husbands.

Recognize that traditional values often result in women being penalized for unwanted pregnancies and being infected with HIV/AIDS.

Recognize that the function of culture and tradition is to provide a framework for human wellbeing, and not as a means to oppress women.

Recognize that the spread of HIV/AIDS is largely the result of male behavior, condoned by culture and traditions and that the same cultures and traditions do not empower or protect women even when married.

Recognize that men play an important role in decision making at the household level and that they can play a positive role to bring about gender equality and empower women.

Call on Governments to:

--redouble efforts to improve HIV/AIDS programmes aimed at prevention, and to ensure that such programmes include respect for women on the basis of equality.

--to enact laws that protect vulnerable groups, particularly women and children, from discrimination and persecution and that ensure their access to counseling, care and support.

--strengthen community level sexual and reproductive health programmes to enable women to avail of the services they need to protect themselves, and to educate men to be responsive to gender issues.

--invest in research to develop methods that would empower women and girls to protect themselves from contracting HIV/AIDS.

Call on PPD to:

--highlight the impact of gender inequality in the spread of HIV/AIDS and advocate for programmes designed to educate and inform men, women and young people about HIV/AIDS and for strengthening community level programmes on RH/FP for women and girls to have easy access to information, counseling and services.

Call on Donors to:

--technical and financial support to conduct socio-cultural research to understand how gender inequality and unequal gender relations impacts on the ability of women and girls to seek and obtain reproductive health and family planning services and to incorporate the findings into behavioural change communication programmes.

III. Reproductive Health Commodity Security

In spite of the fact that access to reproductive health commodities is essential, millions of women and young people still lack the necessary access to commodities. This is particularly demonstrated in the prevailing and clear inequalities which continue to exist between the rich and poor and the urban and rural populations.

RHCS is an important building block of the health system and continues to remain the back bone of all RH programmes and is thus essential for provision of quality RH services and the achievement of universal access to RH.

Recognize that:

--The need for reproductive health services and commodities continues to increase, and though donor funding has increased in the recent past, there is still need for more commitment from both donors and government to avoid shortfalls.

--Recent initiatives such as the Minimum Volume Guaranty recently established by RH Supplies Coalition and UNFPA, provides a unique procurement opportunity in support of countries that decide to procure their commodities directly from manufacturers and can empower countries to become sustainable in this area.

--A wide method choice on contraceptive commodities is very important and it is also important to intensify efforts to develop new contraceptive technologies which would improve access to contraceptive commodities, particularly for women in the rural communities.

--The need for increasing predictability of financing for reproductive health, including family planning supplies.

Welcome the progress that has been made in the supply of contraceptives and other RH commodities and equipment from the manufacturing countries of the South.

Call on Governments to:

--make maximum the use of the resources available through the global and regional coalitions in support of the health MDGs and ensure that these initiatives support national priorities and jointly support national systems strengthening in a harmonized and equitable manner.

--ensure that joint efforts should focus on building the capacity of governments for effective procurement of the commodities they require and for putting in place one national commodity distribution system for all required RH commodities.

--make use of the opportunity provided by the creation of the Minimum Volume Guaranty to procure their commodities at the lowest rates possible, which has been made possible by this facility.

--provide sufficient funding for RH/FP commodities through mechanisms such as the establishment of budget lines for RH Commodities; increasing national allocations for health to the committed 15%; greater involvement of the private sector and mobilisation of their available resources; and more efficient use of available resources in a manner that ensures equitable access.

--advocate and dialogue with communities to increase demand for RH/FP and enlist their support and involvement in ensuring that women and young people have access to required services.

--adopt legislative measures at the national and local levels to support and ensure reproductive health commodity security.

Call on PPD to:

--continue advocacy at various levels for ensuring reproductive health commodity security.

--facilitate provision of RH commodities from the manufacturing countries of the south to other countries.

Call on donors to:

--support research aimed identifying new technologies which endeavour to produce improved and better contraceptive products, particularly those which would address the needs of the rural poor and young people.

IV. Environmental Sustainability

Recognize that environment and climate change pose one of the great challenges facing us today and our understanding of the complex linkages between population, environment and climate change is limited. While the unsustainable pattern of consumption is an important factor in environmental deterioration, population growth, age structure, distribution, migration and urbanization are also critical factors.

Recognize further that world's people and ecosystems, especially the most vulnerable, are feeling the effects of deteriorating environment and climate change. World's poor, particularly women and children, will be the most affected by these changes and do not have the ability or resources to cope with them. These changes also have adverse impacts on our ability to ensure food security.

Call on Governments to:

--be prepared to take swift action during emergency situations, incidence of which is on the rise due to the changes in the climate and the environment.

--give priority to reposition family planning into development strategies and protect the health of women and children most affected by these changes.

Call on PPD to:

--advocate at various fora at national, regional and global levels the need to address the root causes of climate change and environmental degradation.

--improve networking and facilitate sharing of information, knowledge, and experience gained in understanding the inter-linkages between population, health, environment and climate change.

Call of donors to:

--provide technical and financial support to countries to develop monitoring capacities and in dealing with the consequences of climate and environmental change.

--provide technical and financial support to conduct situation analyses of the complex inter-linkages between, population, health, environment and climate change.

V. Strengthen South-South Cooperation

The ICPD Programme of Action highlights the desirability of countries "learning from one another's experience, through a number of different modalities(e.g long-and short term training programmes, observation and study tours and consultancy services) and proposes that one of the objectives of resource mobilization should be "to increase international financial assistance to direct South-South cooperation"(para 14.10(b)).

The importance of South-South co-operation in implementing the Programme of Action was further recognized by the special session of the UN General Assembly during the five year review. In the report titled Key Actions for Further Implementation of the Programme of Action of the International Conference on Population and Development it is noted that " External funding and support from donor countries as well as the private sector should be provided to sustain the full potential of the South-South cooperation, including the South-South initiative: Partners in Population and development, in order to bolster the sharing of relevant experiences, and the mobilization of technical expertise and other resources among developing countries" (paragraph 88).

Recognize that PPD has achieved some measure of success during the past fourteen years in promoting the implementation of the ICPD Programme of Action through engaging in policy dialogue, advocating and forging common policy positions at regional and international fora, sharing of experiences, promoting reproductive health commodity security and strengthening national institutions for training through south-south cooperation modality.

Notes with appreciation the fact that countries of the Alliance, particularly the relatively more advanced ones, are increasing their support to South-South

cooperation, and have begun to allocate resources for the provision of fellowships, and the provision of reproductive health commodities and equipment.

Further recognize that, more can be achieved with proper planning of south-south cooperation activities and programmes and that the Strategic Plan 2005-2014, the Strategic Business Plan 2008-2011, and the Capacity Development Plan provide the framework for strengthening cooperation among the developing countries:

Call on Governments to:

- Establish and strengthen national level support structure to plan and implement south-south cooperation programmes, with necessary funding, and taking advantage of triangular modalities.
- Advocate for strengthening South-South cooperation, as a cost-effective strategy, for accelerating the achievement of ICPD Goals, at the regional and global levels, as envisioned in the ICPD Programme of Action.

Call on PPD secretariat to:

- Provide technical and material support for the establishment and functioning of the national level support structure.
- Establish and periodically update a directory of training and research institutions as well as technical and commodity support available among member countries.

Call on external donors to:

- Provide technical and financial support to actions that promote south-south cooperation through their programmes at the national level.

Commitment and follow-up

We, the participants in the International Forum on “ICPD @ 15: Progress and Prospects” commit ourselves to implement actions contained in this Declaration and strengthen cooperation among ourselves through South-South cooperation, and with all the development partners, including parliamentary groups, NGOS, Civil Society Organizations, the Private Sector and the donor community in addressing the many challenges that remain to be addressed to achieve the MDGs and ICPD Goals.

Furthermore, we commit ourselves to advocating for the implementation of the actions in this Declaration, monitor and report on progress at the next meeting of PPD and through other channels.

The participants wish to record their appreciation to the Government of the Republic of Uganda for hosting the Forum and for making excellent arrangements, and to the friendly people of Uganda for their hospitality.

PART THREE

Courtesy call to H.E. Mr. Yoweri Kaguta Museveni, President Republic of Uganda

A high level delegation comprising of H.E. Dr. Li Bin, Chair, PPD Board and Honorable Minister, NPFPC, PPD Board Members, UNFPA Representatives from New



PPD delegation with the Honorable President of Uganda H.E. Mr. Yoweri Kaguta Museveni

York and Uganda, Representative of Hewlett Foundation, the Executive Director of PPD and other dignitaries were invited for dinner and meeting with H.E. Mr. Yoweri Kaguta Museveni, President of Uganda on the 25th November 2008 at the official residence of the latter. The President spent more than one and half hour after dinner with the delegation discussing on salient Reproductive Health and Population issues affecting Africa and particularly Uganda. The ambiance was very friendly and cordial and the President gave opportunities to all members of the delegation to interact with him.

The Chairperson of PPD H.E. Dr. Li Bin and the Executive Director, Mr. Harry Jooseery presented a commemorative plaque to the President in recognition to his unflinching support to PPD and South-South Cooperation. The Ugandan government hosts PPD Regional Office in Kampala since 2007 and also the New York Office since 2006. The President expressed his concern on the



H.E. Dr. Li Bin and Mr. Harry Jooseery presented a commemorative plaque to the Honorable President of Uganda

extent of poverty in Africa and stated optimistically that Africa will win the race given the existing capabilities and potentials of the continent.