



**Partners in Population and Development
Africa Regional Office**

Strategic Plan 2007-2011



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EXECUTIVE SUMMARY

The people of Africa, especially its women, children and youth, continue to suffer in abject poverty and dehumanizing conditions, foremost among which is an unparalleled burden of disease. At the same time, they face the special perils of the twenty-first century: urbanization of unprecedented speed, especially the growth of horrendous urban slums; and, of course, the HIV/AIDS pandemic.

While many countries around the world have made leaps in both health and poverty reduction, much of sub-Saharan Africa remains mired in seemingly endemic poverty. There are as many proposed solutions for Africa's plight as there are problems. For example, the goals and targets laid out in international agreements, now represented by their incorporation in the Millennium Development Goals (MDGs), seek to address these deep-seated problems. Many African states have committed themselves to achieving the MDGs and are working very hard, against great odds, to this end.

Amongst the most severe impediments to achieving the Millennium Development Goals is the dual burden of Africa's exceedingly high birth rate and the very poor reproductive health (RH) conditions of so many of the continent's people, especially the women. It is very clearly understood today that achievement of nearly all the MDGs depends upon success in achieving the principal goal of the landmark Conference on Population and Development (ICPD) in Cairo, Egypt in 1994: **universal access to reproductive health services**. Unless people, especially women, are able to achieve full control over their own reproduction and to achieve a good state of reproductive health, it will be nearly impossible to meet such MDGs as reducing child mortality, improving maternal health, achieving universal primary school enrolment, ending hunger, improving the environment, rolling back the AIDS pandemic, or, indeed, significantly reducing the proportion of people living in extreme poverty. All these goals depend upon slower rates of population growth and healthier, more productive women.

During the ICPD itself, senior representatives of several of the developing countries – all of them ministers – agreed that they had developed extensive yet untapped knowledge and experience in the fields of reproductive health, population and development and that they had a real responsibility to share this knowledge and experience for the benefit of all developing countries. They further agreed that the best way to reduce dependency on traditional sources of expertise was to form an intergovernmental alliance of developing countries to promote reproductive health, population and development, mobilize resources, network and share experiences country-to-country. They also recognized that such an alliance could give new voice to the needs and concerns of the developing world at the highest levels, nationally and internationally. This, then, was the core commitment behind the formation, at Cairo, of Partners in Population and Development.

Partners in Population and Development (PPD) is a southern-led, southern-run inter-governmental organization with deep commitment to improving the reproductive health and rights in collaborating and partner countries, in strategic partnership with NGOs and other civil society organizations. PPD was founded with ten country members in 1995 to promote south-south cooperation in reproductive health and population and development. The membership has steadily grown to 21 countries which collectively encompass more than half the population of the entire globe. Eleven of these countries – more than half – are in Africa. Each member country is committed to the Partners' ideals and pays an annual membership fee as a demonstration of that commitment.

Following the Millennium Summit in 2000, which resulted in the eight MDGs, PPD moved swiftly to address not only the goals of the ICPD to which it had been committed since 1994, but also the linkages between reproductive health and population issues and the MDGs. Moreover, the PPD Board, comprised of ministers from each of the member states, recognized that the MDGs could not possibly be met unless the reproductive and population needs of Africa received much higher priority. Progress towards universal access to reproductive health has been made in member countries, but unfortunately, it has been uneven. Furthermore, the concept, benefits and modalities of south-south cooperation are not well understood and appreciated, particularly in and among African countries. Consequently, south-south cooperation modalities are underutilized and their full potential is not realized. For these reasons, in a major strategic adjustment, the PPD Board decided to manifest PPD's commitment to intensify its activities in Africa by establishing a special regional presence. And earlier this year PPD opened its Africa regional office in Kampala, Uganda with the mandate to coordinate a renewed and concerted effort to realize the Vision of **“a continent that meets its reproductive health needs, promotes the population and development agenda and thereby addresses poverty, through south-south cooperation.”**

South-south cooperation has untapped potential for approaching these new opportunities and sharing good practices in reproductive health and population and development. Notable success stories and good practices within Africa and other developing countries exist. These need to be shared. Examples include the uptake of family planning in a number of African countries, both northern and southern; the dramatic reduction in prevalence and stemming of the spread of HIV/AIDS in some others; improved contraceptive security; the successful integration of population and RH into national poverty reduction strategies and health sector reform programs; and into such innovative financing mechanisms as the Global Fund to fight AIDS, Tuberculosis, and Malaria. Appropriate south-south collaborations can increase the likelihood that official development assistance will be effectively directed toward the critical issues of women's health and rights, and their children's future.

PPD Africa's Mission, as part of the global south-south Partnership, is to provide a platform for the promotion of and mobilization of resources for reproductive health and population and development in Africa through three elements: policy dialogue and resource mobilization; the application of relevant experience from within the region and around the world to the region's RH and population problems; and dissemination throughout the region of information on what works.

This PPD Africa Strategic Plan consists of seven elements to fulfil its mission. PPD will undertake policy dialogue to ensure that reproductive health rises on the development agenda both nationally and internationally, and to carry out advocacy for increased reproductive health commodities and supplies. PPD will also promote the concept of south-south cooperation. PPD Africa will focus on networking and building strategic partnerships in the region by increasing the number of countries in Africa involved in south-south cooperation and strengthening their capacity. PPD will share experiences and good practices of governments and civil society within the region by documenting and disseminating good practices as well as mobilizing new and increasing the efficiency of existing human and financial resources in the region. But above all, PPD Africa is committed to making a difference in the lives of Africans through the promotion and delivery of effective RH programs and policies throughout the continent.

1.0 BACKGROUND

1.1 Introduction: The Case for PPD Africa

The people of Africa, especially its women, children and youth, continue to experience an unparalleled disease burden coupled with abject poverty and dehumanizing conditions. Women in Africa bear the heaviest burdens—they bear babies, care for children and their families, spend hours gathering water, food and fuel and work on farms and family enterprises for little or no income. They and their families die of AIDS and TB, often without even a confirmed diagnosis, much less care and treatment. Mothers bear more children than they often desire because of poor access to education and family planning information and services. Without emergency obstetric care, women in Africa die during childbirth at more than a hundred times the rate in wealthy countries. The risk of maternal death in the course of a woman's lifetime is 1 in 16 in sub-Saharan Africa, compared to 1 in 3,800 in developed countries.

Health, and particularly the health of women, is key for economic growth and sustainable development. Studies have found that ill-health among women reduces productivity of the female labour force by as much as 20 percent in some cases. One-third of all deaths and disabilities among women of reproductive age and one-fifth of the total global burden of ill-health have been attributed to poor reproductive health. Without good health, women are unable to both care for and contribute to their families' prosperity to their fullest extent. National economies therefore miss out on women's contributions. High fertility levels contribute directly to poverty, reducing women's opportunities, diluting expenditures on children's education and health, precluding savings and increasing vulnerability and insecurity. Women's rights are essential to development efforts; the ICPD PoA firmly situated these issues within the larger quest for development and poverty reduction. The ICPD PoA argues that "Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women" (para. 4.1). While many countries around the world have made leaps in both health and poverty reduction, many countries in Africa are locked in a seemingly inescapable poverty trap. There are as many proposed solutions for Africa's poverty as there are problems, but there is growing recognition that without achieving universal access to reproductive health services, Africa will neither achieve the ICPD goals nor MDGs for its people.

Despite the political will for reproductive health and rights showcased at the ICPD, family planning has since slipped from the forefront of development and health agendas. This slippage has contributed to a severe shortfall from ICPD fundraising targets and a lack of knowledge and political will for family planning and reproductive health and rights within the larger development frameworks; yet there is more recent agreement among development experts that reproductive health is essential to achieving the MDGs. This has been recognized in specific Millennium Project Task Force Reports* and the Millennium Project Report--Investing in Development: A Practical Plan to Achieve the Millennium Development Goals. This report highlights sexual and reproductive health as "essential for reaching the Goals." In 2002, Kofi Annan acknowledged the tie between global poverty reduction and reproductive health.

* The task forces on Hunger, Education/Gender, Child Health and Maternal Health, HIV/AIDS, Environmental Sustainability and Slum Dwellers all reference the need to ensure universal access to reproductive health information and services.

“The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women’s rights, and greater investment in education and health, including reproductive health and family planning”

--Kofi Annan, *Statement to the Fifth Asian and Pacific Population Conference, December 2002*

African leaders have also recognized the great need for reproductive health and rights in the continent. In Gabarone in 2007, African Heads of State adopted a continental Sexual and Reproductive Health Framework at the annual meeting, showcasing their commitment. This framework was based on an action plan prepared by technical experts of the Africa Union, assisted by the UNFPA, WHO and IPPF and adopted by African Ministers of Health in Maputo in September 2006. Donor countries have also acknowledged the current situation of great need in Africa. The specific acknowledge of the particular needs of Africa by MDG reports are proof of the global consensus that Africa merits increased investment in a major push to reduce poverty.

Most African countries have large unmet need for health services, particularly family planning services, to both limit and space childbearing and to preserve women’s health. Poor families often want more children compared to wealthier families, but demographic and health studies show they also have even more children than they say they want. Despite need and demand, services are often not available in Africa. Less than 50% of women’s demand for family planning (for both spacing and limiting) is satisfied in 20 of the 28 sub-Saharan countries with available DHS data. Gabon, Kenya, Malawi, Namibia, Tanzania and Zambia have rates above 50%, and only South Africa and Zimbabwe have fulfilled over 70% of the total demand for contraception. If modern contraceptive services were available to all 201 million women with unmet need in the developing world, 1.5 million lives of women and children would be saved each year.

A number of other factors also make this a prime time for increased collaboration and sharing of experiences within Africa. HIV rates remain high in many African countries (South Africa and Botswana, Lesotho), while other countries have been able to either stem the epidemic (Senegal) or bring down new infection rates (Uganda, Kenya and Malawi). Though 700,000 people globally received antiretroviral treatment for the first time in 2006, an estimated 4.3 million people were newly infected that year, highlighting the urgent need to intensify prevention efforts. In sub-Saharan Africa, less than a third of young men and just over a fifth of young women demonstrated a comprehensive and correct knowledge of HIV. Increasing urbanization also puts high pressure on already thinly-stretched social infrastructure and resources, both human and financial. Seventy-two percent of the urban population in Sub-Saharan Africa currently live in slum conditions, which will only be exacerbated if the urban population in Africa doubles between 2000 and 2030, from 294 million to 742 million people, as currently projected.

Family planning not only benefits individual women and their families, it can also offer a much-needed economic boost. Increased use of contraceptives in a country can open a “demographic window,” in which as a population transitions to lower mortality and fertility, there is a large cohort of young workers who have relatively fewer children and parents to support. This allows for the opportunity to save, invest, boost economic growth and for the poor to escape poverty. The demographic bonus accounts for approximately one third of East Asia’s economic growth between 1965 and 1990. The demographic window could reduce

poverty rates in developing countries by about 14 per cent between 2000 and 2015. These dynamics have incredible potential for raising the living standard of the poor. Thus reproductive health is not just a health issue—it is central to economic and sustainable development, social justice and human rights.

There is also increasing recognition that past efforts of development programmes and poverty reduction, though well-intentioned, have often failed because they were donor-driven rather than demand-driven. Donors have increasingly recognized that successful investment planning must be southern-led and southern-driven. The PRSP process, the U.S. Millennium Challenge Account, the U.S.'s PEPFAR and the Global Fund to fight AIDS, Tuberculosis, and Malaria are just a few of many new examples of this new paradigm in which developing countries are not only on the receiving end of aid, but must determine how aid can best be spent to address the needs in their own countries. This paradigm shift has been underscored by the Blair Commission for Africa as well as 2007 G8 Summit in Heiligendamm, Germany.

The MDGs have also opened up new opportunities-- developing country governments have, understandably, grown weary of prescriptive commitments which have removed flexibility for local adaptation of policies and programmes. Rather than specifying how to reach the MDGs, targets have been specified and the path is left open for countries, their development partners and civil society to decide. Developing countries neither need nor are asking for an outside saviour; rather, the path to success lay in applying southern skills, talents and experiences, supported by the north. South-south cooperation is particularly well-suited to facilitate, strengthen and increase collaboration (and ultimately success) among southern countries advocating for and working for the reproductive health and rights of their own populations. The Millennium Development Goals, building on the ICPD PoA, are a powerful tool for generating consensus on international development and the promotion of human rights; they are garnering new levels of political and financial support and commitment that had never before been realized.

1.2 A Historical Perspective of PPD

In 1994, representatives of the countries of the world came together in the landmark International Conference on Population and Development (ICPD) and developed a new paradigm for reproductive health, the ICPD Programme of Action (PoA). ICPD was groundbreaking, as it was the first (and still only) international agreement to explore the crucial link between gender equality, population and reproductive health. At the ICPD, developing countries endorsed the concept of south-south cooperation, that became the core model of Partners in Population and Development (PPD). The dominant capacity of implementing reproductive health, population and development policies and programmes lies in developing countries, yet the usual mode for providing assistance has historically been north-south. The idea was for the PPD to “broker” arrangements for the horizontal transfer of technical and programmatic expertise from one southern country to another.

Partners in Population and Development, is a non-profit, apolitical intergovernmental alliance of developing countries bound by shared core values as well as the principles of the ICPD PoA. PPD was built on the principle that each country's participation in this self-governing institution requires a membership commitment of \$20,000 per year. Headquarters were initially established in Dhaka, Bangladesh, and a small staff was brought on board. Currently there are 21 countries constituting the membership: Bangladesh, Benin, China, Columbia, Egypt, India, Indonesia, Jordan, Kenya, Mali, Mexico, Morocco, Nigeria, Pakistan, Senegal, Thailand, The Gambia, Tunisia, Uganda, Yemen and Zimbabwe. Over the next few years, the organization carried out its mandate to promote south-south cooperation, to represent the

point of view of developing countries in international meetings and to advocate for the inclusion of reproductive health, family planning, HIV/AIDS, population and development issues as essential to achieving socio-economic development and reducing poverty.

Notable achievements include:

- Growth in PPD membership from 10 to 21 countries so that it now represents over 54 percent of the world's population,
- high level involvement is supported by Partners Country Coordinators in each member country,
- exchanges have been fostered involving 17 institutions in 16 developing countries,
- over 1000 leadership fellows have been trained
- and a network exchange and clearing house has been established at headquarters to match institutions and experts.

PPD is a southern-led, southern-run inter-governmental organization with deep commitment to improving reproductive health and rights in collaborating and partner countries, in strategic partnership with NGOs and other civil society organizations. The importance of PPD was acknowledged when it was accorded UN Observer Status by the United Nations General Assembly in 2002, and in 2003 the Government of Bangladesh gave PPD diplomatic status.

In 2006, the Board of Partners in Population and Development demonstrated its commitment to help invigorate south-south collaboration within Africa by establishing a regional office. This response recognized the particularly strong needs for both human and financial resources to help the people of Africa get out of the current poverty trap. This regional office opened in February 2007 in Kampala, Uganda. A strategic planning workshop was conducted from 23-26 February 2007 at the Sheraton Hotel, in Kampala, Uganda. This workshop was followed by consultative meetings with various stakeholders and potential donors. The outcome of this process was the elaboration of a Strategic Plan with a vision, mission, mandate and strategic focuses for PPD Africa.

2.0 VISION, MISSION, MANDATE AND CORE VALUES

2.1 Vision

A continent that meets its Reproductive Health† needs, promotes the Population and Development agenda and thereby addresses poverty, through South-South Cooperation.

2.2 Mission

PPD Africa, as part of the global south-south inter-governmental alliance, provides a platform for the promotion of and resource mobilization for Reproductive Health, Population and Development in Africa through three elements:

1. Policy dialogue
2. Networking and building strategic partnerships in the region
3. Sharing of experiences and good practices.

2.3 Mandate

1. Promoting South–South cooperation and strengthening partnership with all stakeholders/networks in the field of reproductive health, population and development
2. Mobilizing resources for Reproductive Health, Population and Development, including for the implementation of ICPD PoA, the MDGs and the Maputo Plan of Action
3. Facilitating need-based, demand-driven technical and capacity building support to both member and non-member countries in RHR, Population and Development in Africa
4. Enlarging south-south cooperation by encouraging additional countries to join the Alliance
5. Conducting evidence-based advocacy for sound policies and programmes in the promotion of reproductive health, reduction of poverty and ensuring just and equitable development
6. Compiling, publishing and disseminating good practices in reproductive health, population and development; and creating appropriate fora for policy dialogues and sharing of experiences

2.4 Core Values

1. Partners for Population and Development recognize the interconnectedness between RH, population and sustained economic growth for the attainment of sustainable development. This principle leads PPD to value people as the most critical resource for development.
2. PPD believes in south-south collaboration as a key strategy for human centred, balanced and sustained development for developing countries.
3. PPD believes that its common voice, commitment and joint action in partnership can contribute to the highest human development.
4. PPD respects and promotes a human rights approach and accompanying responsibility for access to services, products, information and technology.
5. PPD is committed to equality and equity among the people in all countries particularly gender equality, equity and the empowerment of women.

† ICPD definition: “Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” For more details, see para. 7.2 of ICPD PoA 1994.

6. PPD believes in fair markets and international trade, freedom from poverty, relief from unsustainable debt and better quality of life for the people in developing countries.
7. PPD upholds accountability to stakeholders, promotes good governance and open sharing of authenticated information. PPD adheres to its commitment to all stakeholders, especially marginalized and vulnerable people.

3.0 STRATEGIC FOCUSES

In order to attain the vision of an African continent where the reproductive health needs of men and women are being met and, in order to carry out its mission, PPD Africa has developed three broad objectives under which seven specific objectives have been proposed to guide its work.

3.1 Mission Element 1: Policy Dialogue

3.1.1 Ensure that reproductive health rises on the development agenda

In order for reproductive health services, including family planning, to reach men, women and young people, then more resources must be available to support them. Estimates of resource needs were developed at ICPD in 1994 and specifically for Africa in the Maputo Plan of Action, adopted in 2006. At ICPD, both donors and countries committed themselves to increasing resources for RH. By any measure, funding targets are not being met. Because of the importance of reproductive health to achieving all other health goals and poverty reduction, it is also likely that the MDGs will not be met.

PPD Africa will assist countries in the continent to increase resources available to meet RH, population and development needs, from multi- and bi-lateral donors, the governments themselves, as well as from private and philanthropic sources. A key approach is advocacy and discussion with policy makers at the highest level in support of reproductive health aims, the incorporation of population dynamics into development planning and south-to-south cooperation. PPD's status in the international scene and its stature give it entry to international conferences, UN deliberations and national governments where it can carry these messages.

Goal 1.1: Increased recognition and resources for RH in the development agenda

Objective 1.1.1: Increase political commitment of policymakers for RH in PPD member and collaborating countries

Objective 1.1.2: Increase integration of RH in national health and related programmes

Objective 1.1.3: Increase resources from donors, private and philanthropic sectors, as well as in country budgets

Objective 1.1.4: Increase acceptance of RH and population in international settings

3.1.2 Advocate for increased reproductive health commodities and supplies

Commodities and supplies are critical for ensuring reproductive health. Using the ICPD definitions, the concept of commodities and supplies includes contraceptives, as well as supplies essential for safe motherhood and post abortion care. Having adequate supplies means coordinating with donors and ensuring adequate logistics as well as funding. Increased demand for diagnosis, treatment and prevention of sexually transmitted infections, including HIV/AIDS, is contributing to rising requirements for reproductive health commodities, particularly condoms. The number of people using reproductive health services in Africa has increased, as has the number of those in need but unable to access services. Two key things PPD Africa can do are to highlight the need for additional resources for reproductive health commodities and supplies and facilitating exchange of information among member and collaborating countries.

Goal 1.2: Increased availability, accessibility and affordability of reproductive health commodities within PPD collaborating countries

Objective 1.2.1: To mobilize additional resources for RH commodities and supplies

Objective 1.2.2: To facilitate the exchange of information on reproductive health commodities and supplies

3.1.3 Promote south-south cooperation

Declarations from many international and regional conferences have emphasized the importance of south-south cooperation in meeting the RH needs and promoting population and development. However, the concept, benefits and modalities of south-south cooperation are not well understood and appreciated, particularly in and among African countries and within civil society. Consequently south-south cooperation modalities are underutilized and their full potential is not realized.

Therefore, advocacy for south-south cooperation is needed for it to become an integrated and important component of national, regional and international efforts for RH, population and development. Such advocacy efforts are needed at three levels: broad dissemination of the concept, within regional fora such as AU, RECs and also within countries. This requires the development of appropriate communications materials.

Goal 1.3: The concept of south–south cooperation understood and adopted at different levels

Objective 1.3.1: To increase the level of understanding of and support for south-south cooperation among decision makers within countries

Objective 1.3.2: To increase the level of understanding of and support for south-south cooperation within regional networks and key regional institutions

Objective 1.3.3: To create a favourable and enabling policy environment for south-south cooperation

3.2 Mission Element 2: Networking and building strategic partnerships in the region

3.2.1 Increase south-south country involvement within Africa, including PPD members and collaborating countries

As indicated elsewhere, PPD is composed of 21 countries, of which 11 are from the African continent. Though the number of African countries accounts for over 50 per cent of the global membership of PPD Africa, 43 countries within Africa are not members. Increasing the number of collaborating countries, both members and potential members, will broaden the resource base of PPD and help diversify the experiences, pool of expertise and approaches to reproductive health, population and development issues in Africa. Maintaining the vibrancy of the organization should not be left to chance, but is recognized as an explicit objective of PPD strategy.

Goal 2.1: Enlarged pool of collaborating countries, including PPD member countries in Africa

Objective 2.1.1: To expand and strengthen PPD’s strategic partnerships and networks

3.2.2 Enhanced capacity and leadership skills of PPD members and collaborating countries

A successful implementation of reproductive health, population and development programmes requires enhanced institutional, technical and human capacities at national, regional and global levels, within and outside of government. Without the requisite capacity, it is very difficult to carry out effective advocacy campaigns, undertake planned activities and

live up to the expectation of stakeholders, partners and meet the needs of intended beneficiaries.

In this regard, PPD Africa aspires to help member countries identify and address their respective capacity needs in the areas of reproductive health, population and development. We recognize that path breaking developments and expertise are in the non governmental organization (NGO) sector; thus, it is PPD's intention to create strategic partnerships with key NGOs. PPD will take advantage of already existing capacity, through forming strategic partnerships within the NGO sector, and between the NGO and governmental sectors.

At the same time, PPD Africa will build and strengthen its own institutional capacity so as to be able to fulfil its mandate. PPD will facilitate the improvement of the technical capacity of both government and civil society in its collaborating countries. PPD will also attempt to increase the leadership skills among its collaborators and draw upon the pool of mid-level managers trained in earlier phases of the PPD global's work..

Goal 2.2: Enhanced capacity and leadership skills

Objective 2.2.1: To strengthen leadership at the country level in member and collaborating countries for RH and population and development

Objective 2.2.2: To build the capacity of selected institutions within PPD Africa member and collaborating countries for RH and population and development, in the context of poverty reduction

Objective 2.2.3: To build and strengthen strategic partnerships with key NGOs and civil society organizations involved in the areas of RH, population and development

Objective 2.2.4: To strengthen the institutional capacity of the PPD Africa office

3.3. Mission Element 3: Sharing of experiences and good practices‡

3.3.1 Documentation and dissemination of good practices

Because PPD is at the hub of communication among member countries and partner organization, the organization has an important role to share good practices, good models and expertise among alliance partners. The goal of sharing good practices is to enable PPD Africa member countries to learn from each other and non-governmental organizations and improve reproductive health programmes through transfer of these practices, expertise and technologies. First, assessments or situation analyses of good practices on relevant RH and population topics would be commissioned, on such topics as population and development, integration of RH with HIV/AIDS, technologies, south-south cooperation on RH issues and accessing new developing modalities for funding for RH. These good practices would be documented and PPD can disseminate the results through the most appropriate methods, such as addressing stakeholders at regional and international fora, convening meetings on specific and technical topics, disseminating studies and reports and organizing exchanges. Fora can also be used to define a problem and work toward a solution, particularly when addressing new problems and issues.

‡ PPD Africa prefers the term “good practices” over “best practices,” as the term “best practices” necessitates rigorous evaluation, demonstrated success and impact and capacity for replication, which require a standard that very few, if any programmes can prove. PPD uses the UN Inter-Agency Committee on Women and Gender Equality definition of a “good practice” as “one that meets at least two of the following criteria: leads to an actual change, has an impact on the policy environment, demonstrates an innovative or replicable approach, or demonstrates sustainability.” “Good practices” also emphasize the contextual nature of relevant knowledge for development, over a universal model that is wholly abstract and non-sustainable in terms of local capacity.

A specific topic that PPD Africa will address is promoting access to funding RH through new development modalities. Many new development mechanisms have emerged since ICPD. PPD has a role in helping countries access these new development and funding mechanisms such as SWAps, PRSPs, Global Fund to fight AIDS, Tuberculosis, and Malaria and PEPFAR. PPD believes that south-south cooperation has untapped potential for approaching these new opportunities.

There are success stories and good practices within Africa and other developing countries that need to be shared; examples include family planning in a number of Northern African countries, the dramatic turn-around of HIV/AIDS prevalence in Uganda, the ability of Senegal to stem the tide of new infections, integrating population and RH into PRSPs and development funding mechanisms and contraceptive security. Yet the specific strategies and technical aspects of these successes are unknown even within most RH organizations.

PPD Africa plans to build momentum for the concept of south-south cooperation, to strengthen existing networks and to facilitate exchange among PPD member and collaborating countries. It is particularly important to enable RH groups to relate their programs to the concept of poverty reduction and to develop their capacity to link RH to poverty reduction and to understand the development reforms in Africa, including new funding modalities and decentralized decision-making.

Goal 3.1: Good practices are identified and shared within collaborating countries
Objective 3.1.1: To support and facilitate transfer of good practices, expertise and technologies among collaborating countries
Objective 3.1.2: To increase skills and knowledge of programme managers in collaborating countries for RH, FP and population and development

3.3.2 Increase efficiency of human and financial resources through south-south cooperation

PPD will serve as an honest “broker” to match expertise and need among developing countries and help identify sources of funding to pay for these south-south collaborations in Africa. To enhance the efficiency and effective utilization of resources, both human and financial, PPD Africa will build on current knowledge of qualified consultants and will develop and maintain a database of trained consultants. PPD Africa will track and monitor successful examples of south-south collaborations brokered. The annual PCC meeting will also be used to plan and coordinate south-south cooperation and share experiences.

Goal 3.2: Enhanced capacity and leadership skills
Objective 3.2.1: To coordinate south-south cooperation in PPD member and collaborating countries
Objective 3.2.2: To raise the financial support for the transfer of good practices, expertise and technologies among PPD collaborating countries

4.0 MONITORING AND EVALUATION

The overall vision of success for the PPD Africa is a continent that meets its reproductive health needs. However, that will take place over many years and is dependent on the work of many organizations. In the meantime, there are a number of intermediate steps which can indicate progress for PPD Africa.

Since resource mobilization is an explicit strategic focus, increased resources mobilized for RH, population and development at various levels, including national (included in SWAPs, PRSPs, RH budget lines in national budgets, etc.), regional and international is an important outcome. As a result of advocacy, there will be more leaders supporting reproductive health and advocating for the importance of population in development. Over the mid-term, there should be increased collaboration among members and collaborating countries and south-south technical assistance between countries brokered by PPD Africa (at least one example). There should be more countries collaborating in the region and more countries will participate in training, learning from each other and more population and reproductive health issues will be incorporated into existing regional and sub-regional networks. It is crucial that PPD monitors the success of its coordination of expert consultants in order to revise the expert database.

PPD Africa's monitoring and evaluation plans and practice are built around the logframe (see Appendix B). Indicators specified in it will be systematically collected, monitored and learned from. In addition, indicators will be reported against at annual PPD Board meetings. The logframe will also be used to assess the success of the strategic plan after five years. It also will prove invaluable if PPD or a funder decides to conduct an evaluation at the conclusion of this five-year strategic plan, as both baseline and progress data on PPD Africa's work will be tracked annually.

APPENDIX A: MISSION ELEMENTS, STRATEGIC FOCUSES AND OBJECTIVES

Mission Element 1: Policy Dialogue

Strategic Focus 1.1: Ensure that reproductive health rises on the development agenda

Goal 1.1: Increased recognition and resources for RH in the development agenda

Objective 1.1.1: Increase political commitment of policymakers for RH in PPD member and collaborating countries

Objective 1.1.2: Increase integration of RH in national health and related programmes

Objective 1.1.3: Increase resources from donors, private and philanthropic sectors, as well as in country budgets

Objective 1.1.4: Increase acceptance of RH and population in international settings

Strategic Focus 1.2: Advocate for increased reproductive health commodities and supplies

Goal 1.2: Increased availability, accessibility and affordability of reproductive health commodities within PPD collaborating countries

Objective 1.2.1: To mobilize additional resources for RH commodities and supplies

Objective 1.2.2: To facilitate the exchange of information on reproductive health commodities and supplies

Strategic Focus 1.3: Promote south-south cooperation

Goal 1.3: The concept of south-south cooperation understood and adopted at different levels

Objective 1.3.1: To increase the level of understanding of and support for south-south cooperation among decision makers within countries

Objective 1.3.2: To increase the level of understanding of and support for south-south cooperation within regional networks and key regional institutions

Objective 1.3.3: To create a favourable and enabling policy environment for south-south cooperation

Mission Element 2: Networking and building strategic partnerships in the region

Strategic Focus 2.1: Increase south-south country involvement within Africa, including PPD members and collaborating countries

Goal 2.1: Enlarged pool of collaborating countries, including PPD member countries in Africa

Objective 2.1.1: To expand and strengthen PPD's strategic partnerships and networks

Strategic Focus 2.2: Enhanced capacity and leadership skills of PPD members and collaborating countries

Goal 2.2: Enhanced capacity and leadership skills

Objective 2.2.1: To strengthen leadership at the country level in member and collaborating countries for RH and population and development

Objective 2.2.2: To build the capacity of selected institutions within PPD Africa member and collaborating countries for RH and population and development, in the context of poverty reduction

Objective 2.2.3: To build and strengthen strategic partnerships with key NGOs and civil society organizations involved in the areas of RH, population and development

Objective 2.2.4: To strengthen the institutional capacity of the PPD Africa office

Mission Element 3: Sharing of experiences and good practices

Strategic Focus 3.1: Documentation and dissemination of good practices

Goal 3.1: Good practices are identified and shared within collaborating countries

Objective 3.1.1: To support and facilitate transfer of good practices, expertise and technologies among collaborating countries

Objective 3.1.2: To increase skills and knowledge of programme managers in collaborating countries for RH, FP and population and development

Strategic Focus 3.2: Increase efficiency of human and financial resources through south-south cooperation

Goal 3.2: Enhanced capacity and leadership skills

Objective 3.2.1: To coordinate south-south cooperation in PPD member and collaborating countries

Objective 3.2.2: To raise the financial support for the transfer of good practices, expertise and technologies among PPD collaborating countries

APPENDIX B: LOGFRAME

Mission Element 1: Policy Dialogue				
Strategic Focus 1.1: Ensure that reproductive health rises on the development agenda				
Goal 1.1: Increased recognition and resources for RH in the development agenda				
Objective 1.1.1: Increase political commitment of policymakers for RH in PPD member and collaborating countries				
Objective 1.1.2: Increase integration of RH in national health and related programmes				
Objective 1.1.3: Increase resources from donors, private and philanthropic sectors, as well as in country budgets				
Objective 1.1.4: Increase acceptance of RH and population in international settings				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
1.1.1	Make and assist individuals, organizations and networks with statements at international and regional fora	Increased knowledge, appreciation and receptivity by policymakers	Number of statements made	Reports of statements by PPD staff and PCCs
1.1.1	Hold high- level advocacy meetings	Increased knowledge, appreciation and receptivity by policymakers	- Number of high-level meetings - Number of high- level visits - Number of policy makers reached	Meeting and visit reports by PPD and PCCs
1.1.1	Support network members' advocacy skills and efforts (i.e. by holding advocacy workshops)	Fuller capacity of network members to do advocacy for increased resources	- Number of workshops held - Number of network members reached	PPD workshop reports
1.1.2	Support member countries technical/programme managers to advocate for integration	Increased knowledge and skills of RH advocates	- Number of workshops held on integration - Number of participants at workshops - Number of new country examples of integration	- PPD workshop reports - PPD and PCC reports
1.1.2	Advocacy and priming policy makers to support integration	Increased knowledge, appreciation and receptivity by policymakers	- Number of high-level meetings - Number of high- level visits - Number of policy makers reached	Meeting and visit reports by PPD and PCCs

1.1.3	Identify and cultivate new sources of funding	New and increased resources for RH	- Presence of detailed list of current and potential donors - Number of partners and collaborators the donor list is shared with	PPD report
1.1.3	Hold high level advocacy meetings with governments, donors, private sector, philanthropy	New and increased resources for RH	- Number of high-level meetings - Number of high- level visits - Number of policy makers reached - New and additional funds availed for RH - Type and amount of non-financial support availed for RH	- PPD and PCC reports - Donor and government budgets
1.1.4	Make statements at international and regional fora by PPD member and collaborating countries	- Voice of Africa (promotion of African issues by Africans) present at International and regional fora - Increased knowledge, appreciation and receptivity by international and regional policymakers and donors	Number of statements made by PPD members and collaborating countries	Reports of statements by PPD staff and PCCs

Mission Element 1: Policy Dialogue				
Strategic Focus 1.2: Advocate for increased reproductive health commodities and supplies				
Goal 1.2: Increased availability, accessibility and affordability of reproductive health commodities within PPD collaborating countries				
Objective 1.2.1: To mobilize additional resources for RH commodities and supplies				
Objective 1.2.2: To facilitate the exchange of information on reproductive health commodities and supplies				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
1.2.1	Hold high- level advocacy meetings for increased resource allocation for commodities and supplies	<ul style="list-style-type: none"> - Increased knowledge, appreciation and receptivity by policymakers and donors - Improved RH commodity security 	<ul style="list-style-type: none"> - Number of high-level meetings - Number of high- level visits - Number of policy makers reached - New and additional funds availed for RH 	<ul style="list-style-type: none"> - Meeting and visit reports by PPD and PCCs - Government budgets - Donor budgets
1.2.1	Support network members' advocacy skills and efforts (i.e. by holding advocacy workshops)	<ul style="list-style-type: none"> - Fuller capacity of network members to do advocacy for increased resources for commodities - Increased knowledge, appreciation and receptivity by policymakers and donors - Improved RH commodity security 	<ul style="list-style-type: none"> - Number of workshops held - Number of network members reached 	PPD workshop reports
1.2.2	Facilitative information sharing among member and collaborating countries	<ul style="list-style-type: none"> - Increased knowledge among member and collaborating countries on RH commodities and supplies 	<ul style="list-style-type: none"> - Number of PPD member and collaborating countries receiving information on commodities and supplies (e.g. prequalified vendor lists) 	- PPD report

<p>Mission Element 1: Policy Dialogue Strategic Focus 1.3: Promote south-south cooperation Goal 1.3: The concept of south–south cooperation understood and adopted at different levels Objective 1.3.1: To increase the level of understanding of and support for south-south cooperation among decision makers within countries Objective 1.3.2: To increase the level of understanding of and support for south-south cooperation within regional networks and key regional institutions Objective 1.3.3: To create a favourable and enabling policy environment for south-south cooperation</p>				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
1.3.1	Hold high level advocacy meetings	<ul style="list-style-type: none"> - Increased knowledge and appreciation by policy makers on south-south cooperation - Increased numbers of south-south exchanges 	<ul style="list-style-type: none"> - Number of high level meetings - Number of policy makers reached - Number of examples of horizontal technical assistance 	<ul style="list-style-type: none"> - PPD staff meeting and trip reports - PCC country reports
1.3.1	Promote south-south concept in presentations and discussions with high-level policy makers	<ul style="list-style-type: none"> - Increased knowledge and appreciation by policy makers on south-south cooperation - Increased numbers of south-south exchanges 	<ul style="list-style-type: none"> - Number of conferences, outside meetings attended by PPD staff - Number of presentations made by PPD staff 	<ul style="list-style-type: none"> - PPD staff meeting and trip reports
1.3.2	<ul style="list-style-type: none"> - Hold regional networking meetings - Promote south-south concept in presentations and discussions of regional networks and key regional institutions 	<ul style="list-style-type: none"> - Increased knowledge and participation within regional networks and collaboration - Increased numbers of south-south exchanges - Regional institutions participate in technical assistance partnerships 	<ul style="list-style-type: none"> - Number of networking meetings held - Number of people attending networking meetings - Number of examples of partnerships with regional institutions and networks - Number of examples of horizontal technical assistance - Number of regional institutions participating in technical assistance partnerships 	<ul style="list-style-type: none"> - PPD meeting reports - PCC country reports - reports by regional institutions

1.3.3	Promote south-south concept in presentations and discussions with high-level policy makers	<ul style="list-style-type: none"> - Increased financial resources for south-south collaboration - Presence of supportive (or elimination of constraining) policies for south-south collaboration 	<ul style="list-style-type: none"> - Number of high level meetings reached - Number of policy makers - Number of new supportive policies for south-south collaboration instituted - Number of constraining policies against south-south collaboration eliminated 	<ul style="list-style-type: none"> - PPD staff meeting and trip reports - PCC country reports
<p><u>Mission Element 2: Networking and building strategic partnerships in the region</u></p> <p>Strategic Focus 2.1: Increase south-south country involvement within Africa, including PPD members and collaborating countries</p> <p>Goal 2.1: Enlarged pool of collaborating countries, including PPD member countries in Africa</p> <p>Objective 2.1.1: To expand and strengthen PPD's strategic partnerships and networks</p>				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
2.1.1	Outreach through country recruitment visits by PPD staff, network at meeting, hosting workshops	<ul style="list-style-type: none"> - Increased knowledge of PPD in region - Increased number of countries as members - Increased number of countries attending PPD meetings/workshops - Increased number of countries in networks - Increased number of countries and partnerships exchanges 	<ul style="list-style-type: none"> - Number of country recruitment visits - Number of presentations made by PPD staff - Number of PPD members countries in Africa - Number of countries represented at PPD meetings - Number of countries in regional networks - Number of countries in exchanges 	<ul style="list-style-type: none"> - PPD annual report - PPD travel reports - PPD meeting reports

Mission Element 2: Networking and building strategic partnerships in the region				
Strategic Focus 2.2: Enhanced capacity and leadership skills of PPD members and collaborating countries				
Goal 2.2: Enhanced capacity and leadership skills				
Objective 2.2.1: To strengthen leadership at the country level in member and collaborating countries for RH and population and development				
Objective 2.2.2: To build the capacity of selected institutions within PPD Africa member and collaborating countries for RH and population and development, in the context of poverty reduction				
Objective 2.2.3: To build and strengthen strategic partnerships with key NGOs and civil society organizations involved in the areas of RH, population and development				
Objective 2.2.4: To strengthen the institutional capacity of the PPD Africa office				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
2.2.1	Host annual PPC meeting	More specific skills and understanding of south-south context	- Number of annual PCC meetings with both skill and subject matter training - Number of PCCs attending PCC meetings - Number of collaborating countries represented at PCC meetings	- PPD Africa annual meeting agenda, evaluations (self-assessments of meeting participants), and reports
2.2.1	Organize workshops	Increased technical skills of meeting participants	- Number of workshops - Number of meeting attendees - Percentage of workshop participants reporting improvement in targeted technical skill	- workshop agendas, evaluations (self-assessments of meeting participants), and reports
2.2.2	Arrange/ facilitate technical assistance and organizational effectiveness visits	Improvement in targeted skill	- Number of technical assistance and organizational effectiveness visits - Percentage of organizations reporting improvement in targeted skill	- consultant report, institution self-evaluation
2.2.2	Facilitate programme managers for attending short courses	Improvement in targeted skill	- Number of programme managers who attend short courses	- PPD report
2.2.2	Develop partnerships with training, research institutions/ thinktanks	Increased specialized skills to promote RH	- Number of institutions with improved capacity to promote RH (e.g. Number of African institutions incorporating RH,	- curricula, activity reports of institutions, etc. of PPD partner institutions

			population and development in their core curriculum, budget skills, advocacy skills)	
2.2.3	- Involve NGOs and CSOs in PPD activities - Work with NGOs and CSOs with overlapping advocacy agendas—e.g. policymaker outreach, etc.	Stronger partnerships between PPD and NGOs and CSOs	- Number of partnerships between PPD and NGOs and CSOs - Number of NGOs/CSOs regularly attending PPD meetings and workshops - Number of joint events, meetings, visits between PPD and NGOs/CSOs	- PPD meeting and travel reports
2.2.4	Host consultancies and skill-building missions (e.g. IT, communications, FM, M&E)	- Stronger capacity in PPD Africa office - Fully functioning IT system	- Timely and quality reports - Appropriate visual materials - Number of days lost to IT system failures - Staff accessibility through email	- KPMG audit reports - visual material - IT consultant reports - reports by partners, collaborators, donors
2.2.4	Recruit French-speaking staff for PPD office	Stronger capacity and outreach for Francophone Africa	- Number of French-speaking staff members recruited	PPD staffing pattern
2.2.4	Attend trainings as applicable	Stronger capacity	- Number of trainings attended by PPD staff	PPD staff travel and meeting reports
<p><u>Mission Element 3: Sharing of experiences and good practices</u> Strategic Focus 3.1: Documentation and dissemination of good practices Goal 3.1: Good practices are identified and shared within collaborating countries Objective 3.1.1: To support and facilitate transfer of good practices, expertise and technologies among collaborating countries Objective 3.1.2: To increase skills and knowledge of programme managers in collaborating countries for RH, FP and population and development</p>				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
3.1.1	Commission consultants to find and document good RH, FP, HIV/AIDS, population and development practices within African countries	Good practices mapped out by subject matter and country	Number of reports produced by consultants	- consultant reports

3.1.1	Distribution of original reports commissioned by PPD Africa	Increased knowledge of good practices within Africa by programme managers	<ul style="list-style-type: none"> - Number of meetings or workshops held to disseminate findings - Number of meeting attendees - Number of report copies printed - Number of printed reports disseminated - Number of reports posted to website - Number of reports downloaded by website visitors 	<ul style="list-style-type: none"> - meeting and workshop reports - printer invoice - report tracking system - website - webmaster report
3.1.1	Facilitate and support field exchange visits	Increased knowledge of good practices within Africa by programme managers, leaders, policymakers	<ul style="list-style-type: none"> - Number of exchange visits facilitated 	<ul style="list-style-type: none"> - PPD staff report
3.1.2	Facilitate and support program managers for short courses, study tours, field exchange visits	Increased knowledge of good practices within Africa by programme managers	<ul style="list-style-type: none"> - Number of programme managers benefiting from participation 	<ul style="list-style-type: none"> - PPD staff report
<p><u>Mission Element 3: Sharing of experiences and good practices</u></p> <p>Strategic Focus 3.2: Increase efficiency of human and financial resources through south-south cooperation</p> <p>Goal 3.2: Enhanced capacity and leadership skills</p> <p>Objective 3.2.1: To coordinate south-south cooperation in PPD member and collaborating countries</p> <p>Objective 3.2.2: To raise the financial support for the transfer of good practices, expertise and technologies among PPD collaborating countries</p>				
Objectives	Strategies and Activities	Expected Output/Outcome	Indicators	Means of verification (Source)
3.2.1	Develop, maintain, and utilize a consultancy database to match expertise and need	Increased capacity and leadership skills	<ul style="list-style-type: none"> - Database developed - Number of active consultants in database - Number of updates - Number of requests - Number of matches 	<ul style="list-style-type: none"> - database - tracking system within database

3.2.1	Facilitate and support annual PCC meetings	<ul style="list-style-type: none"> - Building better advocacy skills for PCC for south-south cooperation -PCC develop better understanding of south-south concept -Better efficiency of resources 	<ul style="list-style-type: none"> - Number of PCC meetings with south-south skill-building - Number of participants at meeting, by country and membership - Percentage of participants reporting increased knowledge of South-South 	<ul style="list-style-type: none"> - PCC meeting agenda and report - meeting evaluation
3.2.2	Share resources at PCC meetings on fundraising and new financing mechanisms	<ul style="list-style-type: none"> - Increased knowledge on fundraising and new financing mechanisms - Increased resources for RH, population and development 	<ul style="list-style-type: none"> - Number of PCC meetings with content on new financing mechanisms - Number of participants at meeting - Percentage of participants reporting increased knowledge of financing mechanisms 	<ul style="list-style-type: none"> - PCC meeting agenda and report - meeting evaluation - post-meeting feedback on improved performance

APPENDIX C: ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

This Strategic Plan was guided by a “SWOT” analysis carried out as part of a stakeholder meeting convened by PPD and sponsored by UNFPA in Kampala, 23-26 February 2007. PPD headquarters prepared extensive background materials. Stakeholders from the region joined a small number of international consultants in reviewing the background materials and drawing on their first hand knowledge to complete the SWOT review and first draft of the strategic plan. As such, the SWOT reflects conditions as of February 2007.

C.1 Strengths

Political

- Political commitment to south-south alliance with regular meetings at ministerial level
- UN observer status
- Diplomatic status of PPD Secretariat in Bangladesh
- Already 11 out of 21 PPD member countries are in Africa
- Strong support from the Government of Uganda

Organizational

- Existence of Partner Country Coordinators (PCCs) in member countries
- New PPD office in Africa
- Existence of regional economic communities (RECs), e.g. CEEAC, COMESA, EAC, ECCAS, ECOWAS, SADC, etc.
- Existence of sub-regional health-oriented networks (EARHN, ECSA, IPPFAR, WAHO etc.)
- Existence of Parliamentary Fora on Population and Development in various countries of the continent
- Africa office more cost effective in supporting south-south co-operation
- Organization based in the Africa can better and more sensitively address region-specific issues

Human resources

- Pool of experts who have been oriented for south-south assistance
- Existence of a database for consultants
- Group of middle managers trained in leadership skills

C.2 Weaknesses

Political

- South-south concept is not well understood in the region
- Inadequate political commitment and support in member countries
- Only 11 countries in Africa are PPD members, 43 are not

Organizational

- New office with relatively small team of staff

Human resources

- Shortage of trained and skilled personnel
- Poorly remunerated and motivated professionals

C.3 Opportunities

Political

- Existence of favourable policy frameworks and instruments including ICPD, MDGs and Maputo Plan of Action
- Political will in many countries which can be translated into increased financial commitment and programme implementation
- Improving governance on the continent
- Africa emerging as a donor priority (for example G8)
- Resources from the private sector and philanthropy
- Emerging south-south Official Development Assistance (ODA) (from e.g. China, South Korea, India, Brazil and South Africa, etc.)

Organizational

- Existence of regional and sub regional networks dealing with Reproductive Health, Population and Development and gender (e.g. EARHN, ECSA, WAHO, IPPFAR etc.)
- Collaboration with intergovernmental, regional and international organizations including African Union (AU), African Population Commission (APC) and Regional Economic Communities (RECs), e.g. CEEAC, COMESA, EAC, ECCAS, ECOWAS, SADC, etc.
- Increasing collaboration with more countries

C.4 Threats

Political

- Weak political support in several countries
- Weak health systems and infrastructure
- Lack of integration of Reproductive Health and HIV/AIDS programmes
- Low priority of RH in budgets at country level (e.g. PRSPs, SWAps, etc.)
- Unfavourable socio-economic conditions including low levels of education and wide spread poverty
- Donor dependency

Human Resources

- Inadequate skilled human resources
- Brain drain

Specific Challenges in Africa

- Poor communication technology
- Myths, misconceptions and misinformation
- Harmful practices including Female Genital Cutting/Mutilation (FGC/FGM), widow inheritance and sexual and gender-based violence (SGBV)

APPENDIX D: ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
APC	African Population Commission
CEEAC	Communauté Économique des États de l'Afrique Centrale
COMESA	Common Market for Eastern and Southern Africa
EAC	East African Community
EARHN	Eastern Africa Reproductive Health Network
ECCAS	Economic Community of Central African States
ECOWAS	Economic Community for West African States
ECSA	Eastern, Central, Southern Africa
HIV	Human Immuno-deficiency Virus
ICPD	International Conference on Population and Development
IPPFAR	International Planned Parenthood Federation (Africa Region)
MDGs	Millennium Development Goals
NGO	Non Governmental Organization
ODA	Official Development Assistance
PCCs	Partner Country Coordinators
PoA	Programme of Action
PPD	Partners in Population and Development
RECs	Regional Economic Commissions
RH	Reproductive Health
RHR	Reproductive Health and Rights
SADC	Southern African Development Community
SWOT	Strengths, Weaknesses, Opportunities and Threats
WAHO	West African Health Organization

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