



United Nations
Office for South-South Cooperation



South-South and Triangular Cooperation in Action
Sexual and Reproductive Health

South-South Cooperation in Action: Sexual and Reproductive Health

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South-South and Triangular Cooperation in Action

Sexual and Reproductive Health



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Foreword

UNFPA, the United Nations sexual and reproductive health agency, and the United Nations Office for South-South Cooperation (UNOSSC) are pleased to jointly present this edition of South-South in Action (SSiA). Launched in 2016, these reports are intended to be a platform where South-South and triangular cooperation partners can present and share their successful development solutions.

This edition highlights a sample of UNFPA's good practices of actual SSC partnerships in the areas of its mandate. This set of 24 documented cases features practices in sexual and reproductive health (SRH) and reproductive rights, gender equality, youth empowerment, and population data for development, which include family planning, maternal and child health, midwifery, obstetric fistula, HIV and AIDS, SRH in humanitarian settings, population data and population ageing. Through publishing them, we are not only celebrating the successes of UNFPA and its partners in promoting South-South and triangular cooperation but, more importantly, also providing information of who is doing what and where, thus helping to facilitate more partnerships.

The 2030 Agenda for Sustainable Development identifies partnerships, including South-South and triangular cooperation, as a cross-cutting goal that supports the implementation of all the other Sustainable Development Goals (SDGs). Similarly, the Programme of Action of the International Conference on Population and

Development (ICPD) underscored that South-South cooperation is an important instrument of development by harnessing technical cooperation to improve programming and by mobilising resources. In response, UNFPA's Strategic Plan 2018-2021 elevated partnerships and coordination, including South-South and triangular cooperation, as a cross-cutting programming modality that will strengthen the other modalities such as advocacy and policy dialogue/advice, capacity development, knowledge sharing and service delivery. Programmatically, this is to tap into the increasing interest of programme countries to provide support to other countries. From a management perspective, this approach enables the organisation to have a clearer view of its return-on-investments in South-South and triangular cooperation, as both expenditures and results are firmly linked to the programming modalities.

As a United Nations agency working in more than 150 countries and with a global network of country and regional offices, UNFPA is well-positioned to locate where the best technical knowledge exists and to broker national agencies and other stakeholders that are willing and ready to share with and learn from each other. The agency's close collaboration with UNOSSC will ensure that the United Nations' role as a convener of expertise is exercised in the most effective and efficient manner, aligned with the best practices in the United Nations system. This collaboration ensures

that Member States are given the best possible strategic advice on South-South and triangular cooperation at the policy, programmatic and technical levels.

This joint publication serves as an illustration of successful South-South and triangular practices not only across thematic areas, but also through the wide range of means and arrangements that is the hallmark of these cooperation modalities. It clearly identifies success factors that drive partnerships while also identifying lessons learned that may be useful for effective replication.

While this is only a sampling of UNFPA's South-South and triangular activities, we hope that this will motivate interested parties to seek potential partners and inspire more exchanges of successful solutions. In the lead up to the Second High-Level United Nations Conference on South-South Cooperation in March 2019 to mark the 40th anniversary of the adoption of the Buenos Aires Plan of Action (BAPA+40), we hope that this publication contributes to the discussions around a common understanding of the type of South-South and triangular partnerships that work, in what conditions and contexts, their drivers, and the challenges that remain as we work to achieve the Sustainable Development Goals.



Natalia Kanem

Executive Director, UNFPA and Under-Secretary-General of the United Nations



Jorge Chediek

Envoy of the Secretary-General on South-South Cooperation
Director of the United Nations Office for South-South Cooperation





Chapter I

South-South and Triangular Cooperation in UNFPA

South-South and Triangular Cooperation in UNFPA

UNFPA is the United Nations sexual and reproductive health agency. Its mission is to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. The organisation's Strategic Plan (SP) 2018-2021 indicates the following four outcomes that focus UNFPA's work: (1) sexual and reproductive health services and reproductive rights, (2) adolescent and youth empowerment, (3) gender equality and women's empowerment, and (4) population data for development. The humanitarian perspective is mainstreamed throughout all outcome areas. The SP is designed towards the 2030 timeline, aligning it with the 2030 Agenda. In UNFPA's Vision 2030, it commits to achieve three people-centred transformative results: (1) end unmet need for family planning, (2) end preventable maternal deaths, and (3) end gender-based violence and harmful practices.

UNFPA's goal is directly aligned with SDG 3 "Good Health and Well-Being" and SDG 5 "Gender Equality". UNFPA also contributes to SDG 1 "No Poverty", SDG 10 "Reduced Inequalities", SDG 16 "Peace, Justice and Strong Institutions", and SDG 17 "Partnerships for the Goals".

In UNFPA's view, the value-add of South-South cooperation is as an effective tool to gather international commitments on developmental issues, generate knowledge of effective solutions, and tap into available financial and in-kind resources from developing countries. South-South cooperation is an avenue through which developing countries are able to support the development of other countries. While this cooperative motive is true to all, this is particularly evident in middle-income

countries as these countries are eager to share solutions that successfully worked for them. In addition, South-South cooperation has been shown to provide effective solutions that may not anymore available in developed countries. Even when solutions are widely available, replicating a solution that proved successful in similar contexts offers greater chances of success.

South-South cooperation, together with partnerships and coordination, has for a long time been recognised by UNFPA as an important programmatic approach. However, in its current SP, it gained even more prominence as it is institutionalised as a programming modality alongside four other modalities: (1) advocacy and policy dialogue/advice; (2) capacity development; (3) knowledge management; and (4) service delivery. As a mode of engagement, activities designed to support or enable South-South cooperation are carefully monitored in terms of expenditures, outputs and their linkage to specific outcomes. This gives the opportunity for the organisation to have a clear sense of results. UNFPA's strategy creates a flexible business model that addresses inequalities and strengthens South-South cooperation. For example, country programmes in middle-income countries give more emphasis on upstream work such as SSC and much less on provision of SRH goods and services.

UNFPA supports programmes in more than 150 countries through a global network of more than 120 field offices. This network enables UNFPA to play its role as broker of South-South cooperation partnerships and convener of global support for South-South cooperation in its outcome areas.

Headquarters units and regional offices support South-South cooperation at a global and regional level, including supporting inter-regional partnerships. A dedicated office, the Inter-Country Cooperation Office is placed in Programme Division to provide policy advice, contribute to resource mobilisation from Southern funding facilities, and conduct corporate-wide monitoring and organisational capacity development on South-South cooperation. A South-South cooperation corporate strategy was developed as well as a guidance note on implementing this modality in programming. Staff training, both in workshops and online, is being conducted. UNFPA supports the platforms to share SSC solutions, such as the various international forums that UNFPA organises or participates in. The annual international Inter-ministerial Conference on South-South and Triangular Cooperation in Population and Development is one such forum that UNFPA co-organises. An online database supporting solutions exchange has been created and shared through an online community. In partnership with UNOSSC, UNFPA aims to contribute to a

United Nations system-wide online platform to enable solutions exchange and partnership discovery.

Annually, UNFPA conducts an internal competition of good practices. This is intended to gather field knowledge on specific topics and to recognise successes of the organisation in those areas. In 2018, the topic was on successful South-South practices. Entries were selected using the criteria of innovation, results, sustainability, and replicability. A global panel composed of relevant professionals from regional offices, headquarters, and sister-agencies selected the winners. The cases published here were taken from the entries in that competition.

The South-South practices here were written concisely. It was not the intention to put all the details in the write-up. In people-centred knowledge-sharing, most of the knowledge about these practices are with the practice owners indicated at the end of each documentation, who can be contacted for more details and more South-South partnerships.

UNFPA -EECARO







Chapter II

**UNFPA Good Practices in South-South and
Triangular Cooperation**

South-South Cooperation for Sexual and Reproductive Health and Reproductive Rights: Family Planning



Cross-Cultural Partnerships with Muslim Religious Leaders for Family Planning

Indonesia and 20 Countries in Asia and Africa



This is an innovative learning and advocacy programme to partner with Muslim religious leaders in advocating for Family Planning. This programme has been going on since 2013 and has reached over 20 countries.

Issue

For the past several decades, addressing religious beliefs around the issue of family planning has been a big challenge for the international Muslim community, raising concerns regarding its compatibility with Islamic teachings. While some Muslim States

and organisations have adopted a cautious approach to the issue, others like Indonesia have mobilised religious leaders to present religiously sound interpretations (known as a fatwa, a religious opinion on Islamic law issued by an Islamic scholar) on the subject. While access to family planning information and services has been widespread and more

UNFPA -Indonesia



accessible in developing countries, in some Muslim countries the level of awareness remains low and there are misconceptions related to its acceptability from an Islamic perspective.

Indonesia, which has the largest Muslim population of any country in the world, has seen a fertility decline in the past decades. Religious leaders have played an important role in influencing the attitude of the community towards family planning. The Government of Indonesia with technical support from UNFPA, embarked on strategic partnership through South-South cooperation and triangular cooperation with Muslim religious leaders in family planning. The aim is to introduce and share the successful experience of Indonesia in implementing acceptable family planning programmes within a Muslim setting. The training focuses on how Islam views the family planning concept, including clarifying common misconceptions, and how the concept is translated by Muslim religious leaders and Islamic institutions through their participation and active support to family planning services and information. This is being applied in various settings such as schools, hospitals and clinics, advocacy in the establishment of fatwas or declarations of religious leaders supporting family planning and dissemination of training to local community leaders through pilot projects, among others.

Towards a Solution

To facilitate multi-country exchange and sharing of knowledge and good practices, training is conducted in Indonesia for religious and community leaders and local officials working in family planning. The intensive training is carried out through classroom orientation and lectures, as well as field visits. The latter enables the participants to observe and have direct interaction with grassroots workers and resource persons on how Islamic

teachings on family planning are implemented by engaging a diverse set of civil society actors, including religious/faith-based organisations, together with secular NGOs and governmental counterparts. Three major Islamic institutions - the Office of Islamic Affairs of the Ministry of Religious Affairs, Muhammadiyah and Nahdlatul Ulama - share their family planning activities, including providing information and services at the grassroots level to the participants.

The training is designed not only to learn and share experiences but for participants to reflect on lessons learned and to prepare their own plan of action for implementation upon return to their respective countries. The cooperation between UNFPA and participating countries continues even after the training with follow-up activities in the home countries of the participants, including implementation of their action plans.

Results

Most of the participants of the family planning training in Indonesia considered the programme as an excellent learning opportunity and relevant to their particular needs. More specifically, it raised the awareness of religious and community leaders from participating countries that Islam is not against family planning. Furthermore, the training motivated them to be more active in their communities to promote and support family planning.

From 2013 to 2018, more than 200 Muslim religious leaders and over 5,000 participants from 20 countries in Asia and Africa, including Afghanistan, Algeria, Azerbaijan, Bangladesh, Burundi, Chad, Ethiopia, Ghana, Guinea, India, Malaysia, Maldives, Mali, Nepal, Nigeria, Pakistan, the Philippines, Sudan, and Sri Lanka, benefited from this training programme covering topics of advocacy, management and

communication of family planning, among others.

As a follow up to the training in Indonesia, several countries have conducted national workshops and similar training programmes as well as family planning projects. In Nepal, the project included district-level orientation on family planning and Islam, discussion with ulamas (religious scholars), madrasa (Islamic schools), and parents of Muslim girls to disseminate family planning-related messages. In Chad, on the other hand, their action plan focused on behaviour change communication interventions through the networks of partner agencies in the capital city and other communities throughout the country.

The Indonesian training programme has also encouraged participating countries to develop a fatwa supporting family planning. The Philippines endorsed a fatwa on family model in Islam that is being implemented in the five municipalities. In Ethiopia, the Islamic Supreme Council pronounced a Fatwa on Family and Marriage in Islam which essentially states that family planning could be practised by the Muslim families and it is the responsibility of both husband and wife. An earlier fatwa stipulated that the practise of family planning was the responsibility of women only. In Guinea, religious leaders (Muslims and Christians) produced a declaration supporting the national family planning programme. While attribution is difficult to demonstrate, the contraceptive prevalence in the country is increasing, albeit slowly.

Lessons Learned

Addressing the cultural and religious beliefs around the issue of family planning remains a big challenge in some Muslim states and organisations. Advocacy efforts on Islam and family planning should not be exclusively for religious leaders. Instead, religious leaders,

other civil society advocates, health experts and government officials all need to be engaged and be part of the advocacy.

Partners

The National Population and Family Planning Board (BKKBN), Indonesia
Bureau of Overseas Technical Cooperation, Ministry of State Secretariat, Indonesia
Indonesian Muslim Organisations: Nahdatul Ulama and Muhammadiyah
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This good practice was recognised as 3rd-place winner in the 2018 UNFPA internal good practice competition on South-South cooperation.



UNFPA -Indonesia



Cooperation in Family Planning and Women's Role in a Muslim Setting

- Philippines and Indonesia



Predominantly Christian Philippines partnered with neighbouring Indonesia for family planning and gender advocacy with the collaboration of government agencies and civil society organisations, including religious leaders, for the benefit of the Muslim region of the country.

Issue

Indonesia and the Philippines, specifically the Autonomous Region in Muslim Mindanao (ARMM), share a common cultural background and religion. With their population predominantly Muslim, they are well placed to share and exchange experiences, good practices and expertise on issues relating to family planning and reproductive health, as well as the role of women.

For many years, the ARMM region had shown poor performance in terms of access to maternal and child care services and contraceptive use among others. Therefore, the region could benefit from the 40-year experience of Indonesia in reproductive health and family planning implementation, especially in its strategic collaboration with Muslim religious and community leaders. On the other hand, Indonesia's reproductive health/family planning (RH/FP) programming could be further enriched by strengthening local governance for RH/FP, fostering partnerships with civil society organisations and enhancing the role of women in policy and programming - areas that the Philippines has the experience and well-regarded reputation. The successful passage of the Reproductive Health Law in 2012, after more than 14 years of civil society and women's sector advocacy, gave the Philippines ample experience, including good practices and lessons learned, which could be shared with Indonesia.

The cross-country cooperation between the Philippines and Indonesia is wholly government-owned, with the two largest agencies directly involved in reproductive health and family planning - the Population Commission of the Philippines and the National Population and Family Planning Development Board (BKKBN) of Indonesia taking the lead. UNFPA brokered and facilitated the partnership.

Towards a Solution

The Philippines and Indonesia forged a five-year plan (2012-2017) under which national and local government officials and Muslim religious leaders from the two countries conducted cross-learning activities in the form of training, field exposure, internship, workshops and exchange visits. The twin purpose of the collaboration was to learn from each other by exchanging good practices that could be applied, as appropriate, in their own contexts and to share their respective expertise to enhance the work being carried out in their countries.

Every year, teams comprised of government officials, Muslim religious and community leaders, health professionals, women and youth leaders from both countries underwent 5 to 10 days of intensive training on various aspects relating to RH/FP programmes, and were mentored by experts from either country. After the training, the teams went back to

their constituencies and enhanced their own respective programmes by introducing and incorporating new perspectives learned. The trainees also participated in relevant seminars and national and regional conferences such as the Asia Pacific Conference on Reproductive and Sexual Health and Rights and national family planning conferences.

Results

During the five-year partnership between the Philippines and Indonesia, the capacity of 139 Muslim religious leaders, 127 government officials and 72 young people from both countries had been strengthened in the areas of family planning, reproductive health and gender issues. Participants learned many valuable lessons about Islam and family planning, such as the point that it is not “haram” (forbidden or proscribed by Islamic law). They also learned about birth spacing; early marriage; and pre-marriage counselling in Islam, among others. The exchange programme included field visits, internships and lectures on family planning and Islam given by Muslim leaders.

The ARMM region showed improvements in key RH/FP indicators over the five-year partnership as evidenced by increasing use of modern contraceptives and access to maternal care services, and declining unmet need for family planning and lower incidence of gender-based violence.

As a result of the training programmes attended by its officials, the Bangsamoro leadership, the main Muslim political entity in the Philippines, accepted RH/FP as a development issue and implemented RH/FP programmes in their community. Five pilot municipalities in ARMM region have already implemented family planning programmes with funding and technical support from the Population Commission.

A new fatwa (a legal opinion or decree handed down by an Islamic religious leader), entitled Model Family in Islam, was passed by the Dar al Ifta in 2015 clarifying the issue of early and forced marriage in the context of Islam. The fatwa followed the first one issued in 2004 which clarified that family planning is not





forbidden among Muslim couples. The new fatwa paved the way for the signing in 2015 of the Memorandum of Understanding between UNFPA and the Moro Islamic Liberation Front, through its development arm, the Bangsamoro Development Agency, for the latter to implement programmes on RH/FP. This agreement would not have been possible without the issuance of the fatwa.

The Indonesian participants also learned from the experience of the Philippines in decentralisation that successfully transferred the responsibility of managing RH/FP programmes to local governments. This is important since the battleground in RH/FP implementation is at the local level where leaders can take a hands-on role in rolling out such programmes. In addition, there were good practices gleaned from Filipino female Muslim religious leaders who are more engaged and actively participating in RH/FP promotion than their counterparts in Indonesia.

Lessons Learned

To ensure that action plans developed during the training sessions are implemented upon return to the country, a team of trainees consisting of high-level administrators, programme managers and religious leaders should be drawn from the same locality. This approach encourages teamwork and will help ensure sustainability of the programme.

Partners

Population Commission, Philippines
National Population and Family Planning Development Board (BKKBN), Indonesia

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This good practice was recognised as 1st-place winner in the 2018 UNFPA internal good practice competition on SSC.

Promotion of Family Planning by Muslim Religious Leaders

- Chad



In this South-South practice, religious and traditional leaders learned from their counterparts in other countries in raising awareness and promoting behaviour change in family planning, reproductive health and child marriage. The support of the High Council for Islamic Affairs was instrumental in the successful outcome.

Issue

Chad is one of the least developed countries in the world and has a high fertility rate of 6.4 children per woman. This, in part, is attributed to low use of modern contraception, early marriage and early entry into fertile life and the persistence of traditional and socio-cultural

practices and beliefs where a large number of children is valued.

Fertility control is perceived by the majority of the population to be incompatible with Islamic principles. The misunderstanding of religious texts has been an obstacle to the practice of family planning. In close partnership with the supreme body of the Muslim community, the High Council for Islamic Affairs (referred to as the Council), UNFPA mobilised religious and traditional leaders to raise awareness and promote behaviour change with regards to family planning and reproductive health.

Towards a Solution

Through the South-South cooperation modality, the Council, with UNFPA support, has built the capacity of its members, including the League of Women Preachers, on issues relating to family well-being and reproductive health from the standpoint of Islam. Through annual study tours, Council members went through rigorous training in Indonesia. They had also benefited from sharing of experiences with Bangladesh, Egypt and Morocco. Moreover, the Council created a network of Qur'anic schools and trained at least 600 imams with whom they worked closely on the ground.

Results

To counter the misinterpretation of religious texts related to family planning, the Council conducted campaigns to raise awareness on the



UNFPA - Chad

benefits of family planning and reproductive health and the detrimental consequences of child marriage, among others. This was done through its radio broadcast network. The imams also delivered the same messages in mosques during the Friday prayers.

The Council organised a forum on “Islam, Family Well-Being and Demographic Dividend” that involved more than 2,000 religious leaders and technical experts from the various regions of Chad and 20 countries in West and Central Africa, the Arab States and Asia. A “Declaration of N’Djamena” was issued, which stated that the spacing of births is prescribed by the Qur’an and is an important element for the family wellbeing.

Within the health centre located inside the main mosque of N’Djamena, Chad’s capital city, the Council opened a unit that specifically offered family planning services. There is evidence that the number of new acceptors of modern contraceptive methods is growing. On average, every year since 2016, more than 1,000 women adopt modern methods. Moreover, some 3,000 women preachers were committed to engage and train other women

in promoting family planning and reproductive health.

Lessons Learned

The involvement of religious leaders in the promotion of family planning in predominantly Muslim communities is vital in the understanding of the religious scriptures that have implications in the practice of family planning. Advocacy of religious leaders must be in collaboration with other civil society actor and government officials.

Partners

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Enhancing the Monitoring of Reproductive Health Supplies

-Nigeria and Partners in Population and Development



This good practice describes the use of digital tracking of reproductive health commodities. Geographic information system technology monitors supply availability, distribution and other key data.

Issue

Access to safe, quality and effective contraceptives, medicines and equipment is paramount to women's reproductive health and their ability to plan their family. Quality contraceptives and maternal health medicines help avert unintended pregnancies, maternal and child deaths and unsafe abortions. UNFPA supplies countries that need them and helps strengthen their supply chains so that women and adolescent girls can access a choice of contraceptives no matter where they live. For planning and programming purposes and to ensure transparency and accountability, using digital mapping technology, such as the Geographic Information System (GIS), to monitor and track reproductive health commodity distribution, including location of health facilities, is deemed important.

Towards a Solution

The Partners in Population and Development (PPD), an intergovernmental body of 26 developing countries mandated to promote South-South cooperation in the areas of reproductive health and population and development, is looking at Nigeria's pilot implementation in the application of such GIS technology. The choice of Nigeria, which is a member of PPD, is based on its geospatial data infrastructure that would enable and facilitate GIS data analysis and as a UNFPA programme country with interventions in family planning and reproductive health.

Results

Nigeria, in partnership with PPD and with support from UNFPA, initiated a collaborative



UNFPA - Nigeria

effort to explore the benefits of utilising GIS as a logistics management tool in reproductive health supply monitoring, with huge potential for onward sharing to other PPD countries. All collaborating partners acknowledged the merits of utilising GIS which include providing useful maps that visualise and communicate programme data, including geo-referenced disaggregated data at sub-national level; establishing a foundation for data analysis within a geographic context; increasing access, use, and value of data from multiple sectors; supplying point of reference for discussion among programme key stakeholders; tracking the commodity distribution for a better targeting of resources; and availability of time-series data that provides geo-referenced information on health commodity related issues.

Lessons Learned

With its ability to manage, analyse and visualise data, GIS is a cost-effective monitoring tool that is helpful for tracking the reproductive health commodity distribution, including location of health facilities, that is important for evidence-based decision making and resource allocation.

Partners

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Reducing Maternal Mortality and Making Motherhood Safer



UNFPA - Nigeria

South-South Cooperation for Sexual and Reproductive Health and Reproductive Rights: Maternal and Child Health



Reducing Maternal Mortality and Making Motherhood Safer

-Thailand, Bhutan and the Lao People's Democratic Republic



This South-South practice documents the partnership of Thailand and neighbouring countries on maternal health. The partnership included needs assessment, on-site visits, development of learning curricula and workshops for health personnel.

Issue

Thailand's success with maternal health care allowed the country to share and exchange its experiences with other countries, especially those that face a high rate of maternal mortality, to help reduce preventable causes of deaths. In many Asian countries, maternal mortality was high. Bhutanese women died of pregnancy-related causes, particularly in

rural and remote areas where there was a lack of services. Similarly, in the Lao People's Democratic Republic, maternal mortality was attributed to a low percentage of births attended by skilled health service providers, including limited access to emergency obstetric and newborn care. Through the facilitation of UNFPA, Thailand's knowledge and skills on maternal health care were tapped

UNFPA - Thailand



and shared with Bhutan and the Lao People's Democratic Republic to increase capacities of health personnel providing maternal health services in those countries.

Towards a Solution

Cooperation initiatives between Thailand and Bhutan and between Thailand and the Lao People's Democratic Republic were launched under the South-South cooperation framework. A comprehensive and in-depth needs assessment as well as contextual situation analysis of the respective countries were carried out. Findings from the assessment and discussions with key stakeholders defined the scope and strategies for collaboration.

Drawing from both Thailand's expertise and UNFPA's vast network, several initiatives were undertaken that included exchange and learning visits, and development of a training curricula for health care personnel including courses for midwives and lectures and workshops on safe motherhood.

Results

Both Bhutanese and Lao health care personnel, as well as policy makers, gained knowledge and understanding of Thailand's successful experience in providing maternal health care services through, a cadre of highly-skilled birth attendants, involvement of community and health volunteers in maternal health programmes and an operational health management system that included protocol, guidelines and a comprehensive health referral system.

Based on the outcome of the joint initiative, Bhutan allocated more resources towards its maternal health programme. As a result, nine regional health and 50 key health personnel from basic health units as well as referral hospitals located in remote areas were equipped with advanced midwifery and

emergency obstetric skills. Each of the trained health personnel provided maternal health services and care to around 20-50 cases a month.

In the Lao People's Democratic Republic, 52 trained administrators and midwifery instructors, including teachers and preceptors, transferred knowledge and experiences that produced at least 300 trained midwives per year with 90 per cent of the trained midwives placed at health centres and hospitals throughout the country.

Lessons Learned

Considering that multiple actors and partners are often involved in cross-country cooperation, it is imperative that roles and responsibilities are identified, discussed and agreed at the outset and that they are adhered to by all parties concerned. Transparency is important to foster trust and long-lasting partnerships.

Partners

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This good practice was recognised as 4th-place winner in the 2018 UNFPA internal good practice competition on SSC.



Improving the Effectiveness of Maternal Health Care

-Turkmenistan and the Republic of Moldova



This partnership between these two countries in Eastern Europe and Central Asia showed a successful exchange of knowledge and support for capacity development. It involved transfer of medical expertise, such as in emergency obstetric care, standardising clinical practice, and other capacity development interventions. It has great potential to be shared further throughout the region.

Issue

In 2010, the maternal mortality ratio (MMR) in Turkmenistan was estimated at 67 per 100,000 live births. The causes of maternal death included severe bleeding, eclampsia and obstructed labour that could be prevented through the provision of timely and quality emergency obstetric care. While basic obstetric service delivery points provided comprehensive emergency obstetric care (EmOC), there was a need to standardise clinical practices and establish a differentiated set of maternal health services and referrals across the country in order to improve quality

of care for mothers and new-borns and reduce maternal mortality. Moreover, apart from outdated clinical protocols and guidelines, weak capacity of specialists and uneven distribution of medical equipment were contributing to a disruption of timely service provision with negative impact on maternal health.

Towards a Solution

To help improve the quality of maternal health care in Turkmenistan, especially the delivery of EmOC services, UNFPA facilitated a cross-country South-South cooperation exchange

UNFPA - Turkmenistan



between Turkmenistan and the Republic of Moldova in the area of maternal health and provided technical and financial assistance throughout the entire process.

Following several rounds of consultation with key stakeholders, the Republic of Moldova was selected as a suitable country for Turkmenistan to exchange with and learn from based on the following factors: the strong capacity of Moldovan obstetricians in developing and implementing clinical protocols and evidence of improvements and maintenance of quality maternal health services even with limited financial resources, as well as shared historical experience of the two countries that includes a similar system of maternal and child health service provision.

The cooperation between the two countries included, among others, transfer of technical expertise from medical experts, study and learning visits to maternal health service provision and training centres, standardising clinical practice in obstetrics and newborn health through protocols and guidelines and setting up a more efficient medical equipment management system.

Results

This South-South cooperation significantly contributed to increasing the capacity of more than 150 Turkmen obstetricians, neonatologists, medical engineers, midwives in clinical practice and those in academia relating to the improvement of maternal health.

United Nations estimates have shown that maternal mortality has decreased by 50 per cent since 2010. Moreover, the country programme evaluation conducted in 2014 found that the number of comprehensive EmOC services provided increased by 30 per cent largely due to the introduction of updated clinical protocols and guidelines, as well as improvements in service training.

A comprehensive assessment of the structure and referral system of maternal and child health services concluded the need for a system of differentiated services at each of the three levels of care in every region. The recommendation was carried out and proved to be cost efficient and increased the effectiveness of services provided.

The exchange visits were extremely beneficial for Turkmenistan participants in learning about efficient and cost-effective ways in the management of medical facilities and equipment. These resulted to a significant reduction from 20 to 7 days, on average, of non-functioning equipment thereby contributing to an improvement in provision of maternal health services.

Through the exchange visits, Moldovan specialists also benefited from Turkmenistan's innovative approaches, such as the provision of a regionalised differentiated services. Moreover, partners from both countries have expressed strong interest to continue their partnership and maintain frequent professional contacts and networking. For instance, five Turkmenistan experts were invited by the Republic of Moldova to take part in the 2018 International Congress on Obstetrics and Gynaecology.





UNFPA - Turkmenistan

Lessons Learned

Standardisation of medical practice, especially in the area of emergency obstetric care, is crucial for achieving long lasting results in improving maternal health. Setting up the standards of clinical care with clear and concise protocols and identifying who should do what and when has proven to be life-saving. A differentiated set of services and medical equipment, as well as human resources based on competencies, skills and knowledge is efficient and effective for providing quality services. Adopting the pre-established standards would be beneficial for countries working towards improving the effectiveness of their maternal health care.

Partners

MCH Institute in Chisinau, the Republic of Moldova
Simulation centre of Moldova State Medical

University
Technical University of Moldova
MCH Centre in Ashgabat, Turkmenistan
Ministry of Health and Medical Industry, Turkmenistan
Medical Equipment Center, Turkmenistan
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This good practice was recognised as 2nd-place winner in the 2018 UNFPA internal good practice competition on SSC.



Integrated Population and Health Information Platform

-Ghana and China



This partnership helped create an integrated Population and Health Information Platform to boost maternal and child health in Ghana. It included capacity development on demographic data collection, application, research and training on statistical and population projection software.

Issue

Despite progress in data collection, processing and utilisation, there were still critical gaps in the civil registration of Ghana. While the registration of every birth and death was done in real time, only 64 per cent births and 20 per cent of deaths had been recorded. This could be attributed to the difficulty accessing hard-to-reach rural areas where many births and deaths not registered, among other reasons. The goal is to achieve universal birth and death registration coverage in the entire country.

There were efforts to strengthen the civil registration system and modernise the

country's statistical system by establishing an integrated population and health information platform, vital to the formulation of evidence-based maternal and child health (MCH) programmes. The Government explored cross-country cooperation through the South-South modality that would include sharing of experiences and expertise through training, among others, as well as essential technology.

Towards a Solution

Cooperation between Ghana and China, with support from UNFPA, started in 2014 and was aimed at demographic data collection, application, research and training on statistical

UNFPA - Ghana



and various population projection methods. Learning and exchange visits between professionals from the National Population Council (NPC) of Ghana and experts from the China Population and Development Research Center (CPDRC) were carried out. A series of training sessions was conducted that included learning on the innovative tool developed by CPDRC – the population projection software (PADIS-INT) - which could be adapted for broad application to situations in developing countries like Ghana.

This relationship is ultimately expected to help Ghana build an Integrated Population and Health Information Platform. This platform will support Ghana in collecting high-quality disaggregated MCH data, developing evidence-based MCH programmes, improving the accessibility and suitability of MCH services, and thereby improving the status of women and children in Ghana in terms of health, economy, and gender equality. Work on this is still in progress supported by this ongoing South-South relationship.

Results

Meetings and consultations among key partners of the initiative comprised of relevant institutions in Ghana, CPDRC and UNFPA resulted in a mutual understanding of the objectives, activities, outputs and desired outcomes of the collaboration.

The learning visit to China resulted in an increased interest and capacity development of national institutions in Ghana on the utilisation of population and health information data for development planning and MCH programming. A well-designed plan is now in place, with a phased approach, and is scheduled for completion and full operation by 2024.

Lessons Learned

This continuing relationship that has great likelihood for success was built with the following considerations:

- Identify collaborating institutions that have complementarity of activities.
- Initiate programme after all relevant stakeholder institutions are satisfied and have agreed to formalities.
- Design programme that provides opportunity for exchange of visits and learning.
- Address some development problems through South-South cooperation, even with countries outside the region. China is a potential partner due to its interest in South-South cooperation.

Partners

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China Population and Development Research Center, China

UNFPA Ghana

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This good practice was given a special mention, as a pioneering inter-regional partnership between a Western African country and China, in the 2018 UNFPA internal good practice competition on South-South cooperation.

Regional Training Centre of Excellence

-Mauritius, Madagascar and other African Countries



This case describes the activities of the Mauritius Institute of Health as provider of training in various sexual and reproductive health and gender topics. The African institute, acting as a centre of excellence, raised capacity of health personnel across the region.

Issue

The establishment of a regional family health training centre in Mauritius for sub-Saharan African health workers has been supported by UNFPA since 1982. The initiative was strategic given the high birth rate in Africa, as well as the success of the family planning programme in Mauritius and its proximity to other African countries.

The Mauritius Institute of Health (MIH) served as a regional training centre providing continuing education to local health staff and undertaking relevant training and research in reproductive health. After 1994, in line with the

International Conference on Population and Development agenda, the training programme was redesigned and came to be known as the Training of Trainers in Reproductive Health Course, with a focus on family planning.

Towards a Solution

A Memorandum of Understanding between MIH and UNFPA was signed aimed at strengthening regional cooperation in the field of sexual and reproductive health (SRH). The aim is to continue to build capacity development across sub-Saharan Africa in SRH and related areas.

The training offered by MIH, including distance

UNFPA - Mauritius



learning courses, focused on family planning and maternal health, STIs/HIV AIDS, gender issues and security of reproductive health commodity supplies, among other topics and was geared towards priority needs in countries of the region. Related research, on the other hand, dealt with health systems, epidemiological studies and program evaluations.

Result

Some 1,500 health personnel had been trained by MIH coming from the Comoros, Eswatini, Lesotho, Madagascar, Namibia, Seychelles and Zambia as well as local health personnel in Mauritius, including MIH training coordinators.

Financial assistance was provided to support participation of selected candidates in various short-term and long-term courses.

To ensure that the specific needs of countries were addressed, MIH tapped the expertise of UNFPA, WHO, ILO and various universities. Moreover, MIH engaged additional partners such as UNICEF, Southern African Development Community and the Francophonie University Association.

Lessons Learned

The family planning centre of excellence was in a viable position to support partnerships among countries under the South-South cooperation framework. The challenge is to continue to innovate in order to sustain its comparative advantage both at the regional and global level.

Partners

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¹ References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999)

Towards Better Maternal Health Outcomes: Making Pregnancy Safer

-Romania and Other Countries in Eastern Europe and Central Asia



Romania's East European Institute for Reproductive Health provided key support in the needs assessment, training programme development and capacity development of participating agencies in the region.

Issue

The countries and territories in the Balkans faced common challenges related to the health of mothers and babies. Moreover, even though the rate of women dying from pregnancy or childbirth-related conditions had nearly halved in the region since 1990, the numbers were still unacceptably high. Much remained to be done if the health care that pregnant women and new mothers currently receive was to improve. Most of these deaths could be averted with basic and effective low-cost interventions, even where resources were limited and even more important if there was an understanding of why they happened and how they could be prevented.

Countries in the region recognised the importance of strengthening the capacity of health professionals, health care planners and managers working in the area of maternal and newborn health in order to improve the quality of care provided. Sharing of knowledge, including better understanding of maternal deaths and complications, between and among countries in the region was important to achieving better maternal health outcomes.

Towards a Solution

UNFPA, in collaboration with World Health Organization (WHO) and the Regional Development Center on Public Health Services in the former Yugoslav Republic of Macedonia, organised an inter-country workshop on maternal mortality and morbidity with focus on the principles and methodology espoused in the WHO guidance document, "Beyond the numbers: Reviewing maternal deaths and complications to make pregnancy safer." Eight countries and territories participated in this initiative: Albania, Armenia, Azerbaijan, Bosnia

and Herzegovina, Georgia, Serbia, the former Yugoslav Republic of Macedonia and Kosovo¹.

Based on the outcome of the workshop, UNFPA, in partnership with the East European Institute for Reproductive Health in Romania, embarked on an initiative to roll out the maternal death review exercise in the region. The objectives of the initiative were to develop a training curriculum and a training package on reviewing maternal deaths and complications, to conduct a training course for trainers and to assess the quality of maternal care mechanisms, implementation and clinical audits.

Results

Health care participants in the training of trainers course benefited from the lectures, exchange and sharing of knowledge specifically on methods in conducting an in-depth and systematic review of various cases of maternal death and complications, severe



maternal morbidity and “near misses,” the use of clinical guidelines and audits to improve quality of care.

The countries and territories in the Balkans recognise that much remains to be done if the health care that pregnant women and new mothers currently receive is to improve. Strengthening the capacity of and empowering health care professionals, especially those working in the area of maternal and newborn health, is an important step in the right direction. With the traditional system of audit of maternal deaths often not based on evidence in most countries in the region, there is a growing and concerted effort to undertake evaluation of current practices through evidence-based professional case reviews to improve the quality of maternal health.

Through lessons learned in the implementation of principles and practice of making pregnancy safer, countries have a deeper appreciation of the need to improve emergency care, national clinical guidelines on major obstetric complications, use of updated standards and facility-based protocols, teamwork around childbirth, as well as enhancing the role of midwives.

This transferable initiative contributes to the implementation of the United Nations Secretary-General’s “Global Strategy for Women’s, Children’s and Adolescents’ Health” in support of the Sustainable Development Goals framework; to the WHO Regional Office for Europe “Action Plan for Sexual and Reproductive Health: Towards Achieving the 2030 Agenda for Sustainable Development in Europe – Leaving No One Behind”; and to the implementation of the new Antenatal Care Guidelines.

Lessons Learned

Maternal mortality is a common indicator on the status of women and their access to health care, and the adequacy of the health care system in responding to their needs. However, knowing the precise level of maternal mortality is not enough. Diagnostic tools that can shed light on the causes of maternal mortality and

how it can be averted are important.

Partners

East European Institute for Reproductive Health
World Health Organization Regional Office for Europe
University College London
Bosnia and Herzegovina
Institute for Public Health, Bosnia and Herzegovina
Agency for quality and accreditation in health care in Bosnia and Herzegovina (AKAZ)
University Clinical Center Banja Luka
Ministry of Health and Social Welfare, Bosnia and Herzegovina
University Clinical Hospital Mostar
Public Health Institute of the RS
University Clinical Center Sarajevo
The former Yugoslav Republic of Macedonia
University Clinic for Gynecology and Obstetrics, Skopje
Specialized Obstetrics and Gynecology Hospital, Skopje
General Hospital, Struga
Serbia
Department for Public Health, Ministry of Health, Serbia
Department for Planning, Institute for Public Health, Serbia
Department for Pediatric and Adolescent Gynecology, Family Planning Center, Mother and Child Health Care Institute - "Dr Vukan Čupić"
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South-South Cooperation for Sexual and Reproductive Health and Reproductive Rights: Midwifery

Upgrading Midwifery Education Programme and Services

-Sudan and Morocco



This case describes a learning and networking visit where key policy-makers and technical experts from Sudan learned from Morocco's midwifery programme. The learning provided a guide for improvements of the Sudanese programme.

Issue

In Sudan, nearly three quarters or 72.3 per cent of birth deliveries occurred at home, and most of these were assisted by midwives. The country, however, lacked a skilled and competent cadre of midwives that meets the International Confederation of Midwives (ICM) global standards for midwifery education. The capacity of "community midwives," in particular, was limited and, hence, was not capable of providing the full range of family planning services or any type of emergency obstetric care in the absence of medical professionals in the field. There were many gaps in the quality of care provided by midwives in villages, as well as in health facilities.

At 311 deaths per 100,000 live births, Sudan had a very high maternal mortality ratio, and it was higher for women living in rural areas and among poorer communities. The neonatal mortality rate was also high ranging from 34 to 47 per 1,000 births. Studies revealed that the majority of neonatal mortality occurred at home, where unskilled birth attendance was utilised. The Government of Sudan recognises that it was imperative to build local midwifery capacity to provide quality maternal and newborn health care services.

Towards a Solution

Aware of the need to ensure that midwives are available to provide skilled quality attendance, the Government of Sudan, with technical and financial support from UNFPA, embarked on a South-South cooperation initiative with Morocco to help build its midwifery education programme and services.

Sharing a similar culture with Sudan, Morocco was successful in improving maternal health in general and, more specifically, in delivering improved midwifery services. Sharing its experience with Sudanese counterparts through study tours, would be beneficial, especially in addressing the three pillars of the midwifery programme: education, regulation and association.

Thus, a team of technical experts and decision makers from Sudan, including representatives from the National Reproductive Health Programme, the Academy of Health Sciences, the Primary Health Care Expansion Project of the Ministry of Health and midwifery educational institutions, participated in exchange and learning visits to Morocco that included meetings with relevant departments in the Ministry of Health of Morocco, the Higher Institute for Nursing and Health Techniques,

the Maternity Hospital and the midwifery and family planning associations. The interactions between the countries involved many institutions.

Results

Following the exchange and learning visits to Morocco, the Ministry of Health of Sudan, with technical support from UNFPA, developed an action plan for strengthening the midwifery programme. A series of meetings were organised with policy makers in the Ministry of Health and Ministry of Higher Education to advocate for adopting the Moroccan model of midwifery education. The efforts succeeded, and a decision was made to discontinue the community midwife education programme and replace it with a professional education programme that follows the ICM global standards.

The learning visits covered various aspects of a midwifery programme, including educational institutions and curriculum, regulatory framework, work settings, quality assurance and supervision, practice standards, retention and motivation of midwives as well as organisation and activities of midwifery associations. Strategic and guiding documents on midwifery were shared by the Moroccan team with permission to use them to guide the development of similar programmes in Sudan. Furthermore, the two governments agreed to further strengthen their collaboration in midwifery and other health programmes.

A midwifery programme gap analysis was conducted and specific areas that need

improvement have been identified. The Ministry of Health of Sudan mobilised resources from the Carter Center in addition to UNFPA resources to support the preparation of the new midwifery programme. A new midwifery curriculum was developed and four schools in different states of Sudan were selected and equipped to host the new programme, which was launched in September 2018. In addition, two universities have started a midwifery diploma programme.

Lessons Learned

Shared culture, values and norms between two collaborating countries, such as Sudan and Morocco, is important particularly in dealing with a sensitive issue relating to sexual and reproductive health. In addition, the support and commitment of top leadership are vital in building and strengthening local midwifery capacity that meets international standards and in the establishment of quality midwifery educational institutions.

Partners

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Academy of Health Sciences, Sudan
Ministry of Health, Morocco
Mohammed VI University of Health Sciences, Morocco

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South-South Cooperation for Sexual and Reproductive Health and Reproductive Rights: Obstetric Fistula

Increasing the Success Rate of Complex Fistula Repair

-Côte d'Ivoire and Mali



This South-South initiative involved health personnel from Côte d'Ivoire learning from their counterparts in Mali regarding treatment for complicated obstetric fistula cases. This demonstrates that common language and geographic proximity are strong facilitators of South-South cooperation. The partnership itself was driven by a sense of solidarity in face of a common challenge.

Issue

While in developed countries obstetric fistula (OF) pathology has almost disappeared, in Côte d'Ivoire the prevalence was estimated at 2.6 per cent. The country had an extensive experience in OF management that started in the 1970s. However, the high turnover of trained surgeons had led to interruption of complex fistula repair procedures. Fortunately, a complex OF management programme had been in existence and strengthened for 20 years in neighbouring Mali.

An obstetric fistula is an abnormal opening between the vagina and the bladder or rectum, typically caused by prolonged obstructed labour. It can lead to physical complications and poor psychosocial and economic outcomes and can either be simple or complex based on severity.

Towards a Solution

With support from UNFPA, Côte d'Ivoire and Mali cooperated in undertaking and increasing the success rate of complex OF repair. The partnership was ideal based on the similarity of cases, common language and ease of travel between the two countries.

With funding support from UNFPA and Korea International Cooperation Agency, a 10-day mission was launched in Côte d'Ivoire to treat patients with complex obstetric fistula. This learning mission was supervised by experts and was intended to raise capacity of participating physicians. The diagnosis and medical intervention of the fistula were conducted by both Malian and Ivorian medical teams.

Results

Twenty-six patients with complex obstetric fistula were examined and repaired. In terms of success of a similar surgical repair procedure, the rate increased from 57 per cent in 2012 to 78 per cent in 2018.

The mission was an opportunity for health workers to increase knowledge and learn from each other. During the campaign, four professors of urology and gynaecology, two each from Mali and Côte d'Ivoire, supervised the training of less experienced medical doctors who operated on the patients. Five gynaecologists and four surgeons also benefited from the successful joint campaign. More importantly, this initiative proved that this capacity-development approach worked very well and could be made sustainable,

South-South in Action

thus would be benefitting more medical professionals and patients with obstetric fistula. In fact, the two countries agreed to continue working together. This South-South practice also showed great potential for replication in other neighbouring Western African countries.

Lessons Learned

These are what made this initiative successful, potentially sustainable and even replicable to other countries:

- Under this approach, many surgeons can be coached in such a short time.
- Neighbouring countries share many values in common, which can make cooperation easier.
- Standardisation of definition and techniques will help to compare results across countries.

- This is a strong possibility of joint proposals for resource mobilisation.

Partners

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Ministry of Health and Public Hygiene, Côte d'Ivoire
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UNFPA - Côte d'Ivoire

South-South Cooperation for Sexual and Reproductive Health and Reproductive Rights: HIV and AIDS

Integrated Sexual and Reproductive Health and HIV Services

-South Africa and Botswana



Policy-makers and technical experts from South Africa learned SRH/HIV services integration from Botswana. In return, counterparts in Botswana expressed interest in learning from South Africa's experience in promoting sex workers' health and the "She Conquers" advocacy campaign for adolescent girls to reduce teenage pregnancy and HIV.

Issue

Sexual and Reproductive Health (SRH) services and HIV programmes are both typically delivered vertically, operating in parallel to national health systems. Such separate service delivery is considered a factor in why the reproductive health needs of women living with HIV remain unmet and, thus, seen as missed opportunities to link these women to HIV treatment and care programmes.

In South Africa (SA), although SRH and HIV integration was included in policies, it was not fully implemented as there was insufficient guidance on how service provision should be carried out in an integrated manner. This was compounded by lack of human resources, as well as poor quality of services. Botswana, on the other hand, had made good strides in supporting and strengthening health facilities that provide integrated SRH-HIV services.

Towards a Solution

A South-South cooperation initiative was conducted to learn lessons and good practices from Botswana on strengthening delivery of comprehensive and integrated SRH and HIV services. This was done through a well-designed learning visit by the South African delegation.

The Department of Health of South Africa participated in the learning exchange, which sought to identify service delivery models that could be implemented to strengthen SRH and HIV integration. The methodology of the learning exchange entailed a policy briefing at the national level and visits to two districts in Botswana. In the district visits, there was learning on the progressive implementation plan of the programme. There were also four site visits to examine three distinct service delivery models; the "kiosk" (where all services are provided in one room), the "one-stop shop" (where all services are provided in the same room or facility) and the "mall" (where clients are referred to other rooms within the facility). There was also a discussion on Botswana's learning programme for its relevant health personnel. The visiting delegation observed the involvement of traditional leaders and the community.

In the spirit of South-South cooperation, the learning was not a one-way street. The South Africans also shared with their Botswanan counterparts the design of their successful programme in addressing the health needs of sex workers. In addition, the delegation from South Africa shared the "She Conquers" campaign, a programme aimed at providing



every adolescent girl and young woman with the resources that they need to lead a healthy, happy and successful life. While observing in one health facility in Botswana that health care workers needed to complete nine registers (data collection tools) in the consultation room, the South Africans shared how they were able to reduce the number of registers to three.

Results

There were benefits to all parties from this initiative. At the advocacy level, the Department of Health of South Africa was inspired by what they have observed and committed to institute service improvements. At the technical level, there were efficiencies gained by simply adopting and contextualising what were learned instead of starting from scratch. Using the templates gained from Botswana, South Africa launched training programmes for its personnel and developed district implementation plans.

Lessons Learned

This practice demonstrates how two middle-income countries used the South-South modality for mutual gain. It also showed how to design a successful learning visit. An important

lesson here is that good preparatory work prior to the learning mission is crucial. Before drafting the concept note and agenda, it is vital to explicitly identify the good practices and what the office is hoping to learn from the intervention. This guides the mission focus, as well as the field visit to specific areas of interest.

Partners

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South Africa National and Provincial
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UNFPA Botswana
UNFPA South Africa
UNFPA East and Southern Africa Regional
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This good practice was given a special mention as a well-designed and successful learning exchange programme in the 2018 UNFPA internal good practice competition on South-South cooperation.

HIV Prevention among Truck Drivers

-Ukraine and the Republic of Moldova



This inter-country initiative was aimed at HIV prevention in highly vulnerable groups of people and gained the support of industry organisations, NGOs and government agencies.

Issue

Sex workers of all genders, men who have sex with men (MSM), transgender people, people who inject drugs and people in detention (prison or other closed settings) were especially vulnerable to HIV in all epidemic settings. In this context, clients of sex workers played an increasingly important role in the sexual transmission of HIV. In Ukraine, truck drivers had been identified as a key group amongst this clientele. Thus, there was an intervention to raise awareness about HIV and safe behaviour among truck drivers and decrease unprotected sex. A special training course on HIV prevention for the road transport sector was adapted into the mandatory certificate programmes by the Ukrainian Association of International Cargo Transporters, the organisation that unites 3,500 transport companies in Ukraine, involving approximately 200,000 drivers.

The issue with the same vulnerable population group also existed in the Republic of Moldova, thus the opportunity existed for a South-South cooperation to share the know-how and lessons learned.

Towards a Solution

Through a cross-country cooperation initiative, UNFPA facilitated the expansion of the positive experience of Ukraine to the Republic of Moldova as it developed targeted interventions for truck drivers. The set of interventions developed in Ukraine was composed of the adaptation of the ILO training toolkit on HIV/AIDS for the road transport sector, institutionalising the HIV prevention training course, training of trainers, training

for managers of the transport sector, and the distribution of information kits and condoms.

The knowledge and experience-sharing initiative included conducting environmental scanning to understand the structure of truck driver networks, identifying relevant partners, undertaking knowledge, attitudes, beliefs and practices (KABP) surveys among truck drivers to assess practices with regard to HIV and risky behaviour, and formulating action plans.

Results

This partnership generated commitment of the key stakeholders in the Republic of Moldova, such as the Ministry of Transport and Road Infrastructure, National Agency for Transport Auto, Union of Road Transporters and Road Workers, International Association



of Auto Transporters, Training Centre of Staff for International Transportation, Health and Education, as well as other government agencies and NGOs engaged in HIV prevention. As further proof of this successful advocacy, this planned initiative was incorporated in the draft National AIDS Strategy.

Lessons Learned

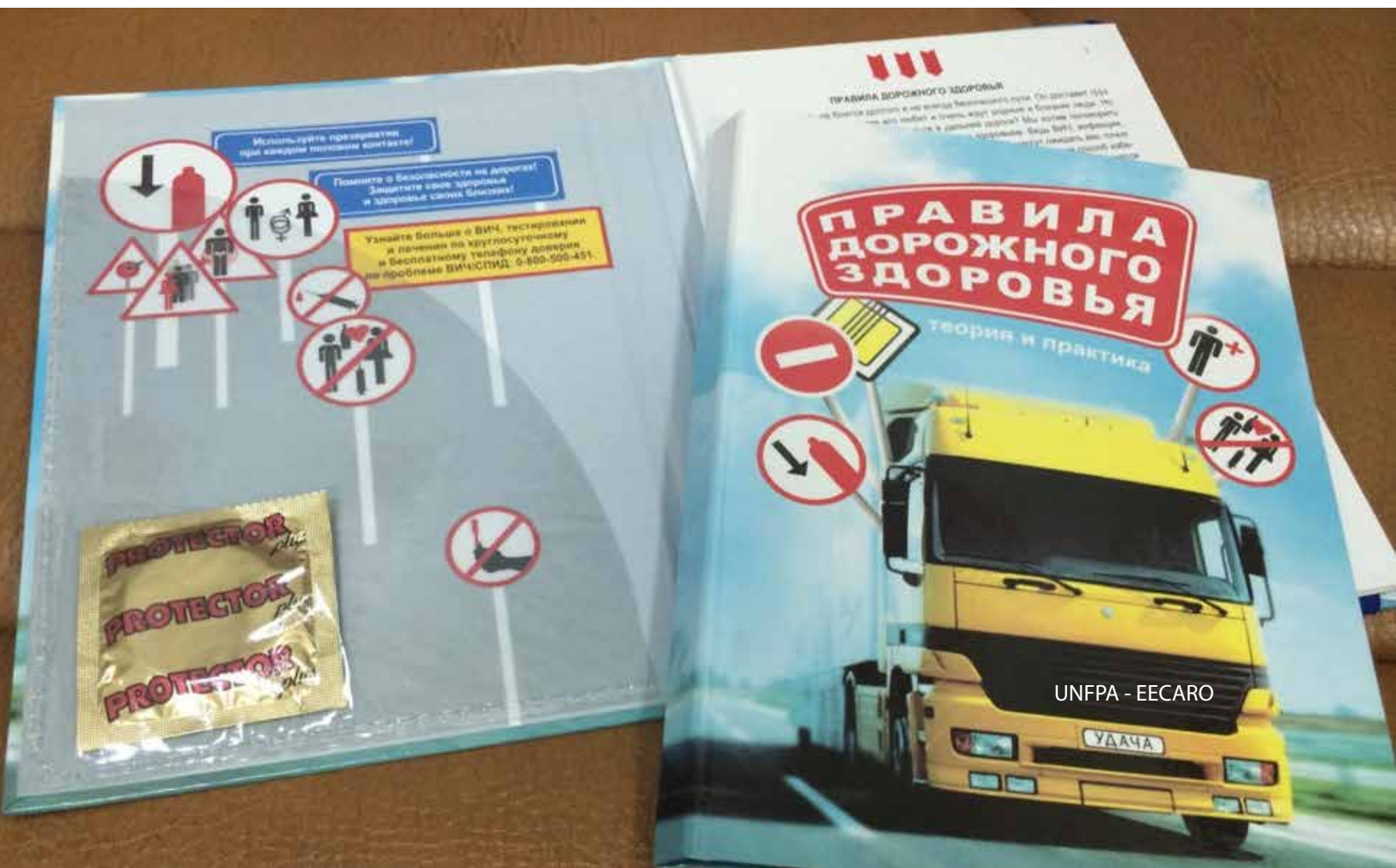
While training courses for truck drivers raise awareness about HIV prevention, follow-up mechanisms, such as conducting studies on how the courses have changed their behaviour, would be helpful. The training design requires the use of peer educators among the drivers themselves; but many are reluctant to serve as such due to lack of free time. Finally, there is a need to improve sustainability further by involving more industry players.

Partners

- Ukrainian Association of International Truck Cargo Transporters
- Federation of Transport Workers of Ukraine
- All-Ukrainian Trade Union of Transport Workers
- Ministry of Infrastructure and Transportation, the Republic of Moldova
- Moldova National Coordination Council on HIV Programme
- Moldova Association for Truck Drivers
- Moldova National Education Centre for Truck Drivers
- International Labour Organization (ILO)
- German Development Cooperation (GIZ)

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South-South Cooperation for Sexual and Reproductive Health and Reproductive Rights: Humanitarian Settings



Strengthening Reproductive Health in Humanitarian Settings

-Syrian Arab Republic and the Islamic Republic of Iran



The Syrian Arab Republic sought to develop its capacity to provide SRH services in a situation with very limited options. South-South cooperation with the Islamic Republic of Iran effectively addressed this urgent need.

Issue

In 2017, it was estimated that 13.5 million people in the Syrian Arab Republic, including 4.1 million women of reproductive age and 360,000 pregnant women, needed humanitarian support. Seven years of crisis had led to some 5.1 million people living in hard-to-reach and besieged areas with limited access to basic health services, including reproductive health. Furthermore, more than 50 per cent of health facilities were destroyed completely or partially.

The on-going crisis had adversely affected the delivery of quality reproductive health services. The need for skilled human resources, especially qualified and trained midwives, was huge. The majority served in major cities and more than a quarter of them would be retiring within the next two years. Moreover, many midwives have either perished or forcibly displaced, or have left the country.

To cover maternal health care needs across the Syrian governorates, the current midwifery cadre should increase by 40 to 50 per cent. There was also a need to strengthen the capacities of midwives, who were not only saving lives in difficult circumstances but at the same time contributing to a long-term solution to maternal mortality and a sustainable health system.

Towards a Solution

To strengthen access to quality maternal health care, UNFPA in partnership with the Ministry of Health of the Syrian Arab Republic, organised a cross-country exchange of knowledge and experience mission for reproductive health professionals to the Islamic Republic of Iran. The objective was to enhance the understanding of the participants on best practices in reproductive health service delivery, especially by midwives in an emergency and humanitarian context, as well as in a post-crisis era. The choice of the Islamic Republic of Iran was based on the country's revitalised reproductive health programme, particularly its well-developed midwifery programme, as well as the uncomplicated travel procedures for Syrians.

Results

The Syrian health professionals, especially the midwives, have benefitted from the Iranian experiences in reproductive health service delivery in both developmental and humanitarian contexts. These include, among others, pre-natal, post-natal and safe deliveries in hospitals and facilities, neonatal care and resuscitation, when needed, and emergency obstetric care services. The Iranian Red Crescent Society's experience in reproductive

health service provision in emergencies was especially useful. On the other hand, the exchange enabled the Iranian health professionals to understand and appreciate the roles, conditions of work and security risks that Syrian health workers face on a day to day basis, among other challenges.

As a result of the mission, an agreement between the Government of the Syrian Arab Republic and the Government of the Islamic Republic of Iran was initiated to support the health system in the Syrian Arab Republic, including reproductive health. Moreover, the visits to academic and medical institutions in the Islamic Republic of Iran led to a comprehensive and thorough review and updating of the Syrian midwifery curriculum. Academic and operation research relating to reproductive health and service delivery is also being discussed with the University of Tehran.

Other missions to the Islamic Republic of Iran are being explored under the South-South cooperation umbrella to enhance the skills of health care providers to perform in vitro fertilisation to enable women to have better reproductive health options, to learn more about public private partnerships in reproductive health and a training course on civil registration and vital statistics systems.

Lessons Learned

The success of this exchange is based on its participatory approach, including the active engagement of high-ranking officials in the Ministry of Health of both countries. The Minister and Deputy Minister of Health in the Syrian Arab Republic were involved right from the beginning in planning and overseeing the study tour up to the follow up phase of the mission. Likewise, for learning to be incorporated into practice, the participation of Syrian senior staff in the cross-country exchange, such as the Head of Autonomous Hospital and the Head of Nursing and Midwifery Programme, was vital.

Partners

Ministry of Health (MOH), Syrian Arab Republic <http://www.moh.gov.sy>

Ministry of Health (MOH), Islamic Republic of Iran <http://www.behdasht.gov.ir/>

Ministry of Higher Education (MOHE), Syrian Arab Republic <http://www.mohe.gov.sy>

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This good practice was given a special mention as an example of South-South cooperation in humanitarian settings during the 2018 UNFPA internal good practice competition on South-South cooperation.



South-South Cooperation for Gender Equality



Coordinated Multi-Sectoral Response to Gender-Based Violence

Romania and Eastern Europe and Central Asian Countries

Romania's East European Institute for Reproductive Health, featured here in its role as a centre of excellence, partnered with professionals from 10 other countries in the region in training, pushing for legislative reforms, enforcing laws, and promoting collaboration.

Issue

Gender-based violence (GBV) is a complex phenomenon, shaped by forces that operate and require multiple interventions at various levels - individual, community, institutional, legal and policy. There is no single intervention that will address all the risk factors for GBV and reduce the violence in the short run.

Countries in Eastern Europe and Central Asia (EECA) region recognised that a coordinated multi-institutional response, including the judiciary, police, health and legal aid, among others, was vital to provide a comprehensive response to GBV survivors. The results of a survey conducted in 17 EECA countries to assess and better understand existing approaches, institutional frameworks and practices related to GBV revealed multiple stereotypes and a lack of awareness on its devastating effects, absence of a clear referral system, lack of legislation and political commitment, limited resources and a lack of a coordinated multi-sectoral response. Most countries highlighted the need for support to more effectively implement quality services and responses to GBV that meet international standards.

Towards a Solution

The EECA countries recognised that initiatives to improve the service response to GBV would entail training professionals; legislative reform

or formulation of a new specialised legislation; enforcing policies or laws; and building partnerships and establishing collaboration among key stakeholders.

UNFPA in partnership with the East European Institute for Reproductive Health (EEIRH) in Romania engaged 11 countries in the region (Albania, Armenia, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Romania, Tajikistan, and Ukraine) in various initiatives aimed at addressing GBV through a multi-sectoral approach. These include rolling out the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (ESGs) and the GBV Standard Operating Procedures (SOPs).

In line with the South-South cooperation modality, UNFPA and EEIRH have been providing technical assistance on the multi-sectoral response to GBV, promoting policy dialogue, supporting capacity building at the national and local levels and promoting knowledge sharing between countries and key sectors. They have also facilitated the establishment of national Multi-Sectoral Response Adaptation Working Group (AWG) led by relevant institutions, as well as learning visits to Romania of multi-sectoral teams. In all their activities, UNFPA and EEIRH have promoted dialogue, partnerships and inter-country cooperation.



Results

As a result of the exchange of experience and study tours between different countries in the region with participation from ministers, parliamentarians and technicians, among others, the gender machinery in each country took ownership of the multi-sectoral response to GBV model and institutionalised it into their systems. Countries reviewed their policies, laws, protocols and regulatory frameworks to ensure that they are aligned and consistent with the provisions of ESGs and SOPs.

In Armenia, the law on prevention of domestic violence and protection of persons subjected to such violence was reviewed and recommendations based on the global guidelines were incorporated. Likewise, in the Republic of Moldova, the 2017-2022 national strategy on prevention and ending domestic violence against women were thoroughly reviewed.

In Albania, Kazakhstan and Ukraine, guidelines were developed for key sectors on how to respond to GBV, including specific services for survivors. In Bosnia and Herzegovina, Georgia and Turkmenistan, the SOPs focused on the health sector. In Kyrgyzstan, the Ministry of Internal Affairs adopted guidelines towards effective, timely and appropriate services to GBV survivors. The adoption was followed by the approval of an updated sectoral-based reporting format on protection orders.

A number of countries have organised GBV advocacy activities with policy makers and other key stakeholders to sensitise them about the importance of coordinated multi-sectoral responses. As of December 2017, over 300 national policy makers have participated in national or local-level consultations on the implementation of guidelines and tools for essential services.

As part of the knowledge sharing process, learning visits were held in Romania with

participants from Belarus, Georgia, Kazakhstan, Ukraine and Tajikistan. Ukraine organised four study tours to Romania for 71 multi-sectoral team members. As a result, local governments from two regions decided to set-up shelter for GBV survivors.

Lessons Learned

A cross-country exchange is a highly effective modality that brings EECA countries that traditionally are not used to collaboration by sharing their experiences and expertise, and by learning from each other on ways to more effectively address and end GBV.

Partners

The gender machinery of every government was involved in the project and took up active ownership. The involved institutions included:

- Albania: UNDP and Swiss project funds
- Armenia: Ministry of Healthcare, Ministry of Labour and Social Affairs, Ministry of Internal Affairs

- Romania: East European Institute of Reproductive Health
- Belarus: Ministry of Interior, Ministry of Health and Ministry of Labour and Social Protection, UNICEF
- Kazakhstan: Local government of South Kazakhstan, the Ministry of Health, the Ministry of Labour and Social Protection and the Ministry of Internal Affairs
- Kyrgyzstan: Ministry of Internal Affairs
- Moldova: Ministry of Health, Labour and Social Protection
- Turkey: UNHCR

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UNFPA - EECARO



UNFPA - Brazil

equality and women's empowerment through legislation, policies and programmes were shared for adaptation, as appropriate. These include, among others, initiatives such as the Bolsa Família (conditional income transfer programme), "Mulher, Viver sem Violência"- a multi-sectoral programme to end VAW, and social policies targeting rural women.

Demonstrating the two-way flow of learning, Brazilian partners were introduced to Mozambique's inter-sectoral coordination arrangements of the National Council on the Advancement of Women and to the Single Registration Form (ficha única) for VAW survivors - a tool to avoid re-victimisation by ensuring all services collect and share information on cases.

The cross-country exchange resulted in a wide range of initiatives in Mozambique, including mobilisation of key stakeholders in raising awareness on VAW and advocacy strategies promoting the commitment of authorities to strengthen social protection systems.

Lessons Learned

Knowledge sharing and exchange of experiences and best practices that have been identified, evaluated and systematised are available when requested by other African and South American countries.

Partner

Brazilian Cooperation Agency (ABC), coordinating various participating Brazilian institutions
 Secretariat of Policies for Women, Brazil
 Ministry of Foreign Affairs, Mozambique
 Ministry of Gender, Children and Social Action, Mozambique
 Rede de Margaridas no Mundo, of both Brazil and Mozambique
 Department for International Development (DFID), United Kingdom,
 UN-Women

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Involving Men in the Promotion of Reproductive Health through Schools for Husbands

-Niger and other African Countries



This widely-shared and evaluated programme aimed to engage men in the promotion of reproductive health and facilitate positive behavioural change at the community level.

Issue

The importance of male engagement in reproductive health programmes is increasingly recognised in many parts of the developing world. The active participation of men has shown to be positively associated with maternal and child health outcomes. Greater men's involvement, especially husbands, result in a range of benefits primarily through greater access to reproductive health services and interventions for their wives and children.

In Niger, where the risk of maternal death and rate of child mortality are among the

highest in the world, the dominance of men in household and community decision-making, coupled with their lack of knowledge about the advantages of clinical care in childbirth, has been a significant barrier in women's access to reproductive health services. Many women continue to give birth at home unattended, with deaths of newborn babies and mothers that could have been prevented.

Towards a Solution

The Ministry of Health and the Ministry of Women's Promotion and Child Protection of Niger, in collaboration with UNFPA, embarked



on an initiative to actively engage husbands by raising their awareness and increasing their knowledge about reproductive health through education, to promote dialogue with their wives regarding family decisions and to train them as agents of change, particularly among their male peers, and the community at large.

Schools for Husbands (Écoles des Maris, EDM) were set up to educate men on the importance of reproductive health and foster behaviour change at the community level. The interaction between husbands gave the members insight into how they perceive maternal health issues and can be a tool for changing behaviour. The schools consisted of groups of 12 husband volunteers and each one is attached to a health centre. Two local NGOs engaged in capacity building and community work - SONGES and the Association Nigérienne pour le Bien-Etre Familial's (ANBEF) - supervise the schools.

The school activities include, among others, knowledge sharing about reproductive health services, such as prenatal care and contraceptive methods; sensitisation and advocacy sessions; developing action plans; and developing partnerships with key stakeholders in the community, particularly those in health service delivery. Local health officials, midwives and religious leaders are invited as resource persons.

Results

The use of family planning services tripled in communities where the schools operate with increased number of prenatal consultations and antenatal visits at the health centres, childbirths attended by skilled healthcare personnel, and safe delivery.

The EDM participants have not only gained a better understanding of women's health issues, particularly those relating to reproductive health, but have led to positive behaviour with husbands serving as role models at home and

in the community, as well as in neighbouring areas and villages.

Given the success of the EDM initiative, Niger has shared its experience, including lessons learned, to several other African countries, such as Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Mauritania, Senegal, Sierra Leone and Togo. In line with the South-South cooperation modality, these countries sent participants from government and civil society for a cross-country exchange on establishing husbands' school to promote women's access to reproductive health information and services.

Lessons Learned

The Schools for Husbands initiative has been adopted by international NGOs, such as Save the Children, Population Services International and Concern, among others. Noteworthy is that health centres that achieve the best results are those where healthcare workers have good relations with local people and, in particular, with the Schools for Husbands.

Partners

Ministry of Health, Niger
 Ministry of Women's Promotion and Child Protection, Niger
 SONGES, Niger
 Association Nigérienne pour le Bien-Etre Familial's (ANBEF), Niger
 Counterpart institutions in Burkina Faso, Cameroon, Côte d'Ivoire, Guinea, Mali, Mauritania, Senegal, Sierra Leone and Togo
 Bilateral Partners in Niger: European Union, Denmark and Spain

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South-South Cooperation for Youth Empowerment

Empowering and Building the Capacity of Young People

-Bulgaria, Jordan and Other Eastern European and Central Asian Countries



Bulgaria's Peer Education, Training and Research Institute (PETRI-Sofia) had a key role in exchanging knowledge, sharing resources and advocating for youth empowerment. It worked with like-minded organisations and agencies across the region. Another partnership with Jordan aimed to create a similar centre in Amman.

Issue

The 2030 Agenda is committed to investing in youth and underscores their rights and the need to capitalise on their potential to contribute to positive social transformation. In line with the Programme of Action of the International Conference on Population and Development, countries in Eastern Europe and Central Asia recognise that the effective realisation of sexual and reproductive health and reproductive rights requires the empowerment of all sectors of society, including adolescents (ages 10-19) and youth (ages 15-24). Efforts to strengthen national commitments to invest in young people (ages of 10 and 24) by building and enhancing their capacities will enable them not only to exercise autonomy and choice with regards to their well-being but also play a vital role in their communities and contribute to sustainable development agenda.

Towards a Solution

UNFPA in partnership with National Center of Public Health and Analyses in the Ministry of Health of Bulgaria and youth organisations launched various initiatives that support youth capacity development and empowerment in the areas of sexual and reproductive health

and rights, gender equality and peacebuilding in Eastern Europe and Central Asia and beyond. The overarching goal was to inspire and support adolescents and young people to become leaders through innovative approaches and cooperation.

Peer Education, Training and Research Institute (PETRI), based in the capital city of Bulgaria, Sofia, serves as a facilitator for exchanging knowledge, sharing resources, encouraging the advocacy efforts of young people, and providing solutions with the help of a network of partners. It builds and maintains a regional network of organisations and individuals who implement and design programs for successful improvement of youth knowledge, attitude, and skills. PETRI-Sofia links the beneficiaries' needs in knowledge, capacities, programme development and implementation to the expertise and know-how existing in the region, including the expertise of young people.

PETRI-Sofia uses peer-to-peer education through alternative methods of education, such as theatre-based techniques, role games and simulations. The target audience for its training programs include trainers, students, and youth aged 18 to 30. It has 'fellows' from



an international network of young volunteers in 57 countries in four regions (Asia-Pacific, Eastern Europe and Central Asia, East Africa, Middle East and North Africa). It also partners with government institutions.

Results

More than 500 young people were trained by PETRI-Sofia in Bulgaria on topics relating to sexual and reproductive health and rights, advocacy, project development and management, leadership, fundraising and resource mobilisation, among others.

PETRI-Sofia shared its experience with counterpart in Amman, Jordan where a similar Regional Knowledge Hub for Youth Development was set up with support from the National Centre for Culture and Arts of the King Hussein Foundation.

Emerging youth leaders and innovative thinkers from 21 countries took part in the PETRI international fellowship programme that provided an opportunity and space for young activists to develop their skills and knowledge, to meet their peers from different countries, exchange and share ideas and experiences, network, plan future activities, and work in a multicultural environment.

The PETRI-Sofia Training on Advocating for Youth Voices and Priorities in Eastern Europe and Central Asia Region mobilised young people to raise their voices and advocate for their priorities related to the post-2015 agenda.

In 2016, PETRI-Sofia organised a training aimed at building the capacity of youth leaders from the region as “Trainers of Trainers” in peer education to plan and lead training sessions for their peers and to use theatre techniques

related to sexual and reproductive health and rights and HIV prevention.

In 2017, with the support of the Ministry of Foreign Affairs, a “Youth Leadership for the Development and Implementation of the Sustainable Development Goals (SDGs)” project was launched, which aimed to develop the capacity of young people to contribute to the achievement of the SDGs.

The training of young people, including training of trainers, increased the number of highly skilled youth in the region to, among others plan and implement a wide spectrum of youth sexual and reproductive health and HIV prevention related activities.

Lessons Learned

As a regional resource centre and knowledge hub for youth, PETRI-Sofia is a good example of an effective facilitator for exchanging knowledge and experiences and sharing resources and in building the capacity of young

people for leadership, among others. Critical to its success is the commitment of national institutions that guarantee its sustainability and the support of international development agencies and a network of youth-led partners.

Partners

National Center of Public Health and Analyses, Ministry of Health, Bulgaria
Ministry of Foreign Affairs, Bulgaria
The National Centre for Culture and Arts (NCCA) of King Hussein Foundation, Jordan
Youth Peer Education Network (Y-PEER (<http://y-peer.org/>)
YouAct (<http://youact.org/>)
YSAFE (<http://www.ysafe.net/>)

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South-South Cooperation on Population and Development: Population Data



Electronic Data Collection Technology in Population and Housing Census

- Brazil, Senegal and Cabo Verde



Brazil's experience and technology raised the capacity of Senegal and Cabo Verde in the conduct of the population and housing census. The three countries partnered to raise the capacity of statistical institutes across Africa.

Issue

There has been a growing interest in deploying new technologies, such as electronic data collection, in carrying out population and housing census activities. This was mainly due to the benefits that include cost savings, improved data quality and coverage, increased response rate, timeliness of delivery of outputs and future uses of same technology for statistical operations. However, while the use of technology improved the overall quality of censuses, it posed many challenges including building capacity for successful adoption of these technologies, especially in developing countries.

African countries, modernising their census operations, recognised that the successful adoption of data collection technology required a good understanding of the requirements, particularly national capacity, to manage census processes. Hence, sharing knowledge and expertise and exchange of experience between countries would be beneficial to all parties promoting and facilitating the use of electronic data collection technologies in censuses.

Towards a Solution

Tapping Brazil's vast experience in population and housing census and reputation as an active provider of technical cooperation at the global level, UNFPA supported a project on electronic data collection for census operation in Cabo Verde and Senegal. The aim was to strengthen the capacity of their National Statistical Offices through exchange of experience and knowledge sharing with Brazil.

Considering that the introduction of electronic data collection technologies in censuses requires a well organised preparation, a project steering committee was created, as well as a technical committee composed of all participating institutions, ensured that the objectives and intended results are achieved.

Results

Knowledge sharing strengthened the institutional capacity of the national statistical offices in Senegal and Cabo Verde through the training of a pool of 25 statisticians from each country and the sharing of technology. Appropriate technologies were adopted, and

data gaps were addressed, among others.

All relevant partners were involved in formulating the content of training to ensure that their particular needs were met. Knowledge and good practices were shared in the training and skills in electronic data collection honed.

A technical workbook was prepared in the official languages of Senegal and Cabo Verde that covered topics such as methodology for using electronic data, census mapping and training the field team to collect data through electronic devices.

After their censuses and with gained capacity, Cabo Verde and Senegal, in partnership with Brazil, were fully equipped to deliver technical assistance to other countries.

Lessons Learned

1. Establish a project steering committee composed of all relevant parties in cooperating countries. An operational-level technical committee is also important. Regular communication among committee members is crucial.

2. The practice of co-creation has been effective in producing important materials and strengthened engagement of all parties.

3. It is important that South-South cooperation principles should guide the relationship throughout the process. UNFPA's role as neutral facilitator is useful here.

Partners

Brazilian Cooperation Agency of the Ministry of Foreign Affairs, Brazil (ABC/MRE)

Brazilian Institute of Geography and Statistics, Brazil (IBGE)

National Agency of Statistics and Demography of Senegal (ANSD)

National Institute of Statistics of Cabo Verde (INECV)

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This good practice was recognised as 5th-place winner in the 2018 UNFPA internal good practice competition on SSC.



UNFPA - Brazil

Strengthening Capacity in Population and Housing Census

- India in cooperation with other Asian countries



The Office of the Registrar General and Census Commissioner of India worked with counterparts in other countries to raise capacities in the conduct of the census and the analysis of population data.

Issue

Population and housing census is one of the primary sources of data needed for formulating, implementing and monitoring policies and programmes aimed at inclusive socioeconomic development and environmental sustainability. It is a comprehensive and complex process that involves the collection, compilation, analysis, evaluation, publication and dissemination of statistical data.

UNFPA works with Member States to enable them to follow international statistical standards, methods and guidelines in the conduct of the census in order to uphold the integrity, reliability, accuracy and value of the results. Given that new methodologies and technologies are being implemented in the pursuit of reduced costs, improved quality and timely dissemination of census results, countries recognise the importance of and need for sharing knowledge, experiences and expertise on various aspects of census-taking.

Towards a Solution

UNFPA collaborated with the Office of the Registrar General and Census Commissioner (ORGI) of India to assist national statistical offices of other countries in the global South in the conduct of their censuses.

ORGI serves as a technical hub on various aspects of census operations and provides cost-effective training to national statistical offices with only logistics expenses borne by recipient

countries. Moreover, with UNFPA support, ORGI prepared manuals on demographic techniques and census operations and analysis of census data needed for various training programmes.

A pool of experts has been set up to provide need-based technical assistance to countries. The specific needs of countries requesting assistance were matched with the appropriate experts in the pool who carried capacity-building census training sessions.

Results

Based on demand, a number of developing countries benefited from training on various census operations. These included Afghanistan on data processing and sample registration system, Bhutan on pre- and post-





census activities, Ethiopia on multi-lingual data processing, Myanmar on data processing and dissemination and Timor-Leste on census methodology, .

Assistance was provided to the Democratic People's Republic of Korea, Myanmar, Nepal and Sri Lanka in mapping their specific needs in carrying out census and identifying suitable experts.

With support from UNFPA and other United Nations organisations, ORGI has set up a state-of-the-art resource and training centre of international standard to cater to in-house and international training on census and surveys. It was designed to offer routine or customised training programmes as well as provide specialised consultancy services.

Lessons Learned

The institutional knowledge in India is made available only when a request is received from another country. Although several such requests have come in, a more structured

platform to promote the services across the global South would have benefited more countries. Relatedly, there is missed opportunity by other countries whose needs are similar to the ones who attended the training programme. Multi-country training would have provided economies of scale and also led to cross-pollination of learnings.

Partners

Office of the Registrar General & Census Commissioner, India
Bhutan Statistics Bureau
Timor-Leste General Directorate of Statistics
Afghanistan Central Statistics Organisation
Ethiopia Central Statistical Agency
Ministry of Immigration and Population, Myanmar

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Rebuilding the Planning and Statistical Capacity of Myanmar

-Myanmar and partner countries



In this triangular cooperation practice, Myanmar partnered with many countries in building its capacity in the run-up to its 2014 population and housing census. It was able to tap into and coordinate the expertise of various partners. In the process, it also shared its learning with other countries.

Issue

While most countries in the world have been conducting successful population and housing censuses in the past three decades, Myanmar only had one. This was largely due to the internal conflict that beset the country for many years. Without data, it would be impossible for the country's development efforts to succeed. The overarching goal of the 2030 Agenda - leave no one behind, especially the most vulnerable groups - would not be achieved without reliable data on which to base the commitments made, including plans, programmes and targets.

The decision of the Government of Myanmar to conduct a population census was a clear recognition of the importance of census data as a vital tool towards its transition to democratic governance. However, the long absence of such activity had resulted to a lack of national technical capability in all aspects of census operations, including planning, training, mapping, enumeration, monitoring and supervision, data processing, analysis, and data dissemination. This made it difficult to meet international standards on census-taking.

Towards a Solution

As part of the over-all efforts to ensure that the 2014 Myanmar Census met international standards on data quality, as well as to augment the technical skill requirements of conducting its operation, South-South and triangular cooperation modalities were adopted to tap

into international expertise. With support and facilitation by UNFPA, technical exchanges between the Department of Population (DoP) of Myanmar and National Statistical Offices and universities in neighbouring Asian countries, as well as Northern countries, were conducted.

A number of technical assistance arrangements were put in place, including, among others: (i) capacity building on training methodology, and development of training guidelines; (ii) cross-country exchange of experiences and study visits to other Asian countries; (iii) regional workshop on census and survey processing system supported by UNFPA and the United States Census Bureau; (iv) sharing of Myanmar Census experiences in planning, technical, and managerial approaches for the Pakistan Population Census; (v) creation of a Census Observation Mission composed of national and international observers; and (vi) creation of an International Technical Advisory Board that included experts from various countries, officials from statistical offices, academics and independent consultants.



UNFPA - Myanmar

Results

Experts from Australia and India provided on-the-job training to DoP staff to develop census training guides and manual for trainers. They shared their knowledge in developing an innovative and participatory training programme. Some 128,000 field staff benefited from high-quality training for the various aspects of census operation.

The training approach was sustained and replicated by the DoP staff when census data dissemination was carried out in 2017 in 297 townships throughout the country. The participants had a deeper understanding of the importance of census data in planning, programme development and project monitoring, especially at the sub-national level.

Study visits of Myanmar planning and statistics senior staff to India and Thailand, which have long-standing histories of successful censuses, enabled participants to learn good practices, including the mitigation of risks, not only in technical aspects but also on the political, logistics, administrative and overall management of the census.

The creation of an International Technical Advisory Board (ITAB), consisting of experts from across the globe, as well as United Nations agencies and Northern countries, did not only reflect a triangular collaboration but ensured that the 2014 Census met the international standards of census-taking. Similarly, the formation of the Census Observation Mission contributed to trust-building, transparency and credibility of the census process.

Lessons Learned

In its determination to generate high-quality census data, Myanmar benefited immensely from the South-South and triangular cooperation and is now equipped to share its

experience to other countries in the region and beyond. Furthermore, the 2014 Census was a low-cost modality, with high returns making it replicable in other contexts.

Partners

Bureau of Statistics, Australia
National Bureau of Statistics, China
National Institute of Statistics, Cambodia
Central Bureau of Statistics, Democratic People's Republic of Korea
International Association for Official Statistics, Japan
Nihon University, Japan
General of Statistics Office, Indonesia
National Population and Family Planning Board, Indonesia
Registrar General and Census Commissioner, India
Eurostat, Economic Commission, Italy
Interuniversity Research Center for Sustainable Development, Italy
Department of Statistics, Singapore
Singapore National University
Population Census Division, Statistics Korea, Republic of Korea
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Building Capacity in Population Projection

-China and partner countries in Africa



The China Population and Development Research Center developed and shared an advanced web-based population projection tool called PADIS-INT for its own use and for sharing with partner-countries.

Issue

The population of the world is continuing to grow with population structure and geographic distribution undergoing rapid change. Such demographic change has brought about challenges to sustainable development, especially in the developing world. While developing countries acknowledge the importance of reliable demographic data in designing and implementing appropriate population policies, many of them lack the valuable resources and capacity needed to undertake population projections. Thus, they have expressed the need for the development and availability of demographic tools that are both scientifically sound and applicable to their situations.

Towards a Solution

Recognising the need to develop a demographic tool for population projection, the China Population and Development Research Center and Digital China introduced a web-based software programme called PADIS-INT. The programme benefited from the methodological expertise of the United Nations Population Division.

PADIS-INT is an innovative and flexible tool that combines the application of population projection techniques with new internet technologies that can help bridge the capacity gap facing many developing countries. By enabling them to undertake and improve population projections, the software

effectively assists governments to formulate development plans and design population policies.

To support the use of PADIS-INT in generating projected population data, technological improvements and pilot-testing in China were carried out with support from UNFPA. An expert review meeting was organised and found that the programme “meets the standards of established population projection solutions and assumes relatively high projection accuracy.”

Results

Exchange and learning visits, as well as PADIS-INT training, have been conducted in Southern countries that are already benefiting from using the tool. Kenya used the software to undertake population projections for its provinces and found it to be efficient, economical and affordable.



South-South in Action

At the request of the National Population Council of Ghana, a special training seminar was conducted for its technical officials to help build its capacity in population projection. Similarly, in Turkey, a training seminar attended by experts and officials from the Statistical Institute took place. They found the new software suitable, especially for multi-regional population projections. Training participants from India and Brazil showed great interest and considered using the programme. Participants from Burundi, Ethiopia, Nigeria, Tunisia and other African countries requested that PADIS-INT be included in the scope of South-South cooperation between China and their countries.

Lessons Learned

The PADIS-INT programme is an innovative tool with great potential that can help improve the capacity of developing countries in population projection, which is important in formulating population policies and development plans. In most African countries, the fertility rate

is high and there are concerns about future population trends, thus countries have a strong motivation to learn population projection technologies. This makes PADIS-INT a relevant solution to this need. However, population projection requires accurate age- and sex-specific population data for the starting year, which could be a problem for some countries where census data are missing, or population data are poor.

Partners

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National Population Council, Ghana

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Strengthening Population and Demographic Capacity

Belarus and the Russian Federation



This case demonstrates how Belarus raised its population and demographic capacity through partnership with the Russian Federation. A shared language and existing relationships among relevant agencies facilitated the partnership.

Issue

The low national capacity of Belarus in the field of demography and population and development, absence of an academic course or programme in demography, lack of high-quality demographic research, as well as reliance on external expertise called for a South-South cooperation initiative. The aim was to build the capacity of local professionals and experts, as well as decision makers, with the view of formulating well-designed population and development policies that ultimately would improve the quality of life of the people.

The Russian Federation, a neighbouring country of Belarus, on the other hand, enjoys a high-level of national demographic capacity with leading experts and academic centres of excellence. Not only do the two countries share a common historical experience and language but they have continued to remain as allies and partners.

Towards a Solution

With UNFPA's facilitation and serving as an interlocutor, Belarus and the Russian Federation launched a joint initiative aimed at building the demographic capacity of Belarus, as well as in the broader field of population and development. The costs of activities were covered by the Russian Federation.

A coordination council consisting of representatives from the various Ministries of Belarus (Education, Labor and Social Protection, Health, Foreign Affairs), research institutes and

universities, a representative of the Embassy of the Russian Federation in Belarus and UNFPA was formed to conduct a needs assessment and identify experts and academic centres of excellence, and to monitor the implementation and progress of the cooperation.

The Ministry of Labor and Social Protection of Belarus coordinated all events with national counterparts while the State University of Belarus served as a leading partner relating to the creation of higher education in the field of demography. The Russian partners, on the other hand, provided expertise through training, learning visits and joint research, among others.

Over a period of nearly three years, various activities were carried out involving all key stakeholders in Belarus, including civil society and the mass media, as well as Russian counterparts and UNFPA. These included, among others, training, conferences, round tables and workshops, study visits, public lectures, awareness-raising and press conferences on population and sustainable development issues, formulation of a roadmap for higher education in demography and the creation of a demographic centre of excellence.

Results

The capacity of the Belarusian academic community in the area of population and development research and demographic analysis and forecasting has been strengthened through study visits to Russian centres of demographic excellence, participation in workshops and roundtable discussions and

networking with Russian partner institutions, among others.

Institutional capacity in data collection and analysis, forecasting, formulation and implementation of population policies, monitoring and evaluation of population and development plans and programmes has been strengthened through various exchange and learning initiatives.

A specialisation in the field of demography was established in the Geography Faculty of the Belarusian State University and a roadmap for higher education was developed. Moreover, a Demographic Center of Excellence was established at the National Research Institute under the Ministry of Labor and Social Protection. Also, a national network of institutions and researchers dealing with population and development issues was created.

The involvement of Belarusian representatives of the various Ministries - Health, Education, Labor and Social Protection - in various activities facilitated interagency cooperation in the formulation of a comprehensive and integrated social and population-related policies.

Lessons Learned

The fruitful collaboration led to a new bilateral partnership between Russian and Belarusian academic and policy development institutions. The success of the mutual cooperation and its sustainability can be attributed, among others, to a comprehensive and thorough capacity needs assessment, national ownership with the high degree of involvement of Belarusian key stakeholders, willingness and expertise of Russian academics and scholars and the shared historical experience and social context of the two countries.

Partners

Partners in Belarus

Ministry of Labour and Social Protection

Ministry of Health

Labour Scientific Research Institute of the Ministry of Labour and Social Protection

National Statistical Committee

Republican Institute of Refresher Training of the Ministry of Labour and Social Protection

Belarusian State University

Economy Research Institute of the Ministry of Economy

Partners in the Russian Federation

Federal State Statistics Service

Federal Research Institute for Health Organization and Informatics of the Ministry of Health

The Russian Academy of Sciences and the Institute of Socio-Political Research

Center for Population Studies, Faculty of Economics of Lomonosov, Moscow State University

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South-South Cooperation on Population and Development: Population Ageing

Healthy Ageing: Meeting the Needs and Tapping the Contributions of Older Persons

-Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia



The two countries worked together in sharing lessons learned in the establishment of healthy ageing centres. These centres aimed to improve the quality of life of older persons, especially their mental health, and to enable them to actively engage in activities in or contribute to their communities.

Issue

Countries in southern Europe are going through demographic changes characterised by low fertility, emigration, especially among young people, and population ageing. With greying populations, countries are looking for ways to address the special needs of older persons, including health care because of their unique vulnerabilities and lack of access to basic services. In the former Yugoslav Republic of Macedonia, studies have shown that over 50 per cent of people over 65 years had difficulty accessing primary health care services. In Bosnia and Herzegovina, the social

isolation and prevalence of chronic non-communicable diseases among the elderly were a big challenge. In both countries, there were concerted efforts to enhance the quality of life of older people, including making health care 'age friendly'. Moreover, older persons themselves recognised that harnessing their contributions would not only improve their own lives but also the wider community.

Towards a Solution

Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia launched a South-South cooperation initiative to



exchange experiences, lessons learned and good practices in addressing the health needs of older persons. Key stakeholders from both countries agreed that it would be beneficial to share the success of Bosnia and Herzegovina in establishing healthy ageing centres (with UNFPA support and in cooperation with the NGO Partnership for Public Health) to the former Yugoslav Republic of Macedonia. The Center for Healthy Ageing worked towards improving the quality of life of older persons, especially their mental health, and enabling them to be actively engaged in and to make valuable contributions to their community.

Results

With support from UNFPA, two centres for healthy ageing were established in the former Yugoslav Republic of Macedonia in the municipalities of Vinica and Caska serving the needs of older persons, including those who could not afford health care.

A learning visit to the Centres for Healthy Ageing in Sarajevo was conducted in 2017, including participants at the Ministerial level, to see first-hand the operation of the centres and good practices that can be transferred as appropriate.

Capacity building activities have been organised in both countries to better understand the consequences of rapid demographic changes and how capacities of older persons could be tapped. Furthermore, NGOs working in population ageing were mobilised to promote active and healthy ageing among older persons.

Lessons Learned

1. In order to improve the quality of life of older persons it is necessary to foster their physical activity, healthy nutrition, and maintain their active and contributory role in the society. Older persons, leading an active lifestyle, are independent and do not represent an unnecessary burden on their families and public health system.

2. In order to promote healthy ageing, it is important to have regular communication among various stakeholders. Such communication would enable all stakeholders to understand the root-causes of development problems and learn from each other different approaches in resolving issues. Older persons must be included in the programme leadership and the sector must be continually consulted and surveyed.
3. The practice described here could be easily replicated (and adjusted, if need be) in any country that has an ageing population. Services provided in each of the centres are multi-sectoral in essence and depend on local capacities to provide those services, as well as the needs of local population or their willingness to engage in such services.

Partners

Ministry of Human Rights and Refugees, Bosnia and Herzegovina
Ministry of Labour and Social Policy, Bosnia and Herzegovina
Ministry of Labour and Social Protection, the former Yugoslav Republic of Macedonia
Municipality of Novo Sarajevo, Bosnia and Herzegovina
Partnership for Public Health, Bosnia and Herzegovina
Municipalities of Vinica and Caska, the former Yugoslav Republic of Macedonia
Institute for Social Activities, the former Yugoslav Republic of Macedonia
Red Cross, the former Yugoslav Republic of Macedonia
Macedonian Anti-Poverty Platform
University "Treto doba" Skopje, the former Yugoslav Republic of Macedonia

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Chapter III

The Way Forward

The Way Forward

UNFPA, together with an ever-expanding number of partners, is committed to promoting South-South and triangular cooperation as increasingly important programming approaches. The organisation is bringing such cooperation to the next level, from ad-hoc, sporadic initiatives to mainstreamed and vital programmatic modality for sustained development. In moving forward, UNFPA's corporate approach to accelerate South-South cooperation is concisely summarised below. In addition, an inter-ministerial conference on South-South cooperation on emerging population and development issues held in Bali, Indonesia in September 2018 produced an outcome document outlining specific

priorities that the global community can and should do to make South-South cooperation an even more effective mechanism for the achievement of the SDGs. The conference was hosted by the Government of Indonesia, through the National Family Planning Coordinating Board (BkkbN), in coordination with UNFPA and the Partners in Population and Development, an inter-governmental body with 26 member countries. It produced the Bali Call for Action that is shown in the last section of this publication. This call for action informs the discussions for the Second High-level United Nations Conference on South-South Cooperation (BAPA+40 Conference) in the areas of ICPD PoA.

UNFPA Policy Framework on SSC

In order to support South-South cooperation, UNFPA created a corporate South-South cooperation strategy in 2017 and a guidance note on implementing South-South cooperation in programming in 2018. The key planned actions can be summarised into this mnemonic.

Accelerating

S Share South-South cooperation solutions and support partner discovery.

S Support capacity development of national institutions.

T Team up with strategic partners to promote South-South cooperation and mobilise resources.

C Collaborate with implementing partners in operationalising South-South cooperation.

Sharing South-South cooperation solutions and supporting potential partner discovery

- Document and publish South-South cooperation good practices.
- Share these good practices through international forums, publications and communities of practice.



Source: UNFPA

- Facilitate solutions exchanges, aligned with the practices of the United Nations system.

Supporting capacity development of national institutions with potential and interest in South-South cooperation

- Map agencies, civil-society organisations and private-sector firms as potential South-South cooperation partners.
- Raise awareness, conduct advocacy and policy dialogues.
- Develop capacity of partners.
- Raise capacity of UNFPA offices to support South-South cooperation.

Teaming up with strategic partners to promote South-South cooperation and mobilise resources

- Partner with inter-governmental bodies to promote South-South cooperation among their members.

- Mobilise resources from South-South cooperation funding institutions and arrange resources with triangular donors.

- Align work with the United Nations Office for South-South Cooperation and other United Nations entities.

- Regionally, promote centres of excellence as providers of South-South cooperation.

Collaborating with implementing partners in operationalising SSC in country programmes

- Provide technical support in implementing South-South cooperation programmes.

- In the context of the country programmes, monitor progress.

- Gather evidence through research and country-led evaluations.

- Communicate results, inspire others.





Inter-Ministerial Conference on South-South and Triangular Cooperation:

Emerging Population and Development Issues

Influencing the 2030 Agenda

18-20 September 2018

Bali, Indonesia

Bali Call for Action

We, the delegates assembled here in Bali, Indonesia from 18th to 20th September 2018 for the Inter-Ministerial Conference on South-South and Triangular Cooperation: Emerging Population and Development Issues Influencing the 2030 Agenda, organised by the Government of Indonesia, specifically by the National Population and Family Planning Board of Indonesia (BKKBN), in collaboration with the United Nations Population Fund (UNFPA), and Partners in Population and Development (PPD), adopt this call for action.

This Inter-Ministerial Conference was held leading up to the 25th anniversary of the implementation of the International Conference on Population and Development (ICPD) Programme of Action (PoA) that was adopted in Cairo, Egypt in September 1994

(ICPD@25) and to the Second High-Level United Nations Conference on South-South Cooperation to be held in Buenos Aires, Argentina in March 2019 (BAPA+40). The objectives of this Conference were to discuss emerging issues, share successful experiences and good practices in population and development, identify the strategic priorities and appropriate modalities of South-South Cooperation (SSC) for the achievement of Sustainable Development Goals (SDGs), and provide inputs to the BAPA+40 deliberations.

A total of 250 delegates from more than 40 countries, including Ministers, Vice Ministers and senior government officials responsible for population affairs from the PPD member-countries and other developing countries, representatives from UNFPA and the other relevant UN agencies, international organizations, non-governmental organizations and donor agencies, and experts from the academic and research institutions, participated in this Conference.

We, the delegates of the Inter-Ministerial Conference on SSTC:

Recognized that SSC is guided by the principles of respect for national sovereignty, national ownership and independence, non-conditionality, non-interference in domestic affairs and mutual benefit; and, this Call for

Bali Call for Action

- 1 Revitalize commitment on P&D, including emerging issues
- 2 Focus SSC on priority areas in P&D, SRH, gender and youth
- 3 Conduct annual inter-ministerial conferences on SSC
- 4 Accelerate international coordination for SSC
- 5 Strengthen multi-stakeholder partnerships
- 6 Develop capacity of Southern institutions
- 7 Encourage and support SSC centers of excellence
- 8 Gather evidence from country-led monitoring and evaluation
- 9 Mainstream SSC in organizational strategies

Action is based on these principles, which were mandated by the 1955 Bandung Asian-African Conference and other relevant conferences. We also noted that SSC is not a substitute for, but a complement to, North-South cooperation.

Realized that SSC in population and development has become an increasingly critical means to strengthen partnership for the achievement of the ICPD goals and the SDGs. The achievement of the 2030 Agenda requires careful consideration of population dynamics and trends for planning, implementation and monitoring of the SDG targets.

Reaffirmed our commitment to the goals and principles of the ICPD PoA and the SDGs and resolved to translate these commitments into national agenda and actions to attain universal access to sexual and reproductive health, and realize the demographic dividend and sustainable development. We also recalled our commitment to the declarations and action plans made at the previous Inter-Ministerial Conferences in Population and Development including the Beijing Call for Action adopted by the Ministerial Strategic Dialogue on South-South Cooperation for Population and Development held in Beijing, in March 2016.

Acknowledged that 86% of the world's total population is in developing countries; so, population dynamics, sexual and reproductive health and gender equality are at the core of sustainable development, and that deepening South-South cooperation in these fields will contribute to the health and well-being of the people in developing countries and to sustainable development.

Appreciated the contribution made by all the stakeholders and individuals in advancing SSC since the ICPD in 1994; acknowledged the importance of triangular cooperation in bridging South-South and North-South cooperation; acknowledged UNFPA's substantial contribution and critical role in advancing SSC in population and development; and recognised that PPD has made tremendous progress and achievements for promoting SSC

in population and development in the past 24 years.

Noted with appreciation funding facilities by Southern countries, especially emerging economies, that are increasing their support to SSC and are allocating more resources to accelerate the implementation of the ICPD PoA and the attainment of the SDGs.

Recognized that many Southern countries have new skills and technologies that can be shared with fellow Southern countries, and that more appropriate solutions to some challenges faced by them are more readily available in other Southern countries;

Recognized that emerging population and development issues such as low fertility and ageing in some developing countries; youth development for demographic dividend, peace and security; sexual and reproductive health services in humanitarian and conflict situation; and big data utilisation, will influence and contribute to the 2030 agenda.

Affirmed that the renewed emphasis on SSC provides an opportunity to broaden the range and scope of contributions, and to leverage their effect for impact-oriented programming, additional resources, innovative SSC and funding models and shaping SSC partnership initiatives that are structured to achieve scaled and longer-term objectives.

Recognized challenges and future opportunities for SSC, which include: translating the goals of SSC into specific programmes and policies; realizing the difference between operational and articulate principles; coordinating stakeholders at the national, regional and global levels; strengthening information-sharing; improving the capacity and efficiency of SSC; devoting more resources for SSC; and, increasing engagement of the private sector and civil society.

Thanked the Government of Indonesia, as host country, for the excellent arrangement of this Inter-Ministerial Conference on

South-South and Triangular Cooperation: Emerging Population and Development Issues Influencing the 2030 Agenda, and appreciated Indonesia's active role and longstanding contribution in promoting South-South and Triangular Cooperation.

We, the delegates of the Inter-Ministerial Conference on SSTC:

Call upon governments and international organizations to undertake more political commitment to SSC in population and development, particularly in emerging issues of low fertility and ageing in some developing countries; youth development for harnessing the demographic dividend, peace and security; sexual and reproductive health and family planning services in humanitarian and conflict situation, and big data utilisation.

Recommend the following as the strategic priority areas for SSC: population and development; universal access to sexual and reproductive health, and rights-based family planning, including in all phases of humanitarian emergency and disaster risk reduction; women's, children's and adolescents' health; gender equality; healthy ageing; migration; and poverty alleviation with particular emphasis on emerging population issues.

Commit to making more efforts to the organization of the International Conference on SSTC in Population and Development, which serves as a unique global high-level platform of developing countries for sharing experiences and good practices, conducting policy dialogues, and developing capacity in population and development. PPD is encouraged to continue this annual high-level international forum on SSC and to keep it open to all developing countries. Relevant stakeholders are encouraged to continue their commitment on the Beijing Call for Action in this regard.

Encourage the efforts of countries to accelerate international coordination for SSC to better

share information, identify and coordinate support for concrete SSC programmes. In order to make SSC successful, the international SSC players need to be working together in a coordinated manner.

Commit to make more efforts in strengthening the multi-stakeholder partnerships for SSC. It is critical to renew and expand already existing partnerships and create new ones, among the various existing mechanisms for SSC, based on the specific mandates and comparative advantages of the diverse organizations involved. We encourage and support the initiative of the Roundtable on SSTC at the International Conference on Family Planning (ICFP), which aims at bringing state and non-state stakeholders together to achieve a solid community of practice in SSC around specific shared/common goals related to ICPD agenda through drawing on each other's strengths.

Commit to make more efforts for strengthening human resource development for SSC. As human resource development and knowledge sharing remain at the center of technical cooperation initiatives among Southern countries, this form of cooperation will be prioritized in the agenda of national governments, international organizations, inter-governmental bodies, civil society organizations (CSOs), including community-based and faith-based organizations. More efforts should be given to providing technical support towards capacity building of Southern institutions involved in training activities for SSC. UNFPA and PPD are called upon to lead in such efforts.

Encourage and support the establishment and development of centers of excellence on SSC for population and development. The evidence both inside and outside population and family planning sectors demonstrates that SSC centers of excellence have been playing an active and effective role in knowledge sharing, technical transfer and institutional networking for SSC; and they are a part of the institutionalization efforts for SSC in

population and development. More resources at the national and international level should be allocated to assist and promote this initiative in the aspects of providing enabling policies, capacity building, and sustained and regulated financial support.

Commit to support the efforts for high-quality and validated evidence on what works on SSC, to be informed by country-led monitoring and evaluation systems and research on SSC. As the year 2019 is ICPD+25 and BAPA+40, it is essential to have a comprehensive review of the progress made and lessons learnt for SSC, and based on which, policy recommendations and strategies should be made to further promote SSC for attaining the ICPD goals and the SDGs. We encourage the national governments, UNFPA, PPD, other international organizations and donor agencies to make joint effort to develop a follow-up and review mechanism of SSC that will promote accountability to citizens, identify good practices, mobilize support to overcome shared challenges, and identify new and emerging issues. It should

be aligned with the follow-up and review mechanism of the 2030 Agenda in order to create synergies and efficiencies by avoiding duplication. We encourage and support more academic research, which may include the comparative advantages and innovative modalities of SSC, and appropriate linkages between South-South cooperation and North-South cooperation in population and development.

Encourage relevant UN agencies and international organizations to follow the example of UNFPA in establishing SSC as a programming strategy in its strategic plan. SSC elements should be incorporated into development and humanitarian programmes of the international organizations and into the national population and reproductive health programmes. Basic indicators such as national strategies, national task force, regular national budget line, and government-funded activities for SSC, as well as results indicators, should be established for monitoring and evaluation of SSC.



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