



Partners in Population and Development

A South-South Initiative

Permanent Observer at the United Nations

Strategic Plan 2005-2014

“The growing voice of the South”

Strategic Plan 2005-2014

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A message from the Chairman

Partners in Population and Development is a vibrant alliance of developing countries that has helped us achieve substantial success in sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development during the last ten years. The Alliance is preparing itself to address the challenges created by the increasingly complex globalisation scenario.

Partners in Population and Development, has successfully transformed the South-South collaboration theory into practice within a very short period of time. There is no denying of the fact that today South-South collaboration has been embraced by many developing countries as an essential way of development in the field of reproductive health, including family planning and HIV/AIDS. The current global situation calls for an intense exchange of policies, programmes, experience and expertise. The voice of more than half of the world population must continue to be heard when deciding the agenda on sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development..

Member countries of the Alliance have a multitude of urgent needs to be addressed while funding and assistance is decreasing drastically. We need to increase the collaboration among us, making the South-South approach the preferred option for assistance. South-South collaboration will be institutionalised in member countries and additional funds will be mobilised through multiple channels, from member countries' governments and their corresponding private sector. Strategic partnerships will be established for this purpose.

Innovative partnership arrangements among member countries to address specific country needs will create opportunities for exchange of policies, programmes, methods and commodities. Internal organisational arrangements will be boosted, specially the mechanisms to monitor performance. Ultimately, all levels of the Alliance, from the Board to the Secretariat, will be fully accountable to our governments and people.

Board members will have an active and continuous role, representing the Alliance in international forums, in order to ensure a fair partnership with developed countries. With equal voices developing and developed countries and developed nations can, and will build sustained and balanced human development helping to eradicate poverty and discrimination.

Let us start the second decade of this unique Alliance with a sense of optimism and renewed commitment towards South-South collaboration. Our union is our main strength. Our motto is the growing voice of our people demanding a new international order based on peace, justice and mutual respect.



Zhang Weiqing

Chair of the **Partners** Board
Minister of National Population and
Family Planning Commission, China

Statement of the Executive Director

Founded in 1994, Partners in Population and Development (the Partners) is an inter-governmental alliance of developing countries whose recognition escalated in November 2002 when the Permanent Observer Status was conferred to it by the United Nations General Assembly through resolution 57/29. It adopted its by-laws in Harare, Zimbabwe in 1995, and was granted Diplomatic Status by the Government of Bangladesh in 2003.

In 1993, an Inter-Ministerial Non-Aligned Movement meeting hosted by the Government of Indonesia and financed jointly by the Rockefeller Foundation and UNFPA, strongly emphasised the South-South modality for future cooperation on population issues among developing countries

The idea for Partners in Population and Development emerged in October 1993, at a meeting hosted by the Rockefeller Foundation in Bellagio, Italy. The meeting underlined the recognition that family planning and reproductive health, population and development services and products in developing countries were under utilized resources. It stressed that, because most development assistance is channelled through northern multilateral organizations or individual countries through bilateral agreements, support for South-South initiatives (beyond short-term training and "study tours") was difficult to mobilize. A collective voice on population and development, issues of priority that have an effect on the quality of life of the majority of the world's population residing in developing countries is silent and lacks a mobilization platform for influencing related global agendas.

Between October 1993 and the International Conference on Population and Development (ICPD) in September 1994, a great deal of work was done to establish the demand amongst donors and developing countries for a new organization to promote South-South co-operation. A sufficiently strong interest was identified to both offer and benefit from enhanced collaboration among developing countries, and to provide support for such collaboration on the part of donors, to justify the official launch of the Alliance at the ICPD in Cairo on the 9th September 1994.

The Alliance is a testament to the successes in many of our countries of past donor investment in sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development. As a result of these investments, some developing countries have greatly reduced the burden of reproductive ill health due to high fertility, lack of accessibility to quality services at childbirth, sexually transmitted diseases, amongst other causes. Policies and programmes which have made quality reproductive health, population and development services and products widely available have been developed and implemented in a comparatively short time, vis-à-vis the time it took the North to achieve fertility decline. Some of our countries have developed expertise, products and services on these subject areas that are unrivalled.

Much of our experiences in the Alliance reflect solutions and strategies devised by the members to address the particular social, cultural and economic conditions of our countries. We are, therefore, well qualified and placed to help each other design and implement programmes that respond to the needs and challenges of our countries by implementing appropriate policies and programmes.

Executive Director

Partners in Population and Development

1. Achievements of Partners in Population and Development

The *Partners*' strategy, 2005-2014 was formulated at the request of the Board Meeting held in Jakarta, Indonesia in October 2003. The process benefited from the outputs of two workshops with the Partner Country Coordinators (PCC) in Kampala, April 2004 and in Bangkok, May 2004 with technical assistance from Management Sciences for Health and the Centre for African Family Studies. Prior to the two workshops, the Secretariat facilitated the member countries to collect data on sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development with special emphasis on the needs for South-South cooperation. These country scanning reports were a valuable source of information for this Strategic Plan. The strategy responds to the current global trends in International Cooperation, in particular, the South-South collaboration, the broad agreement about the market and geographic scope of the Alliance, and an understanding of the overall strategic position of the Alliance in the fields of sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development. The strategy includes a portfolio of global and country level activities. Significant progress was made during the ten-year period since the establishment of the PPD in 1994. The following are some of the achievements of the Alliance since inception in 1994.

1.1 The *Partners* has earned a special mention in the document of the United Nations General Assembly's Special Session on ICPD+ 5 (Para 88), attained Permanent Observer Status at the United Nations General Assembly in 2002 and a diplomatic status in Bangladesh in 2003.

1.2 A network of member countries has been established under the guidance of the Board. Membership has increased from ten to twenty one, accounting for over three billion of the world's six billion population (more than 54%). Research, service and training institutions' networks were established comprising the national government agencies, NGOs and civil society at regional levels.

1.3 Board Members have provided a high level political commitment to the Alliance's mandate and support to the ICPD/PoA within regions and countries.

1.4 The establishment and active involvement of PCC as individuals or institutions has enhanced national ownership and accountability with respect to South-South exchanges of the Alliances' products and services including fellowships.

1.5 The *Partners* has provided a Ministerial level intellectual space and platform for developing countries to openly and objectively discuss technical and financial collaborations among them to address their development agendas and challenges in a climate of mutual trust, understanding and support.

1.6 Member countries benefited from these exchanges, but other developing countries and myriad civil society organizations that need to scale up their efforts in sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development also reaped benefits from the *Partners* activities.

1.7 The Alliance is now better known in sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development, intellectual circles from Board Members and PCC widely advocating for an expanded South-South collaboration.

1.8 The *Partners* mobilised generous contributions, including fellowships from member countries, maintained the goodwill of the founding donors and ably attracted several new donors. More than US \$ 20 millions was mobilised over the past 10 years.

1.9 The Alliance has contributed to the development of leadership in more than eighty developing countries with over a thousand leadership fellows from its two programmes.

1.10 South-South exchange modalities have been modelled and their experiences published as showcases involving 17 institutions in 16 developing countries across 3 geographical continents.

1.11 A breakthrough was achieved when the Alliance involved Faith-based organisations in five Asian countries to develop and translate Islamic leaders in reproductive health training curriculum into five languages and linked Christian religious leaders from 2 countries to militate against HIV/AIDS in Africa.

1.12 A Regional Laboratory to improve Access to STI/HIV/AIDS surveillance and testing in North Africa was established.

1.13 Several inter-country projects, training, fellowship, joint research and documentation, exchanges of technical experts, commodities and cross learning from best practices were launched in many developing countries.

1.14 BKKBN (Indonesia) and ONFP (Tunisia) designated Centres of Excellence by UNFPA were further developed together with 10 other institutions to become South-South Training Centres of Excellence.

1.15 A hub and clearinghouse has been established at the Secretariat for South-South exchanges through publications of country profiles, country briefs, a Directory of Partner Country Institutions and Experts providing South-South cooperation. Its publications, including a monthly electronic news bulletin, are available in the electronic media through an upgraded web site (<http://www.south-south-ppd.org>).

1.16 The Alliance is militating against human capacity depletion so rampant in developing countries by putting together a directory of developing country technical experts and refining their consultancy skills.

2. Values of Partners in Population and Development

Partners in Population and Development is a non-profit, apolitical intergovernmental Alliance of developing countries bound by values and principles of the ICPD/PoA and the Millennium Summit within the spirit of international cooperation to confront the development realities and challenges of its member countries.

We recognize the interconnectedness between population and sustained economic growth if our member countries should attain sustainable development. This principle leads us to value people as the most critical resource for sustainable development.

We believe in fair markets and international trade, freedom from poverty, relief from unsustainable debt, and better quality of life for the people in our countries.

We are committed to equality and equity among the people in our countries particularly gender equality and the empowerment of women.

We respect and promote a human rights approach and accompanying responsibility for access to services, products, information and technology in the fullest capacity provided by mankind for the benefit of human development, health including sexual and reproductive health and rights, freedom from hunger, poverty, illiteracy, unprecedented mortality with full respect for our diverse cultures, religions, ethnicities, races and geographical origins, member states sovereignty, political systems, structures and ideologies.

We believe that our common voice, commitment and joint action in partnership can contribute to the highest human development for our people. Together we can contribute more than the sum without reservation.

We believe in South-South collaboration as a key strategy for human centred, balanced and sustained development for developing countries.

We uphold accountability to stakeholders, promote good governance and open sharing of authenticated information. We adhere to our commitment to stakeholders, especially marginalized and vulnerable people. We strictly uphold the by-laws of the *Partners*.

3. Global reproductive health, population and development context

a) Decline in international commitment for reproductive health, population and development

As it is seen by the myriad of global events, the international community lacks in sustained commitment to population and development issues at all levels. Conservative ideologically driven approaches to sexual and reproductive health, including family planning and HIV/AIDS, are trying to reverse years of advance in building international standards in ethics and evidence-based decision making.

Since 2001 some donor countries are reducing significantly funding for family planning and reproductive health programmes worldwide, jeopardising decades of progress towards the respect and exercise of reproductive rights by women and families in developing countries. This decision is worsening the situation revealed by year 2000, when the global funding goal for reproductive health and population was 5.7 billion dollars, but only 2 billion (35%) were available. By year 2005 the estimated need is 6.1 billion dollars, but by year 2003 the contribution has been reduced to only 1.8 billion.

The Millennium Declaration recommended a global partnership for development through assistance and market access, debt sustainability, work opportunities, access to drugs and access to new technologies. In year 1990 developed countries disbursed 0.33% of their GNI, but this assistance was reduced to 0.22% in year 2001.

Jeffrey D. Sachs stressed that to bridge the financial gap, developing countries would have to use their resources more efficiently and increase budgetary spending on health by an additional 1% of GNP (US\$ 35 billion per year) by 2007 and 2% (US\$ 63 billion per year) by 2015 beyond the reach of the poorest countries of the world, yet this is far from sufficient to meet the level of disease burden experienced by some countries especially with the burden of HIV/AIDS.

“The resource needed to reach some of the key goals set in the Millennium Declaration is an annual investment of US\$ 66 billion by the year 2007. Much of these resources will have to come from developing countries’ own resources but

about half must be contributed by developed countries of the world. Investment in health can be a concrete input to economic development, and improving people's health may be one of the most important determinants of development in low-income countries"

To close the financing gap, however, support from developed countries will need to increase from the present levels of US\$ 6 billion to US\$ 27 billion per year by 2007 and to US\$ 38 billion by 2015. This can be made possible if donors raised their Official Development Assistance (ODA) to the international recommended level of 0.7% of GNP of OECD countries.

b) Unmet reproductive health needs, including family planning, safe motherhood and adolescents reproductive health

Reproductive health is a required condition to attain sustainable human development; consequently, the reproductive health objectives established during the ICPD constitute an unavoidable milestone to achieve the United Nations Millennium Development Goals. Now-a-days millions of people living in developing countries do not meet their reproductive health needs, situation that facilitates an imbalanced population growth, increases poverty of families and countries, puts women under high risk of mortality and disabilities, and creates favourable condition for a rapid spread of HIV/AIDS.

Families suffer directly the consequences of inaccessible, unaffordable, deficient and unacceptable reproductive health services, which include the timely availability of family planning commodities, drugs for treating people living with HIV/AIDS, equipment for providing emergency obstetric care, and well trained and motivated health staff. The member countries still have a long road to ensure universal access to family planning methods to satisfy the desire of couples to achieve a desired family size and to decide the timing of births.

Maternal Mortality is one key reproductive health indicator. It exposes underlying disparity and inequity between men and women and its extent, a sign of women's place in society affecting their access to social, health, and nutrition services and to economic opportunities. Maternal Mortality is unevenly distributed in the world and it is closely related to poverty and underdevelopment. It is estimated that 99% of maternal deaths occur in developing countries. In the developed world the risk of dying from a maternal cause during the lifetime is 1 in 4,085 women; while in developing countries it is 1 in 61 women on average and in Africa 1 in 16 women. Almost 80% of the maternal deaths occur in Sub-Saharan Africa (49%) and Asia (30%). Several women who survive an obstetric complication are victims of different types of disabilities, among them fistulae and infertility.

Maternal Mortality and morbidity is a highly significant problem for the member countries. Maternal mortality statistics of 21 member countries of the *Partners* account for more than 54% of the global estimates. Of the top ten countries contributing to 61% of the global maternal deaths, six are member countries. These six countries account for 43% of the global maternal deaths. In the global quest for reducing Maternal Mortality, there is no doubt that no significant progress can be made without improving women's health in the member countries.

Eight member countries reported very low percentage of births attended by skilled health personnel, which corresponds to the last world's quintile. Only five countries have achieved the year 2005 intermediate goal of at least 40% of births attended by skilled personnel. In fourteen member countries Maternal Mortality ratio is still very high; being above the year 2005 intermediate goal of maternal mortality ratio not larger than 125 per 100,000 births.

There is an urgent need for strengthening national programmes, training health providers, deploying them in rural areas and equipping them with the available technology and tools to prevent and treat the most common causes of maternal deaths. These services should be affordable and culturally acceptable for the population in order to increase their use. A special challenge is to deal with the effects of HIV/AIDS and malaria on the maternal health.

The reproductive health of adolescents is another critical issue that the **Alliance is** facing as a consequence of the largest human group in history entering into reproductive age. Nearly two billion adolescents, mainly from developing countries, will create a giant demand on reproductive health information and services. Several countries are not properly prepared to address this immense challenge; the lack of clear national policies and programmes regarding adolescents' reproductive health is prevalent in developing countries. Consequently, there is a limited access to, if not absence of, 'youth-friendly' reproductive health services, including contraception; lack of sound and relevant information about sexuality and reproductive health issues; scarcity of skilled human resources and insufficient funds allocated to this population segment.

Young people lack knowledge about their sexuality and rights, and lack the necessary skills to make appropriate decisions about sexuality and responsible sexual behaviour. Contributing factors include poverty, inadequate social support from the community at large, such as parents, school teachers, health care providers and religious leaders. The undesirable effects of certain mass media may encourage risky behaviour on the part of young people. As a result of the combination of these political, economic and social factors, young people are left exposed to various forms of risk behaviour. The most important are early initiation of sexual life, unprotected sex, and abusive, exploitative and unsafe sexual encounters.

Member countries need to address the problems of sexual and reproductive health of young people in order to be in a better position for meeting the population needs, reducing maternal, infant and child mortality, and reversing the spread of the HIV/AIDS pandemic.

c) Global rising trends in the HIV/AIDS pandemic

The HIV/AIDS pandemic is the most devastating scourge ever faced by the mankind. Since the late 1970s, more than 23 million people have lost their lives to the disease; by 2010, the cumulative toll is expected to rise to 45 million, and within the next 20 years, 70 million people will die unless drastic action is taken.

As of the end of 2003 UNAIDS announced the rising trends of the epidemic, which is increasing year by year. Forty million people (ranges 34-46 million) are estimated to be living with HIV/AIDS (27 million in sub-Saharan Africa and 7 million in South and South-East Asia). The opposite was expected when the Millennium Development Goals were established. By year 2005 the intermediate goal was to reduce the prevalence by 25%, which is clearly unlikely to be achieved.

The member countries are facing the pandemic at different stages. Nine member countries have the urgent need for reversing a generalised epidemic and to provide appropriate care for a large number of people living with HIV/AIDS. Accessibility to antiretroviral drugs is of very high priority. Twelve countries are struggling to impede the generalisation of the epidemic and to provide care for high risk groups already affected. The entire Alliance's countries need to improve their behavioural change efforts to allow the population to practice a safe sexual life according to their social, cultural and religious values.

In absolute terms, almost 20 million of our country people are affected by the pandemic, which represents half of the global prevalence. It is important to mention that by year 2000

PLWHA in the member countries were approximately 40% of the global prevalence. These figures are showing a rapid increase of the prevalence in member countries, which calls for an immediate, decisive and sustained effort of the Alliance against the epidemic.

d) Infant and child health: an open wound in developing countries

Improving infant and child health is still a relevant issue for the *Partners* agenda. None of member countries have infant or under five mortality rates corresponding to the first two quintiles in the world; on the contrary, six countries have an infant mortality and five countries have a child mortality rate corresponding to the world's last quintile.

Only eight member countries have attained the intermediate goal of an infant mortality rate lesser than 50 per 1000 established for year 2005, while ten countries are far away from achieving this intermediate goal. Seven countries have already achieved the intermediate goal of under-five mortality less than 60 per 1000, while twelve countries are unlikely to achieve the goal by 2005.

Besides the already extended child survival interventions, infant mortality is largely related to lack of access to quality neonatal services, which should be addressed as an attached intervention to the increase of access to quality emergency obstetric care. But the most important gap in member countries seems to be related to child mortality, which can be explained by the vertical transmission of HIV/AIDS and orphan children, especially in countries that are facing a generalised stage of the epidemic.

e) Advances in universal access to education and in reducing gender imbalance

Education is a key element to foster development. Educated women and men are better prepared to make informed choices on their sexual and reproductive life, and are better prepared to increase their economic independence. Complete primary education is a sensible indicator that captures these effects of education than simple enrolment.

Education indicators provide information on the results of the development efforts carried out by countries. Illiteracy rates among people aged 15-24 is a picture of lack of access to basic education in the past. In ten countries one out of four people of this age group are illiterate. The difference between illiteracy rate and completion of primary education rate provides a means to evaluate the effect of recent development policies. Data are missing in five member countries. Most of the countries show enormous progress of accessing education between these two generations. At least four member countries need to increase the proportion of children that have at least completed primary education. Almost half of the member countries show rates of completion of primary education over 80%.

f) Advances in gender equity

Gender equity is a precondition for improvement in the fields of reproductive health, including family planning and HIV/AIDS, population and development. Member countries have made important efforts to reduce the previous imbalanced situation that affected women. Accessibility to education for both sexes is an indicator of gender balance. Eight member countries reported a balanced literacy rate for people aged 15-24, but twelve countries show significant imbalanced access to education in favour of men; on average for each four literate women, there are five literate men. Regarding the completion of primary education, three countries report an imbalanced access in favour of boys; however, most of the countries show a slight imbalance in favour of girls. This change in access to education between two generations is showing positive results in reducing gender differences.

Another indicator to measure gender balance is the participation of women in productive activities different than agriculture. Nine countries need to introduce changes since the participation of women in the labour force is very low.

g) Changes in global population structure

The slowing down of global population growth at 77 million a year compared to 93 million a year 10 years ago and the reduction in global fertility levels as a result of successful family planning programmes have compelled donors to reduce funding for population programmes despite the fact that the absolute number of people is still increasing dramatically. Besides this change, the world is experiencing an unprecedented demographic transformation with increasing numbers of aged persons at 600 million today and the largest cohort of adolescents entering reproductive age group in history at 2 billion, without sufficient commodities and information to live a safer life.

All member countries have experienced a reduction in the population growth rate during the 1990-2000 period, as compared to previous decades. Despite this achievement, the total population of the Alliance is increasing by almost 40 million of people per year, meaning that some member countries will double their population in the next decades.

Choosing freely and responsibly the adequate number of children or spacing births, according to personal and family expectations, is still an unmet need for most of the women in several member countries. As a consequence Total Fertility Rate is still high (more than 4.0) in 10 member countries. This is associated with a low Contraceptive Prevalence Rate in 11 member countries, which corresponds to the three world's quintiles with less coverage.

The world has experienced dramatic improvements in longevity of life. Life expectancy at birth has increased by 19 years since 1950, currently at 65 years. The number of persons aged 60 years or above was estimated to be nearly 600 million in 1999 and is projected to grow to almost 2 billion by 2050, at which time the population of older people will be larger than the population of children (0-14 years) for the first time in human history. The majority of the world's older people reside in Asia (53%), while Europe has the next largest share (25%).

This demographic phenomenon is challenging societies and economies, which must provide new costly social services for the elderly, address the growing number of people living on retirement funds or supported by family members, while the proportion of population in working ages decreases.

In six member countries ageing is a relevant issue, where almost one out of thirteen people is older than 60 years. Two of these countries are still dealing with very high maternal mortality ratio, one with very high proportion of the population living under absolute poverty and one facing a generalised HIV/AIDS epidemic. This complex combination of problems makes it very difficult for policy makers to design and provide appropriate funding for this issue. Moreover, in those countries experiencing HIV/AIDS epidemics, the elderly population is left to deal with an additional challenge of looking after their orphaned grandchildren whose parents have died from HIV/AIDS disease. They have to cope with this situation under extreme poverty stricken conditions in poorly resourced countries in which economic development is compromised due to human capacity depletion.

Ageing is relevant for the *Partners*, considering that even developed countries have not found an appropriate solution, which is to ensure that people everywhere will be enabled to age with security and dignity and continue to participate in their societies as citizens with full

rights. A special partnership is needed between member countries facing this problem in order to find solutions from a South perspective.

h) Migration and displacement of populations

Today, in an increasingly globalised economy, migration often provides employment opportunities, giving rise to an unprecedented flow of migrants. International migratory movements have big economic, socio-cultural and demographic impacts on countries of origin, transit and destination. Transit and destination countries have had difficulties managing migration flows and integrating migrants into society. Countries of origin have lost skilled labour and families have been divided, with women often becoming household heads after the departure of their husbands. Some of the member countries, mainly Mexico, Morocco and Tunisia, are facing international migration problems, which are acquiring relevance in their development agenda.

International migration remains a sensitive subject, and countries have not been able to agree to a common platform to address its root causes, especially those related to poverty, for instance, by promoting sustainable development to ensure a better economic balance between developed and developing countries, and defusing international and internal conflicts; encourage more cooperation and dialogue between countries of origin and countries of destination, maximize the benefits of migration, ensure the rights of migrants, and facilitate the reintegration of returning migrants.

During the past years we have witnessed how old unsolved regional and global disputes have driven the world into a spiral of massive and indiscriminate use of violence and war. This element cannot be avoided when analysing the current global situation because it has a profound impact on reproductive health, population and development. Besides the loss of thousands of innocent civilian lives, violence and war have created a tense and difficult environment for cooperative efforts towards development, and considerable amounts of funding are deviated into weaponry and security systems, from investing in solutions to poverty and underdevelopment. In addition, violence and war force people to leave their land, work, houses and properties increasing the number of displaced persons as refugees. Violence and war are prevalent in developing countries and lead to increasing migration to industrialised countries, where immigrants are sometimes victims of xenophobic discrimination and rejection. In some member countries prolonged internal conflict has forced an increasing number of people to be displaced.

i) Lack of equitable distribution of the benefits of globalisation

Globalisation, a system that is interconnecting all the economies, political structures and cultures around the globe, has become a reality. For developing countries, the promise of global markets and information sharing seems to be just a mirage when compared with the reality of the growing disparities between and within countries. The benefits of globalisation are not being equitably distributed and shared. There are some indications that some developing countries are in danger of being marginalized in the process of globalisation.

The number of people living in poverty was 580 million in 1969. The figure rose to 800 million in 1973 and to 1,200 million in 1976. By the year 1990, poverty affected 1,500 million people. On the other hand, the growing numbers and profile of donor agencies was proportional to the increasing numbers of non-governmental organizations and the private sector at the beginning of the last decade. Today, intense pressure from emerging issues such as HIV/AIDS, globalisation, insecurity, migration, human capacity depletion and poverty, are competing for the same resources. The number of people living on less than US\$1 a day has

now reached 2.2 billion (44% of the global population). The world today cannot ensure the disbursement of 65 billion dollars for poverty reduction or 5 billion dollars to improve family planning and reproductive health services.

Poverty is a priority issue for the *Partners*. One out of ten people in the member countries, approximately 300 million people, currently live under absolute poverty conditions; eleven member countries are in the poorest quintile in the world.

4. Challenges for Partners in Population and Development

Country and Global scanning reports and the active participation of the Partners Country Coordinators during two strategic planning workshops provided the key information needed to identify the major obstacles existing in the international scenario, in member countries and within the Alliance structures, experienced by the *Partners* during its first ten years and which can in turn prevent the Alliance from achieving its regenerated vision.

Developing countries, especially member countries, are facing a very difficult population and development situation, which is characterised by:

- Millions of people living in absolute and relative poverty,
- High population growth in absolute numbers,
- Low economic growth rate,
- Regional in-country inequalities,
- Insufficient services for vulnerable groups,
- Brain drain and disappearance of human resources, and
- Very limited resources.

As a result, the reproductive health agenda is dominated by prevalent issues, such as:

- Very high maternal, infant and child mortality,
- Extended HIV/AIDS epidemic,
- HIV official denial and stigmatisation of victims,
- Unmet reproductive health needs,
- Commodity insecurity,
- Gender inequality and inequity, and
- High adolescent population with special reproductive health needs.

Other emerging population issues that are challenging member countries with economies in transition are population ageing, and national and international migration at an unprecedented pace.

Partners in Population and Development, after ten years of existence, is still struggling with limiting factors and obstacles, which prevent the Alliance to perform as required by the current situation of member countries. These identified organizational obstacles are:

- Decreasing commitment for collaboration on population and development on the part of developed countries,
- Insufficient resources, limiting the capacity of the Alliance to address challenging issues,
- Increasing competition for decreasing funding,
- Insufficient structures and systems at country level for South-South collaboration,
- Insufficient collaboration between countries,
- Insufficient communication mechanisms between the Secretariat and member countries,
- Insufficient mechanisms for accountability

5. Vision, Mission and Strategic Directions

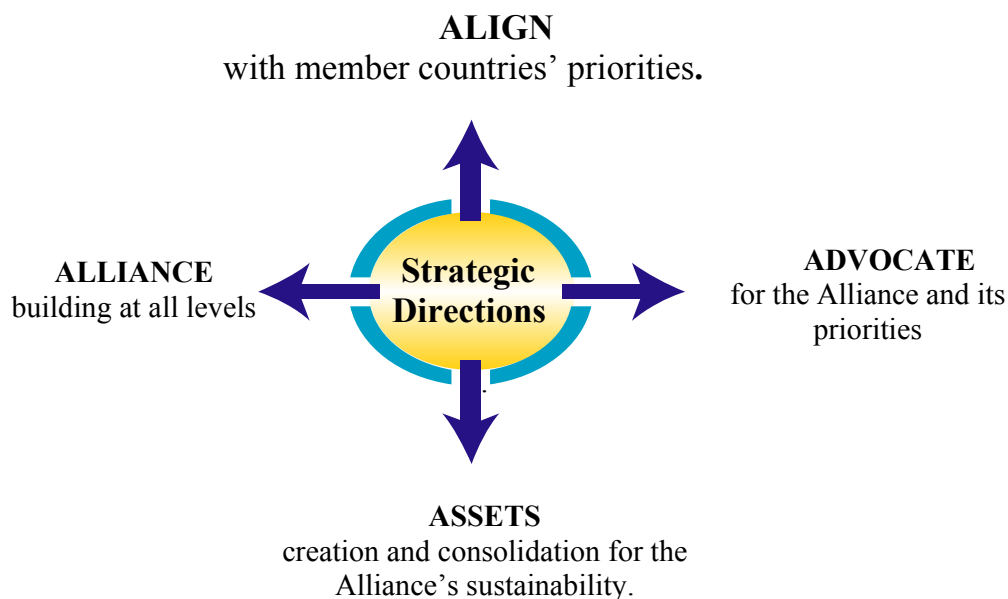
The challenges that Partners in Population and Development must address in the fields of reproductive health, population and development are colossal. On the other hand, the organizational obstacles that must be removed to be able to address those challenges are also of major significance. Working simultaneously in both fronts under the very difficult context, requires a renovated vision, mission and strategic directions. The active participation of the Partner Country Coordinators has allowed the identification of clear statements, which reveals how the organization plans to face these challenges, remove the organizational obstacles, and what is the expected position of the Alliance at the end of that period of time. The vision, mission and strategic directions are supported by the values already mentioned, especially by the recognition and use of the inherent power that lies at the basis of the South-South collaboration philosophy.



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



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



6. Strategic Goals

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

During its first decade, the Alliance established common general priorities, which were aligned with the global priorities in reproductive health, including family planning and HIV/AIDS, population and development. Now member countries have decided to change this perspective, emphasising for the next ten-year period the specific country needs. The Alliance will be flexible enough to deal with the diverse agenda of concern to member countries. This strategic direction represents a big shift for the *Partners*. One consequence is that the *Partners* will no longer prioritise the provision of products and services for non-member countries. This shift constitutes an incentive and advantage for membership.

In the future, one dimension to evaluate the Alliance's performance will be how well the countries' needs are being addressed, and what is the contribution of the Alliance to provide solutions to its members. The *Partners* may organize as of when necessary special solidarity campaigns to help member countries facing a difficult situation that demand prompt, decisive, coordinated and systematic action of other member countries.

Some reproductive health and population issues remain at the top of the agenda of member countries, especially maternal and child mortality, HIV/AIDS, adolescent's reproductive health, and reproductive health commodity security; these issues are of extreme importance mainly in poor rural areas, displaced population and ethnic minorities. Simultaneously, some member countries with economies in transition are facing emergent population issues, as international migration and ageing. The assembling of Task Forces of experts from member countries will be encouraged and supported to facilitate the exchange of knowledge and to propose policy and programme recommendations.

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

South-South collaboration as an approach has not been fully utilized to scale up the well known and effective interventions for addressing sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development. Information on how it works is scanty and is therefore poorly resourced. The *Partners* has published lessons gained over the last decade on how South-South collaboration can be put to work and reduce the time needed for trial and error. Advocacy will bring to bear the application of these lessons through the multiple channels that the Alliance has at its disposal in particular its status at the United Nations General Assembly to advocate for scaling up interventions through South-South collaboration. The following scenario supports this concept:

An 18-member Commission on Macroeconomics and Health led by Jeffrey Sachs, reported that, "Investing in health" and making improvements in health is crucial for economic growth and also for the achievement of the Millennium Development Goals.

The majority of diseases faced by developing countries are preventable using interventions already existing in the world. Scaling up these interventions world-wide and enabling the poor to access them, would save 8 million lives each year by 2010 and this would provide a distinct way of reducing poverty, stimulating economic growth and human security.

Eight million lives saved represent 330 million Disability Adjusted Life Years (DALYs), equivalent to US\$ 180 billion per year in direct economic savings by 2015. One DALY represents one year of healthy life lost.. Economic growth would result from such healthy lives giving rise to a generation of an additional US\$ 180 billion per year by 2020 and so the Commission estimated that US\$ 360 billion by 2015-2020 in economic benefits would result from saving 8 million lives. Scaling up is feasible through South-South Collaboration.

3. ALLIANCES: Partners in Population and Development will form strategic alliances with selected stakeholders to advance strengthened partnerships in meeting the ICPD/PoA and the MDGs in the member countries

The increasingly complex challenges in the fields of reproductive health population and development exceed the capabilities of any single organization or sector. The 1994 ICPD Programme of Action identified partnership as the way forward in the implementation of this complex agenda. Out of the seven major obstacles faced by the *Partners* during the last decade, four are closely linked to financing mechanisms related to lack of flexibility and compromising on priorities. Individual governments face political ramifications when trying to confront sensitive issues

The Alliance in itself is a partnership for South-South collaboration and will use its experiences and lessons to extend this partnership beyond government constituencies to include multiple sectors at national level and multiple stakeholders at international level. This places the Alliance in the best position to address resource constraints and sensitive reforms in development, reproductive and sexual health and rights and population.

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

The Alliance is making a strategic shift from donor-dependency to a self sustained mode. Greater effort will be made to mobilise resources from the member countries, especially from the non traditional supporters, such as the private sector. This would entail involving other

government ministries beyond health and population, such as treasury, foreign affairs, education, women affairs, etc. Enhanced political will of the member countries is a significant pre-requisite to domesticate resource mobilization.

7. Strategic Interventions

a) Leadership development

Despite the progress made by member countries in achieving the ICPD objectives and MDGs, lack of strong and effective leadership is still needed to help some countries design and implement viable policies and programmes needed to address reproductive health and rights, including family planning and HIV/AIDS, populations and development issues. Inadequacy of holistic institutional arrangements for grooming future leaders in population and development continues to remain a challenge and, compared to the need and potential, the number of participants having an opportunity to develop leadership competencies is still small. Even those trained, often work in isolation without support or peer networking, thus inhibiting their optimal development and collective impact. The Alliance will make extensive efforts to ensure the existence of a critical mass of leaders in the fields of reproductive health and rights, including family planning and HIV/AIDS, population and development in each country, and to create links among them, both at national and international levels. These leaders will be of strategic importance to allow countries for continuity of policies to achieve ICPD objectives and MDGs.

b) Policy and Programme development

Governments of member countries are required to make strategic decisions that will strengthen the processes for health systems improvement. These decisions include the recognition of the magnitude of the sexual and reproductive health and rights, including family planning and HIV/AIDS, population and development; political commitment to it through legislation and framework regulations to facilitate the universal access to affordable, efficient and culturally acceptable health services; improvement of the health staff's practices to be professional and technically able to meet the population needs and to deal with the main causes of disease, disability and death. This includes the availability and assurance of the needed drugs, medical supplies and equipment. Concerned Ministries are called to design, implement, monitor and evaluate reproductive health, including family planning and HIV/AIDS programmes, applying demonstrated best practices and cumulated knowledge and experience from other developing countries. Managers have to play the key role of facilitating the operational processes to allow health staff to perform effectively according to the state-of-the-art best practices. The academia should align and share its research efforts in order to find creative solutions to prevalent and emerging population issues. The media, civil societies and grassroots organisations must advocate and supervise that policies, funding, decision-making and field operations are in place.

c) Drugs and commodities exchange

Governments of poor countries face difficulties to ensure the right of their poor people to use quality drugs and commodities, including family planning methods and Anti-Retroviral Drugs. Governments' ability is limited mainly because of their high market prices. However, in recent years some developing countries have built the capacity to produce

generic version of these drugs and commodities. As a result, for example, we have witnessed a sharp drop in the prices of antiretroviral drugs that has dramatically improved the cost-effectiveness of antiretroviral treatment. In low and middle-income countries, providing access to a wide array of life-prolonging care services, including antiretroviral treatment, is feasible and cost-effective today. To make it possible, special programmes will be developed, based on the Kochi and Doha Declarations, and following the recommendations of the International Initiative on Reproductive Health Supplies.

d) Strengthening, institutionalising and disseminating South-South collaboration

The Vision and Mission of the *Partners* represent a colossal challenge for member countries, considering the difficult context to move forward the ICPD Programme of Action. Member countries recognize that they have the difficult responsibility for their own development; recognize also that they have the human and technological resources, in this respect, recognize that they have many obstacles to realize development. The Alliance acknowledges that resources from individual countries are not enough to attain such development; sharing existing resources is the way forward in addressing individual inadequacy of resources. South-South collaboration is becoming a development model which plays a very important role.

The purpose of this strategic intervention is to expand the use of South-South collaboration by other sectors, making it their first choice at the point of request for external assistance.

Partners in Population and Development under the guidance of the Board will raise the position and increase the influence of the Alliance on global population and development agenda. Board Members will actively participate in selected international forums to obtain the level of visibility that will identify the *Partners* as a significant player in population and development programmes for developing countries. The Alliance will use its permanent observer status to play a special role at the United Nations.

Accountability mechanisms, as a key component of good governance, will be enhanced. Leadership and management procedures of the Alliance will be reviewed and updated as of when necessary.

The Alliance needs to increase its membership in the under-represented regions and in a manner that enhances its presence in the regions with the greatest needs. Developing countries have diverse degrees of population, development and reproductive health needs as shown in the member-country needs. A group of developing countries with the greatest needs are those belonging to the Least Developed, land locked and small island states. The majority of these states are in the Western Pacific.

The other group of states, mentioned in the regional divisions of the Alliance is the Latin America and the Caribbean, and yet there has been no membership from the Caribbean states to date. Latin America itself is under represented in the Alliance.

A special group of developing countries is conformed by those that are playing a key role in the international arena by increasing the voice of the South and promoting alliances to accelerate human centred development. These countries, among others, are Brazil and South Africa, and it is of special interest of the Alliance to obtain their membership.

e) Improvement of information systems for decision making

An accurate monitoring of ICPD and MDG indicators is of extreme importance for member countries. Some member countries have developed sensitive and sophisticated information systems that allow governments to make timely and proper decision, for example in resource allocation considering the intra-country gaps in reproductive health, including family planning and HIV/AIDS, population and development.

The Alliance will make efforts to allow member countries exchange this capacity, creating conditions for policy and programme improvement, providing a close monitoring of the alliance's performance and making appropriate and timely decisions to strengthen collaboration in specific areas.

f) Diversification of funding sources and modalities

The current situation of decreasing availability of funding for reproductive health, including family planning, creates a great pressure over the *Partners* to make its vision come true. The Alliance will make special efforts to increase the number and diversify the types of donor support, looking for non-traditional sources, including the private sector. The activities will also look for including the *Partners* on various donor country regular budget supports. Special effort will be made for ensuring timely and regular member country contributions and to increase their budget allocation for South-South activities. New modalities of funding will also be implemented, such as income generating ventures to cost subsidise South-South collaboration activities.

8. Milestones of achievement for the period (2005-2007)

Strategic Goals	Milestones
Responsiveness to Member Countries' Needs	<ul style="list-style-type: none">❖ Critical mass of visionary leaders in reproductive health, population and development created or strengthened in each member country and networked through the Alliance mechanisms❖ South-South Task Forces formed for making policy and programme recommendations on prevalent and emerging reproductive health, population and development issues, based on identified best practices❖ Multisectoral capacity building initiatives on reproductive health, population and development implemented in member countries <p>Drugs and commodities exchange generalized between member countries, using the Alliance mechanisms</p> <ul style="list-style-type: none">❖ Information systems for decision making in reproductive health, population and development improved in member countries

Strategic Goals	Milestones
Support to South-South Collaboration	<ul style="list-style-type: none"> ❖ Partners in Population and Development extensively recognised as the Voice of the South in reproductive health, population and development ❖ Partners in Population and Development lays a decisive role in global decision-making and policy development in reproductive health, population and development issues by subscribing common proposals at the United Nations General Assembly and the G77 Group ❖ Regular and scheduled Forums and Workshops on population and development are being organized by the <i>Partners</i> ❖ The Board and other stakeholders are actively advocating in their countries to different ministries and government agencies involved in development efforts. ❖ The Alliance institutionalises an annual agenda to disseminate the member country needs in reproductive health –including family planning and HIV/AIDS, population and development, with full participation of the foreign or international cooperation sectors and the member country Representatives to the United Nations ❖ The Alliance grows including key powerful developing countries, more countries from Latin America region, and increase the representation of the least developed countries ❖ Decentralised self-financed and self-sustained country and regional offices are established to conduct South-South activities ❖ The organization of Partners in Population and Development is managed following good governance procedures under the active guidance and participation of the Board and Executive Committee
Establishment of Strategic Alliances	<ul style="list-style-type: none"> ❖ Partners in Population and Development establishes Memorandum of Understanding for long-term collaboration with many of the global agencies working in the fields of reproductive health, including family planning and HIV/AIDS, population and development ❖ Partners in Population and Development establishes Memorandum of Understanding with southern private sector companies to obtain long term support ❖ Partners in Population and Development obtains formal recognition from G77

Strategic Goals	Milestones
Increase of Financial Base	<ul style="list-style-type: none"> ❖ Member countries' contribution is paid on a timely and regular basis ❖ Income generation projects constitute the most important funding source for the <i>Partners</i> ❖ The <i>Partners</i> increases the number of traditional proposal-funding donors supporting Alliance's projects, ❖ The <i>Partners</i> develops new fund raising mechanisms to collect funds from South private sector companies ❖ The <i>Partners'</i> endowment fund is functional and growing