

Narrative Report

International Conference for Family Planning
ICFP2022

Partners in Population and Development Events
PPD 2022
Pattaya, Bangkok, Thailand

Prepared By

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Submitted to

Dr. Robert Gillespie

President of

**Population Communication and Gillespie Foundation
California, USA**

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A. Acknowledgment

I would like to deeply thank Dr. Robert Gillespie (Bob) as I owe much to him for giving me the opportunity and honor to represent Population Communication and Gillespie Foundation in International Conference for Family Planning 2022 (ICFP22) and Partners in Population and development, PPD events in Pattaya, Bangkok. In fact, Population Communication and Gillespie Foundation is always providing support to Egypt in the international population development field.

The 6th International Conference on Family Planning 14-17 November 2022, Pattaya City, Thailand

The International Conference on Family Planning (ICFP) is more than a conference. It is one of the world's largest scientific conferences on family planning and reproductive health ICFP2022. It's also a platform, a movement, and a community of FP advocates, researchers, community leaders, and young people - all united by the belief that everyone deserves access to family planning services and products, no matter what the 2022 ICFP brings the family planning and reproductive health community together to strengthen our collective movement to achieve universal access to family planning by 2030 as an essential element of Universal Health Coverage. ICFP partners and community members have contributed to the evidence, research and lessons learned about the power of family planning, and how important it is that access to these products and services are considered essential to the achievement of universal health coverage.

☐ ICFP Co-Hosts



❑ ICFP2022 Sponsors



❑ ICFP Core Organizing Group



ICFP Opening Ceremony 15 November | 16:30-18:00

After nearly four years since its last convening in Kigali, Rwanda, and through a global pandemic, the reproductive health community comes together in-person and virtually to innovate, collaborate, and accelerate progress towards universal health coverage and family planning.

Representatives from over 125 countries including advocates, researchers and scientists, community and government leaders, health practitioners, economists, civil society members, and young people will gather to launch the world's largest scientific conference on family planning and reproductive health and to confer the Global Humanitarian Awards for Women's and Children's Health.

<https://icfp2022.org/icfp-live/icfp-2022-opening-ceremony/>

<https://icfp2022.org/icfp-live-on-demand/>

(Videos and Photos are attached).

Partners in Population and Development Events

PPD with the partnership of UNFPA seized the opportunity of holding the International Conference for Family Planning ICFP22 and has taken the advantage of the august presence of the PPD Board Members, PCCs, the Health and Population Ministers and experts from PPD Member and Non-Member Countries including the ICFP as a wonderful platform for enhancing its international visibility and promoting PPD and its SSTC programs to conduct its: 1) annual 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development titled “South-South Cooperation and the ICPD@30”: Accelerating the move 2) Ministerial panel on SSTC in Family Planning and 3) High level DG Forum "The capacity building of the National South-South leaders in conducting SSTC for ICPD PoA".

C. The Purpose

The aim is to attend, participate and represent Population Communication and Gillespie Foundation in International Conference for Family Planning 2022 (ICFP22) and Partners in Population and development, PPD events, 1) 19th International Inter-Ministerial Conferences on South – South Cooperation in Population and Development titled "South – South Cooperation and ICPD@30: Accelerating the Move Forward". 2) South-South and Triangular Cooperation for Family Planning.

3) High level DG Forum: The capacity building of the National South-South leaders in conducting SSTC for ICPD Plan of Action, "PoA". Attending such important events will enable us to exchange most recent knowledge, successful lessons learned and gain new international experiences.

D. Contact Persons and Attendees

D.1 PPD Secretariat

- Mr. Khandaker Humayun Kabir (Shishir)
- Ms. Tahrima Khan
- Ms. Ms. Amena Khanom

D.2 Ministers, PCCs and Representatives of International Organizations

- **H.E. Dr. C. Chiwenga**, PPD Board Member, Vice President and Minister of Health and Child Care, Government of the Republic of Zimbabwe.
- **Dr. Natalia Kanem**, UNFPA Executive Director.
- Mr. Jacques van Zuydam, the designated representative of PPD Chair **Ms. Lindiwe Zulu MP**, Minister of Social Development of South Africa.
- **Dr. Suwannachai Wattanayingcharoenchai**, PPD Thailand Board Member and Director -General, Department of Health, Ministry of Public Health The Royal Thai Government.
- **Ms. Diene Keita**, UNFPA Deputy Executive Director.

- **Mr. Mohamed Seikh**, PPD Executive Committee Member and Director General, National Council for Population and Development (NCPD), Government of Kenya.
- **H.E. Mr. Zahid Maleque MP**, PPD Board Member and Minister of Health and Family Welfare, Government of Bangladesh.
- **H.E. Dr. Yu Xuejun**, PPD Vice-Chair and Vice Minister of National Health Commission, Government of China.
- **H.E. Dr. Dereje Dhuguma** State Minister, Ministry of Health Federal Democratic Republic of Ethiopia.
- **H.E. Mr. Amos Lugoloobi**, PPD Board Member and Minister of State for Finance, Planning and Economic Development, Government of Uganda.
- **H.E. Dr. Hasto Wardoyo, SpOG (K)**, PPD Board Treasurer and Hon. Chairperson National Population and Family Planning Board, Government of Indonesia.
- **Dr. Leticia Adelaide Appiah**, PPD Board Member and Executive Director, National Population Council (NPC), Republic of Ghana.
- **Dr. Sabina Durrani**, Director General of Population Program Wing, National Health Services, Regulations & Coordination, Government of Pakistan.
- **Dr. Tidiane Gueye**, Technical Advisor to the Minister, Ministry of Health and Social Action, Government of Senegal.
- **Dr. S. K. Sikdar**, MBBS, MD, Advisor, Family Planning and Maternal Health Division, Ministry of Health and Family Welfare, Government of India.
- **Dr. Abdellah Taleb**, Representative of Morocco.
- **Dr. Douaa Mahmoud**, PCC, Head of Central Management for Contraceptive Methods, Family Planning Sector, Ministry of Health and Population, Egypt.
- **Dr. Hossam Abbass**, Head of Family Planning Sector, Ministry of Health and Population, Egypt.
- **Dr. Betty Kyaddondo**, Director Family Health National Population Council, Kenya.

E. Brief Description of PPD Events

PPD is usually conducting an annual International Ministerial Conference which includes three important meetings for the sake of enhancing the PPD plan of action. These annual live events have been stopped where it became being conducted through Virtual meetings since 2019 due to COVID 19 Corona Virus. This year PPD has taken the advantage of the august presence of the PPD Board Members, PCCs, the Health and Population Ministers and experts from PPD Member and Non-Member Countries including the ICFP as a wonderful platform for enhancing its international visibility and promoting PPD and its South-South Triangular Cooperation Programs. Accordingly,

PPD in collaboration with its partnership UNFPA have organized its 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development titled “South-South Cooperation and the ICPD@30: Accelerating the Move Forward”, A Ministerial Panel on South - South Triangular Cooperation For Family Planning and DG Forum: The Capacity Building of The National South-South Leaders in Conducting SSTC for ICPD Plan of Action.

NB: Short talks, Inaugural Speeches, slide presentations and Videos were conducted through the sessions of each meeting.

E.1. 19th International Inter Ministerial Conference on South-South Cooperation in Population and Development
Session on
“South-South Cooperation and the ICPD@30: Accelerating the Move Forward”



Excellences of 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development

Brief Summary to Session Events

The Ministers/Board Members and highest ranking national policy makers of PPD Member States reiterated their commitments made in Nairobi in November 2019 and reported progress ensuring universal access to sexual and reproductive health; mobilizing/allocating financial resources to finish the ICPD Program of Action; harnessing demographic diversity to drive economic growth and achieve sustainable development; preventing gender-based violence and the harmful practices, reducing early and forced marriages including female genital mutilation; eliminating Gender Based Violence and establishing right to sexual and reproductive health in humanitarian and fragile settings. PPD events are being held in conjunction with the International Conference on Family Planning (ICFP). The Ministerial Session preceded commencement of ICFP that started on the same day to complete on 17 November 2022. As a matter fact, PPD Ministerial Session set the motion for deliberations in the subsequent ICFP Sessions, which is expected to deal mainly with research findings and technical guidance for repositioning and advancing Family Planning towards creating quality populations to achieve sustainable development Our Founding Member Country, the Royal Thai Government has been graciously hosting the Ministerial Session and subsequent PPD events being organized on the sideline of the ICFP.

Presided over by Mr. Jacques van Zuydam, the designated representative of PPD Chair **Ms. Lindiwe Zulu MP**, Minister of Social Development of South Africa, PPD Thailand Board Member **Dr. Suwannachai Wattanayingcharoenchai** delivered the

Welcome Remarks, while UNFPA Deputy Executive Director **Ms. Diene Keita** made a very inspiring statement reiterating UNFPA's commitment for continued partnership with PPD in the common areas of interest in the years to come.

The substantive deliberations of the Ministerial Session were also presided over by PPD Chair's designated representative **Mr. Jacques Van Zuydam** and moderated by PPD Executive Committee Member of Kenya **Dr. Mohamed A. Seikh**. Official statements on behalf of the respective PPD Member Country governments were made by **H.E. Dr. C. Chiwenga**, PPD Board Member and Hon. Vice President and Minister of Health and Child Care, Government of the Republic of Zimbabwe; **H.E. Mr. Zahid Maleque MP**, PPD Board Member and Hon. Minister of Health and Family Welfare, Government of Bangladesh; **H.E. Dr. Yu Xuejun**, PPD Vice-Chair and Honorable Vice Minister of National Health Commission, Government of China, **H.E. Dr. Dereje Dhuguma** State Minister, Ministry of Health Federal Democratic Republic of Ethiopia; **H.E. Mr. Amos Lugoloobi**, PPD Board Member and Minister of State for Finance, Planning and Economic Development, Government of Uganda, **H.E. Dr. Hasto Wardoyo, SpOG (K)**, PPD Board Treasurer and Hon. Chairperson National Population and Family Planning Board, Government of Indonesia; **Dr. Leticia Adelaide Appiah**, PPD Board Member and Executive Director, National Population Council (NPC), Republic of Ghana; **Dr. Mohamed A. Sheikh**, PPD Executive Committee Member and Director General, National Council for Population and Development (NCPD), Government of Kenya; **Dr. Sabina Durrani**, Director General of Population Program Wing, National Health Services, Regulations & Coordination, Government of Pakistan; **Dr. Cheikh Ahmed Tidiane Gueye**, Technical Advisor to the Minister, Ministry of Health and Social Action, Government of Senegal.

The Closing Session was chaired by Bangladesh Minister **H.E. Mr. Zahid Maleque MP**, who summarized the most salient features of the statements made by PPD Member Country Ministers/Board Members. The outcome of the Ministerial Session constituted a Call for Action, which was presented by **Mr. Jacques van Zuydam** and adopted by the Ministers/PPD Board Members. Following the Vote of Thanks delivered by the host Board Member **Dr. Suwannachai Wattanayingcharoenchai**, the Chair delivered the Closing Remarks and formally adjourned the session.

E.1.1 Speeches of 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development:
“South-South Cooperation and the ICPD@30: Accelerating the Move Forward”

NB: The following session description includes some written text speeches and you may find the other speeches recorded on Videos

Thailand

Opening Remarks: By Dr. Suwannachai Wattanayingcharoenchai, M.D. Director-General, Department of Health, Thailand.

Excellencies, Distinguished Participants, Ladies and Gentlemen, It is my great pleasure to welcome all of you to this plenary session, the 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development, under the theme “South-South Cooperation and the ICPD at 30: Accelerating the Move Forward.” Ever since Thailand's Population Policy was announced in 1970, Thailand has achieved great success in family planning programs, through collaboration among governmental and non-governmental sectors, as well as international organizations. Due to the success of the family planning program, together with the changes in people's way of life, more people in the new generation prefer to stay single. As a result, the population growth rate has decreased from 2.7 percent in 1970 to 0.22 percent in 2021. Women of reproductive age have only 1.53 children on average, which is lower than the replacement level.

Planning to adapt to demographic change is vital. Therefore, Thailand's Ministry of Public Health, by the Department of Health, together with relevant agencies has formulated the National Reproductive Health Development Policy and Strategy on the Promotion of Quality Birth and Growth. The policy aims to promote planned births through preconception preparations and the provision of child support. It also promotes safe motherhood through postpartum care and supports a high quality of life for the children. At present, family planning services are included in Thailand's Universal Health Coverage scheme. However, there are still gaps in accessing services among adolescents. We have found that the repeated pregnancy rate continues to be high. The World Health Organization recommends long acting reversible contraceptives to prevent repeated pregnancy. In this regard, Thailand's National Health Security Office has been sponsoring long acting reversible contraception services including IUDs and implants for Thai women aged less than 20 years, as well as women aged 20 years and above who have gone through safe abortion. They can access the services at every service unit under the National Health Security Office network countrywide.

Furthermore, Thailand has also emphasized the development of Youth Friendly Health Services through the creation of a supportive environment for adolescents to access reproductive health services. This is in line with the third goal of the Sustainable Development Goals to ensure that women of reproductive age who have their need for family planning are satisfied with modern birth control methods. The success of family planning in Thailand is not a result of medical personnel's efforts only, it is also due to the contribution from the Village Health Volunteers across the country. They work at the community level to provide knowledge and understanding about appropriate contraceptive methods. The outbreak of COVID-19 highlights the vital roles of the Village Health Volunteers in communicating and providing knowledge and understanding about COVID-19 which leads to the success of Thailand in controlling the spread of the disease. Moreover, the existence of the Universal Health Coverage which ensures that **'everyone on Thai soil'** has access to comprehensive healthcare services is another key success factor. Ladies and gentlemen, We are looking forward to strengthening collaboration with every one of you to create a world where people

have equality in accessing good family planning services through the UHC and the well-being of people of all ages is ensured. That way we are certain that no one is left behind. Thank you.

Host country welcome remarks by Dr. Suwannachai Wattanayingcharoenchai:

<https://www.youtube.com/watch?v=Rh7ZU0Q1CoY>

[**VIDEO**]

Inaugural Speech by **Mr. Jacques van Zuydam**, Chief Director Development Population and Development Department of Social Development on behalf of the Honorable Chair of PPD **H.E. Ms. Lindiwe Zulu**, Hon. Minister of Social, South Africa

<https://www.youtube.com/watch?v=Km78GPMh9IE>

[**VIDEO**]

UNFPA

Keynote Remarks: By Ms. Diene Keita Assistant Secretary-General of the United Nations, Deputy Executive Director, UNFPA.

Excellencies, honorable ministers, distinguished participants, colleagues and friends, My warm greetings from UNFPA to the participants of the 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development. This platform is one of the most prominent gatherings designed to strengthen the capacity of countries for the achievement of the Programme of Action of the ICPD and of the Agenda 2030 through South-South and Triangular Cooperation (SSTC). Today, on this important occasion, we are going to discuss how we can leverage SSTC to accelerate the achievement of the ICPD goals, in the face of new challenges, leading up to the 30th anniversary of the ICPD Programme of Action, a.k.a. ICPD30. First of all, let me commend the 27 member-countries of the Partners in Population and Development (PPD) for their individual and collective leadership in advocating for the ICPD PoA within your government, in your country and in the global community over more than a quarter of a century since the ICPD in 1994. In that conference in Cairo, the 179 participating countries adopted a landmark agreement that for the first time positioned sexual and reproductive health and reproductive rights, gender equality and women empowerment at the center of population and development programmes. Since then, the world has seen remarkable progress: there has been a 25% increase in the global contraceptive prevalence rate around the world, adolescent births have declined steeply, and the global maternal mortality ratio has fallen. But progress remains slow and uneven in some places. For example, globally, around 257 million women who want to avoid pregnancy are not using safe, modern methods of contraception. Among them, 172 million are using no method at all. The socio-economic impacts of COVID19, climate change, global economic instability and rising geopolitical tensions are reversing hard-won gains across the population and development landscape. The increasing polarization of views around core ICPD issues is undermining the legitimacy of SRHR, and making it increasingly difficult to reach consensus.

Excellencies,

As we collectively prepare for ICPD30, this is a moment that calls for action and solidarity. We should come together to find solutions to the challenges we face – from inequality, climate change, conflicts, the COVID-19 pandemic, to the roll-back of progress on women's rights in many countries. We can address these challenges together, mobilizing the power of SSTC in generating solidarity among the countries of the Global South. We are envisioning a process that will culminate with a global review of the implementation of the ICPD Programme of Action in the UN Commission on Population and Development and a special commemorative session in the General Assembly in 2024. And in the process leading up to ICPD30, we need to collect the voices from the Global South that reaffirms the criticality of the ICPD agenda for the future. UNFPA's strong and long-standing partnership with PPD is a powerful tool that will counter pushback and deliver on the promise of the ICPD. With pandemics and other crises being addressed by governments, we need to ensure that the ICPD goals are not being sidelined.

Excellencies, It was during that same Cairo conference in 1994 that gave birth to the Partners in Population and Development. PPD dedicates itself to the proposition of leveraging SSTC for the achievement of ICPD PoA. I commend you for utilizing SSTC as an effective instrument in raising the capacity of your country's institutions and in supporting other countries' institutions in reaching their goals, including their goals in family planning. As SSTC is indeed a growing movement among nations, it continues to grow on all fronts. At the United Nations, the Secretary General led an initiative that produced a system wide SSTC strategy that aims to harmonize the UN practices and introduced SSTC interventions as a critical component in the country-led UN Sustainable Development Cooperation Frameworks (UNSDCF). At UNFPA, we have made a number of key steps in promoting SSTC, one of them is that the UNFPA Strategic Plan 2022-2025 has deployed SSTC as one of the accelerators for achieving the three zeroes by 2030- zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices, such as child marriage and female genital mutilation. Our persistent efforts to utilize SSTC for development are captured concisely through this African proverb, "If you want to go quickly, go alone, If you want to go far, go together." In our dealings within the community of nations, we need to form an expanding and mutually supportive system. This mutuality principle of SSTC reminds me of yet another proverb in my native Guinea, "A good deed is something one returns." This SSTC principle inspired me in my work when I was the Minister of Cooperation in the Republic of Guinea and continues to inspire me as I oversee SSTC in UNFPA. We count on your continued commitment to leverage SSTC for creating a momentum of support leading to ICPD30. PPD and its member-countries have an invaluable role to play leading to ICPD30 - from supporting national consultations to regional conferences.

PPD and UNFPA should move forward together to drive global conversations, to reduce polarization, to mobilize stakeholders and to ignite excitement around the ICPD Agenda and its impact vis-a-vis the SDGs and the future of humanity. Alone we may not be heard, but all together we can produce a loud voice for women and girls worldwide. Thank you.

<https://www.youtube.com/watch?v=SkV3rTN-Q4Y>

[**VIDEO**]

Zimbabwe

Statement by: HE. Dr. C.G.D.N. Chiwenga, , PPD Board Member and Hon. Vice President, Government of the Republic of Zimbabwe

Excellences, Hon Ministers, Delegates, ladies and Gentlemen

In recognition of the commitment of 2019 Nairobi summit, the government of Zimbabwe set up a national task force for population and development which is a key tool of implementing the commitment with a goal to accelerate the progress towards achieving the desired outcomes.

In this regard, you will agree with me that the road to achieving health related sustainable development goals and Nairobi commitment by 2030 has not been smooth due to negative impact of the global Covid-19 pandemic which disrupted the global supply chain of the essential medicine and equipment.

While the sexual reproductive health rights must be enjoyed by every citizen, the significant proportion of women and girls face challenges in realizing these rights. The family planning programs remain the cost effective reproductive, maternal, and child health strategic intervention to reduce maternal, neonatal, and child death.

I'm glad to share that Zimbabwe has achieved the reduction in the unmet needs for family planning from 14% in 2020 to 10% in 2022 for all age groups.

Zimbabwe government ensured the budget line of contraceptive commodities of Zimbabwe dollar 627 million in 2022 and procured contraceptive commodities with US 1.5 million.

In 2022, the modern contraceptive prevalence rate for all women stands at 52% and increased from 50% in 2020.

70% of all health service delivery points have trained cadre to offer long acting and reversible contraceptives.

Regarding maternal morbidity and mortality, Zimbabwe is working to achieve zero preventative maternal death

Zimbabwe is experiencing continuous downward trend in maternal mortality rate from 614 in 2014 to 462/ 100,000 live births in 2019.

The obstacles to reach full achievement of the target due to maternal mortality:

- Delay in making decisions to seek health care
- Delay in assessing health facilities
- Delay in getting appropriate care

Zimbabwe offered pregnant women deliver free of charge in government health facilities and the fees for access to blood and blood products have been removed in public health facilities.

It is concerning that only 10% of sexual violence survivors were able to access medical assistance within 72 hours.

Zimbabwe increased funding of comprehensive mild sectoral services for survivors of gender-based violence from Zimbabwe 63 billion in 2021 to Zimbabwe 141 billion in 2022.

<https://www.youtube.com/watch?v=6PDZFn4Nkh8>

[VIDEO]

Bangladesh

Statement by H.E. Mr. Zahid Maleque, PPD Board Member and Hon. Minister of Health and Family Welfare, Bangladesh

Excellencies, Honorable PPD Board Members, UNFPA Representatives, distinguished speakers, ladies and gentlemen- good morning. I am delighted to be with you in this important PPD event that is organized here by PPD and UNFPA jointly. As the PPD Board Member I wish to thank the Government of Thailand for hosting this event. Excellencies, as you are all aware ICPD Programme of Action acknowledges South-South Cooperation as a key strategy for achieving ICPD goals.

The Government of Bangladesh, particularly Prime Minister Sheikh Hasina has been supportive to promote SSC since ICPD at Cairo. Bangladesh has continued to extend the requisite technical, financial and logistic support to assist PPD. The PM of Bangladesh provided a piece of land; the value is more than 30 million USD. I must thank the member countries, particularly China, India, South Africa, Thailand, and Nigeria for their funding to construct a 6th storied PPD headquarter building on the given land. The contribution of PPD as the institute of SSC towards accelerating the achievement of ICPD and SDGs in PPD member's countries through promoting SSC is significant which includes: national agenda for RH, population, and development, policy or strategy to address the ICPD and SDGs issues, national policy and strategy to realize the ICPD commitment. Bangladesh has succeeded to decrease the annual population growth rate to 1.22% in 2022. The infant mortality rate showed a steady decline from 28 deaths per 1000 live births in 2009 to only 15 by 2020, while the under-five mortality rate declined from 50 per 1000 live births to 28 over the same period. The total Fertility Rate declined from 2.7 in 2009 to 2.04 in 2020. Sixty Four Percent of married women (15-49yrs) in Bangladesh used contraception in 2020. Maternal mortality declined rapidly from 259 in 2009 to 163 in 2020. For the achievement of ICPD and MDGs, our Honorable Prime Minister got the UN award 'UN MDG Awards 2010' and South-South Award 'Digital Health for Digital Development' in 2011 of which we are immensely proud of our achievement. The Covid-19 pandemic severely disrupted overall health services including the utilization of FP services, resources were diverted away from other essential health programs to deal with the outbreak in Bangladesh. A quick response, an early drive for vaccines, proper campaign management, and mass participation helped Bangladesh to control the spread and control the deaths from COVID-19. Our Prime Minister succeeded to manage quite well this COVID situation. Bangladesh is one of the 5th leading countries of the world that has ensured almost full vaccination of its total population, about 76% of the eligible population has been so far vaccinated. I must acknowledge the role of PPD in preventing COVID-19 in its member countries. Given the post-pandemic scenario, the political-economic crisis caused by the war in Ukraine, countries of the South are more vulnerable to national development, economic inflation, environment, unemployment, and access to reproductive healthcare for adolescents and youth and women.

Today, many developing countries are at the greatest risk of climate change which is already impacting health in a myriad of ways, including by leading to death and illness

from increasingly frequent extreme weather events. This is a pride opportunity for PPD to bring together the countries and they can share their experiences and help each other to address the post-COVID-19 challenges and Climate change risk. and let us reaffirm our commitment to achieving the ICPD 2030 and SDGs 2030 Agendas – moving our world forward and leaving no one behind. PPD should come up with a strategy to address the followings:

1. Make more efforts in supporting the development of more effective Centers of Excellence on SSTC for population and development.
2. A south-south strategy to be made for addressing demographic diversity and harnessing fully the demographic dividend to drive continued, good, and inclusive economic growth in developing countries.
3. The member countries must regularize the contribution of their membership fees to PPD.
4. A south-south and triangular cooperation framework may be developed jointly by PPD-UNFPA for reducing and stabilizing the levels of heat-trapping greenhouse gases in mitigation and adapting to climate change and to stop the degradation of the environment and the use of greenhouse energy.

I must assure you my Prime Minister is committed to promoting SSC, and my colleagues are more committed than ever to ensuring a more productive PPD. Let us together move our world forward and leave no one behind. Thank you.

<https://www.youtube.com/watch?v=e9Xe-YY86xo>

[VIDEO]

China

Statement by **H.E. Dr. Yu Xuejun**, Vice-Chair and Vice Minister National Health Commission, China

<https://www.youtube.com/watch?v=Aic6LyleJml&feature=youtu.be>

[VIDEO]

Ethiopia

Statement by **H.E. Dr. Dereje Dhuguma**, State Minister, Ministry of Health Federal Democratic Republic of Ethiopia

H.E. Ms. Lindiwe Zulu MP , Minister of Social Development, Government of the Republic of South Africa and honorable Board Chairperson of Partners in Population and Development (PPD), Dear Ministers, Government Representatives, Representatives of UN Agencies, and Distinguished Ladies and Gentlemen. All protocols observed Tries to provide continuity to the discussion by reinforcing, elaborating or commenting on a point made by an earlier speaker, as a segue to his own speech.

"Mention few items that earlier participants raised"

The 1994 ICPD summit in Cairo was groundbreaking in transforming how the links between population, poverty reduction and sustainable development were addressed by

putting the rights, needs and aspirations of individuals, especially women and girls, at the center of sustainable development. By putting people first.

My country achieved a huge success in improving the Reproductive health of its population by implementing the Program of Action. We increased CPR more than six-fold in the past two decades, safe abortion is now available and accessible throughout the country. "The list is long"

But there remained many unfinished agendas. We have a huge urban rural, agrarian/pastoralist, poor/rich equity gap that we need to address, commodity security is a huge problem still due to lack of sustainable financing, we still have unbalanced method mix with the short acting Depo-Provera being used by more than 50% of contraceptive users. Hence Ethiopia used the Nairobi ICPD@25 Global Summit held in Nairobi to reinvigorate the national movement towards the Program of Action (PoA) of ICPD by endorsing the three Zeros.

During the Nairobi summit, my country confirmed its commitment towards the three Zeros, zero maternal deaths, zero unmet need for family planning and zero gender-based violence and harmful practices against women and girls — by 2030, the deadline for achieving the Sustainable Development Goals (SDGs).

Since Nairobi, we have used these three Zero's as anchor to our SRH movement- we have incorporated them into our national RH strategy. We are also in the process of establishing a National Task Force to oversee progress in the three Zeros together with UNFPA, PMNH and our planning ministry.

To develop Capacity, we have established a center of excellence on for RH training at St Paul Hospital, together with WHO. The center works with nine other big universities in establishing high quality RH units that provide high quality RH service and high-quality education for nurses, midwives, medical doctors and OBGYN residents. We have also established a fellow ship on Family planning in collaboration with WHO for OBGYN. This platform will serve as a center of excellence for SST cooperation and will take forward medium to long term joint research programs.

To reduce the unmet need in contraception we have introduced and expanded Postpartum Intra Uterine Contraceptive Device (PPIUCD) services in Ethiopia, increased method-mix by adding subcutaneous Depo injection.

Our program of Implant insertion at health post level by community health workers lead to increased proportion of LARC in the past few years, increasing from 8% to 16%. The COVID-19 pandemic has challenged our health system's ability to provide high quality RH services, by interfering both in demand side and supply side.

Women were afraid of using facilities and we also closed few facilities to provide care for COVID-19, We also faced huge financial gap in meeting the commodity demand of our community due to increased cost of commodities and reduced resources allocated for commodities. The presence of conflict in many parts of Ethiopia, drought, flooding other natural disasters due to climate change have posed additional challenges

Despite this, our health system fared very well and the disruption of RH services was

short lived during the first wave of COVID-19 due to the strong leadership and commitment of my government. Case in point is the significant improvement in quality of counseling services for family planning after the Ministry reinvigorated the FP program through development of job aids (pocketbook on counseling) and large-scale training. Long-acting FP use has also increased despite various challenges.

Even though there is progress, there are still profound inequality of the progress in Ethiopia that requires an urgent SRH justice and fast progress towards achieving the three Zeros of Nairobi commitment. To improve this my government has made huge commitments for FP 2030, to improve domestic financing, provide commodity security, build adolescent and youth responsive system, and ensure quality of FP information and services.

As we are approaching 2024 and will be celebrating ICPD@30 soon, we can use this ICFP to re-emphasize the importance and power of SSTC for the achievement of ICPD PoA. We can leverage the SSTC to share our success of national development efforts, for accelerated achievement of ICPD PoA. One area that requires attention from our government increased allocation of domestic financing to bring sustainable programs

Though the current increase in food price, inflation, adverse effects of COVID, Climate changes and Conflict to our national budget means a narrow fiscal space, there are many interventions that we could initiate to increase domestic financing.

In Ethiopia, we levied additional taxes on tobacco and cigarette and are now negotiating the allocation of these resources to health. We have also established equity and resilience fund to improve financing for emergencies. We have passed laws to make our CBHI program mandatory and initiate social health Insurance. We are also working with partners to sign a compact that involves our Ministry of fiancé so that the government will match its resources for hard currencies that come as aid. COVID-19 has also shown us the use of digital and self-care and my ministry has a plan to invest on these interventions. Measuring progress is also critical. Hence, we have regular surveys in the form of DHS and PMA. I will like to take this platform to call to all our partners to support our efforts for sustainable financing in the short to long term by leveraging the SSTC for the achievement of shared or individual goals.

I also affirm my governments commitment to the pursuit of South-South and triangular cooperation (SSTC) for the achievement of the country's goals and commitments to ICPD PoA. I thank you all

<https://www.youtube.com/watch?v=U0XhhDRimQY>

[VIDEO]

Uganda

Statement by H.E. Mr. Amos Lugoloobi, PPD Board Member and Minister of State for Finance, Planning and Economic Development, Uganda

The 1994 International Conference on Population and Development (ICPD) held in Cairo articulated a bold vision about the relationships between population, development and individual well-being. Countries adopted a forward-looking, Programme of Action (PoA) that was remarkable in its recognition that reproductive health and rights, as well

as women's empowerment and gender equality, are cornerstones of population and development programmes. The PoA continues to serve as a comprehensive guide to people-centered development progress.

Twenty five years later, at the Nairobi Summit (ICPD25) in 2019, the PoA reiterated the importance of rights and choices for all as critical for achieving sustainable development and inclusive economic growth. Uganda's country delegation led by His Excellency, the President, Yoweri Kaguta Museveni made the following commitments towards "Accelerating the Promise"

1. Promote universal access to all methods of family planning and reduce the unmet need for family planning from 28% to 10% by 2022. Re-affirm the commitments that were made at the Family Planning Summit in London (July 2017) to increase financial support towards reproductive health and family planning supplies and commodities to the last mile
2. Allocate annually at least 10% of maternal and child health resources to adolescent-friendly reproductive health services.
3. Eliminate obstacles that stand in the way of girls' empowerment including teenage pregnancy and child marriage, as well as all forms of gender-based violence. Embark on educational reforms aimed at ensuring that girls enroll and stay in school, as well as scale-up investments in technical and vocational education to create employable skills and competencies relevant to the labour market.
4. Operationalize the National Sexuality Education Policy Framework that was launched in 2018 to provide a formal national direction for sexuality education within Uganda's schools; while upholding the positive cultural and religious values of the country
5. Ensure that different dimensions of the demographic dynamics and diversity are integrated into planning and budgeting frameworks at all levels.

What has been done?

Achieving the Programme of Action calls for a multi-sectoral approach, and as such the Commitments have been integrated in the third National Development Plan which is implemented through the Programme Based Approach.

There is an **SDG Coordination Framework and the SDG Roadmap**. Uganda also established a National Steering Committee to oversee implementation of the ICPD@25 Commitments. These forums have:

1. Provided a forum and direction to ensure responsiveness to key population and development priorities within the third National Development Plan.
2. Coordinated with the legislative bodies, relevant ministries and institutions at the national and subnational levels, development partners, civil society organizations and private sector to ensure that we mutually complement between the activities and strategies for wider-sectoral development concerning population and development.

3. Conducted policy dialogues and disseminated information related to population and development at both national and sub-national levels.
4. Provided the annual progress reports of the SDGs and implementation of the ICPD Programme of Action (ICPD-PoA).

South to south and Triangular Cooperation

The SSTC as a forum for exchange of new ideas, shared adaptable solutions, is a sure way to power solutions to some of the world's most persistent development challenges.

I am happy to report that Uganda is proudly applying SSTC principles to leverage the potential of harnessing the SDGs and the demographic dividend amidst the COVID-19 pandemic. There are increasing forged partnerships and collaborations within the region member states through the Africa Peer Review Mechanism and improved localization and popularization of the SDGs. The youth are encouraged to innovate to harness the country potential, as well as strengthening technology and information systems in SDG Implementation.

There is progress in the health sector where there is noticeable resilience of the health systems to address and close up the gaps. The general economy has proved to be resilient to external shocks and this is reflected in the public resources mobilization and revenues, debt management, climate change, closing gender gaps in all aspects, strengthened security system as well as economic empowerment of the citizens. The progress on SDGs is without challenges particularly on timely, quality and disaggregated data and statistics, which is critical in designing, planning and implementation of social, economic transformation programs. It's time for government to collaborate with the private sector and development partners to invest in data innovation systems that produce granular transactional data, that not only guarantees a risk mitigated business environment for the economy.

Considering that Sub-Saharan Africa is likely to face more pressing challenges for sustainable development, including social, economic, and environmental prospects, addressing the topic of population growth is still sensitive because it touches on deeply held social norms linked to cultural, religious, and gendered norms. This implies that the perspectives on population dynamics in relation to family planning and reproductive autonomy should be more acknowledged and sought at the international level. Building more champions to always speak about this sensitive topics while sharing experiences from countries that have succeeded through SSTC would be helpful.

I call on development partners and PPD to support countries from the South to collectively and coherently leverage technological advancement and support countries to document lessons and best practices widely. Population dynamics including harnessing the demographic dividend should be given more weight.

<https://www.youtube.com/watch?v=wWOPYB9gHUE>

[**VIDEO**]

Indonesia

Statement by **H.E. Dr. Hasto Wardoyo, SpOG (K)**, PPD Board Member and Hon. Chairperson National Population and Family Planning Board, Indonesia

<https://www.youtube.com/watch?v=7zLbsB9EFuU&feature=youtu.be>

[VIDEO]

Ghana

Statement by **Dr. Leticia Adelaide Appiah**, PPD Board Member and Executive Director, National Population Council Republic of Ghana.

Mr. Chairman, Honorable Ministers, Distinguished Delegates, Ladies and Gentlemen, I am honored and excited to be part of this historic event in the beautiful country Thailand. I thank the organizers, PPD and UNFPA for making it possible for me to be here. In focusing on accelerating the move forward ICPD @ 30, permit me to start with a story. About 4 years ago, I visited Germany as a guest of the government and I met with a group of Parliamentarians. During our engagement, one of the Parliamentarians who had 3 children said, in Germany, he is considered as a father of many. He visited Nigeria and whiles being driven to his hotel, he asked the 30 something year old driver, how many children he had, he mentioned 6 and was still counting. The paradox leaves much to be desired. Mr. Chairman, cumulatively, Africa has a net population increase of about 33 million which is near the population of Malaysia or Ghana in 2021 despite relatively high mortality rates. Child marriage, high teen pregnancy rates, high unmet need for family planning, negative cultural beliefs, patriarchal systems, ignorance, and misinformation put many women on the path of involuntary reproduction with many far-reaching negative consequences, high maternal mortality and morbidity, high unemployment, insecurity among others. The COVID 19 pandemic, a neutral phenomenon, widened the deep inequalities already created along fertility lines in almost all aspects of lives and livelihoods with the poorest in the developing countries being the worst affected, and unfortunately leaving many people behind. In this fast world of automation and digitalization, which has been accelerated by the Covid-19 pandemic and climate change, access to jobs, now more than ever, requires adequately educated individuals and once again, the poorest people in the developing countries are left further behind without quality education and relevant skills for the 21st century. In countries where most of the population is relatively undereducated and unemployment among the educated is already high, they thrive a skilled workforce to increase efficiency and at the same time decrease the need for workers, leaving no place for unskilled ones. This condition sadly fuels illegal migration in huge numbers and create conditions for insecurity. The ongoing COP 27 deliberations in Egypt like the previous ones have brought home the chilling and devastating impact of climate change on lives and livelihood. Once again, the poorest in the developing countries become those worse off.

Mr. Chairman, when we consider increasing poverty, high unemployment, insecurity, climate vulnerability, illegal migration and cut through a lot of the misinformation and distractions and get to the core of the problem, the reason is simple - the empowerment of women is crucial to solving a lot of the seemingly unrelated problems that are as important to men as they are to women. The start of women empowerment is purposefully vesting women with adequate information and services for them to have

control of their bodies as well as abolishing some of the self-defeating poverty entrenching cultural practices such as child marriage, teen pregnancy, and high unmet need for family planning in line with the first law of holes which states that

“if you find yourself in a hole stop digging”.

There is ample evidence that, governments and the community of men have the power and resources to solve the problem of maternal health, high population growth by intentionally and purposefully empowering women to take control of their bodies through the provision of adequate reproductive health information and services to women in reproductive age, abolition child marriage and reducing unmet need for Family Planning.

This depicts that, women will have fewer and healthier babies which makes it easier to solve many seemingly unrelated issues such as poverty reduction, hunger, reducing civil unrests, and building resilience to withstand some of the devastating impact of climate change even as we reduce our carbon footprint. Protecting women’s rights and giving them control over their bodies is protecting everyone’s rights. Just as some people have postulated that it was machines not morals that ended slavery in industrial nations, we can hope that COVID-19, climate change and associated vulnerabilities, automation and the resolve by countries to curb illegal migration, it will help us remove barriers of child marriage, unmet need for family planning, lack of adequate family planning information and services to enable many people move out of poverty. Mr. Chairman, we cannot ensure healthy lives and promote wellbeing for all at all ages without focusing on reproductive health information and services as an integral part of the development ecosystem because inequality is always along those lines. However, in case duty bearers want to continue to maintain the status quo or progress at a slow pace, at a minimum they owe the citizens a duty to make known the social, economic, and environmental costs of their choices and their reasons for supporting their positions amidst a compelling body of knowledge begging for attention and use for well-being of all.

In accelerating the forward march 30 years after ICPD in Ghana/Africa, we can consider the following action points.

Abolition of Child Marriage from the continent of Africa (Religious, Traditional, governments and other relevant bodies). Child marriage endangers the lives of children and their off springs. It sustains high population growth and puts pressure on our limited health and educational infrastructure with its attendant, low health and educational outcomes of the children; a potent combination that creates and maintains intergenerational poverty. It leaves generations unborn and born behind. Production of Contraceptive Methods:

Currently, in Ghana, donors support more than 70% of our contraceptive needs. However, local production of contraceptive methods as is done globally should attract national attention because it is central to promoting healthy mother, child and population. Local production of this essential commodity is considered exceptionally prudent now because African governments advocating for COVID-19 and other vaccines production without a focus on contraceptives warrants that many more people survive but few might thrive and exposed to climate vulnerabilities. Therefore, all stakeholders, multilateral agencies, governments, private sector, World Bank, the Gates

Foundation should support with resources the production of contraceptive methods with focus on the long-acting reversible methods by combined effort with pharmaceutical companies in Ghana and on the continent. Family Planning Integration with immunization services:

Immunization services prevent diseases of public health importance to enable citizens especially children to survive and thrive. Contraceptive methods especially in the post-partum periods prevent women from unintended and miss-timed pregnancies to enable mothers and babies survive and thrive. Immunization and family planning programs are thus considered mutually supportive of mother and child health and service delivery must be integrated effective communication strategy. Finally, just as we seriously discussed and found ways to counter the threat of misinformation and disinformation during COVID 19 pandemic, we should strategize to address the misinformation and disinformation about the role of reproductive health information and services to our individual and collective well-being, in meeting the SGD goals and in creating the Africa we want, "Partnerships".

There is the need to build partnerships around the action points and coordination among the various groups just like the groups for climate mitigation and adaptation at the ongoing COP 27. These members would implement programs to achieve the goals guided by facts and informed by evidence.

I would like to submit that for us to accelerate the ICPD goals 30 years on and create the Africa we want; we need to abolish child marriage in Ghana and in Africa. Africa needs to produce family planning methods, train service providers, integrate family planning/immunization services and mount an effective campaign in a collaborative, consistent and committed fashion. Thank you for your attention.

<https://www.youtube.com/watch?v=TwGkHEuv5xA>

[VIDEO]

India

Statement by Dr. S. K. Sikdar, MBBS, MD, Advisor, Family Planning and Maternal Health Division, Ministry of Health and Family Welfare, Government of India

Excellencies, dignitaries, distinguished experts, ladies and gentlemen, Greetings from our honorable Health & Welfare Minister, Shri Mansukh Madaviya who could not attend ICFP due to urgent commitments. With the completion of 40 years of Alma-Ata Declaration recently, the ICFP2022 makes for an apt background today to discuss Family Planning in the broader theme of Universal Health Coverage. Also this is the year when India has completed 75 years of Independence. Our health system has been tested by the COVID-19 pandemic and this an opportune time to revisit how we conceive, design, regulate, build, and operate strategies in our country while ensuring global solidarity. Guided by the approach of 'One Earth, One Health', our honorable Prime Minister Shri Narendra Modi emphasized on two things will define how the progress journey of humanity will unfold in the times to come. First is the health of our people. Second is the health of our planet. Sustainable development will thus require a multipronged approach. Meeting the healthcare needs of the people has multi-dimensional benefits, which by now all the nations realize, extends beyond health to a

society of social inclusion and economic development. To achieve the aim of Health for all, the Alma-Ata Declaration of 1978 showed the way by recognizing the importance of Universal Primary Healthcare. ICPD + 25 further emphasized the need for universal health care. Much ahead of this, India had become the first country in the world to launch a National Family Planning Programme in 1952. For us, Family Planning is at the core of improving women's and children's health and empowering couples to take charge of their reproductive choices. I am proud and happy to announce that India has been making tremendous progress in this arena as evidenced from the recent MMR data released by the Registrar General of India. We have recorded a decline in Maternal Mortality Ratio (MMR), of 54 points, which has been the highest since the last several decades (from 167 per lakh live births in 2011-13 to 103 per lakh live births in 2014-16), thanks to the collective and systematic efforts of the national Government along with all the states in a spirit of co-operative federalism. We are on our way to achieving the SDG before time if the rate of decline continues.

Our teenage pregnancies have halved from 16% (NFHS III) to 6.8% (NFHS V). The experience has provided us with the cognizance to move ahead on the path towards our goal and has been the result of various landmark initiatives in the healthcare arena.

The Government of India launched 'Pradhan Mantri Surakshit Matritva Abhiyan' whereby private specialists are being encouraged to volunteer and provide ante-natal checkups for every pregnant woman on a fixed day every month. The efforts are based on a strong model of Public-private partnership. We have carried forward our approach of providing special attention to underserved geographies through our Mission Parivar Vikas scheme. With a very strong political commitment, India is rapidly making strides towards the goal of Universal Health Coverage. This we believe will significantly contribute to the health of our citizens, especially the women and children. Providing affordable and accessible care including quality family planning services closer to peoples' homes is at the core of this landmark programme. The Government has launched a new scheme by the name of "Ayushman Bharat". The lack of effective primary care leads to fragmentation of services and disproportionate burdening of secondary and tertiary levels.

Therefore, a Comprehensive Primary Health Care (CPHC) is essential to avert disease and promote well-being with continuity of care and enable gate-keeping so as to reduce the burden on secondary and tertiary level facilities, thus saving costs. This premise became the driving force for the first component of Ayushman Bharat - It envisages the strengthening of the existing government health facilities at the level of the Sub Centre and Primary Health Centre into Health and Wellness Centres (H&WCs). The H&WC will provide preventive, promotive, rehabilitative and curative care. Family Planning services will be covered under reproductive and child health services (RMNCH+A) and free essential drugs and commodities under Family Planning viz. oral contraceptives, condoms will be provided here. In order to cater to our population of 1.2 billion, the Government launched the second flagship programme under Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (National Health Protection Scheme) to serve the poor and vulnerable for secondary and tertiary care. It is the world's largest government

funded healthcare program which will cover over 100 million (10 crore) poor and vulnerable families (approximately 500 million i.e. 50 core beneficiaries) from rural as well as urban backgrounds. It adopts a continuum of care approach wherein coverage up to half a million US Dollars (5 lakh INR) per family per year for secondary and tertiary care hospitalization will be provided.

With these schemes in place, the Family Planning beneficiaries are assured services through the continuum of care right from primary to tertiary level service provision. These collective approaches have proved crucial for India's commitment for increasing contraceptive coverage under FP2030. A focused strategy under the National Family Planning programme through schemes such as Mission Parivar Vikas, introduction of new contraceptives, Home Delivery of Contraceptives, promoting healthy spacing between children coupled with regular orientation and training of service providers has resulted in an increased demand and uptake of FP services.

Moving ahead and for accelerating our efforts the global community needs to align their efforts and resources to help millions of beneficiaries worldwide. Forums such as the PPD; ICFP showcase the plethora of work happening around the world towards this very end. Thank You.

<https://www.youtube.com/watch?v=TwGkHEuv5xA>

[VIDEO]

Pakistan

Statement by Dr. Sabina Durrani, Director General, Population Programme Wing, Ministry of National Health Services, Regulations and Coordination, Pakistan

Remarks on The Behalf of Minister At PPD Session

His Excellencies, Dignitaries, distinguished guests Ladies and gentlemen

On behalf of Gop I would like to thank PPD for organizing this forum and providing a common platform where all the policy makers can plan and take decision for Population Management. We are aware of the fact that human resource of a country plays an important role not only in the economic development but also for the social well-being of the country. However, large population size and lack of proper management of human resources may lead to social distress and reduce economic performance.

As per Census (2017) we are a country of 208 Million and by 2022 it is estimated to be 228 million. And if this situation continues we will be 338 Million in 2050.

Also important to mention that Pakistan's largest segment of population consists of youth and if planned properly this youth bulge can be translated into economic gains, with education and skill development. The government has accorded highest priority to youth empowerment at national level. To accomplish this, a National Youth Development Framework (NYDF) has been developed on the basic principles of 3Es: Education, Employment and Engagement. In addition, various social

programs/schemes have been initiated to meet the confronting challenge of unemployment among youth during the current financial year.

Pakistan is fully committed to accomplish Sustainable Development Goals (SDGs) by reducing Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Under Five Mortality Rate (U5MR). Efforts have also been made to ensure universal access to reproductive healthcare services across the country.

The Council of Common Interests (CCI), under the chair of the Prime Minister of Pakistan, has approved recommendations to achieve SDGs related to population management in the country.

The recommendations of CCI have been translated into an Action Plan (2020-25) approved by the Federal Task Force on population under the chair of the President of Pakistan. The Action Plan helps to evaluate the extent of progress towards international commitments to achieve SDGs related to population.

It is also important to mention that the NAP is developed in line with ICPD 2025/2030 commitments and with FP 2020 commitments

In the recent history of mankind, the COVID-19 pandemic is the biggest global challenge for the world health system and socio-economic fabric. The pandemic has exposed the complex global interdependencies, highlighted fault lines in societal structures that perpetuate ethnic, economic, social and gender inequalities.

On one side we were in the process of COVID management that another disaster happens in the form of devastated flood in the country causing further deterioration and burden on the health system. Against all odds, the government of Pakistan is fully cognizant and determined to ensure provision of best health care services to the general public. Federal and provincial governments are engaged in developing strategic partnerships for enhancing technical and institutional capacities, achieving UHC goals and multi-sectoral support, despite all types of crisis. We are focusing to improve diagnostic facilities, surveillance, isolation wards, ICUs at public sector healthcare centers alongside complying with other international health regulations. The government is fully committed to increase the health coverage to meet the emerging demand of increasing population. To ensure and invest on Women, which is almost half of the population, The Government has been fully cognizant of its constitutional responsibilities and steps have been taken for protecting the rights of the women and realizing their full potential in all spheres of life, especially social, economic, political and personal.

In 2020-21 the government introduced several interventions to improve gender governance through financial empowerment of women and expansion of social protection net to encompass needs of women in the most vulnerable groups of population and curb gender-based violence. To achieve “No Poverty” by 2030 is part of a comprehensive SDG Agenda-1 that calls to end poverty (extreme) in all its manifestations by ensuring social protection, increase access to basic services and support people from economic, social and environmental shocks.

Ministry of Planning, Development & Special Initiatives in collaboration with the Provincial counterparts and the UNDP carried out an extensive series of divisional level workshops on sensitization to SDGs at the grass root levels, localization of SDGs, prioritization of SDGs and data gap analysis for proper monitoring and reporting.

Pakistan has been consistently ranked as one of the most affected countries by climate change. The population is facing challenges of natural hazard like floods, droughts and cyclones, which have been growing in intensity and frequency with the passage of time. The government is taking different measures to effectively tackle climate change challenges, such as improving technological responses by setting in place early warning systems and information systems to enhance disaster preparedness climate change resilience and by improving forest management and biodiversity conservation.

The Government of Pakistan is working on utilization of indigenous and environmentally clean energy generation resources. The government has made Alternative Energy Development Board (AEDB) responsible for renewable energy sector. In this regard, the promotion of alternative and renewable technologies is the top priorities of the government. Several initiatives have been taken to create conducive environment for the sustainable growth of Alternative Renewable Energy (ARE) Sector in Pakistan in order to harness the potential of indigenous renewable energy resources. In order to mitigate the negative impacts of automobile sector on environment and giving a boost to the economy, the government has approved its National Electric Vehicle Policy targeting a 30 percent shift to electric vehicles by 2030.

In the end just want to emphasize that Population is a cross cutting issue and must be dealt with multi-sectoral and integrated approach and only through Family Planning.

I thank you.

<https://www.youtube.com/watch?v=tSRhRGYkxHE&feature=youtu.be>

[VIDEO]

Senegal

Statement by Mr. Cheikh Tidiane Gueye, Technical Advisor to the Minister, Ministry of Health and Social Action, Senegal.

Distinguished Ministers of Health of the countries represented, Mr. Executive Director of Partners in Population and Development Honorable guests in your title, rank and functions ; Ladies and Gentlemen Guests ; Dear participants ;

I am very pleased to take part this morning, on behalf of the Minister of Health and Social Action, Dr. Marie Khemesse NGOM NDIAYE, in the ministerial panel of the 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development, whose theme is "South-South Cooperation and ICPD@30: Accelerating the Movement".

I would like to extend to you her warmest greetings and sincere thanks for having chosen Senegal to participate in this important activity. Ladies and Gentlemen, Honorable Guests, allow me to remind you that among the strategies to fight against maternal and neonatal mortality, the repositioning of family planning figures

prominently, as well as Emergency Obstetric and Neonatal Care (EmONC) and finally the promotion of childbirth in health facilities by qualified personnel. Indeed, it is now known that family planning is one of the most efficient interventions available to save lives and improve the health of women, children and adolescents. Beyond these health benefits, increasing the Contraceptive Prevalence Rate (CPR) would allow a better capture of the demographic dividend. It is important to recall that at the two London Summits held in 2012 and 2017, Senegal, like other French-speaking West African countries gathered around the Ouagadougou Partnership (OP), made commitments to contribute to the goal of providing 120 million additional women with voluntary access to modern contraception by 2020. Senegal, like the international community, has always reaffirmed its commitment to making family planning a national priority and has developed its first National Action Plan for Family Planning (PANPF) for the 2012- 2015 period, followed by the second generation plan for 2016-2020.

The combination of several high-impact strategies, through these plans, has made it possible to double the Contraceptive Prevalence Rate from 12% in 2012 to 25.5% in 2019; there has also been a significant decrease in unmet need for family planning from 30.1% to 21.7% during the same period. This corresponds to nearly 819,000 women using a modern contraceptive method throughout Senegal in 2020. In terms of impact, the use of contraception during this decade in our country has made it possible to avoid 328,000 high-risk pregnancies, 117,000 high-risk abortions and 750 maternal deaths by 2021.

Ladies and Gentlemen, Honorable Guests, Despite the notable progress noted, challenges remain regarding the improvement of the regulatory framework, the mobilization of increased domestic, donor and private sector funding, the strengthening of multi-sectoral coordination, the increase in community-based services, the effective and continuous integration of family planning services with other programs such as HIV and immunization, and finally the integration of family planning in humanitarian contexts. In addition, the continuity of services in times of health crisis such as the pandemic at COVID 19.

Ladies and Gentlemen,

Senegal is at a turning point in maternal, reproductive, child, neonatal, adolescent and nutrition health. We must be bolder and we need much more innovation in our interventions. Thus, Senegal's vision for 2030 is to establish « an emerging Senegal where the population has access to an expanded range of modern contraceptive methods and to affordable and accessible reproductive health services, through a resilient and equitable health system, with full community participation for sustainable development». This vision is translated for the next 5 years by political, programmatic and financial commitments that are: 1) Increase the contraceptive prevalence rate from 26% in 2021 to 46% in 2025 among women in union;

2) Improve the regulatory framework by signing the decree implementing the law on reproductive health and family planning by 2026 ;

3) Strengthen the multi-sectoral coordination body for family planning-related actions with greater involvement of other relevant ministerial sectors ;

4) Reduce unmet need among married adolescents aged 15-19 from 22.9% in 2019 to 15% in 2026, and among young women aged 20-24 from 19.6% in 2019 to 10% in

2026 ;

- 5) Ensure continuity of family planning services in emergency situations ;
- 6) Ensure by 2026 an annual increase of 20% of the State's contribution, estimated at 500 million in 2021, to reach 17billion, contributing to a better accessibility and availability of contraceptive products.

The achievement of these objectives justifies the relevance of a reinforced partnership between the Ministry of Health and Social Action and your organization. The objective of this partnership will be to contribute to an in-depth assessment of the determinants, particularly political commitment, government policies, population policies, and family planning programs and strategies at the national and international levels. We hope that this winning partnership will contribute strongly, with the collaboration of technical and financial partners and the various family planning stakeholders, to strategic decision making, resource allocation and high impact policy development. We are grateful for the inclusive approach and wish our meeting every success for better ownership and follow-up. Thank you for your kind attention.

<https://www.youtube.com/watch?v=BhDBc1PYGWg&feature=youtu.be>

[VIDEO]

Thailand

Closing Session

Vote of Thanks by **Dr. Suwannachai Wattanayingcharoenchai**, PPD Board and Honorable Director-General, Department of Health, Ministry of Public Health The Royal Thai Government

Closing Remarks

Excellencies, Distinguished Participants, Ladies and Gentlemen, The 19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development under the theme “South-South Cooperation and the ICPD at 30: Accelerating the Move Forward” will soon conclude. With your participation, this high-level ministerial forum has successfully achieved all objectives. On behalf of the Department of Health, I would like to extend our highest respect and most sincere gratitude to the joint efforts of all the participating leaders, experts, guests, and representatives, and our most cordial congratulations on the success of this panel. As the panel ends, I believe we all have the same feeling that people have persistently explored the dream of universal access to sexual and reproductive health. During these panels, we see the possibility of aims becoming reality.

My dear friends, more and more countries have succeeded in their national development efforts, including their family planning programs. As such, we are capable of sharing our knowledge and resources through South-South Cooperation in Population and Development. The fast-going demographic diversity has put more and more significant pressure to drive economic growth and achieve sustainable development; gender-based violence and the harmful practices of child, early and forced marriages including female genital mutilation; and right to sexual and reproductive health in humanitarian and fragile settings. Many challenges, such as

surging population, unbalanced development, deteriorating environment, financial crisis, climate change, energy and food safety, have posed threats to the sexual and reproductive justice, a challenge for countries and cities of who are representing today. It calls on us to, under importance and power of **South-South Cooperation** for the achievement of International Inter-Ministerial Conference on South-South Cooperation in Population and Development, strengthen our cooperation, extend our common ground and establish a partnership, so as to build up effective framework.

During the panel, we had in-depth discussion and commitment on topic: “South-South Cooperation and the ICPD at 30: Accelerating the Move Forward.” We did not only analyze the general situation and existing problems of sustainable development of our countries’ strategies and policies, but also introduced advanced experiences from home and abroad, exchanged ideas on cutting-edge theories and major practices of sexual and reproductive health, and proposed many constructive ideas and suggestions on them to encourage a more efficient, more balanced, and more resilience practices of sexual and reproductive health. These discussions made this panel a clash of wisdom and a feast of thoughts. Guests and representatives here have shown amazing wisdom on sexual and reproductive health, moving efforts for building commitments and inspiring enthusiasm in the future development. Therefore, I firmly believe that the closing of this conference is not an end, but a new starting point. Let’s build on our current status and look ahead into the future, and build a high-end and prudent platform for global communication and cooperation, to make our effective themes beneficial to sustainable development.

Dear friends, please allow me, on behalf of the Department of Health, to express again our sincere gratitude to the support and guidance from UNFPA and the Partners in Population and Development for giving us this opportunity to host this high-level ministerial forum, and for the participation of all parties. I hope this high-level ministerial forum held in Pattaya will leave an unforgettable impression on all the participating guests. I hope that all ministerial representatives present at this high-level ministerial forum can enhance friendship and strengthen cooperation, so that we can make joint efforts in pushing forward the sexual and reproductive health. We also sincerely hope that all distinguished guests here can explore the unique charm of Pattaya during the field trip we organized for you. Here we have traditional culture, exquisite life and graceful living environment; here we have a harmonious co-existence between tradition and modern, between new and ancient city, and between human and nature. I am sure that once you come to the city of Pattaya, you will fall in love with it.

<https://www.youtube.com/watch?v=oygJS3-LQok&feature=youtu.be>
[VIDEO]

Bangladesh

Closing Remarks by Chair for the Session of 19th IIMC: **H.E. Mr. Zahid Maleque**, PPD Board Member and Hon. Minister of Health and Family Welfare, Bangladesh

Chair's Notes For the Closing Session

Your Excellency, H.E. Dr. C. Chiwenga, Hon. Vice President, Government of the Republic of Zimbabwe; My fellow panel members; Honorable Ministers and Vice Ministers, senior representatives of PPD member countries, Distinguished participants, Ladies and Gentlemen, On behalf of the PPD host country of PPD, I would like to sincerely thank the Government of Thailand, UNFPA, ICFP organizers, and the PPD Secretariat for their thoughtful arrangements, and give my best regards to all of those who have long been committed to promoting South-South Cooperation in population and development.

In 2019, we celebrated 25 years of ICPD and 25 years of Partners in Population and Development (PPD). In 2024, we will celebrate 30 years of ICPD. We believe in progress, but every era, and every decade has its problems, small or critical. People are suffering as a result of wars and conflicts and are fleeing their homeland because of violence, scarcity, or poverty, leaving behind everything they have.

PPD was incepted during ICPD in 1994, with 10 countries developing countries now running with 27. Over two decades, PPD is serving this world with the vision to promote South-South cooperation to attain the global population and reproductive health agenda for sustainable development. PPD has greatly succeeded in institutionalizing SSC in reproductive health, population, and development.

Remarkable progress has been made by member states in implementing the ICPD Program of Action and millennium development goals and are looking forward to achieving sustainable Development Goals through effective and transformational South-South Cooperation. PPD Board Members have played a vital role in the governance and expansion of SSC.

The priorities of PPD's current strategic plan (2020-2024) are centered on key areas like population dynamics, demographic dividend, and development: universal access to sexual and reproductive health and rights including family planning; maternal, children's and adolescents' health; healthy and active ageing; social cohesion of migrants and their SRHR; health, including reproductive health, and poverty alleviation; and preventing Gender-based violence. For achieving any ICPD PoA and SDGs, all these priorities are vital and inevitable.

Then, Mr. Jacques van Zuydam, Chief Director Population and Development, Department of Social Development, South Africa ; Presented the Call for Action of 19th IIMC.



19th International Inter-Ministerial Conference on South-South Cooperation in Population and Development

*Meeting at the sidelines of the
International Conference on Family Planning (ICFP) 2022*

South-South and Triangular Cooperation and the ICPD30: Accelerating the Move Forward

14 November 2022, 09.00 - 12.00

Pattaya, Thailand

Call for Action

We, the government representatives of member countries of Partners in Population and Development (PPD); the United Nations Population Fund (UNFPA), and other participants convened here in Pattaya, Thailand on 14 November 2022, for the 19th International Inter-Ministerial Conference on “South-South Cooperation and the ICPD30: Accelerating the Move Forward”, organized at the sidelines of the International Conference on Family Planning 2022, cognizant of the indispensable role of South-South and Triangular Cooperation (SSTC) in accelerating the achievement of the International Conference on Population and Development Programme of Action (ICPD PoA) and the Sustainable Development Goals (SDGs), agree to adopt this “Call for Action”.

As delegates, we:

Bring attention to the fact that the world is approaching the 30th anniversary of the adoption of the ICPD PoA, the observance for which is known as ICPD30;

Recognize our inter-governmental responsibilities and collective capacities in moving forward our expressed commitments and collaborative actions that will deliver on the promise of the ICPD PoA and the SDGs;

Reaffirm our commitments to leverage, innovate and scale up the application of SSTC partnerships for more impactful and sustainable actions at global, regional, and country levels, and to harness the demographic dividend, using this modality;

Recall all the past commitments we have made at the Nairobi Summit on ICPD25, the BAPA+40 Outcome Document, the SDGs, and all previous declarations we have made at

several IIMC meetings on universal access to sexual and reproductive health, family planning, HIV/AIDS, adolescent and youth issues, gender, population and development;

Express concern that, as the world population reaches 8 billion this week, progress with the ICPD PoA and the SDGs has been variable and uneven and considering the impact of the COVID-19 pandemic, political conflicts and wars, global supplies disruptions, inflationary and other financial crises, the emergence of strong conservative forces, and other issues that have polarized and distracted governments from keeping the centrality of sexual and reproductive health and rights, gender and population issues in development;

Build upon past and on-going successful efforts to ensure universal access to sexual and reproductive health as part of universal health coverage (UHC) and by stepping up programmes that can expedite the unfinished agenda of the ICPD PoA in our countries as we continue to address emerging challenges with the SDGs amid the changing global development context;

Acknowledge, through this 19th forum, as we celebrate our 28 years of existence of PPD and its growing strength as an organization, the critical role of Ministers and development partners in resource mobilization at all levels, as well as in policy oversight towards the achievement of national, regional, and global development goals and targets;

Believe, that together, we can do more and better in contributing towards regional and global solidarity, and multilateralism through South-South and Triangular Cooperation (SSTC) in support of ICPD30 and the SDGs;

Given the post-pandemic scenario, climate change and other challenges affecting our countries, we, the delegates of this IIMC under the umbrella of the Inter-Governmental organization of PPD and UNFPA, declare our clarion call and resolute reaffirmation of the following commitments:

FIRST, escalate concerted efforts to translate the Nairobi Statement on ICPD25: Accelerating the Promise into national actions that demonstrate the importance of effective and accelerated implementation and funding of the ICPD PoA as we strive for:

- i) zero unmet need for family planning information and services, and universal availability of quality, accessible, affordable, and safe modern contraceptives
- ii) zero preventable maternal deaths and maternal morbidities
- iii) zero sexual and gender-based violence and harmful practices, including zero child, early and forced marriage
- iv) continued emphasis on demographic diversity to drive economic growth to reap the benefits of demographic dividends in boosting sustainable development
- v) increased domestic financing by exploring new, participatory, and innovative financing instruments and structures to ensure full, effective, and accelerated implementation of the ICPD PoA and the SDGs;

SECOND, take full advantage of the strategic value and opportunities provided by SSTC, noting its direct social returns on investments and knock-on effects particularly for countries of the Global South, to enhance progress in the further implementation of the ICPD PoA and the SDGs including systematic knowledge and experience sharing and capacity-building;

THIRD, intensify efforts of member countries in tapping SSTC's potential for mobilizing both domestic resources as well as triangular support and to continuously advocate with the global donor community to increase international financing for strengthening SSTC as a programme accelerator for the achievement of the ICPD PoA and the SDGs;

FOURTH, through our collective power and solidarity, strengthen our resolve now and into 2030 in finding solutions to the challenges we face - from inequality to conflict, that have pushed back on the promise of ICPD and the SDGs and resulted in the roll-back of progress on women's rights in many countries, and further coalesce to ensure that the voices of women and girls worldwide are listened to, as we can get closer to ICPD30;

FIFTH, continue joint efforts, collaborative engagement, and transparency with all relevant stakeholders, to forge strong, dynamic, and resilient multilateral partnerships that build consensus, and drive global, regional, and country-level conversations and actions that reduce polarization and ignite excitement around further commitments as we approach ICPD30;

SIXTH, ensure the effective political commitment of PPD member countries for national policy coherence and implementation, with accompanying budget allocation, for promoting SSTC as a programme accelerator for sexual and reproductive health, gender equality, population and development;

SEVENTH, acknowledge and thank UNFPA, as the lead UN agency for sexual and reproductive health and rights, for their vigorous and determined collaboration with partners to achieve the ICPD PoA and the SDGs;

FINALLY, we thank the host government, the Kingdom of Thailand, and the Department of Health of the Ministry of Public Health, for warmly and graciously hosting this event in the beautiful city of Pattaya.

**Adopted on this day the 14th of November 2022,
at the Closing Session of the
19th International Inter-Ministerial Conference
on South-South Cooperation in Population and Development,
Pattaya, Thailand, 2022**

Annex: Specific Calls to Action

As delegates of this 19th Inter-Ministerial Conference, we call upon member countries to pursue and intensify the following specific actions as outlined in PPD's Strategic Plan (2020-2024):

Country Leadership in advocacy and policy development

1. **Integrate** the Nairobi Summit on ICPD25 commitments and the 2030 agenda for sustainable development into national development plans and take further concrete actions to fulfill these commitments by 2030, with specific emphasis on reducing maternal deaths, putting a stop to child marriage, preventing gender-based violence, eliminating barriers to achieving gender equality, and ensuring equitable access to sexual and reproductive health information, services, and commodities.
2. **Further engage**, in the broader context of health and population diplomacy, all member countries to increase their advocacy efforts to leverage SSTC, whenever appropriate, as a programme accelerator for the ICPD PoA and SDGs.
3. **Establish** innovative and sustainable financing for and through SSTC by ensuring it is given importance and support in national plans and budgets, combined with advocacy efforts for triangular cooperation and donor support.
4. **Ensure** focus within the policy space to support the formulation and implementation of equitable and people-centred policies and public service delivery that meet the needs and aspirations of citizens in our countries.

Capacity development and technical cooperation

5. **Enhance** capacity in disaster preparedness and resiliency, considering the COVID-19 pandemic and other disasters, conflicts and challenges faced by member countries.
6. **Invest** in systematic sharing of member country experiences, best practices, innovative programme solutions, and identify champions, as meaningful vehicles for knowledge/technology transfer and bilateral/multilateral cooperation that contribute to addressing common challenges at national and regional levels, and to replicate and scale up initiatives that work.
7. **Establish and/or support** networks, think tanks and exchange programmes among policy practitioners, health professionals, and academia that serve as catalysts for the establishment of SSTC centers of excellence and to further facilitate the mapping of skill sets of national/regional experts to implement SSTC in member countries that can move forward the ICPD PoA and the SDGs.
8. **Facilitate** systemic modalities that generate data for decision-making and for tracking of SSTC progress in accelerating programme performance and policy implementation related to advancing the ICPD PoA and the SDGs,

improved ways of determining what works and what does not, and to include the strengthened use of ICTs that enable more cost-efficient delivery of programmes for appropriate groups in member countries.

9. **Capitalize** on the demographic dividends in member countries by fully engaging young people in advancing sexual and reproductive health and rights, and to strengthen their capacities while tapping their potential for national development.

Strengthening Partnerships and Collaboration

10. **Seize and reinforce** every strategic opportunity to go beyond the short-term and take a comprehensive and longer-term view of priority strategies, policies and programmes that ensure the accelerated achievement of the ICPD PoA and the SDGs.
11. **Resolve** to energize regional integration and interregional linkages through State-led, ongoing information-sharing and policy dialogues that reduce polarization, encourage consensus building, and joint initiatives among member countries that build upon our common challenges and shared development objectives.
12. **Rededicate** ourselves to harness the synergies and resources available to us as member countries to unreservedly, collectively, and coherently realize and solidify our commitments to ICPD and the SDGs.

After the presentation ended Dr. Zahed continue his speech: We believe we reaffirm our commitments to leverage, innovate and scale up the application of SSTC partnerships for more impactful and sustainable actions at global, regional, and country levels. Now I would like to call Dr. Suwannachai Wattanayingcharoenchai, PPD Board and Honorable Director-General, Department of Health, Ministry of Public Health, The Royal Thai Government; for Vote of thanks.

Thanks to Dr. Suwannachai.

Closing Speech

Excellencies, distinguished speakers, Ladies, and Gentlemen as ICPD@30 approaches, we need to re-emphasize SSC's importance and power for achieving ICPD PoA. More and more countries have succeeded in their national development efforts, including their family planning program. The profound inequality of the current world underscores the urgency of sexual and reproductive justice and accelerated achievement of the Nairobi commitments. The patterns of injustice undercut human resilience and well-being for everyone, and the COVID-19 Pandemic has exacerbated disparities based on gender, race, age, disability, and other parameters. SSC is ever-growing due to

a healthy growth of southern countries' economies that enables an increasing number of countries to engage in cooperation and increase their provision of development assistance.

Mutual cooperation, learning and sharing solution for addressing population and development issues enable countries to achieve their national commitment for sustainable development. SSC can play a greater role in providing technical assistance to developing countries for achieving the ICPD and SDGs 2030 agenda.

Excellencies and distinguished delegates

I strongly believe that the ICPD PoA needs to be addressed fully and comprehensively to achieve the Agenda 2030 for SDGs and other global agendas for sustainable development.

Therefore, this upcoming ICPD30 year 2024 is really important for us to revisit our progress and mitigate the gap, and for that, after COVID-19, this is the time we must need to work very cohesively.

With this, I wish to conclude my speech on behalf of my Government, my sincerest thanks and gratitude to the Honorable Chair of PPD, to Honorable Board Members, Partner Country Coordinators, our close Partners UNFPA, and other participants who are here to make this event successful.

Let us embrace the promise of transformation that we signed up for when we adopted the ICPD Programme of Action and when we formed the PPD to revolutionize our people's lives for the better. Thank you

<https://www.youtube.com/watch?v=EB05m57W-rA&feature=youtu.be>

[VIDEO]

E.2 Ministerial Panel on South-South and Triangular Cooperation for Family Planning



Excellences of Ministerial Panelist

Excellences' Names From the Right Side of the Meeting Table

- **Dr. Suwannachai Wattanayingcharoenchai** PPD Board and Director-General, Department of Health, Ministry of Public Health The Royal Thai Government.
- **Dr Leticia Adelaide Appiah**, PPD Board Member & The Executive Director National Population Council Of Ghana.
- **H.E. Mr. Amos Lugoloobi**, PPD Board Member and Minister of State for Finance, Planning and Economic Development, Uganda.
- **H.E. Mr. Zahid Maleque**, PPD Board Member and Hon. Minister of Health and Family Welfare, Bangladesh.
- **H.E. Dr. C.G.D.N. Chiwenga**, PPD Board Member and Hon. Vice President, Government of the Republic of Zimbabwe.
- **Dr. Natalia Kanem**, Under-Secretary-General of the UN, Executive Director, UNFPA.
- **H.E. Dr. Dereje Dhuguma**, State Minister, Ministry of Health Federal Democratic Republic of Ethiopia.
- **H.E. Dr. Hasto Wardoyo, SpOG (K)**, PPD Board Member and Hon. Chairperson National Population and Family Planning Board, Indonesia.
- **Mr. Arthur Erken**, Director, Policy and Strategy Division UNFPA. (Moderator)

Spotlights on

International Conference on Family Planning

The ICFP (link) held its first international conference in Kampala, Uganda in 2009. Since then, ICFP has become the world's largest conference on family planning and reproductive health. It is a scientific platform to share best practices and achievements, a political platform for advocacy and generating commitments, and a global community for promoting partnership, inclusivity, innovation and scientific rigor. The conference theme is "Family Planning and Universal Health Coverage: Innovate, Collaborate, Accelerate." It underscores the key role that family planning plays in achieving universal health coverage.

Objectives of the Ministerial Panel on SSTC for Family Planning

A high-level panel of government ministers will be one of the high-impact events at the conference designed to make a resonant voice that calls for expanded access to family planning. It will advocate for South-South and Triangular Cooperation (SSTC), a well recognized developmental mechanism, including for family planning, that is gaining greater momentum since the Second High-Level UN Conference on South-South Cooperation (link) in 2019. The panel will showcase how countries leveraged SSTC to enhance the capacity of national agencies and other organizations in providing family planning services. SSTC has been proven as effective in sharing knowledge, technical support, and resources among partners across countries, thereby addressing capacity gaps that may potentially inhibit family planning access. SSTC is also a political tool in creating international solidarity to protect and expand ICPD gains. SSTC is a key priority of the UN General Assembly as indicated in the Quadrennial Comprehensive Policy Review. The panel will provide programmatic inspiration and policy guidance in strengthening existing SSTC partnerships and finding new ones for family planning.

Remarks and Comments on Ministerial Panel

H.E. Dr. C.G.D.N. Chiwenga, PPD Board Member and Hon. Vice President, Government of the Republic of Zimbabwe started the session by welcoming the guests and delegates. He said that he is proud of participating in such PPD very important meeting. He gave a short background about the success of Zimbabwe family planning program in providing contraceptive methods and health services for women in remote and underserved areas. He shared that Zimbabwe has a commitment towards achieving health-related SDGs and Nairobi commitments by 2030.

HE. Hon. Chiwenga enhancing the support of PPD and triangular cooperation to strengthen the technical integration South- South Cooperation.

Then **HE. Amos Lugolobi** started his short speech by welcoming the attendees and he said that The Republic of Uganda aligns itself to the Programme of Action (POA) of the International Conference on Population and Development that was held in Cairo,

Egypt in 1994, where diverse views on human rights, population, sexual and reproductive health, gender equality and sustainable development were merged into a remarkable global consensus that placed individual dignity and human rights at the very heart of development.

HE. Hon Amos mentioned that twenty-eight years later, the Republic of Uganda can proudly claim that the ICPD has worked for the millions of women and girls in his country: - Maternal Mortality Ratio (number of women dying due to pregnancy related causes) has dropped significantly and in Uganda Government, Policymakers at national and district levels as well as religious leaders put women's fundamental rights at the heart of their daily decisions.

He added: At the historic "Nairobi Summit on ICPD25: Accelerating the Promise", the Government of Uganda made commitments aimed to galvanize change and drive the Country's Vision for socio-transformative change and geared towards the achievement the Sustainable Development Goals (SDGs). The country launched the Family Planning 2020 (FP2020) commitments as a framework towards rights-based family planning.

Building on the achievements and momentum built as a result of Uganda's commitments to FP2020 partnership, the sustainable development goals and renewed global strategy for women's and children's health, the Government of Uganda undertook the following new commitments under the Uganda FP2030 commitments.

1. The Government of Uganda commits to increase the modern contraceptive prevalence rate (mCPR) for all women from 30.4% in 2020 to 39.6% by 2025 and reduce unmet need from 17% in 2020 to 15% by 2025.
2. Noting that Uganda is one of the youngest countries in the world, the Government of Uganda re-commits to annually allocate at least 10% of Maternal and Child Health (MCH) resources to adolescent responsive health services by July 2025.
3. Government of Uganda commits to annually ring fence 50% of the domestic resources allocated for procurement, warehousing and distribution of FP commodities from the reproductive health (RH) commodities budget (NMS Vote 116 under Output 15- Supply of Reproductive Health Items) by 2025
4. The Government of Uganda commits to improve FP data quality through ensuring use of DHIS2/Health Management Information System (HMIS) data for decision making at Service Delivery Points (SDPs) in the public and private sectors.
5. The Government of Uganda commits to improve quality of FP counseling (available FP options, possible side effects, their management and switching) among SDPs, community health workers and peer-to-peer from the current Method Information Index Plus (MII+) of 42% (2020) to 60% by 2025.

Uganda recognizes that attainment of these commitments requires south to south and triangular cooperation and therefore appreciates support from Partners in Population and Development and the United Nations Population Fund (UNFPA) for the unwavering support in the application of SSTC partnerships that have helped the country leverage from more impactful and sustainable actions at global, regional, and

country levels, and have helped Uganda get on the trajectory towards harnessing the demographic dividend.

Most of the panelists were emphasizing in their short talks on the following points

- Obstacles, challenges, opportunities and achievements of family planning programs at their countries. (Please refer to the attached Videos Link).
- Most of the member countries have financial constrains of family planning commodities, equipments and logistics.
- Most of the panelist mentioned that their countries are committed to Nairobi Summit on ICPD25- 2019 recommendations for the sake of achieving the three Zeros "zero preventable maternal deaths, zero unmet need for family planning, and zero gender-based violence" and focusing on how to accelerate the promise of the ICPD Programme of Action and the SDGs by 2030.
- Member countries of South-South Cooperation should effectively enhance the resource mobilization of PPD to enable it achieving its commitments towards the sustainable population development.
- Member countries should enhance and emphasize the technical and financial support to achieve the integration between each other and assist weak and poor South African Countries to bypass their obstacles in family planning contraception and commodities.
- Most of the speakers mentioned that their countries advocate the South- South and Triangular Cooperation for family planning which is considered a developmental mechanism for family planning and population.
- The South-South member countries in population and development should transfer their experiences as a showcase how countries leveraged SSTC to enhance the capacity of national agencies and other organizations in providing family planning services.

NB: Dr. Osama Refaat Conducted an Intervention Comments with the Panelists

- ✚ He asked the speakers that they are kindly requested to send or deliver their valuable speeches to PPD secretariats to benefit from their very important data and figures.
- ✚ Dr. Osama Refaat said we heard from Excellences' talks about the great achievements and success of family planning programs at their esteemed countries by decreasing the total fertility rate which effectively leads to decrease the maternal mortality rate, neonatal and child morbidity and mortality rates.
- ✚ **Accordingly, his questions were:** Did the policy makers estimate how much is the financial cost of each newborn on the government budget?
- ✚ Did the government identify the proper child number for each family to face the crises of population increase versus national financial and economic sustainable development?.
- ✚ Then he gave a brief model of "Small Family Club" in Egypt which is based on

the counseling of and inviting pre-married and newly married couples to have two children. This number was identified due to the results of a very accurate comprehensive research which has been done through most of government sectors by the support of Population Communication and Gillespie Foundation.

To enhance the achieving of this program the Government of Egypt, policymakers and political leadership announced a decree that each couples has the freedom to identify the number of children they want but the family which has two educated children will be financially and tangibly supported and rewarded by the government and State .

✚ **HE. Dr.C.G.D.N. Chiwenga**, PPD Board Member and Hon. Vice President, Government of the Republic of Zimbabwe clarified in a short talk as he said: **In spite of** the Zimbabwe government success in setting up a national task force for population and development which is a key tool to accelerate the progress towards achieving the desired outcomes and achieved the reduction in the unmet needs for family planning from 14% in 2020 to 10% in 2022 for all age groups, ensured the budget line of contraceptive commodities and keep the continuous downward trend in maternal mortality rate from 614 in 2014 to 462/ 100,000 live births in 2019, **but** we still have facing multiple obstacles in global supply chain of the essential medicine and equipment due to negative impact of the global Covid-19 pandemic as well as worldwide political and economic circumstances of the situation between Russia and Ukraine which affects the financial resources, energy, food and the inflation rate incensement in the prices of vital commodities of the world countries.

✚ **By the end of the session** **Dr. Sabina Durrani**, Director General, Population Program Wing, Ministry of National Health Services, Regulations and Coordination, Pakistan and two other guests from Ghana and Tanzania asked Dr. Osama to have more information about two children per family. He gave them brief data and informed them if they want more information about Population Communication and Gillespie Foundation you may contact Dr. Robert Gillespie the president as he gave them the specific Email and we exchanged the ID cards to communicate with each other.

Closing The Panel Session

- Finally, H.E. Mr. Zahid Maleque gave a short comments and summarize the previous mentioned points. Then he ended the session by thanking the excellences, guests, delegates and attendees.

E.3 DG Forum: The Capacity Building of the National South-South Leaders in Conducting SSTC for ICPD Plan of Action



PCCs of Partners in Population and Development

Brief Spotlight

Partners in Population and Development (PPD), with the partnership of UNFPA, is organizing a high-level DG forum during ICPD in Pattaya on the capacity building of the National South-South leaders in conducting SSTC for ICPD PoA. As an intergovernmental alliance, PPD's member countries' board members are represented by the Ministers of Health, Population, or other relevant ministries, and board members are assisted by the Senior Government Official of the respective Ministries called Partners Country Coordinator (PCC), are responsible for planning, leading and coordinating the South-South activities in national level.

South-South Triangular Cooperation (SSTC) is an important alternative development model that contributes to developing countries significantly in achieving ICPD PoA and SDGs 2030 agendas. It is essential to develop a framework that promotes the role of South-South and triangular cooperation towards supporting innovation, new partnerships, knowledge-sharing, and scaling up of proven best practices to achieve ICPD PoA and SDGs 2030 agenda. Therefore, capacity building for national South-South Triangular cooperation focal persons and other government officials is necessary to establish an institutional framework for SSTC at the national level.

E3.1 The PCCs Who Attended PPD Meeting Were From:

Zimbabwe, Thailand, Senegal, Egypt, Morocco, Ethiopia, Bangladesh, Pakistan
The Gambia, Uganda, Kenya, South Africa, Ghana, Indonesia and India.

E3.2 Presentations at the DG Forum

Pakistan

Presentation by: Dr. Sabina Durrani, Director General, Population Programme Wing, Ministry of National Health Services, Regulations and Coordination, Pakistan



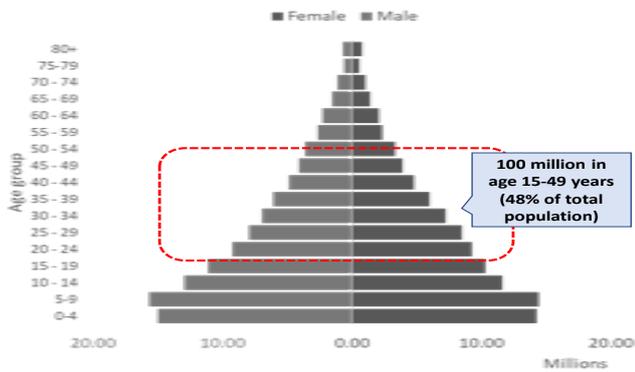
Pakistan is the 5th Most Populous Country



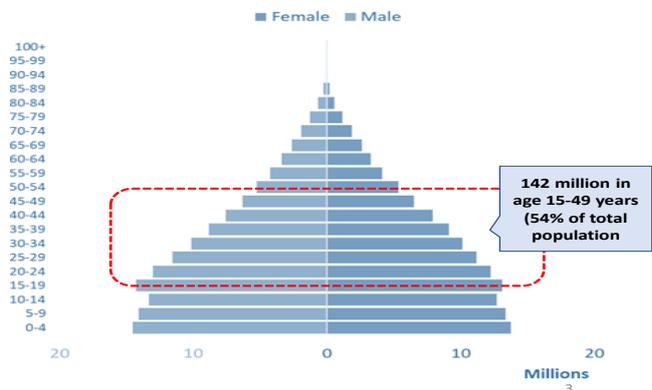
Source: Pakistan and Housing Censuses and World Population Prospects 2019 (estimated on medium fertility variant) ²

Population Pyramid/Predominantly Reproductive Age (15-49)

Population in 2017

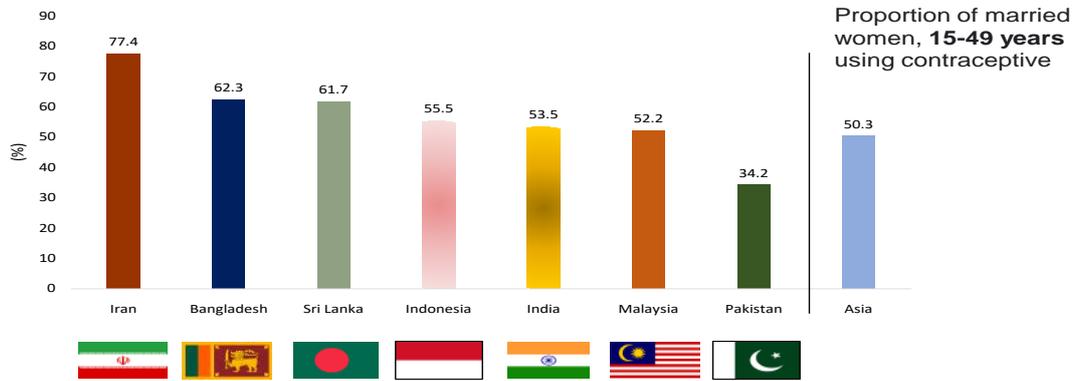


Projected population in 2030



Source: Population Census 2017 (PBS), Targets for CCI recommendations, M/o NHR&C

Contraceptive Prevalence Rate (CPR)



Source: United Nations, Department of Economic and Social Affairs, Population Division (2020). World Contraceptive Use 2020 (POP/DB/CP/Rev2020).

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<p>9 million Pregnancies 5 million wanted 4 Million unwanted</p>	<p>11,000 Women die annually due to preventable pregnancy causes</p>	<p>253,000 infant die within one month after birth (57% of total deaths U-5)</p>	<p>38% children in Pakistan are stunted short for their age</p>
<p>22 Million Children are out of school (Primary-High sec) 53% are girls</p>	<p>74 % Females out of the labor force</p>	<p>64 (Out of 100) Dependency ratio</p>	<p>19 Million More houses will be needed by 2040 (assuming 2% growth)</p>

Source: Census 2017, PDHS 2017-18, LFS 2017-18, PMMS 2019, Pakistan Education Statistics 2016-17 UNFPA and Population Council (2021) Population 2020 (World Bank)

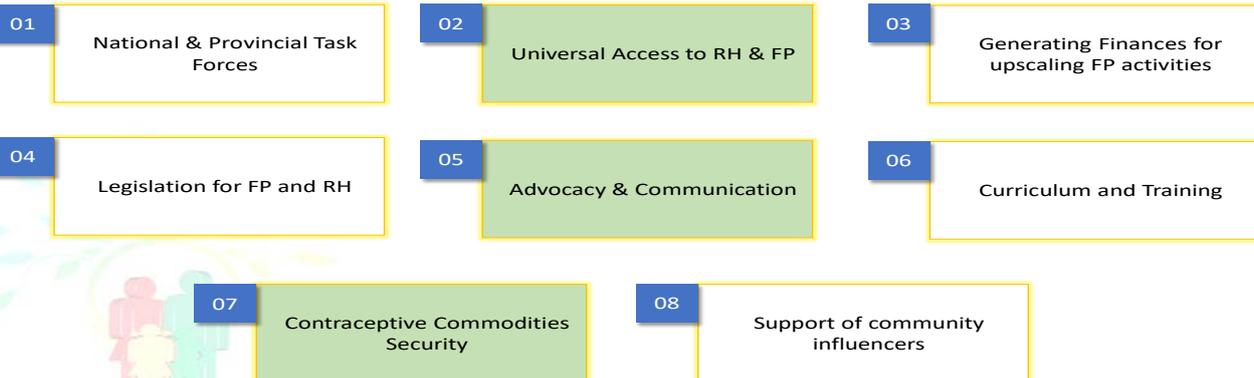
Population Program – Latest Development

TIMELINE

- Census Report 2017 ●
- Suo Moto Action By the SCP (2018) ●
- CCI's Involvement Establishment of Task Force (2018) ●
- Recommendations Development Endorsed/Approved by SC/CCI (2018) ●
- National / Provincial Action Plan (2019)/ Costed Plan (2020) ●



National Action Plan (2018 – 2025/2030)



ICPD 25 Nairobi Commitments (Nov, 2019)

ICPD 25 Nairobi Commitments in Line with National Action Plan (2018)

1. Universal access to SRH as a part of UHC.
2. Fund mobilization to finish the ICPD Programme of Action.
3. Focus on economic growth and sustainable development.
4. Gender-based violence, Child and Forced Marriages.
5. Right to SRH during humanitarian crisis



FP2030 Commitments (Nov, 2021)

- **FP2030 Commitments in Line with National Action Plan (2018)**

1. Policy reforms and Legislation.
2. Universal access to FPRH including unmet need.
3. Access to unserved and remote areas.
4. Dissemination of National Narrative
5. Contraceptive commodity security and efficient supply mechanism
6. Institutionalization of human development and system strengthening.
7. Program monitoring and evaluation
8. Mobilizing Funds and Allocations for FP/RH activities

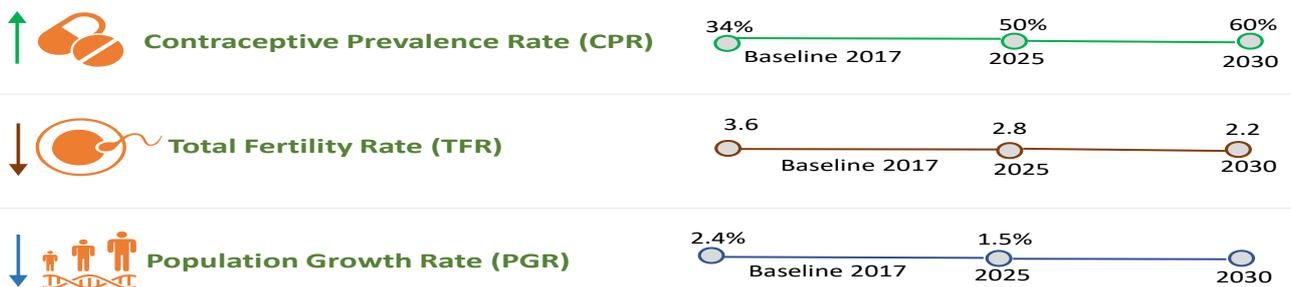
FP
>>2030



Common Goals



Common Targets



Operational / Implementing Arms

- Country Engagement Working Group (CEWG) – 4 Meetings

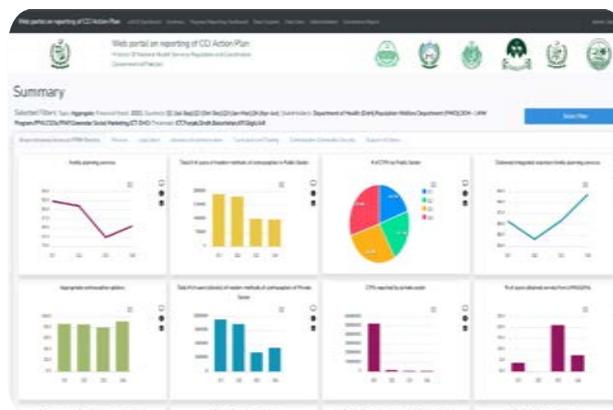


- Federal and Provincial Task Force on Population – 2 Meetings

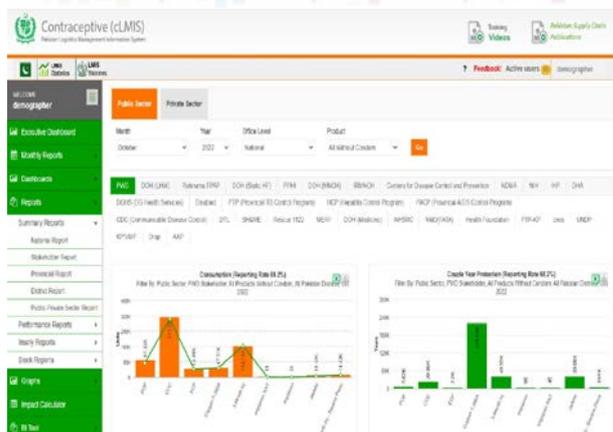


Monitoring & Supervision

- CCI-Recommendations Dashboard



- cLMIS



Issues & Recommendations

- **Rapidly Growing Population Size- Threat or Opportunity?**
 - Threat- unproductive population with weak economic indicators
 - Opportunity- Productive population with strong economic indicators
- **Climate Change** leading to disasters- Global Phenomena – Impacting Pakistan more (Latest Flood 2022)
- **Slow Achievement of Target Indicators**
 - Resource Constraint

E.4 Speeches at the DG Forum

Morocco

Short Speech By Dr. Abullah Taleb On Behalf Of Morocco Government And Dr. Yahyane Abdel Hakim PCC of Morocco.

Madam President, Mr. Representative of the United Nations Population Fund, Ladies and gentlemen, participating donors from PPD member countries are kind help. In Morocco, South-South cooperation has a capital interest, in fact:

- South-South cooperation benefits from the commitment of the higher authorities in the Kingdom, and this in all its stages is reflection, development, implementation and monitoring of projects.

South-South cooperation is enshrined in the preamble to the Moroccan constitution.

- The Moroccan government defines the Ministry of Shelter Affairs and International Cooperation as services responsible for South-South cooperation.

Morocco is one of the founding countries of the PPD in Cairo in 1994.

Thus, the Moroccan Ministry of Health and Social Protection has embarked on many initiatives aimed at strengthening and strengthening relations with African countries, and imparting a new healthy dynamism to this cooperation, with openness to the countries of the continent, the logic of integration, and the well-established strategic dialogue, with the aim of facing challenges and taking advantage of new opportunities to support Health reforms, particularly by promoting South-South and triangular cooperation.

Thus, the reports of recent years on international cooperation in the field of health provide an opportunity to assess progress and draw lessons, with the aim of jointly addressing the challenges that arise in connection with achieving the Sustainable Development Goals, in particular Goal 3: “Ensure healthy lives and promote well-being for all at all ages”.

However, with the passing of the years and the changing context of technical cooperation, and under the influence of new realities, the development of international cooperation in general, and South-South cooperation in particular, considers itself necessary, in order to increase the contribution to the implementation of innovative and creative strategies, in addition to their evaluation, To enable countries to improve their health systems, and to move towards universal health coverage.

Since the International Conference on Population and Development held in Cairo in 1994, Morocco has been committed, and continues to be, to improving the sexual and reproductive health of individuals through the design, implementation and evaluation of several health and action plans. Programs dedicated to the various components of this strategic area.

In fact, the concept of sexual and reproductive health rights for women and men, without discrimination based on age, marital status or other circumstances, was formulated during this international conference.

These rights to universal access to sexual and reproductive health information, education and services are of critical importance, and have been adopted internationally as a necessary goal to enjoy the highest state of sexual and reproductive health.

In this sense, extensive measures have been implemented by Morocco to guarantee these rights in the security sector reform. However, despite notable progress over more

than 25 years, the implementation of the ICPD Program of Action faces many challenges related to policy, human resources, provision of care, and other determinants.

Morocco has been committed for decades to various international initiatives aimed at improving the health of the population in general, and sexual and reproductive health in particular. This has been incorporated into his health policies from the International Conference on Population and Development to the Global Strategy for Women's Health, Children and Adolescents 2016-2030, the Sustainable Development Goals (SDGs) and most recently the Nairobi Declaration on ICPD25 in 2019, which set out among their goals the achievement of access Comprehensive access to sexual and reproductive health services within the framework of universal health coverage.

In this regard, Morocco designed and implemented health action plans, programs and strategies dedicated to the various components of this strategic area, including the first National Reproductive Health Strategy 2011-2020, which was an opportunity to address various stakeholders. Using a comprehensive, integrated, global, people-centered approach that is applicable at all levels. This strategy was part of Morocco's orientations with regard to human development, and also in an institutional context supported in particular by the 2011 Constitution, which makes access to care a right in itself, in response to the growing social demand.

An asynchronous analysis of Morocco's achievements showed significant improvement in the main indicators of sexual and reproductive health. However, despite the efforts made so far, the progress is undeniable.

Egypt

Short Speech Dr. Douaa Mahmoud, Head of Central Management for Contraceptive Methods, Family Planning Sector, Ministry of Health and Population and PCC of Egypt.

Dear distinguished colleagues,

I'm honored to be here participating with you as the new PCC of Egypt, renewing the commitment to the efforts made by the organization to improve the quality of life of citizens in the member states, by providing opportunities for the exchange and transfer of knowledge and success stories, and the use of modern technologies in the field of population and development.

This is within the framework of permanent cooperation between the South countries that contributes to supporting decision makers of our countries to achieving the sustainable development goals.

In the same context The National Project for the Development of the Egyptian Family was launched in February 2022 under the patronage of His Excellency the Egyptian President, with the aim of improving the quality of life of citizens and families by reducing birth rates and achieving economic development for Egyptian families. The project is based on five main axes: 1) The economic axis, 2) The service intervention axis, 3) The legislative axis, 4) The cultural, awareness and educational axis, and 5) The digital transformation axis.

The Ministry of Health and Population contributes much to achieving the service intervention axis of the Egyptian Family Development Project through the following:

First: Availability of Family Planning and Reproductive Health Services In all Government Sector Outlets

1. Providing family planning services in the postpartum period:

It aims to expand the use of family planning methods in obstetrics and gynecology departments in all hospitals during and after childbirth, especially providing the trans-caesarean section IUD insertion, in addition to other methods that are suitable for the postpartum period.

2. The visiting Doctor:

The program aims to increase the availability of family planning services, especially long-acting methods, that requires the presence of a female doctor to provide family planning and reproductive health services, in order to reduce unmet needs and increase rates of using modern long-acting family planning methods, this is done by female family planning specialists and obstetrics & gynecology consultants, who have experience and competence in providing family planning services to work part-time in primary health care units that do not have a trained service provider.

3. Refreshing campaigns and convoys:

With the aim of providing free of charge family planning and reproductive health services in remote underserved areas and villages, under the name of “Ayamna Ahla” initiative that was chosen as best practice by the PPD.

Second: Ensure the Availability of Family Planning Methods

- By enriching the family planning cafeteria with new family planning methods, aiming to raising the rates of family planning use by expanding the range of choices available to all women, as well as reducing the unmet needs, new methods included the hormonal IUS and the multi-load IUD, and the new generations of contraceptive pills.

Third: Societal Marketing of Family Planning Services to Increase The Demand for Service

- Through the implementation of home visits (By CHW) to targeted families to raise awareness of health services and the importance of family planning and birth spacing and its impact on mother and child health, aiming to increase awareness, which enhances women informed choice.
- Improving the hotline services by automatic the service.
- Spreading health awareness of family planning and reproductive health through social media.

The Results of the Egyptian Family Health Survey for the Year 2021 Showed a Remarkable Improvement in Family Planning Indicators, Such as the Following:

Indicator	2014	2021
Total Fertility Rate	3.5	2.85
Current rate of family planning methods among married women aged (15-49)	58.5%	%66.4
Total demand for family planning	71.1%	%80.2

India

Statement by **Dr. S. K. Sikdar**, MBBS, MD, Advisor, Family Planning and Maternal Health Division, Ministry of Health and Family Welfare, Government of India

**Tracking, Monitoring & Implementing Plan for SSTC
(South-South Triangular Cooperation)**

- South-South and triangular cooperation is one of the important drivers of the regional cooperation.
- The adoption of the Sustainable Development Goals (SDGs) and other internationally agreed development goals have set new milestones for all countries. The effective implementation of the 2030 Global Agenda will require innovation, new partnerships, knowledge-sharing and scaling up of proven approaches.
- One way to do this is through South-South and triangular cooperation (SSTC) which is a broad framework for promoting and supporting collaboration among countries. Thus, this strategy can bolster its impact in the context of the implementation of the 2030 Agenda for Sustainable Development.
- Through SSTC, countries can share knowledge, technology, policies and other resources. It can unlock diverse experiences and provide solutions to pressing development challenges.
- SSTC thus has the potential to foster the self-reliance of developing countries by enhancing their creative capacity to find solutions to their development problems in keeping with their own aspirations, values and specific needs;
- It can promote and strengthen collective self-reliance among developing countries through the exchange of experiences; the pooling, sharing and use of

their technical and other resources; and the development of their complementary capacities;

- Further it has potential to strengthen the capacity of developing countries to identify and analyze together their main development issues and formulate the requisite strategies to address them;
 - The increase in communications among developing countries, can lead to a greater awareness of common problems and wider access to available knowledge and experience as well as the creation of new knowledge in tackling development problems;
 - It enables developing countries to achieve a greater degree of participation in international economic activities and to expand international cooperation for development.
 - Moving forward we can integrate SSTC into country programmes (project design and implementation)- specially for partner countries. Further the SSTC can be incorporated into regional initiatives (both intra- and interregional)
 - India is a global leader for PFP and can contribute to the learning of post-partum family planning.
 - The learning exchange platforms can be a tool for generating learning about future priorities.
-

Kenya

Short Speech by: Ms. Irene Ashikhongo Muhunzu, Senior Population Programme Officer, National Council for Population and Development (NCPD) Government of Kenya

Brief Summary on Kenya's Progress Report on Implementation of ICPD PoA. and Experience of South-South Cooperation

Thank you for this opportunity to share briefly on Kenya's experience. Kenya re-committed to advance the goals of the ICPD Programme of Action at the Nairobi Summit on ICPD. The National Council for Population and Development was mandated to track and report progress on the 17 Country commitments presented by the then president of Kenya during Nairobi Summit.

The country is on track in implementing 17 commitments on broad areas of sexual and reproductive health, demographic diversity, universal education, gender equity, integration of population issues in policies and plans, generating data for decision making, financing for population programmes, and tracking implementation of the country commitments. A National Task Force of a wide range of partners across various government ministries, NGOs/CSOs, development sectors was constituted and they developed a national action plan to report on the implementation of the country commitments on annual basis. During the reporting period where various individual reports from members of the National Task Force are consolidated into one country ICPD25 report detailing achievements for each commitment.

The drafting of progress reports is coordinated by the Council and is launched annually during the ICPD25 anniversary celebrations marked every year on 29th November. So far, we have launched 2 progress reports (2019-2020 and 2020-2021) available on our website and the 3rd one (2021-2022) will be launched end of this month during the 3rd anniversary of ICPD and 40th anniversary of NCPD. The reports strongly promote South-South Cooperation as accelerator in reproductive health, population and development for achieving ICPD and SDGs through sharing of knowledge, innovation and best practices. At the events representatives from various sectors present a scorecard on achievements made over the past year and share innovations to scale-up implementation of the ICPD25 commitments. The reports with support of NTF are disseminated to the counties.

To ease the work of tracking and monitoring, an ICPD25 module was developed in the National Integrated Monitoring and Evaluation System (e-NIMES) by the Monitoring and Evaluation Department (MED) in collaboration with NCPD, and the National Task Force members were trained on how to use it. The indicators are still being refined and because Task Force membership has been changing, new training will be conducted before the system can be used for online reporting.

Another achievement in the reporting period has been the application of innovation and technology to support dissemination of the ICPD25 commitments. Population Services (PS) Kenya collaborated with NCPD to develop an info-graphic to aid innovative dissemination of the ICPD25 Commitments.

On funding, the Council is engaging the National Treasury and budget planning committee to include a budget line to support tracking and monitoring of the commitments.

On demographic Dividend - NCPD in collaboration of experts developed the DD effort index scorecard which demonstrates the level of effort towards achievement of DD within each sector. The findings show that there is moderate level of effort being devoted towards creating an enabling environment that would allow Kenya to harness the benefits of DD

On Centre of excellence in Population and Development – It is included and prioritized in the medium-term plans of Vision 2030 as one of the flagship projects. The Council with support of PPD has initiated preliminary meetings with stakeholders and the National Treasury and Budget Planning Committee to support the process of establishing NCPD as a Centre of Excellence.

1. NCPD participated in the induction of the newly elected county leadership to orient them on population and development related issues
 2. The Council is also participating in the process of aligning sectoral plans to incorporate the manifesto of the new government and also infuse population issues in the sector plans
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Senegal

Speech by Ms. Ndiaye Ndeye Mingue Ndiaye, Specialist in RH, Gender, Population and development, Ministry of Health and Social Action of Senegal.

Good evening everyone, it is with pleasure that I take the floor to thank you on behalf of the Minister of Health and Social Action of Senegal for having associated us with this meeting of high quality. I would have opportunity to thank the partner UNFPA which promotes this South-South Triangular cooperation.

Now for highlighting Senegal's experience in South-South Triangular Cooperation for the realization of the Action Plan of the International Conference on Population and Development (ICPD). Senegal, like the other countries of French-speaking West Africa united around the Ouagadougou Partnership (OP), had made commitments at the two London Summits held in 2012 and 2017 to contribute to the objective of Guaranteeing 120 million additional women voluntary access to modern contraception in 2020.

On the occasion of the Nairobi Summit (CIPD + 25 years) held in 2019: Declaration of Senegal for zero deaths of mothers and Unmet Needs in FP at less than 10% for 2030. Family Planning is the gateway to the process of capturing the demographic dividend (DD) whose coordination is provided by the Ministry of Economy, Planning and Cooperation (Department of Human Capital Development) with the establishment of an observatory for the capture of the DD.

Share experiences

Also, Senegal, like the international community, has always reaffirmed its firm desire to make family planning a national priority and has thus developed its first National Action Plan for Family Planning (PANPF) for the period 2012. -2015, followed by the second generation plan of 2016 -2020.

The combination of several high-impact strategies, through these plans, has made it possible to double the Contraceptive Prevalence Rate, which rose from 12% in 2012 to 25.5% in 2019; the same applies to an appreciable reduction in unmet needs for family planning, which fell from 30.1% to 21.7% during the same period.

Considering that nearly 817,000 women are users of a modern method of contraception in 2020 in Senegal, this has made it possible to avoid 313,000 high-risk pregnancies, 117,000 high-risk abortions and 750 maternal deaths.

These results were obtained thanks to its enrollment in the Ouagadougou partnership, a collaborative body for harmonization but above all for the exchange of good practices (Example of good practices). Since this is SUDSUD cooperation, we can cite an example among many others, financed by other partners.

Senegal has modeled more than 20 approaches to service delivery including Systematic Identification of Client Needs (ISBC), SFE strategy, FP. free offer days, SAFI, etc.

After evaluation, it was decided to implement the most efficient and sustainable approaches that are easy to implement. This is the carrier package (quality HR who offer quality services, availability of PF products, communication) with the project ISSU funded by the Melinda Gates Billet Foundation.

This project became The Challenge Initiative (TCI) currently implemented in the 09 (nine) countries of the Ouagadougou Partnership.

Assess the capacities of the focal points

In the SN, there is a body based in the Ministry of Finance and Budget where all sectors participate in order to coordinate, strengthen and energize all aspects relating to better management of this International Conference on Population and Development (ICPD) including the evaluation remains annual. This body makes it possible to assess the progress noted in this context.

Assess Challenges and Opportunities

Challenges:

Problem of non-application of regulatory texts. Examples:

- Maputo Protocol Senegal has since 2004 ratified the Protocol to the African Charter Abortion; access to medical abortion in cases of rape and incest in Senegal, but the implementing decree is still pending.
- Application of texts / SR law: a draft decree on FP awaiting signature.
- Inadequate financial resources:
- Ineffectiveness of certain programs and projects.
- Research: (equity and gender in research) poorly oriented resources and the use of results for decision-making purposes

Opportunities

Inter country cooperation: in general Exchange visit between the countries of the SOUTH and even with those of the North- SNEEG is a tool intended to promote the achievement of equity and equality between women and men. Consequently, it remains, as a national frame of reference, a pledge for the elimination of gender discrimination with a view to achieving an emerging Senegal that guarantees equal opportunity between women and men.

The option for Senegal is to develop this National Strategy for Gender Equity and Equality, which responds to the dual concern of having: (i) a global reference framework that clarifies the country's vision in terms of and (ii) an operational instrument that makes gender issues visible at all levels, proposes appropriate measures to remove the constraints to equality between men and women and to obtain changes desired in terms of gender. Early marriage, female genital mutilation, early pregnancy, several strategies have been implemented.

TFPs and institutions

They bear witness to a desire to pool and optimize resources and skills in view of the immense challenges to be met.

The Ministry of Economy, Planning and Cooperation is the government body that centralizes and manages all the funds and financing dedicated to the country's programs. The High National Council for Global Health Security in Senegal, created in 2017 and attached to the General Secretariat of the Government, sets the strategic orientations of the global health security program within the framework of compliance with international health regulations (IHR), ensures synergy and the complementarity of the sectors responsible for human, animal and environmental health. The CMU with free care for caesarean section, children from **0 to 5** years old, the management of

insufficient by dialysis available and free in the regions the management of cervical and breast cancers with free mammography , the availability of contraceptive products in all Points of Care, mentoring plus and all other strategies implemented to improve the lives of women.

The COUNT project based at ANSD and supported by Canadian cooperation to provide disaggregated data by sex, age, ethnicity, level of education, place of residence, socio-professional category; at the MSAS level, we have what is called the DHIS2 platform which makes it possible to take into account all the disaggregated data and support this work by revising the tools.

The Badiénou Gokh strategy at the community level and with healthcare service providers is doing an excellent job of improving the accessibility of communities in general and especially women and young people to healthcare services.

Conclusion Senegal thanks all the technical and financial partners and all the institutions such as civil society organizations for their constant support to improve the particularly girls and women in order to allow them better participation in a development process. Senegal has been able, within the SOUTH-SOUTH triangular framework, to increase its funding to better take FP into account through innovative strategies.

UNFPA

Keynote Remarks by: Mr. Arthur Erken, Director, Policy and Strategy Division, UNFPA

Excellencies, distinguished officials of the Partners in Population and Development (PPD), colleagues and friends, good evening.

It is my privilege to address this forum of directors-general and top officials of national population and family planning agencies and other national institutions in PPD member-countries on the issue of raising capacity of national institutions in conducting South-South and Triangular Cooperation (SSTC) for the achievement of ICPD PoA. PPD and UNFPA have a strong and long partnership, starting from when PPD was born at the occasion of the ICPD in Cairo in 1994. At ICPD, the world came to a remarkable global consensus that placed individual dignity, human rights and development, including the right to plan one's family and future, at the very heart of development. For more than a quarter of a century, PPD has dedicated itself to leveraging SSTC for the achievement of ICPD PoA. Since then, we have seen remarkable progress - an increase in the global contraceptive prevalence rate around the world, a sharp decline in adolescent births and a falling global maternal mortality ratio. But the achievement of ICPD PoA remains elusive for many countries and new challenges have emerged. At the current pace of progress, the number of women with unmet need for family planning is set to increase from 257 million women worldwide today to 271 million by 2030. As the world population reaches 8 billion, it is unacceptable that still hundreds of millions of individuals do not have access to comprehensive sexual and reproductive health care including information and services for contraception, and infertility prevention and care. Amongst the emerging challenges, there is increasing polarization

of views around the core ICPD issues, emboldening resistance and threatening the legitimacy of sexual and reproductive health and reproductive rights, gender equality and women empowerment goals at the heart of ICPD PoA. Pandemics, disruption of the global supply system, economic crises and political conflicts threaten to sideline SRHR at the heart of development as governments struggle to respond to multiple crises. In the viewpoint of UNFPA, these are among the things we can do together.

- Scale what works. We have good evidence, programmatic examples, tailored interventions and innovations at our disposal to reach more women, girls, and young people. Let's share this knowledge and good practices to programme leaders and partners.
- Address emerging challenges. We must design and tailor family planning programmes that uphold individual rights and choices while addressing the megatrends and demographic pressures shaping our world today – leveraging global evidence to local realities.
- Tap powerful partnerships. Governments, development partners, civil society, the private sector including social entrepreneurs, and youth-led organizations all have a role to play. South-South and triangular cooperation takes center-stage here, and I will talk a bit more about it later.
- Secure needed financing. Let us move from a model of funding to one of financing, ensuring family planning is integrated in universal health coverage plans. Donor funds are essential, but we also need to intensify efforts for sustainable financing with national governments in the lead.

Now, on SSTC, PPD member countries and others have gained successful experiences and valuable lessons learned in overcoming the challenges through SSTC to ensure women who want to avoid their pregnancies are able to access quality family planning services. SSTC is particularly effective in gathering consensus and mobilizing political support around ICPD programmes and gains. In these countries, SSTC has been utilized as an effective strategy in mobilizing domestic financing as countries provide more resources to agencies to conduct SSTC so that family planning objectives of countries - their own and others are achieved. Quite a number of high-capacity national agencies in PPD member countries are operating as SSTC centers of excellence highly capable of generating resources and actively pursuing partnership with agencies of other countries.

At UNFPA, we also elevated SSTC as one of the programming results accelerators for the achievement of the three zeroes by 2030- **zero unmet need for family planning; zero preventable maternal deaths; and zero gender-based violence and harmful practices**, such as child marriage and female genital mutilation. We have also developed an SSTC strategy under which elements such as SSTC advocacy, capacity development, documentation and sharing of good practices, partnerships, resource mobilization with emerging economies and integrating SSTC in the overall programming process are emphasized. Also as you know very well, we have a dedicated unit that

champions SSTC at UNFPA located in my Division. SSTC has so much potential to offer in addressing people's needs. But for national agencies to engage actively and benefit fully from the power of SSTC to mobilize partnerships, countries need to strengthen their commitment to utilize it. Crucially, within the country, the relevant agencies must have political leaders, administrators and thematic experts who are eager and capable to document and share knowledge, find suitable partners, enter into SSTC relationships, nurture and sustain the relationship, and mobilize resources to support these efforts. We need to be able to monitor, evaluate and report on our progress and successes. We, including us in UNFPA, are all in various levels of capacity to do all these. But if we are to succeed in reaping the promise of SSTC, we need to continually raise our capacity.

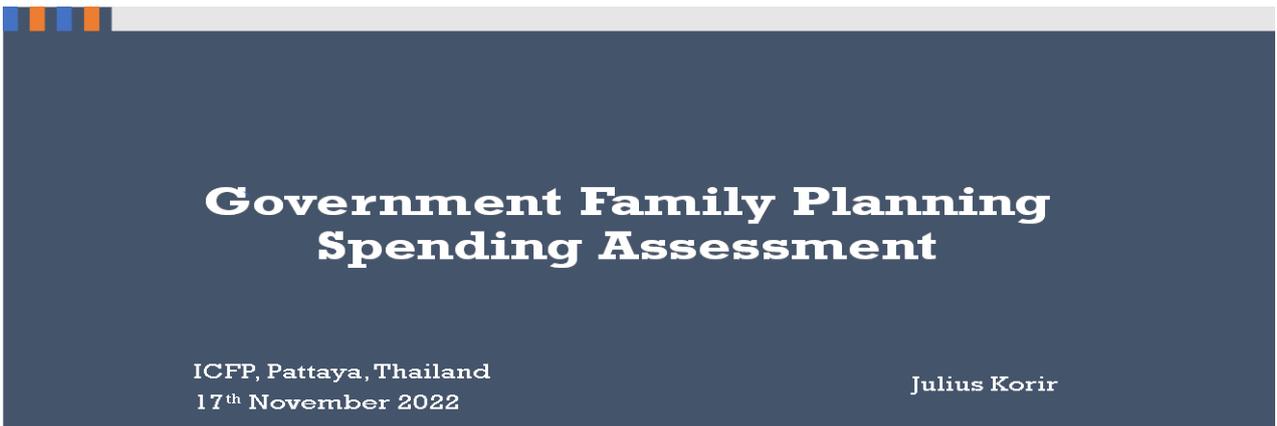
Moving forward, we look forward to PPD member-countries expanding their partnerships internationally, regionally and most important of all, in their own countries. We need to reach out to agencies beyond population and health to partners such as those engaged in planning and financing. We count on your continued commitments to leverage SSTC for creating a momentum of support leading to the 30th anniversary of the adoption of ICPD PoA, aka ICPD30, that will be observed in 2024. PPD and its member-countries have an invaluable role to play leading to ICPD30 - from supporting national consultations to regional conferences. PPD and UNFPA should move forward together to drive global conversations, to reduce polarization, to mobilize stakeholders and to ignite excitement around the ICPD Agenda and its impact vis-a-vis the SDGs and the future of humanity. Let us make PPD and UNFPA together as a loud and persistent voice for women and girls worldwide. Thank you.

Spotlights on the Sessions of International Conference for Family Planning, ICFP22

Dr. Osama Refaat attended the following sessions of ICFP22

F. ICFP22 Sessions

Expenditures of family planning programs; National Data and Global Estimates; this presentation was conducted by Mr. Julius Korir about Kenya Expenditures.



The slide features a dark blue background with white text. At the top left, there is a small graphic of three vertical bars in orange, blue, and orange. The main title is centered in a large, bold, white font. Below the title, the location and date are listed in a smaller white font. At the bottom right, the presenter's name is listed. The bottom of the slide contains logos for TRACK20 and the Track20 project.

Government Family Planning Spending Assessment

ICFP, Pattaya, Thailand
17th November 2022

Julius Korir



 @track20project
www.track20.org

Outline

- FPSA methodology
- Tables of FPSA dimensions (results)
- Uses
- Conclusions

2

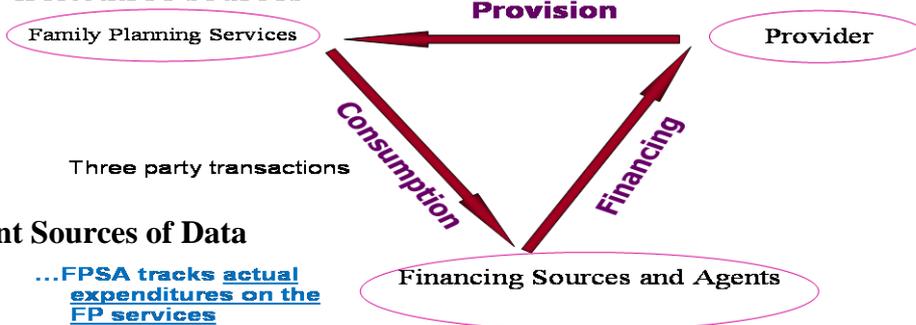
Methodology

- FPSA approach to resource tracking is a comprehensive and systematic methodology used to determine the flow of resources intended for family planning (FP)
- The tool tracks actual expenditure (public, private and international)
- The tool was developed using the national health accounts framework and principles
- It applies standard accounting methods to reconstruct all transactions in a given country, *following the money* from the funding sources to agents and providers; eventually to beneficiary populations (not currently planned, for now).

3

Triangulation

Gathering, compiling and cross-checking information from three sources



Government Sources of Data

...FPSA tracks actual expenditures on the FP services

4

Government sources of data

- Kenya Medical Supplies Authority (KEMSA) – data FP expenditure on the commodity by source, type of FP commodity, source of funding by county, facility level and ownership.
- Data collection from IFMIS for expenditure by counties.
- Expenditure data from the Ministry of Health.

5

Data from IFMIS

VOTE R4468 BARINGO - MINISTRY OF HEALTH					
District / Location Code	ITEM-SOURCE-PROGRAMME ADMINISTRATION	TITLE AND DETAILS	Cumulative Expenditure	Outstanding Commitment	Total Payment Commitments
44600001		Baringo County-Headquarters			
	2110101-00001001-0401014460-4468000101	Basic Salaries - Civil Service-Exchequer (GOK)-General administrattion,planning & support services-County Health Services Headquarters	1,671,649,335.80	5,863,848.45	1,677,513,184.25
	2210101-00001001-0401014460-4468000101	Electricity-Exchequer (GOK)- General administrattion,planning & support services-County Health Services Headquarters	3,822,200.50	0	3,822,200.50
	2210201-00001001-0401014460-4468000101	Telephone, Telex, Facsimile and Mobile Phone Services-Exchequer (GOK)-General administrattion,planning & support services-County Health Services Headquarters	294,000.00	0	294,000.00

6

Data from DHIS

Period	ANC Attendance Ministry of Health	All other special clinics attendance Ministry of Health	CWC Attendance Ministry of Health	Caesaria n workload Ministry of Health	Extractio ns Attendan ce Ministry of Health	Dental Fillings Attendan ce Ministry of Health	Dental (Excludin g fillings and extractio ns) Ministry of Health	ENT Clinic Attendan ce Ministry of Health	Eye Clinic Attendan ce Ministry of Health	FP Attendan ce Ministry of Health	Inpatient Actual Beds Ministry of Health	Inpatient Actual Cots Ministry of Health	Occupied Bed Days NHIF Members Ministry of Health	clinic attendan ce
Baringo Jul 2015 to Jun 2016	33213	19622	91160	629	3326	364	2352	3552	5539	32344	387.5	277	10675	
Bomet Jul 2015 to Jun 2016	52577	1567	130445	802	1439	20	2597	57	1127	75007	139.3	87	742	
Bungoma Jul 2015 to Jun 2016	134442	29216	362734	1571	9034	227	4998	6528	10840	132564	718.6	562	21270	
Busia Jul 2015 to Jun 2016	71942	19946	200128	791	2507	38	4247	3774	6963	72014	640.5	142	20781	
Elgeyo Marakwet Jul 2015 to Jun 2016	30369	826	92152	269	1454	175	1854	991	9813	44050	369.8	253	2325	
Embu Jul 2015 to Jun 2016	35770	21695	154245	1069	3583	392	1673	12625	18603	74126	273.2	512	12787	
Garissa Jul 2015 to Jun 2016	32940	2319	78132	706	1632	374	2875	5124	5918	9557	313.6	232	3390	
Homabay Jul 2015 to Jun 2016	83567	90949	208025	1856	801	2	416	2639	8887	84598	692.9	513	1710	
Isiolo Jul 2015 to Jun 2016	13564	4627	25225	186	2004	111	559		4116	10760	168.2	431	147	

7

Use of DHIS for FP allocation

	Visits/ days
MCH	11,850,009
FP	3,182,430
OPD	48,659,810
Inpatient days	5,264,988
IP equivalent OP	26,324,940
Total	74,984,750
FP%	4.2%

8

Government FP Expenditure (US\$ million)

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
County Government	20.39	18.38	17.08	19.91	20.83	23.89
National Government	1.21	0.22	0.41	1.03	3.21	10.56
Total	21.61	18.6	17.49	20.94	24.04	34.45

9

Expenditure by level of government 2019/20(US\$ million)

Financing Agents	Value (US\$)	% of total
Central/Federal level		
FA 1.1.1.1 Ministry (or equivalent sector entity) of Health	10.56	31%
Subnational level 1		
FA 1.1.3.6 Count Department of Health	23.89	69%
Total	34.45	100%

Expenditure by service providers 2019/20(US\$ million)

Providers	Amount (US\$)	% of total
Central/Federal level		
PS.1.13.2 Departments inside the Ministry of Health	0.31	0.9%
Subnational level 1		
PS.1.1.1.1 Public health facilities	5.09	15.0%
PS.1.1.3 Public health centres	12.87	37.8%
PS.1.1.4 Public health post/ dispensaries	14.49	42.6%
PS.1.13.3 County Departments of Health	1.26	3.7%
Total	34.02	100%

Expenditure by Family Planning Services Categories (FPSC)

Expenditure Categories	National Government	County Governments	Total
A - Service Delivery Category			
1 -Expenditure on staff providing FP services/Health Facilities (personnel)	-	19.56	19.56
2 - Service staff costs (for direct service provision) in mobile/community services settings/CBDs	-	-	-
3 -Outsourcing of services	-	-	-
4 - Contraceptives, medicine & other consumables			
<i>IUD</i>	0.29		0.29
<i>Implants</i>	1.79		1.79
<i>DMPA-IM (Depo Medroxyprogesterone Acetate Intra Muscular)</i>	1.85		1.85
<i>Sayana Press - Depo Medroxyprogesterone Acetate Sub Cutaneous (DMPA-SC)</i>	-		-
<i>Pills</i>	3.58		3.58
<i>Condoms (male and female)</i>	0.99		0.99
<i>Lactational Amenorrhea Method (LAM)</i>	-		-
<i>Long acting method (sterilization)</i>	0.01		0.01
<i>Others (Contraceptives/consumables not disaggregated by type)</i>	0.34		0.34

Expenditure by Family Planning Services Categories (FPSC) ...

Expenditure Categories	National Government	County Governments	Total
B - Above-site level category			
Logistics/transportation of contraceptives etc.	0.98	0.06	1.04
Information, Education and Communication (IEC)	-	0.05	0.05
Policy Development and Advocacy	-	-	-
Management Information System (MIS) and Health Information System (HIS)	-	0.33	0.33
Monitoring, Evaluation and Research	-	-	-
Capacity building/training (for all categories mentioned above)	0.11	0.05	0.16
Program Management	0.55	1.25	1.80
Operational expenditures (Expenditures that cannot be directly traced to the provision of a service; sometimes referred to as "overhead" or "indirect" costs, e.g., rent, utilities)	0.08	2.38	2.46
Others (please specify)	-	-	-
C - Capital (Medical & Non Medical Equipment, Construction and Renovation...)	-	0.21	0.21
GRAND TOTAL	10.57	23.89	34.46

13

Use of Results

- Inform global monitoring of spending for FP2030 government contribution;
- Used in planning and budgeting at the different levels in order to strengthen the case for family planning within the County and National development agenda.
- used to advocate for increased funding for FP resources in counties; and
- used to monitor the progress of policies by assessing whether expenditure is per priority areas.

14

Conclusion

- Expenditure on healthcare workers is the main driver of Government expenditure.
- Expenditure on healthcare workers is mainly by county government, in terms of workers at health facilities.
- All contraceptives are funded by the National Government and Donors.
- National Government is increasing its expenditure on FP commodities.
- No funding of FP commodities by County Governments.

15

NB: by the end of the previous session, Dr. Osama Refaat conducted an intervention as he gave comments to the subject presenter

- ✚ Dr. Osama thanks the presenter and gave a comment as he said to the presenter Mr. Julius: You used at your presentation the word "patient" for the women who are asking to have family planning services, please note that, those women are healthy people as they are not ill so we call them clients.
- ✚ Did you estimate in your research "How much money your government will save from the annual budget if they spend one Dollar in family planning services.
- ✚ Dr. Osama added that the results of estimating such previous equation helped us to calculate the cost of each newborn which enables the policy makers of the National Family Planning Program of Egypt to encourage the newly married to have two children. This program is called Small Family Club
- ✚ **Mr. Julius Korir** said that he was sorry to use the word patients for the women who are asking family planning services, it was not intended because I know well that they are healthy clients.
- ✚ Regarding the second comment there are another researches which have mentioned this issue but it is not included in this research.

Expenditures on Family planning programs

- ✚ **Angela E. Micah continued the presentation on Family Planning Expenditures in the World (Virtual Video-Next 2 slides)**

The slides showed the GBD Super Regions which are characterized by High Income



Key takeaways

- In 2021, donor support for family planning was 1158.8 million 2021 USD
- United States is the main provider in 2021, and has been each year since 1990 (except in 2004)
- Majority of funding for family planning is disbursed through NGOs, US bilateral and the Bill & Melinda Gates Foundation
- In 2020, top recipient countries of this funding in 2020 were Kenya and Nigeria
- In 2020, on average, \$0.75 in donor support was provided per woman of reproductive age

18

Estimating Out of Pocket Expenditures on Family Planning Landscape and Projection of Reproductive Health Supply Needs **Presentation by: Rudolph Chandler, Technical Advisor, Avenir Health**

LANDSCAPE & PROJECTION
OF REPRODUCTIVE HEALTH
SUPPLY NEEDS **LEAP**

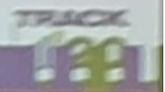
Estimating Out-of-Pocket Expenditures on FP

Results from the RHSC LEAP Report

Michelle Weinberger, Avenir Health

Reproductive Health
SUPPLIES COALITION

- Source for Indicator 12 of Track20:
 - Government expenditures from domestic resources:
 - Central AND Decentralized sources
 - No donor budget support/transfers
 - Includes loans
- Similar to the other 17 Track indicators: annual estimates.
- Recurrent expenditures
 - Not just contraceptives (not budgets, commitments or pledges)
 - HR (personnel, management, program costs (EC, training, M&E...))
 - Effectively spent
- FP expenditures not readily available/not FP specific
 - Need to estimate from health system expenditures data
 - How to do it?
- t-1 or t-2: 1 or 2 years delay in obtaining audited health expenditures



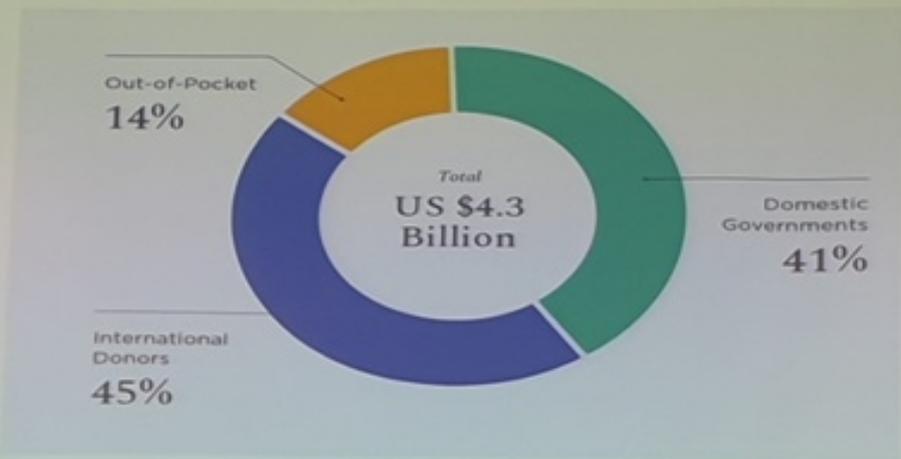
How are the Gvmts expenditures approved in country?

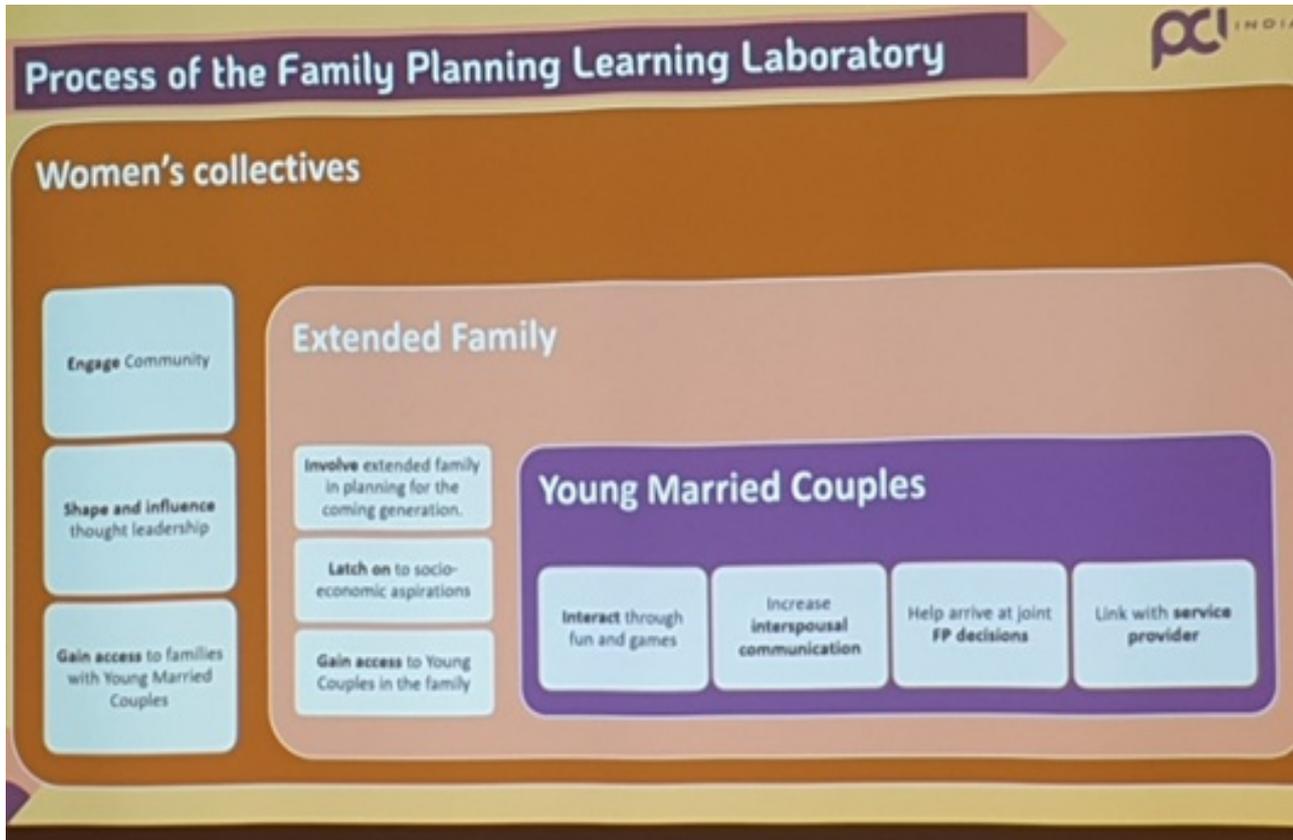
Two steps process :

- a). With FP program, F&A Dpmt/MOH, Min of Finances, Health Accounts team:
 - Data sources, data limitations of the data
 - "Can we get the missing information"?
- b). With FP stakeholders:
 - During Track20 Consensus Meetings (or outside CM).
 - Can be its own separate Consensus Meeting also.
- Data submitted by Track20's Monitoring and Evaluation Officers to Track20 as part of the Consensus Meeting report

Country	Government Expenditure on FP (USD)	Source	Year
Afghanistan	\$995,876	UNFPA	2019
Bangladesh	\$230,300,000	FPSA	2020
Benin	\$3,443,101	FPSA	2021
Bhutan	\$1,143,369	WHO	2019
Bolivia	\$4,236,335	UNFPA	2019
Burkina Faso	\$1,756,825	FPSA	2021
Burundi	\$2,502,913	FPSA	2020
Cameroon	\$135,702	FPSA	2020
Central African Republic	\$219,219	WHO	2019
Chad	\$5,814,595	FPSA	2021
Comoros	\$4,050,174	WHO	2019
Congo	\$3,938,979	WHO	2019
Côte d'Ivoire	\$29,244,832	FPSA	2021
DR Congo	\$11,451,878	FPSA	2021
Djibouti	\$89,456	FPSA	2021
Egypt	\$8,605,751	UNFPA	2018
Ethiopia	\$6,441,333	FPSA	2020
Gambia	\$525,126	FPSA	2021
Ghana	\$26,170	UNFPA	2018
Guinea	\$2,939,094	FPSA	2021
Guinea-Bissau	\$31,586	UNFPA	2016
Haiti	\$100,755	WHO	2019
Honduras	\$2,469,404	UNFPA	2016
India	\$314,163,648	Government	2019
Indonesia	\$355,471,125	FPSA	2020
Kenya	\$34,450,000	FPSA	2020
Kyrgyz Republic	\$6,191,640	FPSA	2020

Governments, Donors, and OOPs: Total FP Expenditures (FP2030 2021 report)





The following presentation on a program research which has been done on family planning services, supply chain and commodities of different women ages in Ethiopia. It shows applied model of family planning expenditures, logistics, needs and obstacles on a region called Bale in South Eastern part of Ethiopia.

Background: The Bale Eco-region (BER) significance

The Bale Eco-region

- A stunning landscape in the south eastern part of Ethiopia
- Oromia Regional State
- Bale, East Bale & West Arsi Zones
- Area of more than **22,000 Km²**
- Largest Afro-alpine habitat in Africa (**ca. 1,000 km²**)
- Total population >3 Million
- Known for its unique biodiversity and immense natural resources

Location Map of Bale Eco Region

Figure 1: Map of Bale Eco-region (Source: SHARE Project Document)

Healthy Families - Healthy Environment



Background: The Bale Eco-region (BER) significance...

Biodiversity

- Bale Mountains National Park
- One of 34 global ecological hotpot
- Habitat to globally unique and diverse fauna and flora
- Hosts 26% of Ethiopia's endemics
- 6 of the 18 birds endemic to Ethiopia

Carbon sequestration

- 2nd largest moist tropical forest in the country (over 500,000 ha)
- About (213 million tones of CO₂e) carbon sink

Hydrology/ Water tower

- More than 40 springs / 5 major rivers
- Two cross country rivers (Wabeshebele and Genaledawa)
- Water source for 25-30 mill drought prone and arid lowlands of south east Ethiopia, northern Kenya and Somalia

BER

Socio-economic

- Agriculture, Livestock, Forest products
- Largest genetic pool of coffee arabica
- Livelihood for 3 Million People
- Largest stack of medicinal plants
- Eco tourism, cultural and aesthetic significance

THE Bale Eco-region under Threats

DRIVERS OF CHANGE

Demographic Pressure

Rapid expansion of agricultural land, settlement growth at the expense of Forests, Woodlands and Natural vegetation

Weak policy enforcement

Lack of integrated actions and capacity gap of institutions

Deforestation and degradation

CHANGES/ CONSEQUENCES

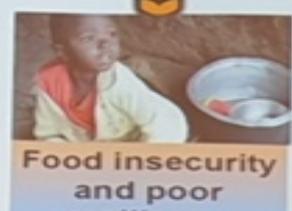
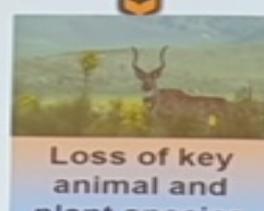
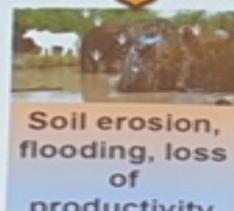


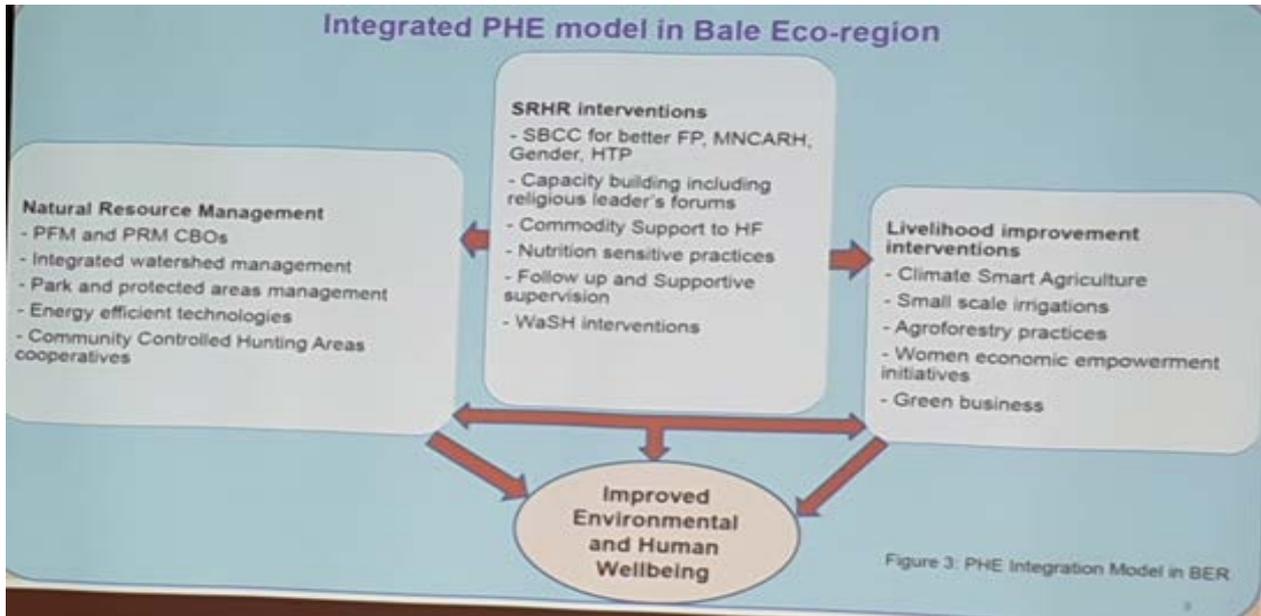
Figure 2: The anthropogenic threats to Bale Eco-region



Background: The Bale Eco-region (BER) context...

Situational analysis and desk review findings indicated

- Disproportionately lower SRHR indicators in BER and inequity
 - Low uptake of FP (20.8% compared to national 41%)
 - More than a third of married women have **unmet need** (34.6% vs national 22% in 2016)
 - Lower RH services utilization including ANC4+, Skilled Delivery services
 - Higher TFR (6.7 in BER Vs the national 4.6 TFR)
 - Poor maternal and child health status (Bekele et al., 2017; Gonie et al., 2018; CSA 2016)
- Prevalent socio cultural barriers and beliefs impede access and use of FP
- Large number of Children and women are **undernourished**
- Gender disparity, women lack voice in household and community decision-making, limited access to livelihood and finances
- Lesser participation and Untapped potential of men, youth, religious institutions, community elders, CBOs and other community structures such as Idir



Program Intervention/Activity Tested...

Package of interventions tested in 12 pilot kebeles representing three agro-ecologic clusters

Highland kebeles: Wesha, Horasoba, and Ititusura

Midland kebeles: Bekaye, Kumbi and Meikarba

Lowland kebeles: Malkamana, Nanigadera, Medda, Horakore, Sirima and Awashkolati

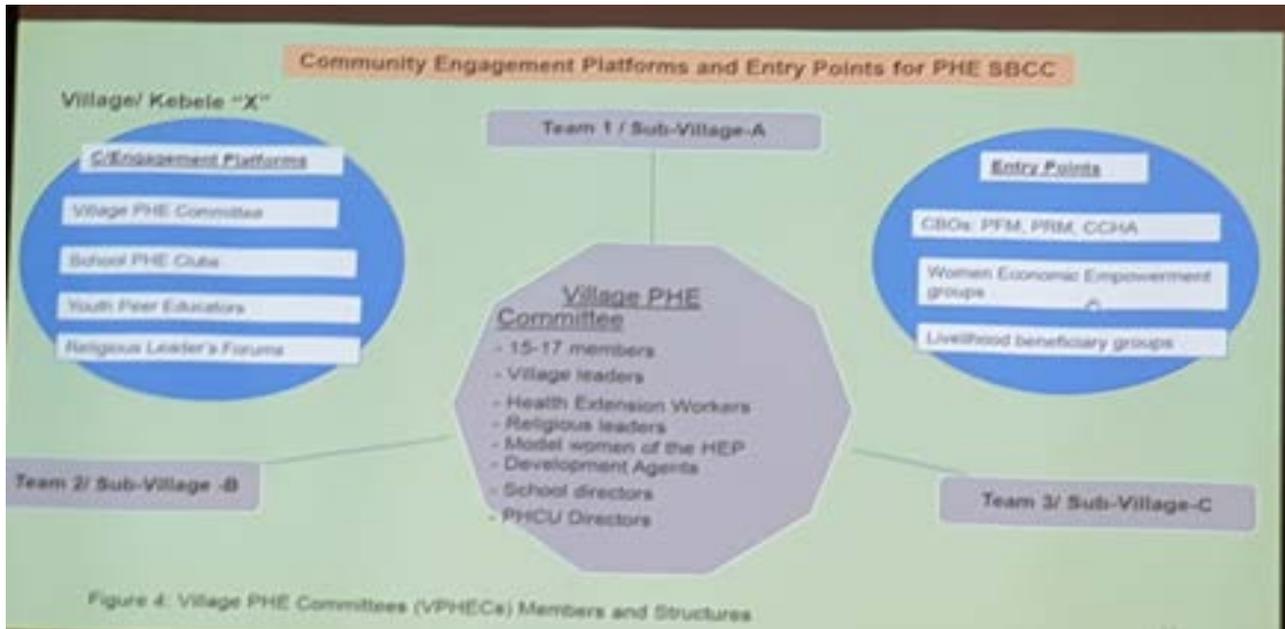
- Population and Health interventions
 - SBCC for better SRHR
 - Capacity building
 - Commodity Support to health facilities
 - Water Hygiene and sanitation
 - Nutrition sensitive practices
 - Follow up and Supportive supervision
- NRM interventions
 - Participatory Forest Management CBOs
 - Participatory Rangeland Management CBOs
 - Integrated watershed management
 - Protected areas /Park management
 - Community Controlled Hunting Areas
 - Introduction of energy efficient technologies
- Livelihood improvement interventions
 - Climate Smart Agriculture
 - Small scale irrigations
 - Agroforestry practices
 - Women economic empowerment initiatives

Photos: InterAction and Hellenic Relief

Program Intervention/activity Tested...

- **Tools and IEC/BCC materials with integrated PHE messages**
 - Flipbooks
 - Posters
 - Local Radio programs
- **Integrated Messages:**
 - Family size and socio-economic challenges
 - Importance of spacing pregnancies
 - Family planning
 - Child health, Nutrition and immunization
 - Gender equality and Harmful Traditional Practices
 - Natural resource management and climate change

Healthy Families - Healthy Environment



Evaluation Methodology

- An independent consultant was recruited to undertake terminal evaluation in August 2018
- Variety of data sources and methods were used
- Desk review, quantitative and qualitative approaches
 - ✓ Primary data (end-line beneficiary survey, key informant interviews, focus group discussions, field observation)
 - ✓ A document review was also conducted covering project documents and data recorded in the entire project lifetime

Healthy Families - Healthy Environment

Results/key Findings

- The contraceptive prevalence rate increased to 41.5% compared to 24% at baseline among married women in the intervention kebeles

Contraceptive users by Agro-ecology

Agro-ecology stratum	Contraceptive users (%)
Highland	55.4
Mid-land	35.4
Lowland	35.2
Average CPR	41.5

Figure 4: Contraceptive users by Agro-ecology stratum

Healthy Families - Healthy Environment



Results/key Findings...

- Energy Efficient Stoves use increased by more than a fold (22.6% at baseline to 54.9%)
- Fuel wood consumption reduced by half from 50kg/week/household (baseline) to 25.64 kg/week/ household.
- The household average annual net income increased by 63.8% (from the baseline 6,867 ETB to 18,961 ETB at the end-line).
- Dietary diversity index of households in the project target increased by 32.5% compared to its baseline value

Healthy Families - Healthy Environment



Program Implications/lessons Learned

- Community dialogues facilitated by Village PHE committees (having influential community members like religious leaders)
 - ✓ Systematically discuss and understood the social, economic and environmental consequences of unplanned family size
 - ✓ **increased trust and acceptability** that takeover the religious and socio-cultural related barriers of contraceptive utilization

Healthy Families - Healthy Environment



Program Implications/lessons Learned...

- Multiple sector involvement and integrated PHE communications to natural resource management cooperative members
 - ✓ Multiple entry points for family planning/RH discussion
 - ✓ Experts from Non-health sector promotes family planning
 - ✓ Access to FP/RH information among men, youth, students and different beneficiary groups
 - ✓ Environmental friendly behaviors like individual woodlot plantation and adoption of energy-efficient technologies that reduced fuel-wood consumption promoted
 - ✓ Climate-smart agriculture practices promoted with increased product yield for improved per capita household income

Healthy Families - Healthy Environment



Program Implications/lessons Learned...

- Regarding the relevance, efficiency and sustainability
 - ✓ The evaluation report concluded that the use of community development approach that integrated **Population, Health, and Environment (PHE)** in the Bale Eco-region is **very relevant** as the urgency and interconnectedness of the challenges require integrated solutions
 - ✓ The use of **Village PHE Committees** with involvement of local community members who voluntarily facilitate community dialogues made the approach **more efficient** and **sustainable**

Healthy Families - Healthy Environment

Program Result Areas

1. Access to and use of evidence-based, quality PHE (MNCH/FP/RH) information, services, and interventions sustained.
2. Strengthened capacity of government, health, and community system to deliver quality PHE (MNCH/FP/RH) services.
3. Increased adaptive learning and use of evidence in PHE (MNCH/FP/RH) programming through sustained local technical leadership.
4. Increased cross-sectoral collaboration and innovative partnerships.

Results: Family planning services

The project generated a total of 192,646 couple years of protection (CYP)



109,542 (67%)
first-time users of FP methods



42,509
male



120,986
female

76,843 (47%)

Adolescents and youth (10 - 24 years) using FP methods

119,330 (73%)

Use short-acting contraceptives

42,655 (26%)

Use long-acting reversible contraceptives

1,510 (1%)

Use permanent FP methods

