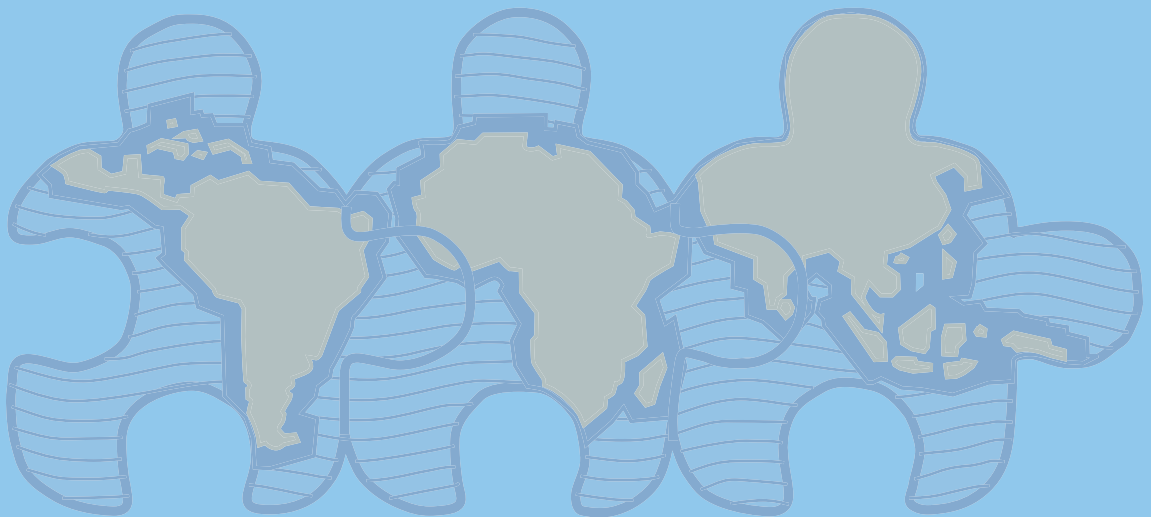


South-South Cooperation in Catalyzing Achievement of ICPD and SDGs 2030 Agenda



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Table of Content

Acronyms	ix
Foreword	xi
Acknowledgement	xii
Contributors	xiv
Executive Summary	xv
Part A: Introduction, Literature Review and Methodology	
1. Introduction	01
2. Literature Review	06
3. Definition of SSC	10
4. Issue of South-South Cooperation	11
4.1 High level Policy Advocacy and Networking	11
4.2 Capitalising on the wealth of intellectual and programmatic capacity	11
4.3 Knowledge Sharing	12
4.4 Technology transfer and commodity exchange in reproductive health	12
4.5 Center of Excellence for SSC in Population and Development	12
4.6 Contributory scholarship from countries in population and RH/FP	12
4.7 Capacity Building Programme	12
5. ICPD and SDGs achievement in PPD countries	13
6. Importance and opportunities of SSC	14
7. Challenges of SSC	15
Part B: Capacity Assessment of National Focal Persons of SSC	
1. SSC as an important alternative development model to help developing countries in achieving ICPD and SDGs	16
1.1 Capacity building training programme on SSC is necessary for national SSC focal persons	16
1.2 Number of persons experienced in training on SSC	16
1.3 Level of awareness of Focal Person about inter-country relationship and partnership among developing countries	17
1.4 Involvement of focal persons in coordinating technical assistance from and within the member countries	18
1.5 Institutional arrangement for promoting SSC	20
1.6 Capacity Building for National Focal Persons to Improve Knowledge and Competency in SSC	21
1.7 Understanding of expertise of focal persons in SSC	22
1.8 SSC contribution to the Countries in setting national targets for achieving ICPD and Sustainable Development Goals (SDGs)	24

1.9	Tools for management and implementation of SSTC	25
1.10	Means of supporting institutional frameworks at regional and national levels for SSTC	25
1.11	SSC focuses on reproductive health, population and development	26
1.12	Ways and techniques of fostering resource mobilisation for SSC	26
1.13	Challenges and difficulties faced by SSC focal persons	26
1.14	Knowledge and skills needed to be an efficient national focal person of SSC	27
1.15	Need for technical assistance for doing a better job as a focal person for SSC	27
1.16	Additional Comments that might be useful for building capacity of SSC focal persons at national level	28
1.17	Evaluation indicators for SSC	28

Part C: South-South Cooperation (SSC): Achievement of ICPD and SDGs 2030, Needs and Priority Areas

Section 1: SSC and ICPD & SDGs		29
1.1	SSC and the country progress of RH, Population and Development in countries	29
1.2	Country mechanism for monitoring and evaluating progress of SSC	29
1.3	Establishment of institutional entities for SSC in population and development	30
1.4	Major achievements of SSC in population and development in the past 10 years in developing countries	31
1.4.1	Infrastructure development for sustainable efforts towards addressing population and development issues in developing countries	31
1.4.2	Achievement in professional training, exchange of expertise and scholarships	32
1.4.3	Achievement in RH and FP commodity Securities	32
1.4.4	Contribution in documentation of best practices, study tours, lessons learned, sharing of knowledge and best practices	32
1.4.5	Achievements in technical cooperation and technology transfer	32
1.4.6	Achievements in global policy advocacy for population and development	33
1.4.7	Countries with a regular budget line for SSC in FP, Population and Development	33
1.4.8	Countries having a specific programmes to promote SSC	34
Section 2: Integrating population dynamics into national development plan		35
2.1	Countries with policies and strategy to address ICPD issues	35
2.2	Countries engaged with SSC for provision of financial or technical assistance in the area of ICPD progress in the past 10 years	36

2.3	Challenges in achieving successful integration of population dynamics into national development plans through SSC	36
2.4	Essential inputs for SSC to integrate population dynamics into national development plans	37
2.5	Policy suggestions for more effective SSC to integrate population dynamics into national development plans	37
Section 3: Improving Universal Access to Reproductive Health and Family Planning Services		38
3.1	Government policies concerning provision of contraceptive methods	38
3.2	Institutional entities to address the RH needs of adolescents and youth (10-24 years)	39
3.3	Issues of adolescents and youth (10-24 years) to the addressed public policy priority for the next five to ten years	39
3.4	Countries engaged with SSC for provision of financial or technical assistance for improving universal access to sexual and reproductive health and family planning	40
3.5	Challenges in realising universal access to reproductive health and family planning services	40
Section 4: Improving Maternal and Child Health		41
4.1	Government adopted measures to reduce the number of new born and maternal deaths in the country	41
4.2	Priorities areas in health, morbidity and mortality in the countries national health policy frameworks or strategies	42
4.3	Examples of countries providing financial or technical assistance to other country for improving of maternal and child health	43
4.4	Challenges towards improving maternal and child health	43
Section 5: Promoting Healthy ageing		43
5.1	Governments view on the ageing of the population as a matter of concern	44
5.2	Measures adopted by the governments to address the challenges of population ageing	44
5.3	National policy, programme and/or strategy addressing ageing and/or the needs of older persons (60+ years)	45
5.4	Institutional entities to address issues regarding ageing and/or the needs of older persons (60+ years)	45
5.5	Addressing the ageing issues of ICPD regarding ageing or the needs of older persons in the national context during the last ten years	46
5.6	Contribution of SSC in providing financial or technical assistance in promoting healthy ageing	46
5.7	Challenges faced by countries in promoting healthy ageing	46

Section 6: Promoting Social Cohesion of Migrant Populations and addressing their RH services	47
6.1 National policy or programme addressing internal and international migration	47
6.2 Write three examples where your government has been SSC fo provision of financial or technical assistance in promotion of social cohesion of migrant population	47
6.3 Challenges towards promoting social cohesion of migrant population by addressing their RH care service	48
Section 7: Creating greater understanding and addressing the relationship between poverty and reproductive health	48
7.1 Country wide policy or strategies to address the linkage between reproductive health and poverty in country	48
7.2 Country provides financial or technical assistance in addressing the relationship between poverty and reproductive health	49
7.3 Challenges in creating greater understanding and addressing the relationship between poverty and reproductive health	49
Section 8 :Challenges of SSTC in achieving ICPD and SDGs	50
Section 9: Recommendations/Interventions for deepening SSC in achieving ICPD beyond 2014 and SDGs 2030 agenda	50
Section 10: References	53
Chart 1 Distribution of Survey Countries from Asia Pacific, Sub-Saharan Africa, North Africa, Middle East and Latin America	04
Chart 2 Percentage of awareness among respondents about inter-country relationships	17
Chart 3 Percentage of awareness among respondents about SSC	18
Chart 4 Involvement of the focal points in coordinating technical assistance between provider and recipient countries	19
Chart 5 Ways of improving knowledge and competency	22
Chart 6 Percentage of national focal persons who do not understand SSC	22
Chart 7 Percentage of focal persons who understand SSC	23
Chart 8 Percentage of focal person who are confident enough to use SSC in work	23
Chart 9 Percentage of focal person who are confident enough to lead work of SSC	24
Chart 10 Assessment or evaluation indicators for SSC	28
Chart 11 Number of countries that utilised monitoring mechanism to evaluate SSC progress	30
Chart 12 Number of countries having institutional entities for SSC on population and development	31

Chart 13	Percentage of Countries having a regular budget line for SSC in FP, Population and Development	34
Chart 14	Types of program to promote SSC under taken by different countries	34
Chart 15	Percentage of countries that had integrated population dynamics into their national plan and had a population policy	35
Chart 16	Percentage of countries having a policy or strategy that addressed ICPD issues in the national context during the last ten (10) years	36
Chart 17	Percentage of countries which had Government policies and programmes about provision of contraceptive methods	38
Chart 18	Number of countries having expanded coverage in different issues to reduce new born and maternal deaths	42
Chart 19	Percentage of countries having priority in policy towards health, mortality and mobility	42
Chart 20	Percentage of countries taking measures to address the challenges of population ageing	45
Chart 21	Percentage of Countries having national policy or program addressing internal and international migration	47
Chart 22	Percentage of countries having policies or strategies to address the linkage between reproductive health and poverty	48
Figure 1	Analytical Framework	05

Acronyms

AIB	Asian Infrastructure Investment Bank
AU	Africa Union
BAAIGM	Bangladesh Association for the Aged and Institute of Geriatric Medicine
BAPA	Buenos Aires Plan of Action
BKKBN	Badan Kependudukan dan Keluarga Berencana Nasional
BRICS	Brazil, Russia, India, China and South Africa
CAFS	Centre for African Family Studies
CEFIR	Center for Economic and Financial Research
CPDRC	China Population and Development Research Centre
CSE	Child Sexual Exploitation
CSO	Corporate social responsibility
CTC	China Training Center
ECOSOC	The United Nations Economic and Social Council
FfD	Financing for Development
FP	Family Planning
G77	The Group of 77 at the United Nations
GOPFP	General Office for Population – Family Planning
HIV/AIDS	Human immunodeficiency virus infection and acquired immune deficiency syndrome
ICPD	International Conference on Population and Development (ICPD)
ILO	International Labour Organization
IMR	Infant Mortality Rate
IPD	Inpatient Department
JICA	Japan International Cooperation Agency
LAC	Latin America and the Caribbean
Lao PDR	Lao People’s Democratic Republic
LDCs	Least Developed Countries
MCH	Maternal and Child Health
MCs	Member Countries
MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MoHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NCPD	National Council for Population and Development
NGO	Non-Governmental Organisation
NHC	National Health Commission
NHFPC	Commissioner of National Health and Family Planning Commission of China
NSC	North-South cooperation
OAA	Old Age Allowance
ODA	Official Development Assistance

ODA	Official Development Assistance
ONFP	National Office of Family & Population
PCC	Partners Country Coordinator
PoA	Programme of Action
PPD	Partners in Population and Development
RH	Reproductive Health
RKSK	Rashtriya Kishore Swasthya Karyakram
SAARC	South Asia Association for Regional Cooperation
SADC	Southern African Development Community
SADC	The Southern African Development Community
SDG	Sustainable Development Goal
SEARO	South-East Asia Regional Office
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SSC	South-South Cooperation
SSTC	South-South and Triangular Cooperation
STIs	Sexually Transmitted Infections
TCDC	Technical Cooperation among Developing Countries
TFR	Total Fertility Rate
TICA	Thailand International Cooperation Agency
TrC	Triangular Cooperation
TWG	Technical Working Group
U5M	The under-five child mortality
UN	United Nations
UNCPD	United Nations Commission on Population and Development
UNDCF	The United Nations Capital Development Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNOSSC	United Nations Office for South-South Cooperation
WHO	World Health Organization

Foreword

Partners in Population and Development (PPD) is an intergovernmental organization of 26 member countries launched during the International Conference on Population and Development (ICPD) held in Cairo, Egypt in 1994 aiming to institutionalise and promote South-South Cooperation (SSC) in reproductive health, population and development. The year 2019 marks the 25th anniversary of PPD and ICPD as well as 40th anniversary of the Buenos Aires Plan of Action on South-South Cooperation.

The PPD family is proud to launch the report on Catalyzing Achievement of ICPD Programme of Action and SDGs 2030 Agenda on this auspicious occasion. The aim of this report is to present the progress made by the PPD member countries in implementing the ICPD PoA and addressing the emerging issues and challenges for the attainment of the SDGs through South-South Cooperation. Significant achievements have been made with concrete and positive impacts on PPD's 26 member countries in improving their national health, population policies and programmes. The countries have successfully utilised the SSC platform to achieve a marked decline in maternal and under-five mortality, a steady increase in life expectancy and continued improvement in health and well-being of the people. All these achievements were made possible due to the strong and continued commitment of PPD member countries and their efforts at national, regional and international levels to engage in advocacy and policy development, capacity building programmes, information sharing and exchange of experiences and best practices and building new partnerships.

Capacity building is one of the major interventions in PPD's programmes because we strongly believe that investing in human resources engaged in the field of reproductive health has a lifetime of returns. PPD has developed several training and capacity building programmes like the Global Leadership Development Programmes which contributed to improving the skills, knowledge and expertise of more than 900 professionals from developing countries including PPD members. PPD established partnerships with 23 national and regional training and research institutions in Asia, Africa, the Middle-East and Latin America and identified Centers of Excellence as PPD Partner Institutes (PIs) to strengthen SSC in the field of population and development.

The report provides clear findings and shows the trust that PPD and UNFPA are placing on the Focal Persons, Partner Country Coordinators who are the key actors of south-south cooperation in PPD member countries. The report presents in-depth information on their needs, strengths and weaknesses so that PPD and UNFPA can work jointly with other partners to take initiatives at country, regional and international levels for the materialising ICPD and SDGs 2030 agenda. We hope that this report will contribute, among others, in generating new ideas and strategies to be implemented in improving interventions for promoting SSC in the field of reproductive health, population and development.

We express our sincere appreciation and gratitude to those who will read this report and share with us their inputs and feedbacks towards promoting global SSC.

Adnene Ben Haj Aissa
Executive Director

Acknowledgement

The present report is developed on the occasion of the celebration of ICPD+25 and PPD+25 to document the contribution of SSC in achieving ICPD and SDGs 2030 agenda. The idea behind this report is to provide a concrete evidence of how SSC has been institutionalised in recent years in reproductive health, population and development and how it has contributed towards achieving ICPD PoA and SDGs. The report also looks for the prospects and opportunities in reinvigorating and promoting it further for expediting the progress of unfinished ICPD and SDGs 2030 agenda.

This work is a result of a joint initiative of the United Nations Population Funds (UNFPA) and Partners in Population and Development (PPD) and owes a great deal to the thoughts, efforts and wisdom of the many experts. We would like to thank them heartily. We wish to express our sincere appreciation to Dr. Natalia Kanem, UN Under-Secretary-General and UNFPA Executive Director, Dr. Ramiz Alakbarov, Director, Policy and Strategy Division and Mr. Yanming LIN Chief, PSD/ Inter-Country Cooperation Office, UNFPA.

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We are greatly indebted to our honorable Board Members for their leadership, guidance and support to us for successful accomplishment of this important survey and their contribution towards implementation of the recommendations.

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Executive Summary

Introduction

The world community will celebrate the 25th anniversary of International Conference on Population and Development (ICPD) in April 2019 along with celebrating of 25 years of Partners in Population and Development (PPD), an inter-governmental organisation created to implement ICPD Programme of Action in developing countries at Cairo, Egypt in 1994. The PPD through ICPD laid the groundwork for South-South Cooperation (SSC) in reproductive health, population and development. ICPD is the key precedent of the MDGs and SDGs that highlights the importance of SSC globally. The Buenos Aires Plan of Action (BAPA) adopted in 1978 was the original blue print of SSC and the world is celebrating its 40 years in 2019.

With two and half decades of experience of SSC and ICPD, remarkable progress has been made by developing countries in reproductive health population and development. In the context of ICPD beyond 2014 and SDGs 2030 agenda, it is important to clarify how the impact of South-South and Triangular Cooperation (SSTC) can be maximised and leveraged for the health and demographic outcome; and how SSC can contribute to addressing emerging population issues and how SSC can be promoted to realise global commitment for leaving no one behind.

Keeping these in mind, a survey on SSC was conducted to assess capacity building needs of government officials and the contribution of PPD for achieving ICPD and SDGs in selected developing countries.

This study aimed to conduct in-depth country-specific analyses in 24 member countries engaged in SSC initiatives since ICPD. A comprehensive structured questionnaire was developed and shared with PPD South-South focal persons of 24 member countries. Seventeen Countries (71%) responded with filled in questionnaire and both qualitative and quantitative analysis were made for the report.

Key findings

A. Capacity assessment of national focal persons

SSC as an important alternative development model which contributed greatly in improving reproductive health, population and development. Study found that important SSC institutions like center of excellence of SSC for population and development; networking institutions; guidelines and agreements; national taskforce for SSC; institutionalising national and international inter-ministerial conferences; documentation and experience sharing among the policy makers, parliamentarians and programme managers can contribute to a great extent for achieving ICPD and SDGs 2030 agenda. SSC contributes to set national targets for achieving ICPD and SDGs through experience sharing; policy dialogues; capacity building; implementing pilot projects, study tours, exchange contraceptive security; sharing of best practices and technical cooperation in developing countries.

Capacity building for national SSC focal persons is a great deal of practice and an understanding of SSC. More than 76% of the respondents favored to have refreshment course, international conference and workshop on SSC that can build the necessary skills of focal persons.

National SSC focal persons need to have certain knowledge and skills in areas of: tools and approaches of SSTC; roles and responsibilities of SSC focal person; allocation and managing budget line item for SSC; conceptualisation and operationalisation of SSTC; networking partnerships among countries and coordination to share cross country experiences; technique and method of exchange of success stories; translating best practices into the local context, and tracking progress of ICPD and SDGs; transfer of technology, utilisation of technology in context specific and RH commodities.

B. South-South Cooperation (SSC) contribution towards achieving ICPD and SDGs 2030, Needs and Priority Areas

SSC contributed to the progress of RH, Population and Development in countries. More than 80% of the study countries had national agenda for RH, population and development considering the commitment of ICPD and SDGs. About 76% of the countries had policy or strategy to address the ICPD and SDGs issues. Majority of the countries being members of PPD had established a focal wing which addresses population issues through SSC cooperation.

Improving Universal Access to Reproductive Health and Family Planning Services: The countries of south found SSC as a remedial measure to address their miserable RH and FP situation. This survey data explored that 88% of the countries had national policy and strategy to realise their commitment.

Improving Maternal and Child Health: The Survey found that more than 88% of the countries had expanded coverage of comprehensive prenatal care, essential obstetric care, and effective contraception. Eighty percent of countries had ensured emergency obstetric care and essential post-partum and newborn care. Accessibility of safe abortion including post abortion care was found in 71% of countries. Recruitment and training of skilled birth attendants was found in 76% of countries.

Promoting Healthy Ageing: Fifty nine percent of countries under survey are facing the growth of population ageing. A few countries had already taken initiatives like arrange international seminars and conferences to share the knowledge and experiences from each other to improve the services elderly population. Countries are building institutional capacity and emphasising integration of the ageing issue into national plans and policies. Each year the government of China is organising international seminars on healthy ageing to share the best practices from PPD member countries and other countries of the globe.

Promoting Social Cohesion of Migrant Population by addressing their RH care service: Migration takes place not only from desire for better economic and social opportunities but also other reasons such as conflict, violence, persecution, climate change and disasters. Specific migration and forced migration situations pose serious challenges in terms of protection, prevention of crime, logistics and diplomatic relations among countries.

Creating greater understanding and addressing the relationship between poverty and reproductive health: The study showed that 56% of the countries had policies or strategies to address the linkage between RH and poverty. Some countries like China, India, Egypt, Thailand, and South Africa had given special attention to regional and socio-economic disparities. Some countries had provided technical assistance to other countries in addressing the relationship between poverty and reproductive health.

C. Challenges and recommendation in promoting SSC to achieve ICPD and SDGs 2030 agenda

Challenges

Despite tremendous progress made to promote SSC in achieving ICPD and SDGs in the survey countries, some critical challenges still remain that have undermined the potential of South-South Cooperation these are:

1. Lack of knowledge and skill of national SSC focal persons: Knowledge and skill are essential for a professional to understand and put into action SSC for ICPD and SDGs too make global level effective communication and advocacy. These were however found lacking among some focal persons.
2. Lack of institutionalisation and operationalisation of SSC as an alternative model for development in the context of global agenda like ICPD and SDGs: Institution building is essential for deepening SSC. Lack of Centre of Excellence of SSC on population and development, the innovation, new partnerships, knowledge-sharing and scaling up of proven approaches are undermined greatly.
3. National budget allocation and donors priority funding specifically for SSC in reproductive health population and development was found quite insufficient.
4. Lack of strategic framework that promotes the role of South-South and triangular cooperation as an instrument for achieving of ICPD and SDGs 2030 Agenda.
5. Success of south-south cooperation is undermined due to a lack of well-defined national policies that need to be invigorated through national commitment.

6. Southern countries do not have sufficient tools to measure and evaluate how exchange of knowledge, skills, resources and technical know-how through south-south cooperation contribute to the global agenda.

Recommendations

Considering the above mentioned challenges, the following interventions can be recommend for deepening SSC in achieving ICPD and SDGs 2030 agenda:

1. Efforts should be made to establish a more effective “Center of Excellence” on SSC in population and development to be financed by UNFPA and supported by PPD and its member countries. It is essential to establish a south-south Centre of Excellence in developing countries for effective knowledge management, research, innovation, scaling up best practices and translating of agendas of ICPD and SDGs into policies and programme.
2. Initiatives should be taken for extensive capacity building training programme for SSC focal persons and other government officials in developing countries. UNFPA and PPD should take these initiatives jointly.
3. A strategic framework should be developed to promote the role of SSTC for supporting innovation, new partnerships, knowledge-sharing and scaling up of proven best practices to integrate ICPD and SDGs 2030 agenda into national policy and programme.
4. Initiative should be taken to ensure national budget allocation and donors’ or international agencies’ priority for funding for SSC. Establishing and operationalising the National SSC Task Force and effective networking with research and training institutions and NGOs for identifying national level policy gaps and policy initiatives should also be a priority.
5. Governments and international organisations should consider making more commitment to SSC in field of population and development, particularly emerging issues of low fertility and ageing, youth development for harnessing the demographic dividend, SRH & FP services in hard to reach areas, humanitarian and conflict situation and big data utilisation.

PART A

Introduction

In April 2019, the world community will celebrate the 25th anniversary of the International Conference on Population and Development (ICPD) held in Cairo in 1994¹. ICPD laid the groundwork for the establishment of SSTC among the countries for materialising the commitments made by the global community. The ICPD was the key precedent of the Millennium Development Goals (MDGs) and the 2030 Agenda for Sustainable Development that highlights the importance of SSC. The Buenos Aires Plan of Action (BAPA) adopted by 138 state governments in 1978 was the original blue print of SSC among developing countries^{2 3}.

Enhanced cooperation and partnerships across countries offer an effective avenue for building more capacity to create and implement joint development solutions. These solutions are more important than ever in the new era of global agreement implementation. SSC is gaining momentum in achieving sustainable development and climate actions in developing countries. Over the past few decades, the global South has been engaging in SSC through the exchange of experiences and the provision of human, technical and financial resources mainly for supporting development priorities⁴.

SSC is an effective platform for ensuring capacity development, providing a choice of inter-country cooperation & support leading to horizontal partnerships, guaranteeing cost effectiveness, providing relevant and multicultural context specific solutions and diversifying knowledge sharing and exchange expertise. It is a dominant debate today in the international development field and is appealing as an indispensable means of international development cooperation in the context of SDGs. The Sustainable Development Goals (SDGs) stress the importance of SSC in implementing the 2030⁵ agenda. Goal 17 aims to “Revitalise the global partnership for sustainable development,” and particularly focuses on the critical role of SSTC in achieving the 2030 agenda. It also sets targets for SSTC, which are 17.6 (technology, innovation and knowledge transfer) and 17.9 (capacity building to support national plans to implement all the sustainable development goals). All the countries have committed to achieve these by 2030⁶. The Paris Agreement on Climate Change also emphasised the importance of SSTC in tackling critical climate change⁷. 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 assistance⁸.

The potentials of SSTC to contribute towards sustainable development, poverty eradication, economic development and improvement of health have not been recognised or they are not leveraged⁹. 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^{10 11}.

Knowledge gaps and resources are major obstacles to progress and realising the full potential of SSC and its impact on sustainable development. The availability of information and quality of research on the scale and impact of SSTC have not kept pace with the growing demand among southern partners for peer learning to further improve results.

How the impact of SSTC can be maximised and leveraged for the health and demographic outcome needs to be clarified. It is very important to explore the progress that has been achieved through SSC. The number of people living below the poverty line and maternal mortality and infant mortality rates have declined by half globally although we did not achieve the goal of the 75% reduction set out in the MDGs uses of contraceptives increased almost 64% globally while the primary education enrolment rate in the developing world is now 91%¹².

Understanding SSC in RH, population and development on the occasion of 25 years of implementation of ICPD

A better understanding of SSC is required to measure its contribution to ICPD agenda and SDGs agenda 2030. This means realising how it can contribute to achieving unfinished ICPD agenda and SDGs and what more needs to be done to scale-up and improve SSC. A recent survey (2018) conducted by UNFPA found that the more important work in the field of SSC were: a) sharing of technical experts and techniques in the field of family planning, b) sharing family planning best practices, solutions and policy recommendations and c) strengthening supply chain management of reproductive health commodities, including contraceptives¹³. However, it also found that about 67% respondents do not believe that existing coordination, partnership platforms and mechanisms in the area of family planning are sufficient to respond to growing demands for FP support through SSC. There are also challenges in setting objectives of SSC as the study concluded that while the main objective of SSC was in 2016 to cultivate the self-reliance of countries, in 2018 it focused on moving forward for enhancing capacity to solve specific problems. Another assessment conducted by PPD in 2016 also emphasised individual and institutional capacity building as major constraints in getting results through SSC¹⁴. But it is observed that other mechanisms like international forum for global advocacy, documentation and knowledge sharing, partnership and technical cooperation and capacity building are the driving factors for success of SSC in RH, population and development. Experience shows that SSC can contribute to combating poverty through improving adolescent, maternal and child health, healthy ageing and migration in developing countries.

PPD in collaboration with UNFPA intended to conduct an assessment in PPD member countries reflecting the country level needs, demands, priority and potential areas where SSC could contribute to positive change for population and reproductive health. This assessment will provide a framework for a better understanding of SSC and its role in supporting the implementation of the unfinished ICPD agenda and Sustainable Development Agenda 2030.

The assessment aims to present, in a systematic way, the ups and downs of SSC on the international agenda, as well as the factors that have contributed to its powerful resurgence in the recent years. The assessment will also be helpful to identify the policy approaches of the member countries of PPD to take towards unfinished ICPD agenda and SDGs and enable the established institutions to respond to these new actors on the scene. It aims to combine the demand and cooperation requirement of member countries and their development policies with research on current trends in international development cooperation.

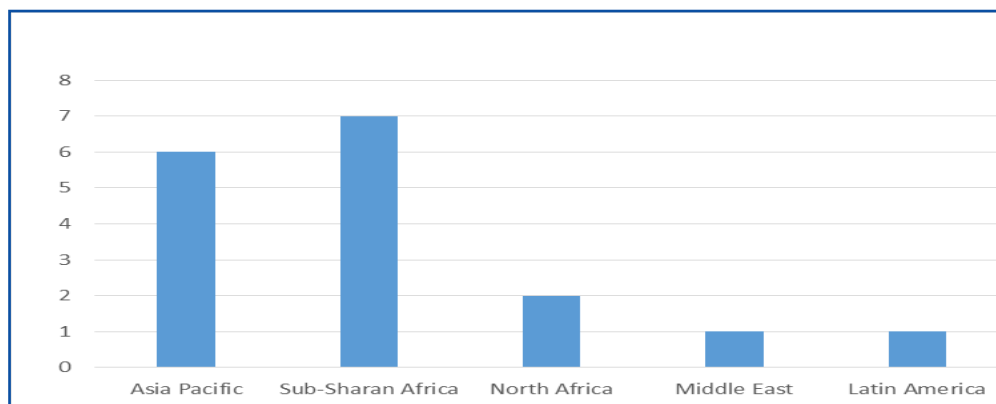
Methodology

In order to develop an understanding of SSC contribution towards the achievement of ICPD and SDGs and effectiveness of SSC to face its challenges, we have made extensive reviews of the materials and data available on the internet. A bibliography of relevant documents of SSC were developed and reviewed to analyse the contribution and potentiality of SSC as an alternative development model for implementation of ICPD beyond 2014 and SDG 2030 agenda. However, we have also explored many initiatives that have been taken by the South but that were either not well documented or were not published as reports.

Although our reviews discovered a wealth of information about SSC in general, documentation of SSC in the population and development sector was however, limited. Some initiatives were highlighted in the documents, but we were not able to find adequate descriptive information with proper empirical analysis. There were limited data on SSC in Africa region compared to Latin American region. Latin America has a much visible track record of implementing SSC and TrC. But the initiatives from Asian emerging economies on South-South cooperation are huge compared to the Latin American works. Africa has also taken initiatives to contribute to SSC. Information available on the internet is posted by institutions providing financial or technical support to SSC partnerships. But research reports are found very rarely.

Our study intended to conduct in-depth country-specific analyses in 24 member countries engaged in SSC initiatives since ICPD. We conducted 24 interviews with senior government officials who have been engaged in promoting SSC as national focal persons in 24 countries. The focal persons were assigned by the PPD Board Members in each member country. During the interviews, however, it became apparent that key informants at country level had little knowledge of initiatives of SSC despite they are major role makers in their countries for SSC. We have collected data using a comprehensive questionnaire for country-level analyses. The questionnaires were shared with national SSC focal persons of 24 countries and we received responses from 17 countries (71%) (see Chart 1).

Chart 1: Distribution of Survey Countries from Asia Pacific, Sub-Saharan Africa, North Africa, Middle East and Latin America



This study focused on SSTC in reproductive health, population and development and is therefore not representative of cooperation in other sectors. The questionnaire was divided into 2 sections: a) Capacity assessment of national focal person of SSC b) Achievement, needs and priorities of SSC. Based on the primary information extracted from the survey report an initial database was created. To qualify the primary data, secondary data collected from Internet based sources were supplemented for analysis.

To enrich the report further, a dissemination workshop at the national level in Bangladesh was organised where the report was shared for comments and inputs. Another presentation was made to the senior officials of UNFPA headquarters through Blue Jeans. The draft report furthered shared with national SSC focal persons for their validation. The comments and inputs were incorporated in the final version of the report. The report is expected to be released during the forthcoming PPD Board Meeting 2019 to be held in Tunisia in October 2019. Based on the findings, a comprehensive training module was developed for capacity building of the national focal persons for promoting SSC in the areas of reproductive health, population and development.

Scope of the Study

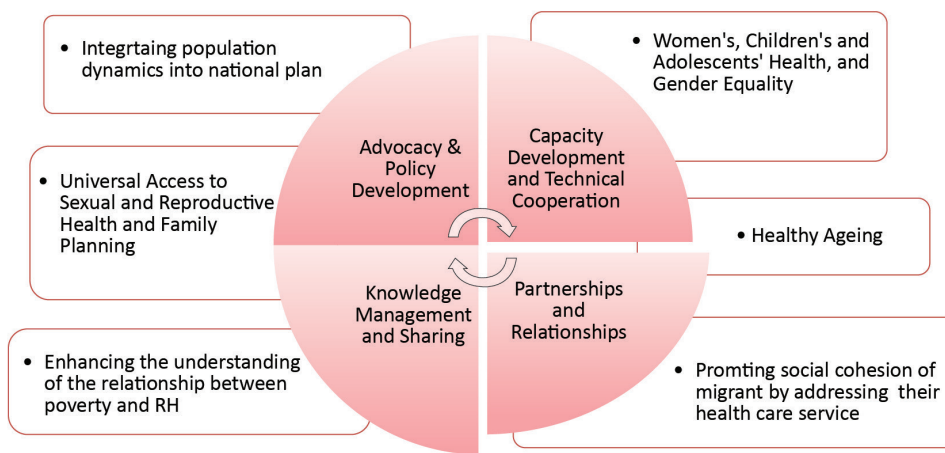
This study is not a representative but a comprehensive review of SSC experiences in reproductive health, population and development. The information was collected from PPD countries and analysed based on the country capacity, opportunities, needs and priorities. The volume of cooperation in policy advocacy, exchange of ideas, knowledge and expertise, technical know-how among developing countries technological cooperation on commodities of family planning and reproductive health and exchange of scholarships and expertise, etc.

The operational definition of SSC for this study is: South-South cooperation is a development tool that increases mutual benefits and supports among developing countries through policy advocacy,

exchanges of knowledge, capacity building, technical cooperation, partnerships and relationships to promote national capacity in effective way to achieve results in reproductive health, population and development.

Based on the given operational definition, the analytical framework of the study was established which is presented in figure 1:

Figure 1: Analytical Framework



Objectives of the study

1. To create a global institutional platform for capacity building of the national focal persons and others individuals engaged in promoting SSC in population and development.
2. To identify areas for capacity building of national focal persons on effective utilisation of SSC to achieve global development goals, ICPD and SDGs
3. To develop a training module and conduct training for capacity building of national focal persons.
4. To understand the achievement in the context of ICPD and identify the needs and priority areas of SSC

Limitation of the study

This study has some limitation as the data collection remains to be a huge constraint in the analysis of SSC as many southern countries did not measure the SSC under the Official Development Assistance (ODA). Out of 24 selected respondents, data were only received from focal persons (respondents) of 17 countries (71%). The secondary data sources consisted of mainly internet-based information. It was difficult to generalise the conclusion of the study but this study is expected to provide a foundation of systematic study of SSC as there was fund limitation to engage more expertise and surveyors for the study.

Outline of the study

The report is divided into 4 parts. The first part presents an introduction, methodology, outline and relevant literature review of SSC materials and data collected through an Internet search. The second part presents the findings of the study on the capacity assessment of national SSC focal persons. The third part provides findings on contribution of SSC on achieving ICPD goals and SDGs agenda 2030, needs and priority areas of SSC followed by fourth part which presents challenges and recommendations.

Literature Review

This section presents the relevant literature collected through an Internet based search on South-South Cooperation (SSC). The review is classified into three groups considering the evolving trends of SSC since its emergence along with its importance and challenges.

a. Exploratory Strategies for SSC

The idea of SSC was first floated in 1955 when the Government of Indonesia, together with four other countries, hosted the Asia Africa Conference in Bandung, Indonesia, aimed at promoting African-Asian economic and cultural cooperation. Since then, many events have been held on SSC, including the Buenos Aires Plan of Action (BAPA) 1978, International Conference on Population and Development 1994, High-Level United Nations Conference on SSC 2009 and UN Sustainable Development Summit 2015 which reaffirmed SSC as a common platform for self-reliance, common objectives and solidarity, capacity development among peers, aid effectiveness, partnership among countries and sharing experiences to solve the development problems¹⁵.

The BAPA became a foundational milestone in bringing Southern countries together in their demand for fair international relations and a new international economic order. For the first time the BAPA systematised a comprehensive conceptual and operational framework for promoting Technical Cooperation among Developing Countries, formulating a set of guiding principles and recommendations for the purpose of strengthening and supporting this modality of cooperation. Since the adoption of BAPA, South-South Cooperation has established itself as a distinct and innovative paradigm and has proved to be a valuable tool for building capacity and promoting development¹⁶.

In the late 1960s China started to provide SSC assistance to African countries including constructing the Tazara railway between Tanzania and Zambia. In the 1990s some middle income countries like Brazil, India, Nigeria, South Africa, Mexico and Venezuela started to make economic investments and provide development assistance to low income countries through human resources and technology transfer. Non Aligned Movement established the Group for South-South Consultation and Coordination (G-15) in 1989. The G77 adopted a declaration in 2003 recognising SSC as a force of solidarity among developing countries and a necessary complement to North-South cooperation (NSC)¹⁷. In the meantime several International NGOs began to practice SSC as part of their transition from charities to development NGOs during 1980s. South-South NGO Cooperation in health received a further boost with the emerging response to HIV¹⁸.

b. Advance stage strategies for SSC

With the resolution 3251 (XXIX) the United Nations General Assembly, urged all UN agencies, multilateral bodies, the private sector and member states to promote technical cooperation in their programme operations and to increase resource allocations to support SSC activities (1974). A number of United Nations agencies have established coordination units and created strategies for South-South cooperation like UNFPA, ILO, ECOSOC, UNDCF and World Bank that have been actively encouraged and contributed towards SSC¹⁹.

South-South Cooperation was an integral part of bilateral cooperation in Latin America and the Caribbean (LAC) since the 1960s and has become more prominent in the 1990s²⁰. The LAC region hosts many regional and sub-regional multilateral organisations that created platforms that facilitate dialogue, learning, consensus-building and technical support for development, including health. Argentina played a leadership role in hosting the First UN Conference for TCDC in 1978, which declared the Buenos Aires Plan of Action (BAPA) for Strengthening SSC.

In Asia from the mid 1980s, China, India and Thailand as middle income countries provided bilateral assistance in health, through mobilising health care staff, developing health infrastructure technical cooperation in pharmaceutical development and access to essential medicines, and controlling infectious diseases. Japan International Cooperation Assistance has established a strategy for SSTC, providing financial support to SSC mainly through training and learning exchange programmes²¹. The Regional Office of WHO (SEARO) promoted SSTC in cooperation with the South Asia Association for Regional Cooperation (SAARC) aiming to strengthen SSC among eight countries²².

In the African region, the South African Department of International Relations and Cooperation maintains bilateral relationships with a number of African countries through Joint Commissions on Cooperation. Kenya as an African country it had long experience in participating in a number of TrC partnerships in research with support from JICA under which the Kenya Medical Research Institute acts as a Center of Excellence for other countries in the region. The Southern African Development Community (SADC) was established in 1992 as a regional economic association engaged in promoting SSC²³.

In 2004, India, Brazil and South Africa in partnership with the United Nations system established IBSA Trust Fund which was a remarkable example of cooperation among three developing countries and also a pioneering initiative to implement SSC for the benefit of other Southern countries. Each country contributes one million US\$ per year to projects that address poverty and hunger throughout the world, including projects in health. The fund is managed by the UNDP's SSC Unit and is overseen by a board of officials from the three countries²⁴.

In December 2003, the UN proclaimed September 12th (Resolution 58/220) as the United Nations Day for SSC which is being celebrated annually. This declaration serves to focus attention on SSC and to promote more extensive participation in SSC efforts²⁵. The importance of SSC in the international development dialogue has grown in 1990s mostly due to the growing economic power of the South. Southern countries take ownership of their development, identifying problems and finding and adapting Southern solutions^{26 27}.

c. Institutionalisation of SSC

The United Nations General Assembly Resolution 3251 (XXIX) of 1974 and Resolution 60/212 of 22 December 2005 significantly emphasised SSC for the fullest use of the capacity and experience of all UN members states to accelerate the integral development of the developing countries and less developed countries. The United Nations provided guidance specific to SSC through: (a) the Nairobi outcome document of the United Nations High-level Conference on SSC (2009), (b) Framework of operational guidelines on United Nations support to South-South and triangular cooperation (2012), (c) Leveraging SSSC (2013), (d) the strategic framework of the United Nations Office for SSC, 2018-2021 and (e) Report of the Secretary-General on the State of SSC (2017)²⁸.

The strategic framework of UN 2018-21 is designed to guide the work of the United Nations Office for SSC (UNOSSC) from 2018 to 2021 in support of efforts of Member States to implement the 2030 Agenda for Sustainable Development through South-South alliances and partnerships. In order to advance SSC, the UNOSSC supports intergovernmental processes that set policies to further advance SSC across the United Nations system²⁹. The State of SSC report stated to improve UN support to SSC initiatives at the national, regional and global levels over the reporting period (2016/17). It also highlighted a number of actions taken by the United Nations development system to further institutionalise SSC in its operational activities towards the implementation of the 2030 Agenda for Sustainable Development³⁰.

In 2015, two new development banks were launched by Southern economies that increased the southern cooperation. These new southern development banks of BRICS and the Asian Infrastructure Investment Bank pool the resources of southern countries and other providers to address the critical infrastructure gaps and other development related problems facing the developing countries.

d. Institutionalisation of SSC in RH, Population and Development

In 1994, the International Conference on Population and Development (ICPD) acknowledged for the first time in history, that SSC is a key strategy which could play a catalyst role for implementation of its Programme of Action (PoA). Through the ICPD, it was recognised globally that partnership and solidarity among developing countries can provide assurance for sustainable development and for the enduring the legacy to achieve population and development goals³¹. Following ICPD PoA, Partners in Population and Development (PPD)^{32 33} an inter-governmental organisation has started

to promote SSC to address specific population and reproductive health issues through sustained advocacy, sharing of experience, strategic dialogue, capacity building, networking and transfer of technology among member states and other developing countries. The networks were established through funding their own grant as annual membership contribution and mobilising resources from traditional sources of development assistance. Today PPD has become stronger together as a home of 26 developing countries. PPD has been awarded Permanent Observer Status at the United Nations and enjoys diplomatic status in Bangladesh^{34 35}. A 6 storied building complex with about 32,000 SQF was built to facilitates office space for sustainable operation for SSC. It has its own strategic south-south planning with regular budgeting and institutionalised capacity at its member state levels³⁶.

The ICPD laid the groundwork for SSC in population and development. The Preamble of the ICPD Programme of Action began with the visionary recognition of the interdependence of population and development. Many commentators have highlighted the coincidences between the ICPD and the SDGs. SSC in population and development is aligned with the 2030 Agenda for Sustainable Development and is underpinned by the principles of the ICPD Programme of Action³⁷.

The year 2015 was a historic year for SSTC when the global community adopted the 2030 Agenda on Sustainable Development Summit and later the Addis Ababa Action Agenda on Financing for Development which singled out SSTC as vital means of implementation. The sustainable development agendas (SDGs) include 17 goals and 64 targets that are set to be achieved by 2030³⁸ but did not plan for the financial investment of their implementation. It was emphasised only that the developing countries will mobilise resources through their domestic investment and international cooperation.

Again, the Sustainable Development Summit 2015 stressed the importance of SSC in achieving sustainable development through Goal 17^{39 40}. Partnerships allow for the mobilisation of the best knowledge, technology and financial resources available in the world today, and act as a cross-cutting mechanism for countries to achieve SDGs 2030. Since ICPD, the world community again clearly displayed the potential response of SSC towards achievement of SDGs. “Leaving no one behind” is a commitment that has been mainly highlighted in the 2030 Agenda⁴¹.

With the SDGs, the landscape of SSC has been changed; the southern economies backed the SSC as remedial to address population issues in developing countries. In 2015, the Chinese President H. E. Xi Jinping in a High-level Roundtable on South-South Cooperation co-hosted by China and the United Nations (UN) at the UN headquarters in New York announced several hundred projects grant for promoting SSC to achieve SDG 2030 in the areas of health, infrastructures and social development^{42 43 44}.

Further, in 2016, the ministerial dialogue on SSC organised jointly by UNFPA, the Government of China and PPD recognised that population dynamics, sexual and reproductive health and reproductive rights and gender equality are at the core of sustainable development, and that deepening SSC in

this field will contribute to the health and well-being of all people in developing countries and their sustainable development at large⁴⁵. Year 2019 is particularly significant for SSC, as it marked the fortieth anniversary of an important milestone in international cooperation the adoption of the Buenos Aires Plan of Action for Technical Cooperation Amongst Developing Countries (BAPA). Similarly, PPD as a unique global inter-governmental organisation for promoting SSC, is going to celebrate its 25 successful years in 2019 that reflect the salient progress made in SSC⁴⁶.

UNFPA global interventions action plan 2018-2021 focuses on support for the implementation of the UNFPA strategic plan, 2018-2021 which emphasised the role of United Nations and other partners for SSTC and prioritised the improvement of UNFPA capacity to use SSTC for the implementation of the ICPD beyond 2014 agenda and the SDG 2030 agenda⁴⁷. The Bali Call for Action adopted by Inter-Ministerial Conference on SSTC held in Indonesia in 2018 provided a roadmap for SSC in population and development⁴⁸. PPD symbolised SSC framework for partnership between sovereign nations from the Global South. PPD member countries use this framework to promote their core mandates on reproductive health, population and development through a framework intervention (see Figure 1).

The strategic priority areas for SSC of PPD are population dynamics and development; universal access to sexual and reproductive health and family planning; women's, children's and adolescents' health, and gender equality; healthy ageing; migration and poverty alleviation with particular emphasis on emerging population issues. These six strategic priority areas are identified from the SSC needs survey done by PPD in 2015 and endorsed by the board in 2015.

With 25 years of experience, PPD developed a mechanism for institutionalisation of SSC at national level. Sixty per cent of its member countries have created SSC structure (National Taskforce) at national level for fostering and sustaining SSC for reproductive health, family planning, population and development. It has established a network of 23 Partner Institutions as Centres of Excellence for reproductive health, family planning population and development⁴⁹.

The UN Secretary General acknowledges PPD's contribution towards promoting South-South Cooperation in UN Resolution 69/2014 "An example of a South-South and triangular initiative enabling national institutions to promote horizontal cooperation in areas related to the Programme of Action (PoA) is the intergovernmental organisation Partners in Population and Development, established to promote South-South cooperation in the field of reproductive health, population and development. Over the past two decades the organisation's annual inter-ministerial conferences have provided a peer review mechanism for the member countries on all aspects of population and development issues."

3. Definition of SSC

The term SSC is applied to partnerships between institutions in developing countries in support of national development goals, while the term Triangular Cooperation (TrC) refers to a partnership that is supported by a development partner from a high income country or a multilateral agency⁵⁰.

The United Nations considers the operational definition of SSC as “a process whereby two or more developing countries pursue their individual and/or shared national capacity development objectives through exchanges of knowledge, skills, resources and technical know-how, and through regional and interregional collective actions, including partnerships involving Governments, regional organisations, civil society, academia and the private sector, for their individual and/or mutual benefit within and across regions”⁵¹.

UNFPA defines SSC in its Policy and Procedure Manual as “a means of development by an exchange of knowledge, experience, technology and information and capacity development between and among developing countries through governments, civil society organisations, academic institutions, national institutions and networks to accelerate the Implementation of the ICPD agenda and achievement of MDGs in participating countries”⁵².

4. Issues of South-South Cooperation

4.1 High-level Policy Advocacy and Networking

Policy innovations have mostly originated from the South. The southern solutions often prove to be more context specific and applicable for other developing countries. Over two decades of sustained high-level advocacy and networking enabled PPD to develop and cultivate cordial professional relationships with government, non-government and civil-society institutions, agencies and organisations. It has created a new partnership mechanism with its member countries while UNFPA hosted 15 International Inter-Ministerial Conferences on Population and Development which have resulted into several calls for actions and served as useful guidelines for participating countries in addressing country context specific reproductive health, family planning, population and development issues. The member states made remarkable progress in national population and health policies and programmes which has brought greater national investment in family planning, a marked decline in maternal mortality and under-five mortality, and a steady increase in life expectancy in developing countries and eventually a continued improvement in health and well-being of their people. These achievements significantly contribute to the improvement of the global health⁵³.

4.2 Capitalising on the wealth of intellectual and programmatic capacity

SSC has capitalised on the wealth of intellectual and programmatic capacity of its member countries through documenting and replication of best practices in population and sexual and reproductive health and rights (SRHR). About 26 series of documents have been published jointly with UNFPA, UNDP, Population Communication and member countries. A series of international events, forums and seminars including China-Africa Forum on Population and Development have been established in recent years to exchange and disseminate success experience of developing countries in the field of population and reproductive health⁵⁴.

4.3 Knowledge sharing

The exchange and sharing of knowledge among developing countries can be supported by bilateral and multilateral development agencies or countries themselves. SSC facilitate research among the countries commissioned by governments or international agencies.

4.4 Technology transfer and commodity exchange in reproductive health

Technology transfer and commodity exchange in reproductive health is an important area where SSC has made remarkable progress. SSC enhances the multiplier effect of technical cooperation among the countries. Technology transfer and commodity exchange in reproductive health is another area where SSC has made remarkable progress. For example, the Government of China has donated over USD 1 million worth of contraceptives and USD 600,000 worth of reproductive health medical equipment to some PPD member states⁵⁵. The Government of India contributed USD 1.2 million to construct 36 community clinics in rural Bangladesh to facilitate health care services to the hard to reach population⁵⁶. With the technical support from UN Population Division and UNFPA, China Population and Development Research Center developed a web-based population projection software in six UN working languages in 2010, which has been utilized in more than 10 developing countries.

4.5 Center of Excellence for SSC in Population and Development

Developing countries collaborated with each other to establish Centers of Excellence for SSC in Population and Development. China has established a Center of Excellence for SSC in Population and Development (China CPDRC). Tunisia, Indonesia and Mexico have established Centers of Excellence for SSC in Population and Development since 1994. These centers have been engaged in facilitating several exchange programmes for capacity building among the developing countries.

4.6 Contributory scholarships from the member countries in Population and RH/FP

SSC promotes scholarships programmes and exchanges of expertise which contribute to the advancement and circulation of knowledge and skills development and international understanding. PPD has established a unique scholarship programme through contributory grant from its member countries - India, Egypt and South Africa. PPD has facilitated more than 40 scholarships annually for young professionals of PPD member countries. As of today, PPD has provided training to over 4000 professionals working in developing countries to improve their technical skills and leadership abilities in population and reproductive health field⁵⁷.

4.7 Capacity building programme

Capacity and skills building is the most common initiative of SSC, pursued through technical cooperation, learning exchange and training projects. Governments of emerging economies and development agencies assist in the development of skills and capacity of professionals of low income countries with financial and technical assistance. SSC made very responsive contribution towards capacity building in the global south. Most of the countries and international agencies provided support globally for capacity building of the professionals at all sectors, particularly in health sector of the recipient country.

China alone provided training programmes for over 50,000 people from other developing countries in China and sent over 7,000 young volunteers to other developing countries for skills transfer⁵⁸. Further, China announced to provide training to 20,000 people and 150,000 scholarships for citizens of other developing countries to receive training in China. It will also help to nurture 500,000 professional technicians for the rest of the developing world⁵⁹. China has set up a South-South Cooperation and Development Academy to facilitate studies and exchanges by countries on theories and practices of development suited to their respective national conditions⁶⁰. PPD China Programme Office, with the government of China funding has trained more than 1300 senior government officials, programme managers and health service providers for other developing countries over the past 10 years, and become the largest training provider in PPD family⁶¹.

The PPD Africa Regional Office succeeded in making SRH champions of the Member of Parliamentarians from Africa through capacity building of regional parliamentarian committees in promoting sexual and reproductive health that resulted in dramatic changes in national reproductive health programs in Africa. The voices of the parliamentarians of Africa are raised in the global agenda discussions on SRH. PPD will continue to support the work of Parliamentarian Committees on health to increase political commitment for RH/FP and will encourage interregional collaboration between Parliamentarians for more SSC activities.

5. ICPD and SDGs Achievement in PPD Countries

PPD countries have fared far better in comparison with other developing countries in terms of achieving and implementing these global agreements of ICPD, MDGs and SDGs. In the last fifteen years, there have been improvements in PPD member countries in many areas. For example, the number of extreme poor declined by more than half; contraceptive prevalence increased from 55 per cent to 64 per cent; births assisted by skilled health personnel increased from 59 per cent to 71 per cent; and the maternal mortality ratio declined by 44 per cent. Vietnam has reached the target of 75% reduction in MMR while some countries such as Bangladesh, China, Egypt, Mexico and Tunisia have achieved the U5M target of MDG. Some of the MCs contraceptive prevalence rate reached 65%, skilled birth attendance 70% and adolescent birth rate 189 per 1000 women. There are however, deficits in some other areas. Income inequality has widened; reducing maternal mortality target by 75 per cent was not met, and child marriage and adolescent pregnancy remain high⁶².

The Report of the Secretary-General on the ICPD Programme of Action (2014) states that despite huge progress made, human development remains greatly unequal between countries and within countries. Infant mortality rates, for instance, are only 2 per 1,000 live births in Iceland, 11 in China, but over 120 in Mozambique. There are on average 85 maternal deaths per 100,000 live births in Latin America and the Caribbean and 27 in China. Without implementing well-coordinated policies to reach those who have been marginalised, the widening gap between and within countries will continue⁶³.

6. Importance and the opportunities of SSC

As Dr Li Bin, Minister of China mentioned in one of her speeches (2013), we are living in a golden age of South-South Cooperation: There is an immense wealth of knowledge to be shared among countries in the South, where innovative solutions are being crafted to address the very particular challenges. We need to accelerate knowledge exchange and technology transfers, while finding space to scale up successful interventions and broaden their scope. The more active governments are in cooperation initiatives - they advance faster on solutions and implementation challenges. If we manage to enhance effective SSC, we can believe that the motto of “leaving no one behind” is possible to realise.

The importance of SSC is globally recognised with the adoption of 2030 Agenda for Sustainable Development in September 2015 and the commemorating the 40th anniversary of the adoption of the Buenos Aires Plan of Action (BAPA + 40). The Third International Conference on Financing for Development (FfD) which also encouraged “developing countries to voluntarily step up their efforts to strengthen SSC, and to further improve its development effectiveness”. SSC has increasingly demonstrated its contribution to development results through knowledge exchanges, technology transfers, financing, peer support, and neighborhood initiatives, as well as countries forming common development agendas and seeking collective solutions⁶⁴.

SSC is ever growing due to healthy growth in economies of southern countries that enables an increasing number of countries to engage in cooperation and enhance their provision of development assistance. For example, China established the Institute of SSC and Development in 2016, the SSC Development Fund in 2017, and China International Development Cooperation Agency in March 2018. Similarly, India also made commitments for strengthening the SSC in the context of SDGs 2030⁶⁵. Post SDGs, India announced a USD10 billion concessional credit to Africa over the next five years, along with USD600 million in grant assistance, in addition to the continuing lines of credit programme in Africa. All these efforts are important SSC gains to promote South-South trade and investment, which in turn help developing countries to increase productive capacity, tax revenues and create jobs.

SSC can play a big role in funding SSC programme as the Asian Infrastructure Investment Bank (AIIB) projected to provide USD10 to USD15 billion loans annually over the next 15 years. Another example is the New Development Bank, co-founded by Brazil, Russia, India, China and South Africa (BRICS), which will focus on infrastructure and sustainable development projects in BRICS and in other emerging and developing economies. It is estimated that the New Development Bank has the ability to lend an annual average of USD3.4 billion by 2020 and almost USD9 billion by 2034⁶⁶.

7. The challenges of SSC

Despite the tremendous progress made in recent years, some critical challenges remain that have undermined the potentials of SSC. The main challenge is to articulate a strategic framework that promotes the role of SSTC as an instrument that, based on its distinctive characteristics, contributes to the achievement of SDGs within the framework of 2030 Agenda. There are doubt about the success of SSC because of the complexities regarding the ownership or management, lack of harmony on implementation of the recommendations of commercial policy, lack of well-defined national policies, uneven shared benefits among developing countries, limited documented information on south-south success stories, resource scarcity, trade barriers and political problems. Harnessing the combined efforts of the different actors and their capacities and resources are the main challenges of effective SSC and implementation of the 2030 Agenda. Southern countries do not yet have sufficient tools to measure and evaluate how exchanges of knowledge, skills, resources and technical know-how contribute to the development of countries.

The other main challenges of SSC are: institutionalisation and operationalisation of SSC as an alternative model for development in the context of global agenda like ICPD and SDGs; translating SSC into specific programmes and policies; improving institutional process for documentation of best practices experiences and adaptation and replication into the recipient country context; establishing SSC coordination mechanism at the national, regional and global levels; encouraging international financial resources and third country aid for SSC in population and reproductive health; and national level institutional and individual capacity building for SSC. These have to overcome to make SSC fully functional.

Capacity Assessment of National SSC Focal Persons

Survey Result Analysis

1. SSC as an important alternative development model to help developing countries in achieving ICPD and SDGs

SSC as an important alternative development model has been recognised by all the focal persons of the countries that are mostly engaged in SSC. It is evident that SSC is not only contributing in terms of technical assistance for development of agriculture, IT or infrastructure of developing countries but also contributed greatly in improving reproductive health, population and development sectors. However, there is no official record and actual measurement of the volume of south-south assistance in population and development sectors where SSC has provided assistance in kind rather than as grants.

1.1 Need for Capacity building training programme on SSC for national focal persons

All of the respondents (100%) under this survey believed that capacity building programme on SSC in population and development is essential for the professionals who were engaged as national focal persons of SSC. It was observed that the management of the SSC activities was facing challenges because of a lack of comprehensive professional training and transfer of learning on SSC in developing countries. The officials who were assigned in the respective ministries as SSC focal persons were not found pre-trained before starting their new assignment. However, they were assigned multi-level tasks as general cadre of public service of the respective countries. To overcome the problems of coordinating resolve real problems in coordinating SSC programmes, the national SSC focal persons should be able to apply current knowledge acquired from a well-defined strategic training that facilitates transfer of learning.

1.2 Need for dedicated training in SSC for all participants and officials

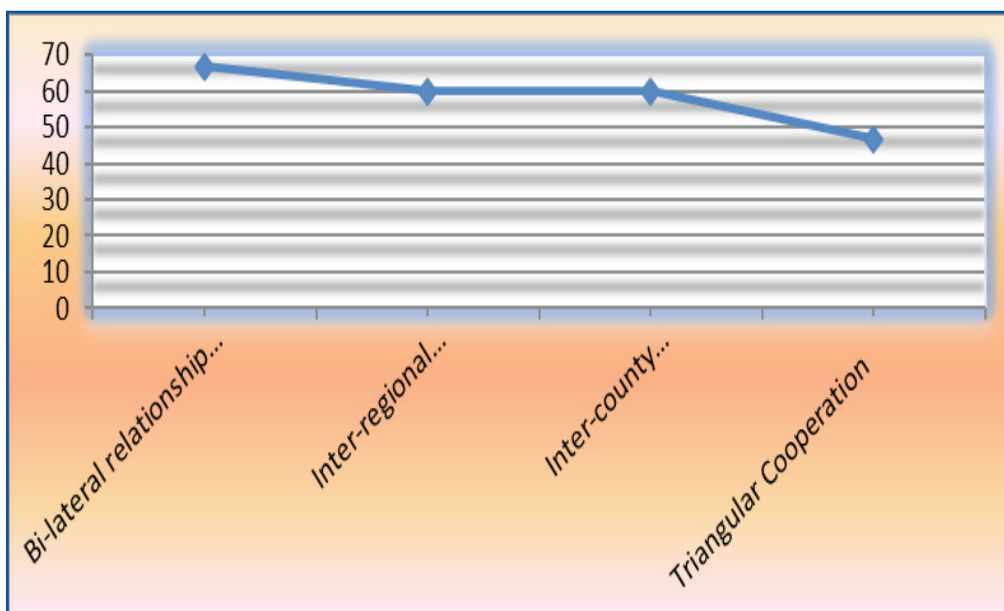
It was found that the individuals who participated in training courses on SSC had a good understanding about the SSC and had the managerial capacity to coordinate with different departments and officials and their counterparts. Effective coordination among different departments and ministries within both provider and recipient countries which depends mainly on the knowledge and understanding of principles and multidimensional characters of SSC was found important. It was seen that less than 50% of the respondents attended trainings related to SSC which were however not specifically

designed for SSC in population and development. These respondents were mostly officials of various government authorities who were given the additional responsibility attend the training programmes. It was felt that they needed specific training in SSC in population and development sectors. It was stated that if the assigned persons could prove themselves experts in SSC, they might be recognised by their ministries and made permanent designated professionals for SSC.

1.3 Level of awareness of Focal Persons about inter-country relationship and partnership among developing countries

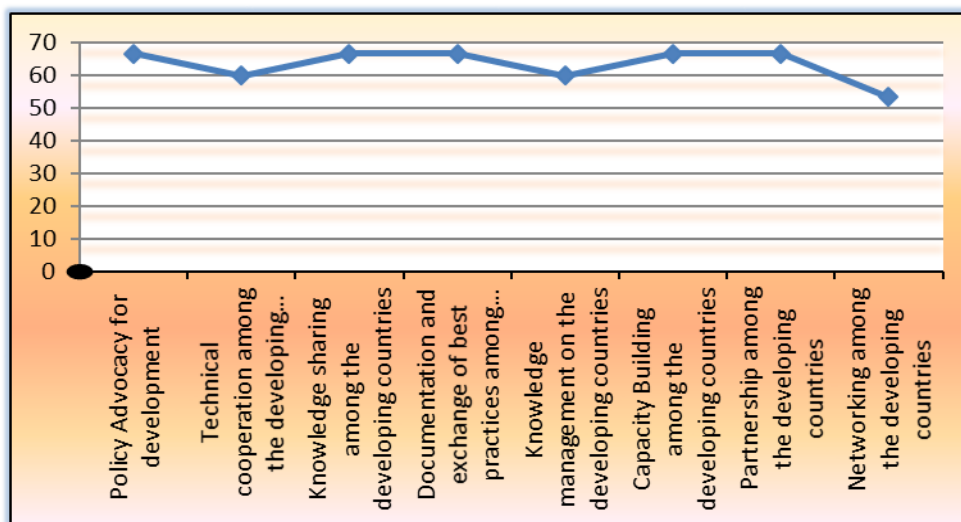
Among the officials who were engaged in SSC as national SSC focal persons, more than 60% were found aware about inter-country, bilateral and inter-regional relationship, and less than 47% were aware about triangular cooperation among developing countries (see Chart 2 & 3). But among them only 53 per cent were found utilising their existing knowledge but were not competent to transfer their knowledge and understanding in planning or action, as they admitted during their response.

Chart 2: Percentage of awareness among respondents about inter-country relationships



In response to the question of their utilisation of knowledge, 58% indicated that they have been working as focal persons of PPD for 5 years while 42% worked for less than 3 years only. The Focal Persons who had more experiences with PPD were attended several technical and capacity building meetings, workshops and international inter-ministerial conferences on population and development.

Chart 3: Percentage of awareness among respondents about SSC



They were found engaged in utilising and transferring their knowledge on promoting SSC, particularly in the following areas: management of SSC; policy dialogue with stakeholders of the ministries and international agencies including UNFPA on SSC; giving presentations; maintaining liaison between PPD and focal ministry; attending consultative and review meetings of PPD; engaging in implementing focal ministry's SSC activities within anglophone, francophone and Arab countries; engaging in sharing and learning knowledge and experiences, bridging technological expertise, etc.; liaising with PPD and young professionals to utilise best opportunities for SSC scholarships funded by South Africa, India and Egypt; maintaining in liaison with different ministries of the country to allocate annual contribution for SSC etc. If the capacity of the focal persons are enhanced through well-defined strategic training, they will have more opportunity to fully engage themselves and succeed in promoting SSC at the national level.

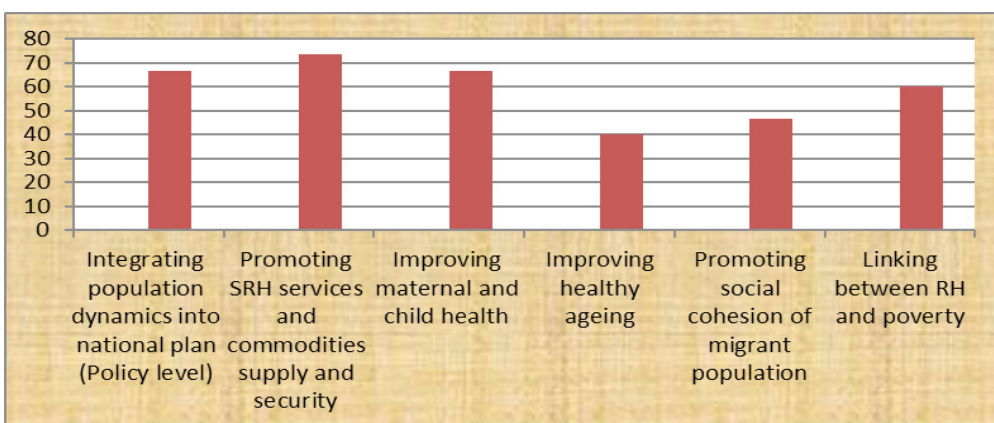
1.4 Involvement of focal persons in coordinating technical assistance from and within the member countries:

Individual capacity and professional leadership are the most important requirements for realising any global commitment and accommodating it within the national agenda, particularly in a sector like population and sustainable development. It was evident that the person who has knowledge and competency can better manage any critical challenges and get results by utilising the opportunity of SSC in population and development. Population and development issues are challenging as the demographic characters keep changing due to many factors. Achievements in this field require huge efforts with professional leadership.

The research data on 17 countries found that more than 73 percent of the national focal persons were involved in coordinating technical assistance for promoting reproductive health services and commodities supply and security (see Chart 4). The next highest number of the focal persons (67%) were involved in transferring knowledge on integration of population dynamics into national development plan and improving maternal and child health in respective countries. Understanding the linkage between reproductive health and poverty is another critical area for development but this survey revealed that less than 60 percent professionals who work as focal persons of SSC were involved in coordinating improved of the technical assistance in this area.

However, very few evidence were found in case of providing technical assistance for the exchange of best practices despite the main intervention area of SSC being the exchange of knowledge and best practices among countries. Population ageing is considered an important and an emerging issue since the fertility declined and life expectancy increased due to the development of population dynamics in developing countries. But only 40% of the respondents were found involved in promoting healthy ageing through SSC. Both internal and international migration have played a critical role in socio-economic development but very few countries which have better environment for internal or international migration compared to others. As economy of the developing countries improved, the volume of South-South migration has increased and new social challenges including reproductive health situation in humanitarian areas worsen. SSC can make positive response to these problems. However, the survey report has shown that the SSC focal persons were less involved in addressing the migration issue.

Chart 4: Involvement of the focal persons in coordinating technical assistance between provider and recipient countries



SSC is often seen as a supplement to north-south cooperation and it is critical to utilise visible experiences in south-south technical assistance between countries on population and development. Till recently it was found that SSC in population and development is limited technical cooperation for organising meetings, seminars, conferences, training, exchange of scholarships and sharing of knowledge and commodities. The evidence from the survey on 17 countries revealed that majority of

the SSC national focal persons had experience in coordinating technical assistance particularly in the area of organising PPD governance meetings, annual meetings, inter-ministerial conferences, study tours, trainings, technical and review meetings, scholarships programmes, documentation of country experiences and coordination to support country delegates to attend these events. The respondents who were found more knowledgeable and experienced were often found engaged in coordination of such SSC activities.

Another group of respondents (30%) were also found engaged in coordinating bi-lateral meetings that resulted in the initial background discussions for exchange of technical assistance in population and reproductive health sectors, but the reality is that it takes quite a long time and smart experience to best negotiate with the relevant policymakers inside and outside of the countries. Quite often it was found that an initiative that had been taken during the tenure of a government dead after the expiry of its tenure (at least 5 cases). To maintain continuity for further discussion with a new government and for quick wins/results, capacity building for designated SSC focal persons and establishment of national focal points for SSC should be a compulsory mandate.

1.5 Institutional arrangement of promoting SSC

Effective SSC in population and development depends on institutional arrangement on individual country level but there are challenges for institutionalisation of SSC. The 17 country survey disclosed that there were several institutional arrangements set up in developing countries for promoting SSC. A remarkable progress that the study revealed was that all the countries appointed ministers or a high level policy maker equivalent to deputy minister as Board Members of PPD who played vital roles in the governance of SSC for achieving ICPD, SDGs and other related commitments. These countries institutionalised a financial mechanism to contribute an amount not less than USD20, 000 to PPD that resulted in a collective pool fund of average USD 1.5 million (both core and grant fund) annually for operation and management of SSC activities. In addition, 58% of countries reported to have several national initiatives for promoting SSC in the areas of RH, population and development.

The Government of China established a regular national budget line; Center of Excellence on SSC for Population and Development; the China Programme Office for SSC; the China Training Center of Reproductive Health and Family Care which obtained qualification for offering SSC training programmes; the China Population and Development Research Center which has obtained the qualification for applying for project funds for SSC from SSC Assistance Fund, and the China-Africa Forum on Population and Development for promotion of SSC in population and development.

The Government of Thailand has a separate wing under Thailand International Cooperation Agency (TICA) of the Ministry of Foreign Affairs which mainly promotes SSC. In Indonesia, the Centre for International Training and Collaboration of BKKBN is involved in SSC activities like large scale capacity building programmes, exchange of experiences, organisation of seminars and conferences and other events. In the Gambia SSC is promoted through the National Population Commission Secretariat under the direct supervision of the Office of the Vice President.

Nigeria set up a Secretariat for coordination of SSC. It has also designated a focal officer to liaise with UNFPA on support to SSC and also constituted a National Taskforce on PPD involving 13 relevant MDAs including Health, Population Commission NGOs, CSOs, etc. Tunisia established an international training and research center CEFIR with WHO collaboration to promote international cooperation under ONFP which is an advisory and technical assistance agency. ONFP promotes SSC projects in population and development with French-speaking African countries and the Arab World.

The Uganda government has established the PPD regional office in Kampala to promote SSC. It has also established a national taskforce for SSC in population and development. The Population, Family Welfare and Law Division of the Ministry of Health and Family Welfare of Bangladesh is the designated body for promoting SSC. Under the coordination of this division a National Task Force for SSC was constituted to promote the population and development agenda. In Kenya a South-South Standing committee was constituted comprising all key ministries and state corporations such as NCPD.

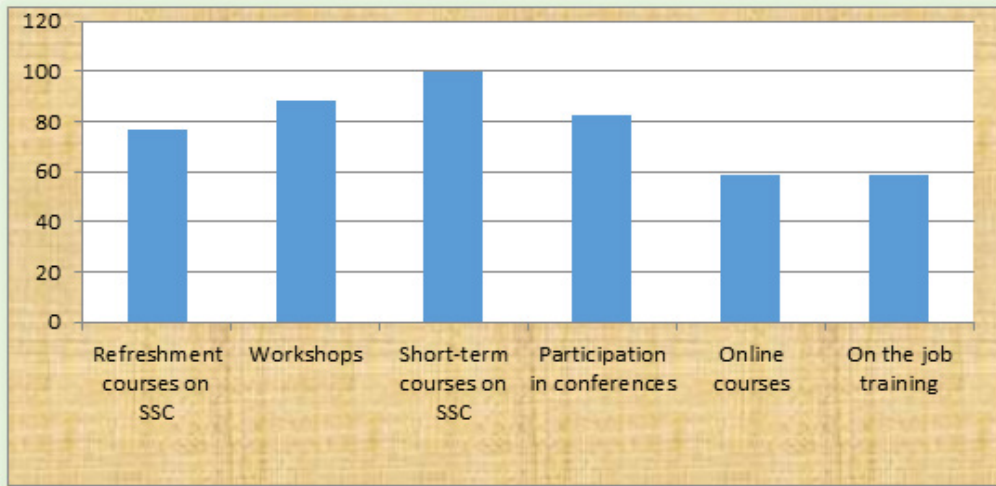
Viet Nam has a national policy for promoting SSC. Yemen constituted a national taskforce for SSC under the leadership of national population council but due to the conflict and unstable political situation, the function of this institute is defused. There was a Technical Working Group on SSC constituted in Zimbabwe which comprised government departments, academia, UN agencies, donors and CSOs.

The 17 country survey on SSC found that about 60% of these countries have constituted National Taskforce for promoting SSC in the field of population and reproductive health. These focal points (or taskforces) could play a catalyst role in promoting SSC but very few of them were constituted with financial allocation. Seventy percent of the countries had assigned research and training institutes for promoting SSC. Among them a few were very effective in promoting SSC by providing SSC scholarships and capacity building training for young professionals from developing countries. These training and research institutes could contribute greatly to promote SSC at the national level if they were supported with finance by the respective governments.

1.6 Capacity building for national focal persons to improve knowledge and competency in SSC

The respondents from 17 countries were asked to make a list of the type of learning they prefer to improve their knowledge and capacity (see Chart 5). Short training courses were preferred by all the respondents as they found such courses can provide comprehensive training to build their capacity in SSC. About 76 % wanted to have refreshment courses on SSC and more than 80% preferred international conferences and workshops on SSC. On the job training and on line training were proposed by 59% respondents. Preferences were also given for exchange visits, exchange programmes, bilateral and multilateral meetings and experience sharing when the respondents were asked to specify other preferences for capacity building on SSC.

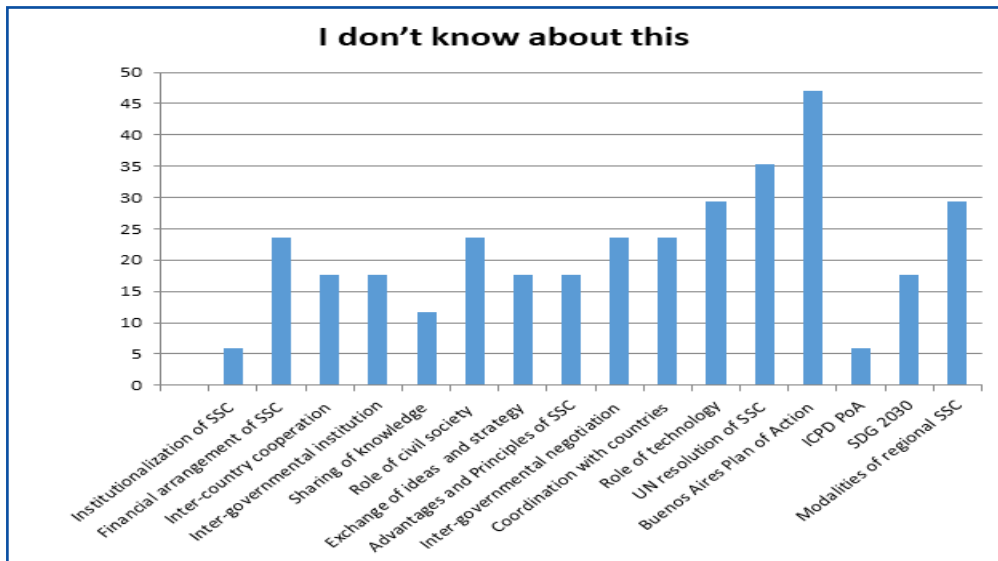
Chart 5: Ways of improving knowledge and competency



1.7 Understanding and expertise of focal persons regarding SSC

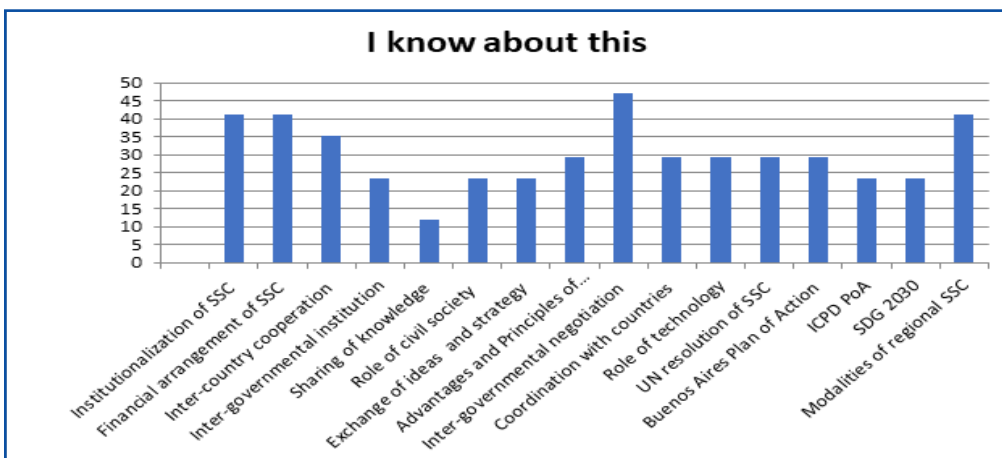
The national focal persons of 17 countries were asked questions to know about their understanding and expertise in different issues related to SSC. About 30% respondents stated that they did not know about the role of technology in strengthening SSC, the UN resolution on SSC and modalities of regional and sub-regional SSC. More than 45% respondents did not know about the Buenos Aires Plan of Action which is the original blue print of SSC declared in 1978 in Argentina (see Chart 6).

Chart 6: Percentage of national focal persons who do not understand SSC



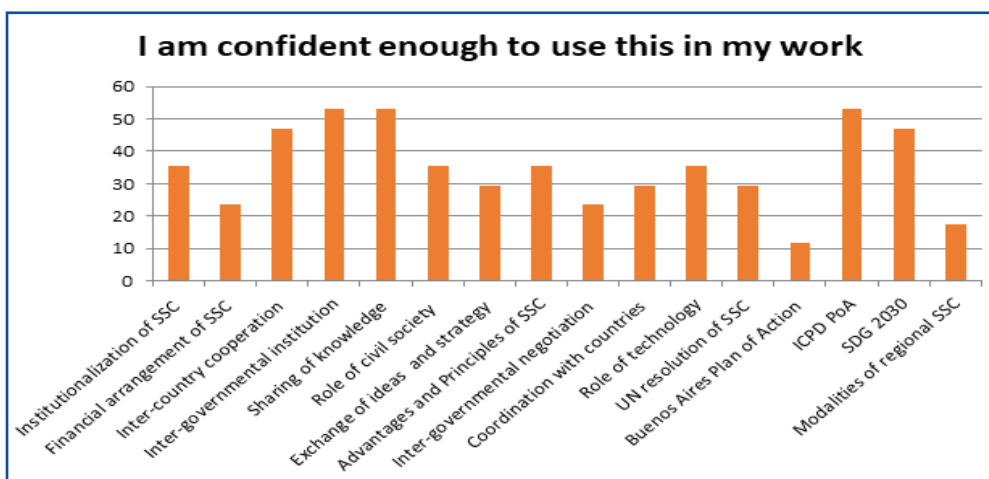
About the inter-governmental negotiation, more than 45% only agreed that they knew about it and about 40% responded by saying that they knew about institutionalisation and financial arrangement of SSC and modalities of regional SSC. Less than 30% of the focal persons said that they knew about the different issues of SSC (see Chart 7) which indicated that the knowledge and expertise of focal persons are very poor.

Chart 7: Percentage of focal persons who understand SSC



Concerning the issue of inter-country cooperation and SDG 2030, more than 40% said that they were confident enough to use it in their work. But less than 30% appeared to understand several issues of SSC and were confident enough to use their knowledge in their work (see Chart 8).

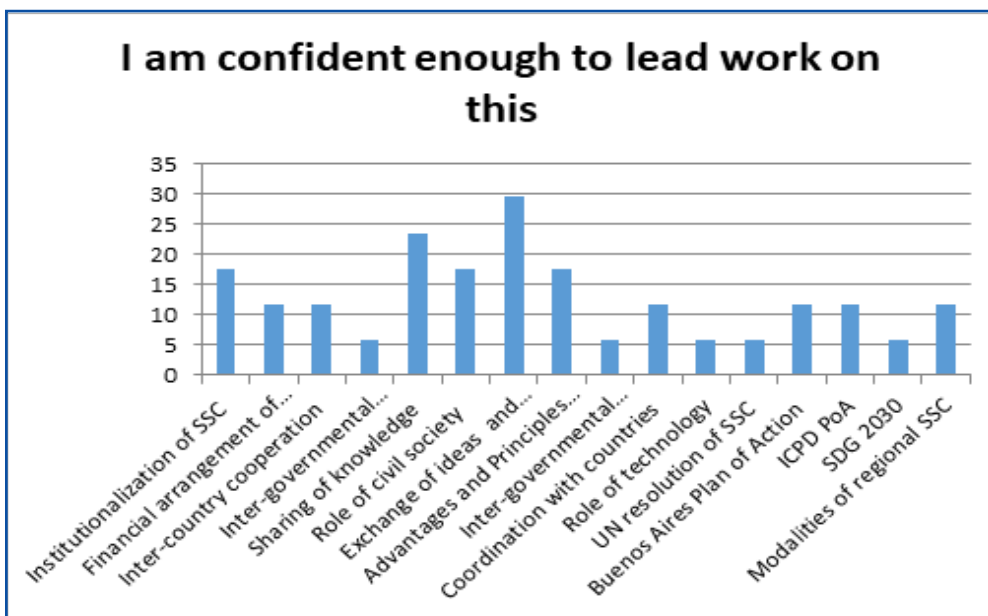
Chart 8: Percentage of focal person who are confident enough to use SSC in work



More than 25% said that they were confident enough to lead work on exchange of ideas and strategies to promote SSC and less than 25% said that they were confident enough to lead work on sharing of knowledge. Less than 20% of respondents said that they understood institutionalisation of SSC, the role of civil society and the advantages and the principles of SSC and they were confident enough to lead work on these issues. But only about 10% agreed that they understood the financial arrangement, inter-country cooperation, and coordination with the countries, the Buenos Aires Plan of Action, ICPD PoA and modalities of regional and sub-regional SSC and were confident enough to lead work on these issues. Chart 9 shows the level of confidence of the national focal persons on different SSC issues to do effective promotional actions on SSC.

The chart reflects the need of equipping them with understanding, skills and access to information, knowledge and training will enable them to play the leadership role effectively.

Chart 9: Percentage of focal persons who are confident enough to lead work of SSC



1.8 SSC contribution to the Countries in setting national targets for achieving ICPD and Sustainable Development Goals (SDGs)

All of the respondents reported that SSC can contribute to the developing countries in setting national targets for achieving ICPD and SDGs through experience sharing, policy dialogues, capacity building, comparative studies and researches, implementing pilot projects, study tours, exchanging experiences, contraceptive security, sharing of best practices and technical cooperation. SSC provides the opportunity to share experiences and best practices and offers countries an avenue to learn what indicators and targets countries have set for attaining the ICPD and the SDGs.

Linking population and development issues with the SDGs allows the country to set specific targets using existing baseline for key development issues. International Inter-ministerial Conference on SSC in Population and Development created a unique high-level international forum where policy makers exchange their knowledge, learnt lessons and learnt from best practices. SSC empowers member countries to identify gaps and remobilise resources to set national targets for achieving ICPD and SDGs. Many countries have similar realities and have more relevant developmental experience, technical capacity and practical know how that others can learn from.

1.9 Tools for management and implementation of SSTC

The 17 country survey report showed that only 47% of the national focal persons were aware about the tools that they may utilise for management and implantation of SSTC. A majority of them stated that international forums, seminars and workshops, project implementation, bilateral visits and grants were the available tools for management and implementation of SSTC. The United Nations Office for SSC (UNOSSC) offers advisory service and manages trust funds that support collaboration and piloting of South-South initiatives. They also provide platform for countries to share experiences through publications, on-line portals, meetings and consultations in different interest areas. UNFPA also mobilises and shares knowledge and information of success stories in southern countries. However, access to and utilisation of such tools could be limited for some partners and agencies such as those from LDCs. They also viewed that PPD was launched to institutionalise SSC in areas related to population and RH/FP. With 26 member countries currently, this organisation continues to promote exchanges between southern countries for the achievement of national and global goals including SDGs. It was also known that PPD South to South Technical Cooperation Business Plan, the five-year Strategic Plan and outcome documents of International Inter-ministerial Conferences can work like a tool for management and implementation of SSTC. ICPD PoA reports and Addis Ababa Declaration on Population and Development reports were presented as tools for management and implementation of SSTC cooperation.

1.10 Means of supporting institutional framework at regional and national levels for SSTC

The survey came up with several means of supporting institutional framework at regional and national levels for SSTC tracked by different governments and agencies. However, the key player countries and agencies of SSC mainly consider the following means of supporting institutional framework at regional and national levels for SSTC : Center of Excellence for SSC; networking among the related institutions and organisations for identifying national level policy gaps and formulation of policy initiatives; capacity building training for focal points/persons; handbooks for SSTC; guidelines and agreements; inter-agency collaboration; resources; facilitating commodities of RH/FP and tripartite projects; sharing of knowledge, skills, expertise, best practices and resources (technology transfer, contraceptives etc.); national taskforce for SSC; institutionalising national and international conferences, organising meetings, seminars, workshops and study tours among the policy makers, parliamentarians and programme managers;

1.11 SSC focuses on reproductive health, population and development

Every respondent agreed that since ICPD, SSC has contributed to the improvement of reproductive health, population and development in developing countries. It was also found that PPD as an inter-governmental alliance, was launched during ICPD to institutionalise SSC in RH, population and development areas. Almost 60% of PPD member countries constituted national task forces for SSC to address population and reproductive health issues in developing countries but due to scarcity of resources, they were not operational fully.

1.12 Ways and techniques of fostering resource mobilisation for SSC

Different focal persons responded differently when they were asked about ways and techniques of resource mobilisation for SSC. A majority of them referred to demonstration value, capacity and visibility of strategic programmes of SSC in population and development as advantages to advocate with governments. Some others mentioned the need to initiate ODA for SSC among developing countries and a few said that ministerial dialogues among developing countries for inclusion of national budget lines for SSC as favorable conditions of resource mobilisation. Inter-country relationships and increasing bilateral relationships for SSC can drive the resource mobilisation for SSC. Some of the respondents strongly agreed that ministerial dialogue is essential for realisation of SDG Goal 17 in order to allocate national and institutional budget by different international agencies for increasing partnership, capacity building and technology transfer among developing countries. UN resolution on SSTC in population and development highlighting the implementation of SDG Goal 17 can be an effective resource mobilisation. PPD member countries can increase and regularise their annual contribution for SSC. Establishment of joint collaboration for organising international conferences on SSC is another effective way to mobilise SSC resources. However, it was suggested that the inclusion of the population and development agenda by promoting SSC in two recently established southern banks BRICS and Asian Infrastructure Investment (AIIB) will be a great opportunity for resource mobilisation this was also appreciated by a few respondents.

1.13 Challenges and difficulties faced by SSC focal persons

SSC focal persons at the country level are facing different challenges and difficulties while they play their role in promoting SSC as demonstrated by the present study in 17 countries. It was revealed by the respondents that they faced several challenges and difficulties which are: unspecific political commitment from policy makers on SSS; lack of a national policy on SSC; lack of regular national budget line for SSC; lack of capacity building programmes on SSC; lack of knowledge, skills and expertise of SSC; lack of funding accessibility from UN agencies for organising international inter-ministerial conferences on population and development; lack of relevant evidence based data on country best practices in specific areas like FP, RH, maternal and child health, ageing, migration, etc.; lack of coordination with finance ministry; failure to functionalise the National SSC Task Force due to lack of departmental financial allocation; heavy workload of focal persons as there was no other assigned persons to assist them; lack of incentives or award for focal persons and lack of cooperation mechanism/tools.

1.14 Knowledge and skills needed to be an efficient national focal person of SSC

Knowledge and skills play a huge role in any professional developments. Leadership in SSC is something very critical that requires a lot of knowledge and understanding of inter-country cooperation and partnerships matching global agenda and focusing on population and development as well as a great deal of experiences and practice. The focal persons were asked to list a few areas of knowledge, skill and capacity building that they feel essential for covering out their functions. The answers were grouped as follows:

Hundred percent of respondents strongly reiterated that knowledge and skills are important and essential for becoming an efficient national focal person for SSC. About 35% responded recommended to have knowledge and skills of specific tools and approaches of SSTC and understanding of roles and responsibilities of a focal person of SSC. Resource mobilisation is a key part of effective SSC and 30% of the respondents wished to build their skills in resource mobilisation strategies, effective planning for resources, allocation of resources and managing budget line items for SSC.

Forty percent of the focal persons wanted to enrich their knowledge in conceptualisation and operationalisation of SSTC and methods of exchange of knowledge and experiences. Eighteen percent of the respondents wanted to have knowledge and skills in negotiation and advocacy, networking/partnerships among countries and more interactions and coordination to share cross country experiences

In addition to the above mentioned areas, it was evident from the 17 country data that knowledge and skills were needed as a priority for all the focal persons on the areas, *ie* technique and method of exchange of information and experiences; exchange of successful stories, planning, implementation strategy, data management, translating best practices into local context; follow-up progress of ICPD beyond 2014 and SDGs, policy exchanges, development and integration of good policy into national policies; policies or regulations on SSC and innovative technology, transfer of technology and utilisation of technology in the context specific, RH and FP commodities; +SSC event management, etc.

1.15 Need for technical assistance for doing a better job as a focal person for SSC

While asked about their opinion on the technical assistance they needed to do a better job as a focal person, about 30% responded by saying that regular budgetary allocation to facilitate SSC and activities is needed. But 35% of the focal persons under the survey demanded that opportunities be created to participate in trainings, workshops, seminars, conferences and meetings along with the allocation of grants, guidance and mentoring for enhanced performance; funding for study visits on RH, population and development among PPD member countries and other developing countries for enhancing knowledge, enhancement of SSC fellowship programmes on RH, population and development; and creation of a regional platform for exchange of commodity and technology on reproductive health and family planning.

They also mentioned that organising specialised training in SSC for all focal persons in a reputable institution is needed for them to handle all levels of SSC. In their statement, they have also demanded some other requirements like a clear national strategy for SSC and creation of a national taskforce for SSC with budgetary allocation

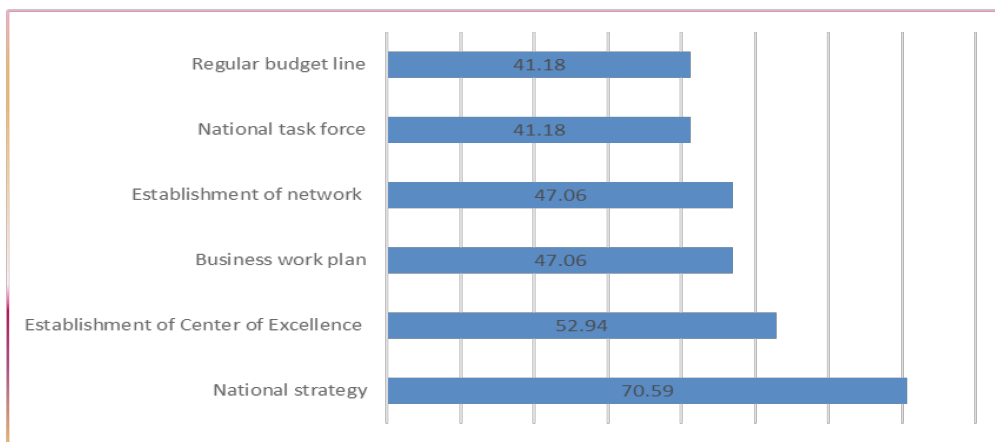
1.16 Additional Comments that might be useful for building capacity of SSC focal persons at national level

Forty one percent of the national focal persons viewed that regular update of the SSC progress in ICPD and refreshing courses on SSCT, participation in workshops and seminars and study tours for exchanging knowledge will build the capacity of focal persons. In addition, data from 17 country survey showed that regular review and monitoring of implementation of inter-ministerial conference outcome documents (declarations), formulation of ICPD and SDGs monitoring tools focusing on their targets and indicators, mainly digital ICPD & SDG tracker to enable tracking PPD countries progress towards attainment of SDGs and ICPD, policy brief for integration of SSC in national policy and programmes and institutionalising partnerships between UNFPA and PPD for SSC technical assistance at the national level will greatly help for capacity building of focal persons.

1.17 Evaluation indicators for SSC

The 17 country study revealed that more than 76% of the focal persons agreed to establish a set of assessment or evaluation indicators for SSC. However, among them 70% considered having a national strategy while others favored having Center of Excellence (52%) (see Chart 10). Forty Seven percent of respondents suggested the establishment of networks, 47% business work plans, 41% national taskforce, and 41% favoured a regular budget line.

Chart 10: Assessment or evaluation indicators for SSC



SSC Achievement of ICPD and SDGs 2030: Needs and Priorities

Section 1: SSC and ICPD & SDGs

1.1 SSC and the country progress of RH, population and development in countries

SSC has enormous potentiality to contribute to the developing countries in implementing ICPD and SDG 2030 agenda highlighting reproductive health, population and development. Many developing countries have formulated a national policies to promote SSC in order to benefit from southern experiences. The survey focuses on how these countries prioritise their emerging population issues in their national plans and how they are utilising the potentiality of SSC to help achieve ICPD and SDGs. This survey conducted in 17 PPD member countries revealed that 53 per cent of these countries have a national policies on SSC; 29% of the countries did not have any policy and 18% of the respondents had no idea about the SSC policy.

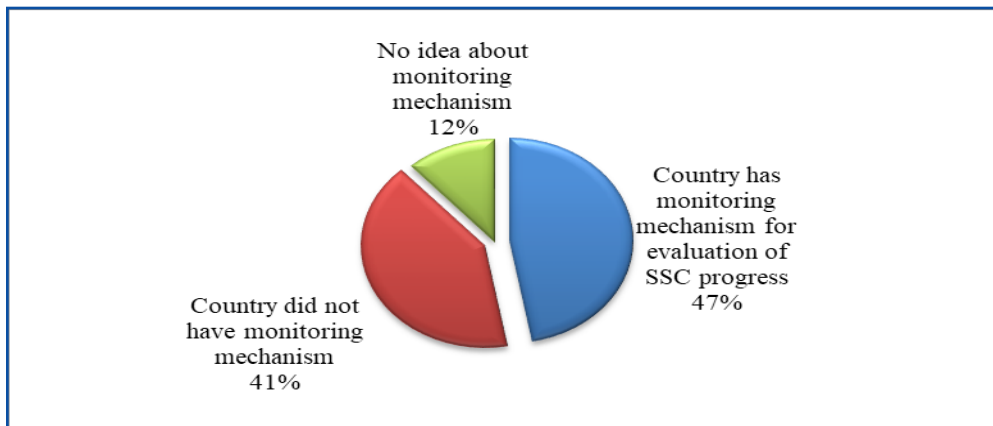
However, while the focal persons were asked to know whether their countries had a specific agenda to promote RH, population and development through SSC, it was learned that only 59% countries had a specific agenda for population and development incorporating SSC. More than 80% the countries had a national agenda for RH, population and development considering the commitment of ICPD and SDGs. They were supported by UNFPA with technical assistance from other countries in population and development. Most of the countries being member of PPD had established a focal wing which addresses population and RH issues through SSC.

About 46% of the PPD member countries shared their best practices with other countries to promote population and development issues. The survey found that these countries had also vast experiences in addressing emerging population issues using indigenous models and vastly improving the RH, population and development. The 17 country survey on SSC data revealed that 41% of the country benefited from other PPD countries in the field of RH/FP, population, maternal health and new contraceptive (sub dermal implants and injectable). About 37% of the countries provided technical assistance for learning experiences from their countries, attending training programmes and seminars hosted by them. Also 18% said that they provide technical assistance in terms of capacity building of professionals from PPD countries in RH, population and development.

1.2 Country mechanism for monitoring and evaluating progress of SSC

It was disclosed that 47% of the countries utilised monitoring mechanisms like assessment reports or review reports for evaluating progress of SSC (see Chart 11). About 41% of the countries did not have any mechanism and 12 % of the countries had no idea about monitoring mechanism of SSC.

Chart 11: Number of countries that utilised monitoring mechanism to evaluate SSC progress



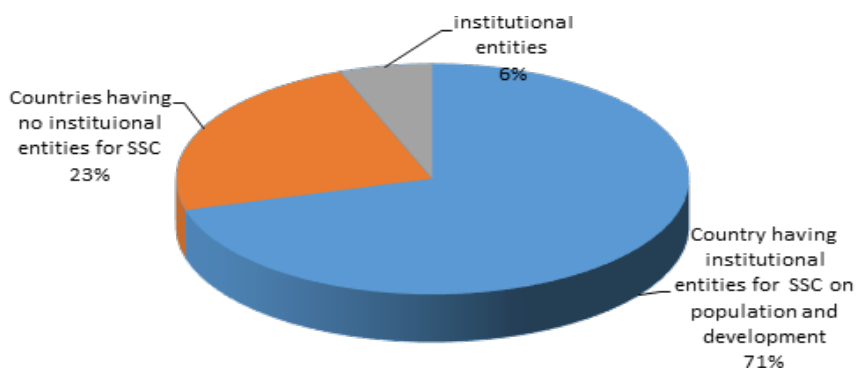
For example, in Mexico, the Ministry of Foreign Affairs through the Mexican Agency for International Development Cooperation with support from the Ibero-American General Secretariat and other agencies coordinated the preparation of the SSC Report in Ibero-America. China monitored and evaluated SSC as part of an international cooperation programme. Zimbabwe evaluated SSC through the TWG and the Central Statistics Office. South Africa had done it through SADC report on the ICPD PoA, AU report on the ICPD PoA and Addis Ababa Declaration on Population and Development and BRICS on Population Matters.

The a2i project of Bangladesh developed digital SDGs tracker which is an effective monitoring tool that provides essential support to measure the achievement of the SDGs. This tracker can be used to regularly monitor the progress of SSC, particularly SDG Goal 17 and other initiatives of SSC including ICPD. It presents data across all available indicators and can monitor progress towards the SDGs and can make governments accountable for achieving the agreed goals. The a2i project transferred this knowledge to other developing countries to be accepted as an innovative model to monitor their country achievements in SDGs. Regular monitoring and evaluation of development interventions can facilitate continuous improvement of progress and enhance their potential to make impact.

1.3. Establishment of institutional entities for SSC in population and development

The 17 country survey unveiled that 71% of the PPD member countries had institutional entities for SSC in population and development (see Chart 12). For example, Kenya established a standing committee on SSC that is coordinated by the National Treasury and Planning. Thailand's TICA promotes SSC under partnership programs with other donor countries and NGOs and international agencies for development cooperation in developing countries in various regions. Yemen had established an SSC institution before 2011 but during study it was seen that the institution had become inactive due to political unrest. Similarly, Zimbabwe had SSC entities like a technical working group (TWG) and Mexico promoted SSC through Mexican Agency for International Development Cooperation (MAIDC).

Chart 12: Number of countries having institutional entities for SSC on population and development



1.4 Major achievements for SSC in population and development in the past 10 years in developing countries

The 17 country SSC survey data reported that huge achievement was made for SSC in population and development fields by the developing countries in the past 10 years. It was seen that all the countries under the survey contributed in cash and kinds toward the promotion of SSC as it has huge potentiality to contribute to the developing countries in implementing ICPD PoA and SDGs.

There are many instances of consistent progress made for SSC in the field of population and development. The Government of China established a South-South Cooperation Development Assistance Fund with a first volume of 2 billion US dollars and enlisted PPD as a unique inter-governmental organisation of SSC in population field for this grant. The 17 county survey data disclosed that 88% of the countries regularly paid their annual contribution which is an amount of USD 1.5 million for promoting SSC which was noted as a great achievement of SSC in RH, population and development. The available data on the contribution of SSC in population and development field are grouped under different issues and presented below :

1.4.1 Infrastructure development for sustainable efforts towards addressing population and development issues in developing countries

Bangladesh contributed with a piece land to construct the PPD permanent Secretariat office building in Dhaka with a sustainable resource base to promote SSC in population and development. A six storied building was constructed with generous financial contributions from China and other PPD member countries totaling to an amount of USD 2.5 million and it became a unique global symbol of SSC in population and development. China constructed a huge multistory building CTC, in Taicang, with office, conference and training facilities on SSC in population and reproductive health. The Centre hosted several training programmes each year on SSC for professionals in RH, population and development of developing countries. The Uganda government contributed with an office space for PPD Regional Office in Kampala with other necessary amenities for promoting SSC.

1.4.2 Achievements in professional training, exchange of expertise and scholarships

The study found that among the survey countries 43% had training and scholarships programmes available for the professionals from other countries to participate in courses/training offered by these countries. For example, each year China provides training for more than 400 senior officials and service providers in the population and RH fields. CTC had trained more than 1300 policy makers, programme managers and service providers in population and reproductive health in the past ten years. South Africa, Egypt and India provided more than 40 scholarships annually to the developing countries for young professional development. These 3 countries annually funded USD 175,000 as in-kinds contribution to SSC. Indonesia provided training to almost 1500 from around the world professionals on FP and reproductive health issue. Kenya provided technical support and leadership role in francophone countries to develop curriculum and training programmes on RH, FP and the population issues through Centre for African Family Studies (CAFS) – a partner institute of PPD.

1.4.3 Achievements in RH and FP commodity Securities

It was recorded during the survey that China donated nearly USD 2 million worth of RH medical equipment and contraceptives to PPD member countries. Egypt provided technical consultancy for contraceptive security and supply to other countries supported by UNFPA.

1.4.4 Contribution in documentation of best practices, study tours, lessons learned, sharing of knowledge and best practices

Thirty one percent of the study countries confirmed that they had supported other countries to learn from their countries through study tours, best practices and knowledge sharing. China conducted a number of researches, and documented the successful cases of good practices in reproductive health, population and development. The Gambia provided technical assistance to on a regional level on training, study tours and health system strengthening. Kenya hosted several study teams from African regional countries to learn from Kenya on RH and FP. It had also received several scholarships and attended training programmes for capacity building. Ghana contributed to sharing experiences, documenting best practices of population integration module and sharing of data and information. It has also supported other countries for visiting Ghana and learning lessons to visit Ghana and learning lessons. Vietnam contributed to the exchange of bilateral and multilateral cooperation in population and development focusing on FP, RH and Ageing

1.4.5 Achievements in technical cooperation and technology transfer

Tunisia as a founding member of PPD succeeded in establishing National Board of Family and Population as a Centre of Excellence for promoting SSC in population activities for Africa and the Arab world. The Board provided technical assistance to Arab and Francophone countries in the areas of population and development with financial assistance from JICA, UNFPA, France and the Dutch

Government. In recognition of its contribution for SSC it received South-South Partnership Alliance and JICA Awards as well as the United Nations Development Programme Award for South-South Cooperation Efforts.

India contributed USD 1.1 million for healthcare facility building in rural Bangladesh for making healthcare services accessible for hard to reach population. China developed a Web-based population projection software and shared it to a number of developing countries including some PPD member countries free of charge. Thailand donated an SSC project to Lao People's Democratic Republic to construct and strengthen service system in Bokeo Provincial Hospital. The project provides both hardware, which includes construction of an inpatient department (IPD) and a maternal and child care building and procuring medical equipment, and the software, which includes a series of training courses and on-the-job training for medical officials. The goal was to contribute to improving Lao PDR's public health system and medical services. The project has helped create a network of border health offices, which include effective referral, EMS and knowledge transfer.

Thailand funded another SSC project on strengthening institutional capacity on maternal health programme in Bhutan. The objective was to reduce Bhutan's mother and child mortality rates and to support human resource development in reproductive health and mother and child care. Thailand has also collaborated with UNFPA and Lao PDR to promote SSTC since 2015 with the objective of supporting institutional capacity and human resources development, especially the improvement of midwifery teaching and training along with the transfer of knowledge and experiences from Thailand.

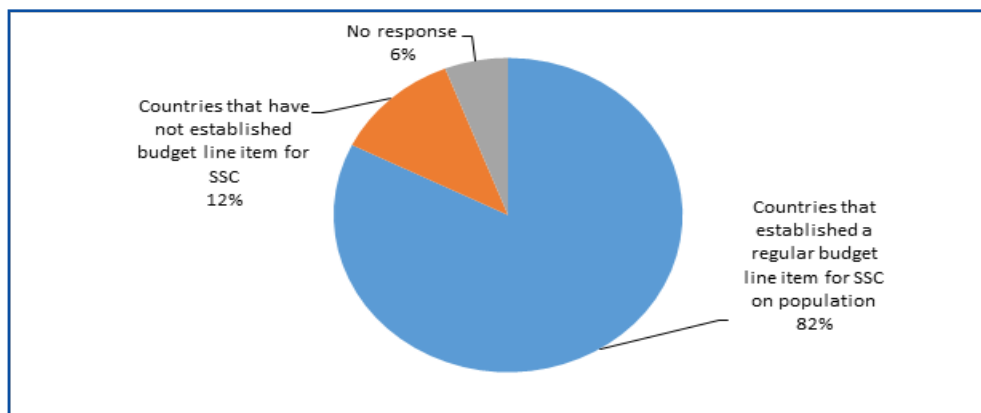
1.4.6 Achievements in global policy advocacy for population and development

The 17 country survey reported that all the countries had organised several advocacy events during the last 10 years to promote progress in achieving ICPD and SDGs agenda 2030 which include international conferences on population and development, ministerial dialogues on SSC, high level consultation meetings on up-scaling SSTC for population and development, international healthy ageing seminars, international SSC conferences on family planning, regional parliamentary committee meetings. About 12 international outcome documents were developed with the commitments of policy makers of these countries to address RH, FP and population issues.

1.4.7 Countries with a regular budget line for SSC in FP, population and development

It was found that 76% of the survey countries had a regular budget line item for SSC in population and development (see Chart 13). The remaining 18% countries had no regular budget line item for SSC but they made their contribution under different budget headlines while 6% did not provide any response. China, since 1996, introduced a budget line item for SSC in population and development. India, South Africa, Thailand, Indonesia, Mexico, Tunisia, Vietnam, Egypt, Bangladesh, Kenya, Egypt and Nigeria had a regular budget line item for SSC. Yemen had a budget line item for SSC but due to political unrest it has stopped to contribute towards SSC since 2015.

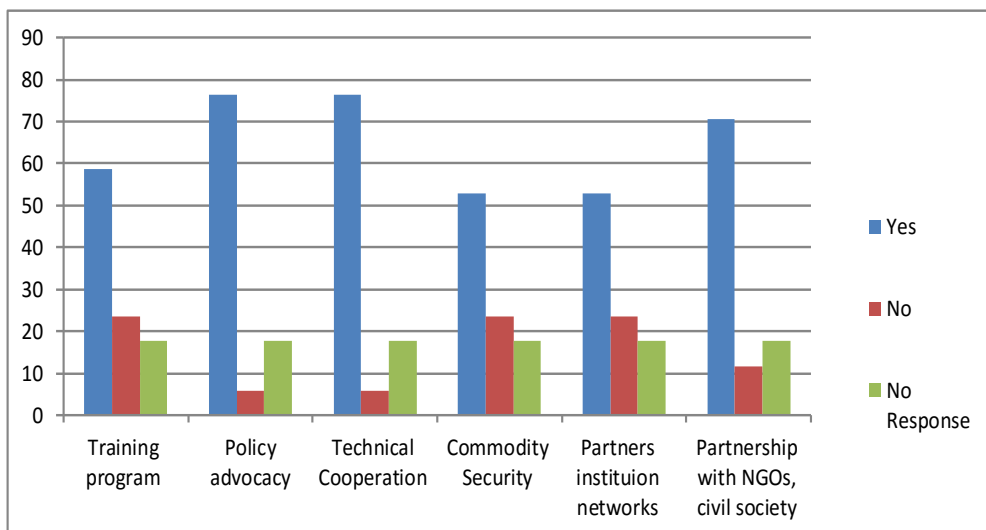
Chart 13: Percentage of countries having a regular budget line for SSC in FP, population and development



1.4.8 Countries having a specific programmes to promote SSC

The survey revealed that more than 70% of the countries had specific SSC programmes in policy advocacy, technical cooperation and partnerships with NGOs and civil society (see Chart 14). About 50% of countries had SSC activities in training, commodity security and partners institution networks. However, it was found that countries like China, South Africa, India, Thailand, and Indonesia had wider programmes while other countries had small scale programme for SSC.

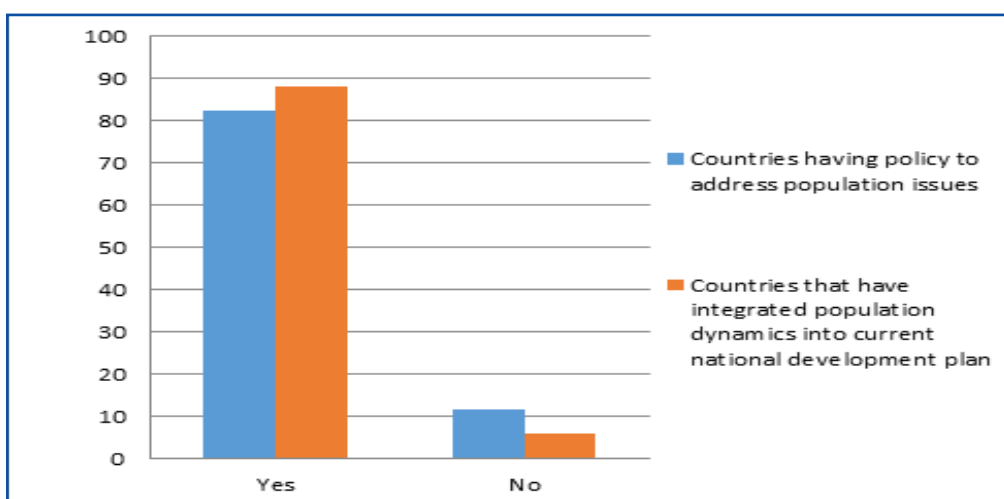
Chart 14: Types of programme to promote SSC under taken by different countries



Section 2: Integrating population dynamics into national development plan

The available data revealed that following the commitment of ICPD, almost 88% of the countries in the south integrated population dynamics into their national plan while less than 6% of the countries did not integrate the population dynamics into their national plan (see Chart 15). Further data explored that 80% of the countries had a population policies to address emerging issues while remaining 12% have not such policies. There were some countries that had already reviewed their policies and further modified them with emerging issues like ageing. Some of them had also taken initiative to review the policies for modification. Less than 10% of the countries did not respond as they were not involved with these issues.

Chart 15: Percentage of countries that had integrated population dynamics into their national plan and had a population policy



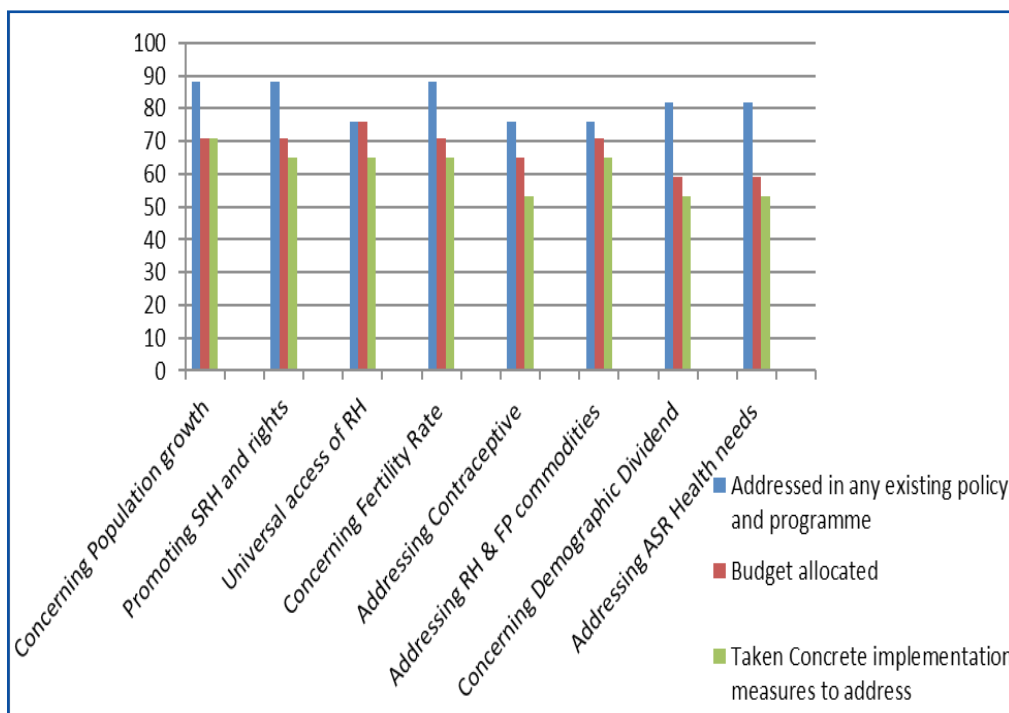
2.1 Countries with policies and strategy to address ICPD issues

Among the 17 countries for which data were available, more than 76% had policies or strategies to address the ICPD issues concerning population growth and demographic dividend, sexual and reproductive health, universal access to RH/FP, fertility rates and contraceptives, RH/FP commodity security, and adolescent sexual and reproductive health needs (see Chart 16). Along with policies and strategies about 59% of the countries allocated the budget to implement the policies and strategies through programmes. However, it was disclosed that more than 53% of the countries had taken concrete implementation measures to address these issues.

While national country focal persons were asked to specify the strategy or policy that mainly addressed the ICPD issues, a majority of them cited about population policy, population programmes,

national health strategy and national strategy for individual issues like family planning, adolescent sexual and reproductive health, prevention of teenage pregnancy etc. It was revealed that the policy makers of PPD countries related to population and development were well aware of ICPD and SDGs and committed to implement them. They had attended PPD annual events including ministerial conferences, consultative discussions and shared their countries' experience and practices, and adopted declarations regularly towards achieving ICPD and other global commitments which mainly influenced them to take proactive policy and programmatic initiatives.

Chart 16: Percentage of countries having a policy or strategy that addressed ICPD issues in the national context during the last ten (10) years



2.2 Countries engaged with SSC for provision of financial or technical assistance in the area of ICPD progress in the past 10 years

The 17 country data exhibited that 76% of the countries provided support to developing countries as provision of financial and technical assistance towards achievement of ICPD goals. Under the SSC technical and financial assistance were provided to implement activities such as training, capacity building, commodities support, procuring medical equipment, infrastructure of health facilities, information, education and communication, experience and knowledge sharing, and study tours etc.

2.3 Challenges in achieving successful integration of population dynamics into national development plans through SSC

The study found that 64% of the countries faced challenges in achieving successful integration of population dynamics into national development plans through SSC. Different countries faced different challenges, for example, lack of knowledge and understanding of policymakers about the benefit of population dynamics into national development plans; lack of study on population dynamics and trends and appropriate policy adjustments and changes; lack of expertise, finance, and materials to facilitate the integration of population issues; lack of coordinated implementation of the population policies; lack of piloting to integrate population dynamics into national development plans; no enforceable regulations to integrate the integration of population dynamics into national development plans; non availability of relevant population information; lack of coordination and availability of updated country information; lack of skilled professionals to integrate population dynamics into national development plans; critical conceptual and contextual complexity like maintaining TFR, healthy births, child development etc.

2.4 Essential inputs for SSC to integrate population dynamics into national development plans

Among the focal persons 65% said that capacity building of professionals is the most essential input to promote successful integration of population dynamics into national development plans. They also stated that technical support is required for skill building to understand the population dynamic for translating into the country context. The focal persons suggested some more inputs such as successful experience sharing and policy dialogues; development of a standard universal technical model for integration of population issues; adequate and recent documents on country best practices; best practices on SSC technical exchange; evidence based advocacy for political commitment and financial support.

2.5 Policy suggestions for more effective SSC to integrate population dynamics into national development plans

Suggestions given by the focal persons are: financial accessibility for documenting best practices and knowledge sharing from other south-south countries; experience sharing and strategic dialogues and network building of academic institutions for more systematic comparative researches on the inter-relationships between population dynamics and development; decentralisation of activities; addressing population dynamics as an integral component for achieving the goals of MMR, IMR, and TFR; galvanising support for population and related issues in national development plans; ensuring continued capacity building programmes for professionals engaged in population and reproductive health; increased high level advocacy using UNFPA Country Office; holistic implementation of the outcomes of the UNCPD meetings; international forum and national taskforce for advocacy on population dynamics; strengthening the monitoring of integration of population dynamics into development plans.

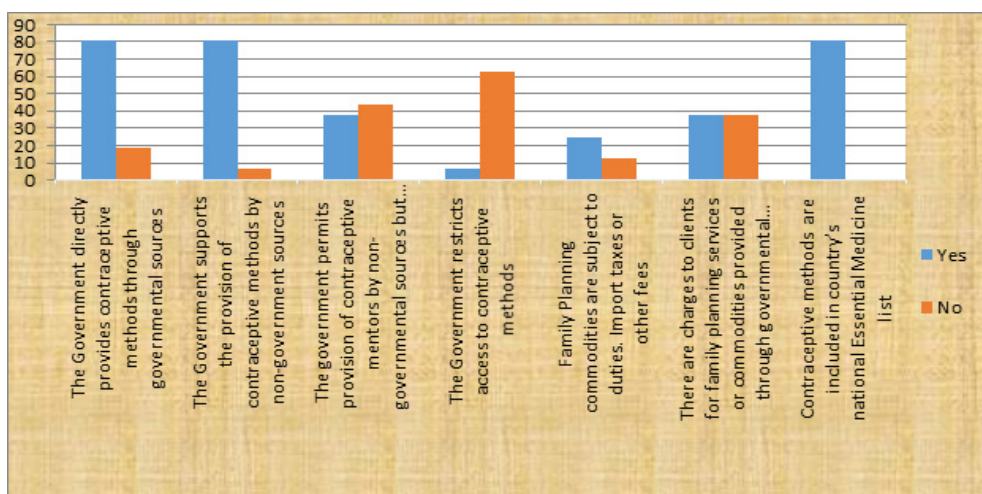
Section 3: Improving Universal Access to Reproductive Health and Family Planning Services

ICPD was not only a global agenda but a very effective strategic and driving force for addressing global reproductive health and family planning difficulties. It was for the first time that the world community came up with a global guiding memo for the developing countries to concentrate RH&R and FP for combating poverty. The countries of South themselves found SSC as an remedial measure to address their miserable RH and FP situation. Developing countries vowed to ensure universal access to RH and FP services through partnerships and highlight their indigenous successful practices. As promised by countries of the South during ICPD, the 17 country survey data found that 88% of the countries had national policies and strategies to realise that commitment. Only 12% of the countries did not make their national policies but they also addressed their RH and FP problems through various programmes.

3.1 Government policies concerning provision of contraceptive methods

It was learned from the 17 county survey that in more than 82% of the countries, contraceptive methods were provided directly by the government sources but in the remaining 18% countries, the methods were facilitated by other sources as seen in Chart 17. The governments of 82% countries also provided support to the non-government sources to facilitate availability of contraceptive methods for all eligible couples. Less than 6% governments of countries did not provide such support to non-government sources.

Chart: 17 Percentage of countries which had Government policies and programmes about provision of contraceptive methods



The governments of 35% countries permitted provision of contraceptive methods by non-governmental sources while more than 47% countries did not permit non-governmental sources any such facilities and the remaining 18% countries had no clear policy. The governments did not restrict access to contraceptive methods in more than 65% countries but about 6% governments restricted contraceptive access and the remaining countries did not have any policy.

More than 24% of the countries had family planning commodities subject to duties, import taxes or other fees while less than 18% countries did not have such taxes or fees. The focal persons of remaining countries had no idea about tax or any other fees. More than 35% of countries where clients were charged on government provided family planning services or commodities while 41% countries did not do the same. There was no response on the issue from 24% countries. Contraceptive methods were included in 82% of the countries' national essential medicine list.

3.2 Institutional entities to address the RH needs of adolescents and youth (10-24 years)

It was revealed that more than 88% of the countries under the survey had established different institutional entities to address the RH needs and demands of the adolescents and youth of their countries. Under different ministries, several agencies, departments and NGOs were involved in addressing adolescent issues. India implemented RKSK programme that addresses the needs of adolescents through adolescent friendly health clinics, peer educators, school health programmes etc. Indonesia had a programme called GenRe Program (Generation with a Plan) to help the youths (10-24 years) on reproductive health and physical, mental, social and economic issues. Similarly, Zimbabwe Government had a National ASRH programme helping youths on similar issues.

3.3 Issues of adolescents and youth (10-24 years) to be addressed in public policy priority for the next five to ten years

Due to emerging demographic transition and structural changes in developing countries, the adolescents and youth groups are becoming larger compared to the other age groups and their needs are often changing and becoming more challenging to address. With the opportunities of SSC, developing countries are bringing innovation to their national programmes to address them but still many other emerging issues related to adolescents and youth remain to be addressed. As the focal persons were asked to make a list of the emerging issues of youth and adolescents that were anticipated to be matters of public policy priority for next few years, it was perceived that different countries had different challenging issues and will have to be prioritised in each countries public policy.

Bangladesh as a transitional economy has achieved most of the ICPD and MDGs indicators yet the country faces challenges to address early marriage and teenage pregnancy and employment of youth. Indonesia as a pioneer in global SSC for addressing sexual and reproductive health and family planning but the country faces challenges in making adequate information and education about RH

issues accessible in school and out of school programmes. South Africa has faced several critical problems like HIV/AIDS, teenage pregnancy and substance abuse. Tunisia is an advanced country among the developing countries in achieving ICPD agenda, but she has some new challenges such as addictive behaviour among the youth, mental health and sexual and reproductive health. Vietnam has addressed on a priority basis, the reduction of the rate of unwanted pregnancy and abortion. In Mexico majority issues are teenage pregnancy; coverage and access to sexual education, and employment opportunities.

The Gambia had some key issues like life skills training to promote youth's employability; strengthening of adolescent and youth friendly RH centers and involving youths in decision making that need to be addressed as priority. Ghana's policy priority issues were noted as reaping demographic dividend, adolescent reproductive health, education, employment and skill development and participation in governance and decision making. Similarly, Kenya has to address new issues like drug and substance abuse; early/teenage pregnancies; STIs including HIV, youth unemployment and mismatch in skills development. Zimbabwe has critical issues for further policy priority like CSE interventions; demographic dividend; poverty reduction; SRH/HIV & AIDS; maternal health and teenage pregnancy. However, it was understood from the data of the countries that there were some common challenges faced by many countries like SRH and HIV/AIDS, adolescent and teenage pregnancy, early marriage, unwanted pregnancy, nutrition, mental health, and abortion and sex education. These challenges have been marked as further policy priority.

3.4 Countries engaged with SSC for provision of financial or technical assistance for improving universal access to sexual and reproductive health and family planning

The 17 country survey data show that 9 countries provided technical and financial support to other developing countries to improve SRH&FP. Quite a number of countries were found to be benefited from such technical and financial assistance. These technical or financial assistance provided for study tours, knowledge sharing, information, education and communication, training courses for capacity building of individuals and institutions, medical equipment and contraceptives, scholarships, establishing health facilities, bilateral visits and cooperation. However, it was found that the financial and technical assistance are not well documented and their measurement is difficult as multilevel sharing of support, cost and engagement of both recipients and providers in term of kinds are required for effective partnership.

3.5 Challenges towards realising universal access to reproductive health and family planning services

Most of the countries faced common challenges towards realisation of the universal access to RH and FP except a few countries that have affordable and accessible technology and contraceptive products, commodities and skilled professionals. The common challenges that were faced by countries were:

shortage of skilled professionals and health workers at community level; lack of affordable and accessible contraceptive and other RH commodity supply; lack of knowledge and know-how of contraception of clients and cultural barriers; hard to reach geographies; provision of quality RH and FP products for choices; socio-cultural constraints, social myths and misconceptions; inadequate budgetary allocation for effective coverage and equal distribution among regions; lack of capacity building training and incentives for training; lack of access to RH, FP services in hard-to reach areas; lack of political commitment for pushing the RH services into the national benefit package; gender inequality; lack of integral sex education and inequality and poverty.

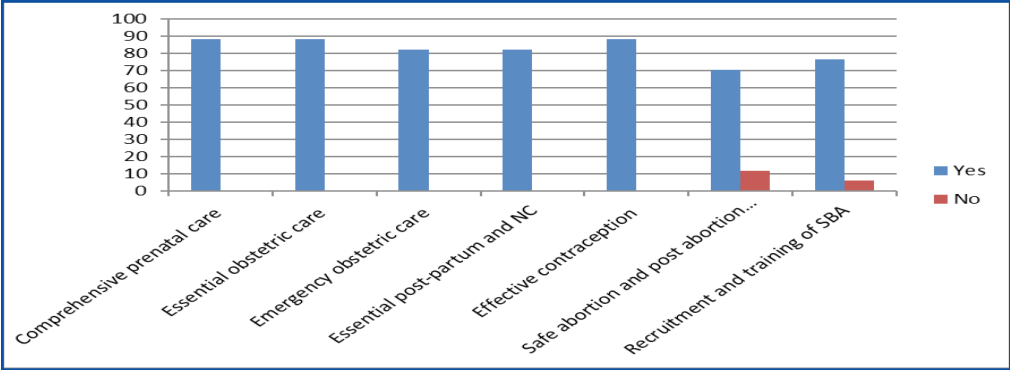
Section 4: Improving maternal and child health

Reducing maternal and child mortality is an important global agenda but it has critical challenges. The wellbeing of mother and child determines the health outcome of a country. Death of a mother has a serious impact on the child and other family members and to prevent maternal death, political commitment and effective policy action are needed. Well-functioning health systems are needed to reduce maternal, newborn and child mortality and to improve health.

4.1 Government adopted measures to reduce new born and maternal deaths in the country

The 17 country survey data show that more than 88% of the countries had expanded coverage of comprehensive prenatal care, essential obstetric care and effective contraception (see Chart 18). Emergency obstetric care and essential post-partum and newborn care were found in 82% of countries. However, in regard to the accessibility of safe abortion including post abortion care was found in 71% and recruitment and training of skilled birth attendants was found in 76% of the countries. About 12% of the countries did not provide safe abortion services as the considered abortion was illegal, and some governments restricted the services to specific cases. However, it was disclosed that Bangladesh although a Muslim country, had a very scientific government programme since 1979 called “Menstrual Regulation” (MR) that is a substitute to abortion. Less than 6% of the countries did not have recruitment and training of skilled birth attendants. It is essential to support countries that do not have available safe abortion services. The countries of the south can exchange knowledge considering the critical social barriers against abortion care in these countries. Recruitment and training of skilled birth attendants at delivery can reduce maternal death in developing countries. Countries with higher maternal deaths will need to commit additional health resources to respond to maternal death.

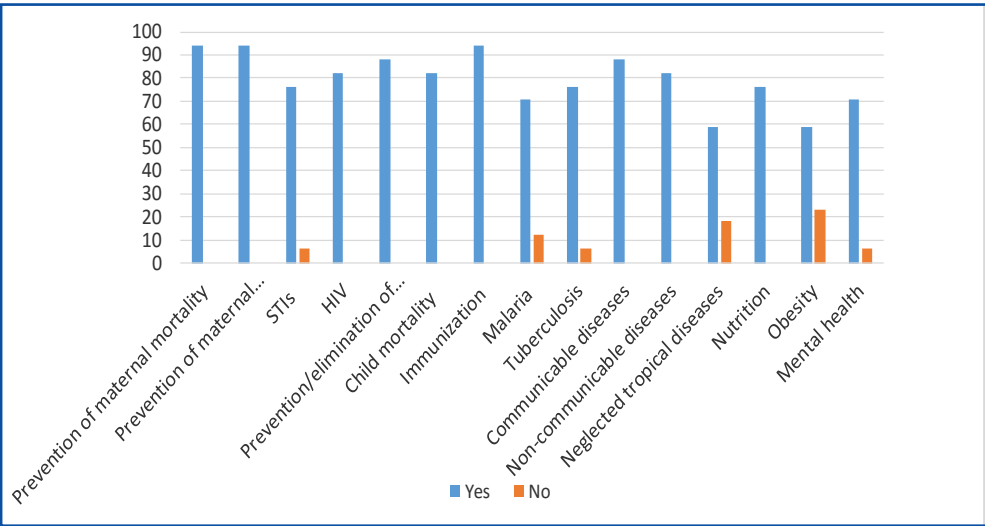
Chart 18: Number of countries having expanded coverage in different issues to reduce new born and maternal deaths



4.2 Priorities areas in health, morbidity and mortality in the countries’ national health policy frameworks or strategies

Based on available data (See Chart 19), it was observed that a majority of the countries (94%) had prioritised prevention of maternal mortality and morbidity, child mortality and immunisation. The study revealed that most of the countries are well equipped with policies and programmes and implementation but some of them were successful in reducing maternal mortality and morbidity and child mortality as per the ICPD agenda while some of them were far behind, particularly countries in Africa. In regard to STIs and HIV, more than 76% of the countries included them in their policy frameworks but only 6% did not succeed to do so.

Chart 19: Percentage of countries having priority in policy towards health, mortality and mobility



Prevention/elimination of gender-based violence is a major problem in developing countries and it was found that 88% of the countries prioritised the issue into their policy.

Malaria (70%), Tuberculosis (76%), Communicable diseases (88%), Non-communicable diseases (82%), Nutrition (76%) and mental health (70%) are important areas for improving public health, particularly of women and children but most of the countries did not prioritise the issues in their policy and programmes as presented in Chart 18. Childhood obesity prevention is vital for child health development but only 58% of the countries adopted the issue as a priority.

There is a huge burden of the Neglected Tropical diseases in developing countries but many of them were found reluctant to address them as a priority (23%). Malaria (12%), Tuberculosis (6%), and mental health (6%) were found not prioritised in the countries.

4.3 Examples of governments providing financial or technical assistance to other country for improving of maternal and child health

Forty Seven percent of countries had found to provide support other countries with finance or technical assistance to improve maternal and child health. They mainly provided support or professional training, scholarships, knowledge and experience sharing, infrastructure for health facilities and commodities and supply of medical equipment. Countries also provided some other assistance but the data were not available since the foreign ministries of respective countries provided support directly through their embassies or high commissions in the recipient countries. This assistance was mainly recorded as bilateral relationships.

4.4 Challenges towards improving maternal and child health

There were some critical challenges that country faced towards improving maternal and child health:

- a. inadequate technical hands for safe delivery like skilled birth attendant and capacity building training
- b. lack of new technologies, equipment and essential commodity supplies
- c. insufficient services on maternal and neonatal care
- d. lack of civil registry of marriage, pregnancy and management of antenatal and postnatal care
- e. insufficient budget for MCH

Section 5: Promoting Healthy ageing

The world is experiencing a historically unprecedented phenomenon in the demographic projections of elderly population. The proportion of people in 60+ and 80+ age groups are projected to grow in all regions of the world. The shares of the total ageing population are higher than at any time in history, and their growth is accelerating. The number of aged 60+ has increased from 200 million in 1950 to around 901 million in 2015 and is projected to be 1402 million (56%) by 2030 and further

to reach 2092 million by 2050. Each country in the world is experiencing the growth on the number of older persons. This trend of the growth is expected to become one of the most significant social transformations ever in history, which will affect all the sectors of society, including labour and financial markets, the demand for goods and services, such as housing, transportation and social protection, as well as family structures and intergenerational ties. But with timely investments, population ageing can become a vehicle for growth and prosperity for any country in the world.

5.1 Governments view on the ageing of the population as a matter of concern

Emerging countries have shared the global concern about ageing and have taken a number of initiatives to tackle the issue and have accumulated some experience, particularly regarding many indigenous efforts. China with the highest population in the world has the largest group of elderly population. China responded to the ageing issue at a very advance stage and took several initiatives to care for the aged people as one of the priorities in the agenda of the Government.

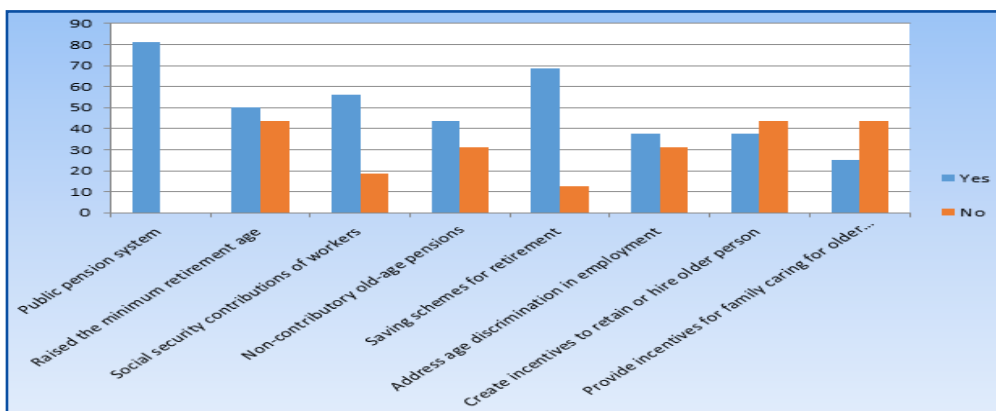
The Thai Constitution of 1997, 2007, and 2017 state that a person over 60 years of age with insufficient income for living shall have the right to welfare, public facilities and appropriate aids from the state. In order to promote physical and mental health among senior citizens, the government has encouraged the establishment of more clubs and centres for social activities in the communities. Presently, older persons also receive discounts on public transportation and other services in some cases even free-of-charge as specified in the Act on the Elderly (2003). The 2nd National Plan for Older Persons (2002 - 2021) under the National Committee on the Elderly provides strategies on measures which support long-term care provision including the promotion and support of informal care within the family, and the provision of health and social services in both home/community and institutions.

The Government of Bangladesh attaches huge importance to the ageing issue. Also, the government introduced some social protection for elderly people. The government under the safety need programme, provides Old Age Allowance (OAA) to the poor elderly people. In order to defray the expenses in this sector, the government allocates a budget annually.

5.2. Measures adopted by the governments to address the challenges of population ageing

The 17 country study data make it known that the countries were concerned about the ageing as a population issue and had taken multi-level actions to address it (see Chart 20). About 80% of countries had public pension systems for job holders and more than 50% of the countries increased the retirement age. Less than 60% of the countries had social security contribution for workers while saving of the 70% of the countries had retirement schemes. Forty per cent of the countries created incentives to retain or hire older persons. About 30% of the countries had initiatives to prevent age discrimination in employment and had incentives for family caring for older persons. However, the 17 country study found that about 40% of the countries are yet to take initiatives for addressing population ageing challenges which would be very critical in coming years as the old age population is increasing in these countries due to declining fertility rates and increasing life expectancy at birth.

Chart 20: Percentage of countries taking measures to address the challenges of population ageing



5.3. National policy, programme and/or strategy addressing ageing and/or the needs of older persons (60+ years)

The data from the 17 country affirmed that more than 76% of the countries had policies for addressing the issues of elderly people, but only 12% had no policy while the remaining 12% did not consider ageing as a national concern. It was found that the Government of South Africa developed a “Policy for Older Persons” and put into place an “Older Persons Act”. In Tunisia, the ageing issue was addressed through a rule outlining the social norm as “promulgation of code of individual rights and promotion of women (education & employment).

5.4. Institutional entities to address issues regarding ageing and/or the needs of older persons (60+ years)

Seventy six per cent of the countries under the study stated that they had established different institutional entities to address the needs of elderly people. Bangladesh established an institute called “Bangladesh Association for the Aged and Institute of Geriatric Medicine (BAAIGM)”. Similarly, China had put us an integrated medical care and nursing care system, home based community supported and institution supplemented facilities for elderly care. In Nigeria there was a designated Ministry which has, as a part of its mandate the requirement to address ageing issues including ageing policy. In Thailand governmental agencies and NGOs and international agencies were engaged the rights of the old age people. In Tunisia, government bodies like Reproductive and Health Centers related to the National Board of Family and Population and Centre for healthy ageing under the Ministry of Social Affairs were responsible for addressing the aging issue in their country. India had initiated several programs for elderly people like the national programme for the healthcare of elderly and senior citizens health insurance scheme, the Pradhan Mantri Vaya Vandana Yojana and an integrated programme for older persons. Though, Zimbabwe doesn’t consider populating ageing a concern its Ministry of Social Welfare is mainly responsible for ensure welfare of elderly besides, it has a social security schemes that were established for the old age people.

5.5 Addressing the ageing issues of ICPD and the needs of older persons in the national context during the last ten years

The study reported that countries were mostly concerned about addressing ICPD issues related to ageing due to an increase of the ageing structure in the countries. For example, to enable older persons to live independently as long as possible, South Africa constituted a “Plan of Action for Older Persons”. It had established “Older Person Grants Private Schemes” for extending or improving old age allowances / pensions and/or other income support schemes for older persons, including non-contributory pensions. Similarly, Tunisia has several initiatives to address ICPD issues related to ageing. It has a programme called Sexual and Reproductive Health to ensure RH services to the women particularly to ensure Menopause Cancer prevention. It worked for decreasing social gap to promote health as an economic growth factor; enhanced services for information, education and communication to sensitise the media about elderly issues; and special services for mental health to prevent discrimination against older persons, especially widows. It had another programme called national social security fund for extending or improving old age allowances / pensions and/or other income support schemes for older persons, including non-contributory pensions. The Mexican government had an institutional policy for integral attention for older persons to enable older persons to make full use of their skills and abilities.

5.6 Contribution of SSC in providing financial or technical assistance in promoting healthy ageing

The study found that China, Thailand and Mexico were engaged in providing experience, knowledge and information to other developing countries on these issues. They had also organised several policy and consultative seminars at international level to exchange knowledge and information among the countries.

5.7 Challenges faced by countries in promoting healthy ageing

For ensuring healthy ageing SSC is a very unique and useful technique which could be translated through experience sharing and policy dialogues, best practice sharing, capacity building, seminars and workshops, etc. Some challenges faced by countries in promoting healthy ageing:

- a. lack of capacity building of health service providers and caregivers to the elderly people
- b. Lack of experience sharing and policy dialogues
- c. Insufficient documentation of best practices

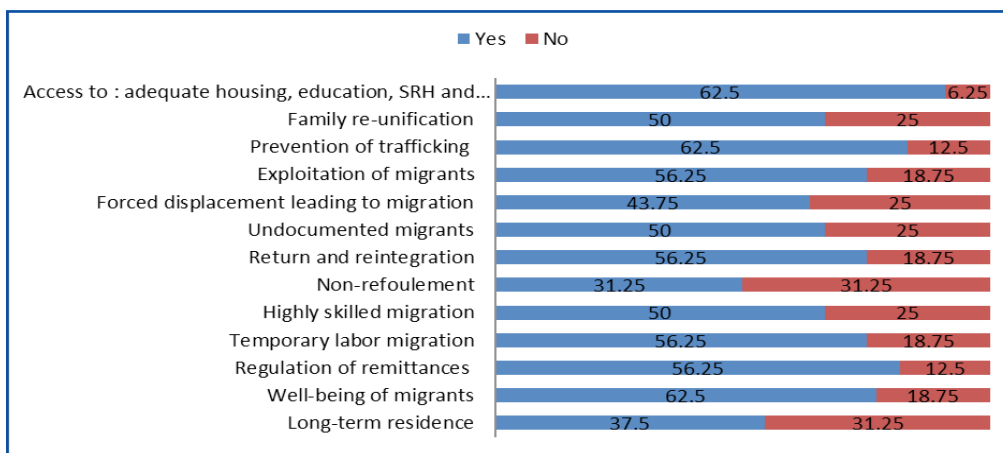
Section 6 : Promoting social cohesion of migrant populations and addressing their RH services

In a globalised world, migration trends are changing, influenced by overlapping social, economic, political, environmental and demographic drivers. Though migrants are often driven by a desire for better economic and social opportunities, other reasons, such as conflict, violence, persecution, extreme and uncertain weather, climate change and variability and disasters also cause large-scale movements, and alter existing migration patterns. The post 2015 development scenario offers windows of opportunities for PPD in terms of diplomatic and advocacy initiatives, but specific migration and forced migration situations pose serious challenges in terms of protection, prevention of crime, logistics and diplomatic relations.

6.1 National policy or programme addressing internal and international migration

Available data revealed that most of the countries had policies and programmes to address the necessary needs including sexual and reproductive health of internal and international migrants (see Chart 21)

Chart 21: Percentage of countries having national policy or programme addressing internal and international migration



6.2 Provision of financial or technical assistance to other country for promotion of social cohesion of migrant population under SSC

Available data did not show much engagement of SSC in addressing migration issues except China which had programmes to provide financial and technical assistance to PPD member countries and other developing countries. China had supported countries arranging bilateral cooperation and visits, organising seminars, workshops etc. Similarly, South Africa organised an international migration conferences.

6.3 Challenges towards promoting social cohesion of migrant population by addressing their RH care service

Some critical challenges towards promoting social cohesion of migrant population by addressing their RH care service is given below:

- a. lack of political commitments for policies in favoring the provision of healthcare including RH care and FP services
- b. lack of experience sharing, policy dialogues, joint researches and training for capacity building
- c. lack of institutional role for addressing xenophobia

Section 7 : Creating greater understanding and addressing the relationship between poverty and reproductive health

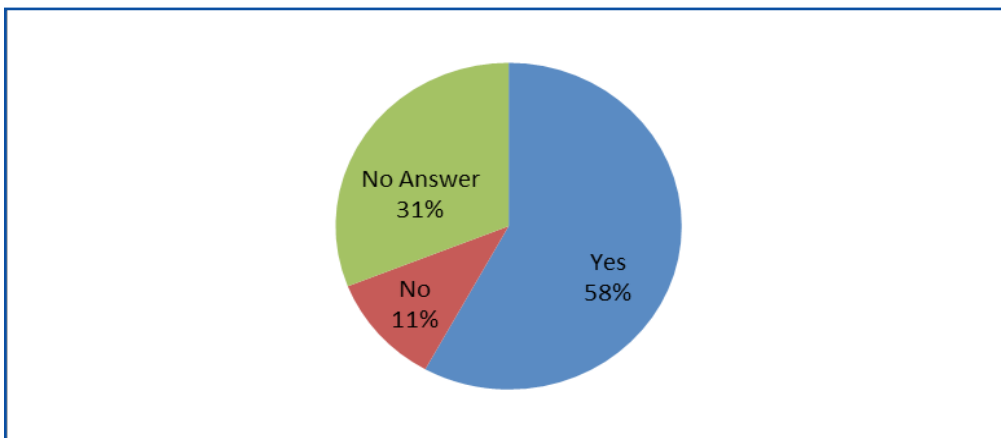
Public policy strategies are essential to design the alleviation of the health impacts of poverty, either by reducing poverty or mitigating its effect on health. It is important to identify ways to address the links between poverty and health measures that are likely to improve the health of people. Initiative have to be drawn from broad strategies which directly prevent or reduce poverty and inequality, and downstream interventions aimed at specific populations and designed to lessen the negative health impacts of poverty.

7.1 Country wide policies or strategies to address the linkage between reproductive health and poverty in country

Data from the study showed that 56% of the countries had policies or strategies to address the linkage between SRH and poverty (see Chart 22). However, about 31% of the countries did not provide any answer as they had no idea about the issue. It was understood from the study that China had been implementing its nation-wide initiatives on poverty alleviation through better health care including RH care. India had a programme called ‘Mission Parivar Vikas’ addressing the regions with the highest TFR districts of the country which also tend to be among lesser developed ones.

Egypt had taken initiatives for providing support to the needy through loans and social funds for development. Indonesia succeeded through universal health coverage. South Africa established and implemented a program on implementation of National Health Insurance since 2012. Similarly, Thailand had an innovative programme to assure the coverage and access to SRH services called “National Benefit Package of National Health Insurance Scheme”.

Chart 22: Percentage of countries having policies or strategies to address the linkage between reproductive health and poverty



7.2 SSC for provision of financial or technical assistance in addressing the relationship between poverty and reproductive health

It was revealed that some countries from the south engaged in providing technical assistance to other countries for addressing the relationship between poverty and reproductive health. Thailand had a very specific programme which provided such assistance to other countries. Thailand International Cooperation Agency (TICA) and the Faculty of Nursing, Khon Kaen University with the support of UNFPA had conducted short courses training and workshops for capacity building in Lao PDR (Department of Research and Training, Ministry of Public Health; Bhutan: Ministry of Public Health).

7.3 Challenges in creating greater understanding of and addressing the relationship between poverty and reproductive health

Some challenges were highlighted from the survey towards creating relationship between poverty and RH:

- a. lack of financial resources and skilled professionals
- b. lack of technical knowledge for replication of best practices
- c. lack of data on relationship between poverty and reproductive health
- d. inadequate efforts to address the needs of the rural poor and urban slums
- e. lack of policy addressing regional and socio-economic inequality and linkage between poverty and reproductive health

Challenges and Interventions

Section A : Challenges of SSTC in achieving ICPD and SDGs

Despite tremendous progress made in promoting SSC to achieve ICPD and SDGs in recent years in the survey countries, there are some critical challenges that have undermined the potentials of SSC. These are:

- i. Absence of Centres of Excellence on SSC for population and development. Centres of Excellence are needed for innovation, new partnerships, knowledge sharing and scaling up of proven approaches.
- ii. Lack of knowledge and skills of national SSC focal persons
- iii. Lack of institutionalisation and operationalisation of SSC as an alternative model for development in the context of global agenda like ICPD and SDGs. Institution building is thus essential for deepening SSC.
- iv. Insufficient National budget allocation for SSC and donors, or international agencies' priority funding - specifically for SSC in reproductive health, population and development is quite insufficient.
- v. National taskforces for SSC and networking research and training institutions and NGOs are needed for identifying national level policy gaps and formulation of policy initiatives.
- vi. Lack of strategic framework that promote the role of SSTC as an instrument for achieving of ICPD and SDGs 2030 Agenda.
- vii. Success of SSC is undermined by a lack of well-defined national policies that need to be invigorated through national commitment.
- viii. Southern countries do not have sufficient tools to measure and evaluate how exchange of knowledge, skills, resources and technical know-how through SSC contribute to the global agenda.

Section B : Interventions/Recommendations for deepening SSC in achieving ICPD beyond 2014 and SDGs 2030 agenda

- i. Efforts must be taken to establish more effective “Center of Excellence” on SSC for population and development to be supported by UNFPA, PPD and its member countries. It is essential to establish a Centre of Excellence on SSC in developing countries for effective knowledge management, researches, innovation, scaling-up best practices and translating the agendas of ICPD and SDGs into policies and programmes. A sustainable process is required for thematic consultation as the think tank for SSC and translation of ICPD and SDGs into national and regional contexts.
- ii. Initiative should be taken for extensive capacity building training programmes for SSC focal persons in developing countries to strengthen national level capacity for SSTC in RH, population and development .
- iii. Developing countries and UN agencies could increase exchange visits, exchange programmes and experience sharing that will facilitate national focal persons to increase their capacity to engage in promoting SSC at the national and international levels.
- iv. A strategic framework that promotes the role of SSTC should be developed.
- v. A population and development agenda should be included by promoting SSC in the two recently established southern banks: BRICS and Asian Infrastructure Investment (AIIB) which will be a great opportunity for SSC.
- vi. Making data on RH, FP, population and development, commodities of RH and FP and inventory of products and services accessible would increase the opportunity for SSC.
- vii. Effective mechanism for monitoring and evaluating progress of SSC can strengthen further SSC activities at national and global levels.
- viii. Consolidating existing networks in developing countries can effectively promote exchanges of knowledge, experience, information and best practices.
- ix. Engagement of policy makers in SSTC in RH, population and development at the global level should be increased in coordination with their respective ministries of foreign affairs.
- x. Efforts should be made for institutionalisation of SSTC at national, regional and global levels in the context of SDGs Goal 17.

- xi. International initiatives must be taken for increasing resources for promoting SSC at governments, donors and community levels.
- xii. An institutional mechanism needs to be established and strengthened for sustainable technical cooperation among developing countries.
- xiii. Countries should take critical initiatives to regularise national budget line items of SSC.
- xiv. Best practices of effective integration of population dynamics into national plans in different countries may be documented and shared with other countries. UN agencies like UNFPA, Bill & Melinda Gates Foundation, and Southern banks can support such activities.
- xv. Lessons from countries doing best in addressing the adolescent reproductive health needs, adolescent and teenage pregnancy, early marriage, unwanted pregnancy, unmet RH needs, and safe abortion and sexual education could be learned and disseminated among developing countries.
- xvi. An SSC taskforce at national level should be strengthened to identify the strategic priority areas for SSC in RH, population and development in the developing countries
- xvii. Partnership building and strengthening international forum for global advocacy and dialogues on emerging issues of RH, population dynamics and development should be undertaken.
- xviii. Recruitment and training of service providers like skilled birth attendants and physicians and policy dialogues on successful experiences can contribute to a reduction in maternal mortality and child mortality in developing countries.
- xix. Exchange of knowledge and experience, documentation of best practices and policy dialogues on ageing need to be supported by countries and international agencies to address the issues of ageing in developing countries.
- xx. Initiatives should be taken to increase South-South support for investment in reproductive health and family planning for hard-to-reach populations in developing countries.

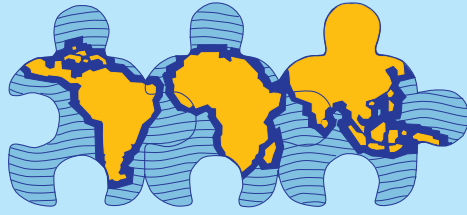
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