

2016 UNFPA SDG Capacity-Building Regional Workshops



Consolidated Report

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SDG Capacity Building

Regional Workshops

September-December 2016



Consolidated Report

1. Context	p. 3
2. Objective	p. 3
3. Approach/ Methodology	p. 3
4. SDG Adaptation	p. 7
5. SDG Indicators	p. 8
6. Emerging and Cross-Cutting Issues	p. 16
7. Overall Messages from the Workshops	p. 17
Annex	p. 18



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CONTEXT

In September 2015, world leaders agreed on a transformative agenda for people, planet, and prosperity called the 2030 Agenda for Sustainable Development and a set of Sustainable Development Goals (SDGs). Building on the unfinished work of the Millennium Development Goals, the 2030 Agenda brings about newfound global momentum to pursue sustainable development as well as to revitalize efforts to complete what was not achieved, particularly in reaching the most vulnerable. The agenda is inclusive and involves participation of Civil Society Organizations, academia, and the private sector. The 2030 Sustainable Development Agenda is aspirational, setting countries to aspire to ambitious yet transformational visions for peace, respect for human rights and dignity, well-being and sustainable development.

Following consensus on the 17 Sustainable Development Goals and 169 targets, the Inter-Agency and Expert Group on the SDG Indicators (IAEG-SDG) developed 230 indicators for the 169 targets. The regional workshops were part of the UNFPA strategy for providing capacity strengthening to national partners as well as UNFPA, other UN and international partners in the monitoring, collection and use of data on key SDG indicators closely associated with UNFPA's mandate. These workshops were part of UNFPA's commitment to support the achievement of SDG target 17.18, which states "By 2020, enhance capacity building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts".

WORKSHOP OBJECTIVES

The main objective was to ensure a common understanding of the definitions and metadata, data gaps and required actions at country level for the 16 selected SDG indicators and linkages between the SDG and ICPD monitoring and reporting mechanisms at all levels. The specific objectives were to:

- Build capacity of national officials and UNFPA staff at country level to define indicators and metadata, identify sources of data and data gaps, challenges and possible solutions with focus on 16 selected SDG indicators of priority to UNFPA;
- Provide clarity on the alignment and complementarity between SDGs and the ICPD beyond 2014 follow-up and review processes;
- Identify across countries of the region the current status regarding the process of adoption and adaptation of the 2030 Agenda and the SDG indicators, and identify good practices.

APPROACH AND METHODOLOGY

The workshops took place during the period September to November 2016 and were organized and facilitated by UNFPA (Technical Division, Division of Governance and Multilateral Affairs, Programme Division, and Regional Offices). UN Economic and Social Commissions and other UN agencies were

involved to different extents depending on the region. The overall approach was characterized by a core – up to 80 percent of programme content for each workshop – that would remain consistent across regions, focusing on SDG implementation and reporting processes, in-depth explorations of select indicators, sessions on data sources and disaggregation, and country work-planning around SDG reporting. The remaining 20 percent of the workshops comprised region-specific aspects to address regional contexts and specificities, particularly indicator selection and specific thematic sessions on major priorities.

Participants

Countries sent two types of participants to the workshop – leads or focal points on the adaptation and implementation of the SDGs at national level, for instance from SDG Secretariats or Ministries of Planning, and SDG reporting focal points within National Statistical Offices. This combination of participants helped to ensure that the statistical capacity building and reporting work was strongly linked to the process of SDG implementation. In addition, UNFPA Country Offices in each of the countries also sent their SDG data focal point to ensure coordinated follow-up on issues emerging from the workshops. The list of workshop participants is shown in Annex 1.

Partnership-based approach

UNFPA led the workshops, with strong engagement from Regional Commissions as well as thematic leads on goals and indicators within the UN system. Representatives of Regional bodies (ESCWA, CELADE, ESCAP, UNECE, EUROSTAT CIS STAT) and UN agencies (WHO, UN Women, UNDP, UNESCO, UNAIDS, OHCHR and UNICEF) led in facilitation of sessions within their areas of expertise, and contributed to discussions on methodologies, data sources and indicator development.

Workshop Design

Day 1

The first day's sessions focused on understanding the structures being established at global level to follow-up and review progress on the SDGs, as well as their association with other reporting processes, most particularly for the commitments governments made in the context of ICPD Beyond 2014. Presentations were given on the High Level Political Forum, both yearly and the four year cycle, and the ICPD Beyond 2014 country, regional and global reporting efforts. Countries that had made significant progress in setting up governance structures for the adaptation, implementation and review of the SDGs presented their gains and lessons learned.

The workshop then focused on statistical capacity building. In most regions, the work of the Inter-Agency and Expert Group for the SDGs was presented, including the development of the indicator framework, its continued evolution and refinement and the sorting of indicators by tier. These discussions set the stage for an intensive focus on statistical capacity linked to specific indicators in Day 2.

Day 2

Day two involved detailed review of the 16 indicators linked to UNFPA's programmatic mandate and aligned to the ICPD Programme of Action (Table 1). These indicators were situated within the overall set of SDGs and targets, including review of goals on health, gender, cities and human settlements, peace and security and the targets on population data within the goal on means of implementation.

For Tier I and II indicators, sessions then addressed definitions, methodology, reporting processes and levels, trends and disaggregation with the most recent globally available data, with focus on the region where the workshop was taking place. Participants explored the process of calculating these indicators, saw where their populations were and how much they had progressed over the last decade and looked at coverage and limitations associated with disaggregation. They were also provided information on which countries report data globally, noting that some countries do not have data and others collect it but do not disseminate the data or report indicators.

There were three Tier III indicators that received significant attention across most of the workshops: 3.8.1 to measure universal health coverage, 5.6.2 to measure laws and policies associated with reproductive rights, and 11.a.1 on national urban plans. As these indicators still do not have agreed definitions or methodology, their current status was presented, and group work was conducted so that countries could discuss how to design these indicators to be most applicable to monitoring their national progress.

Day 3

Two types of sessions made up the third day of the workshop. The first were substantive sessions. A number of the regions examined data sources, reviewing the census, civil registration and vital statistics and surveys. The situation around these core population datasets varied heavily by region and country; the adaptation of the workshop methodology by region therefore proved very useful. The second type of session emphasized key thematic priorities within the regions, for instance ageing in Eastern Europe and Central Asia.

Most of the regions used the remaining time to conduct group work, generally by country, to consider content from the prior sessions and the situations around implementation and reporting in their countries, and then develop short presentations or plans for progress going forward. This information was vital for a sense of progress and approaches across countries, as well as to increase the immediate utility of the workshop.

Leading voices from the countries, Regional Commissions and UNFPA then closed the workshops, thanking participants and committing to long-term follow up in support of SDG Target 17.18 and the enhancement of capacity-building support by 2020.

Table 1. UNFPA priority SDG indicators

#	Indicator	Tier	Partnership*
1	3.1.1 Maternal Mortality Ratio	II	WHO , UNFPA, WB, UNICEF, UNPD,
2	3.1.2 proportion of births attended by skilled health personnel	I	UNICEF , WHO, UNFPA
3	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	II	UNAIDS , UNFPA, WHO
4	3.7.1 Proportion of women of reproductive age (15-49 years) who have their need for family planning satisfied with modern methods	I	UNPD , UNFPA,WHO
5	3.7.2 Adolescent Birth Rate (aged 10-14 years; aged 15-19 years) per 1000 women in that age group	II	UNPD , UNFPA, UNICEF, WHO
6	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	III	WHO , UNICEF, UNFPA, UNPD
7	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	II	UN Women, UNFPA, WHO , UNICEF, UNSD, UNPD
8	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence	II	UNICEF, UN Women, UNFPA, WHO , UNODC, UNSD, UNDP
9	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18	II	UNICEF , UNFPA, UN Women, UNPD, WHO
10	5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age	II	UNICEF , UNFPA, UN Women, WHO
11	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	II	UNFPA , UN Women, WHO
12	5.6.2 Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education	III	UNFPA , UN Women, WHO, UNPD
13	11.a.1 Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city	III	UNHABITAT , UNFPA
14	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	I	UNSD , UNFPA, WHO, World Bank, UNICEF , UNPD
15	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	III	UNFPA, UNSD , UNEP
16	17.19.2 Proportion of countries that (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 %birth registration and 80 % death registration	I	UNSD , UNFPA & Global CRVS group

* Bold denotes lead agency

SDG ADAPTATION

ICPD Beyond 2014 and the 2030 Agenda: Linkages and Follow up and Review Arrangements

The workshops highlighted the complementarity of the ICPD and 2030 Agendas including the monitoring, reporting and follow-up processes. In order for the ICPD to contribute effectively to the 2030 agenda at all levels- national, regional and global, its review cycle will be sequenced and synchronized with the four year cycle of the HLPF, with the next HLPF in 2019. UN regional commissions and regional international organizations are mandated with tracking and reporting at regional level.

Regional level

All the regional workshops noted the critical linkages between the global agendas and regional development agendas (Montevideo Consensus, Agenda 2063 etc.), including the need to harmonize monitoring and reporting frameworks to reduce the reporting burden. Regional coordination mechanisms have been established for monitoring and reviewing the implementation of the global and regional development agendas, for example the Forum of Latin American and Caribbean (LAC) Countries on Sustainable Development sponsored by ECLAC. The LAC region also undertook a regional analysis of indicators that have data and by level of disaggregation. The League of Arab States is a key player in organizing key Arab events on implementation and tracking of SDGs, and the regional task force on population indicators identified 39 indicators that they proposed for adoption by national governments in the Arab States (AS) region. All 54 countries in Africa have already defined their sources of information for data collection for Agenda 2063 and Agenda 2030. Regional initiatives have been launched to strengthen availability of data, e.g. Africa Programme on accelerated improvement of *Civil Registration and Vital Statistics (CRVS)*, and the *Asian and Pacific Civil Registration and Vital Statistics (CRVS) Decade (2015-2024)*.

At national level,

Notably, countries are at different levels of the SDG adaptation process and have varied experiences. However, irrespective of the country context, a number of similar key actions were taken by countries in the adaptation of SDGs at national level, including:

- Establishment of SDG secretariats, inter-ministerial working group or monitoring commissions responsible for coordination of implementation, follow-up and reporting, including development of national SDG roadmaps. Lead/host institutions for such secretariats vary from country to country.
- Stakeholder consultation and partnerships. For the effective domestication of SDGs, multi-stakeholder engagement is key, including but not limited to government, and extends to UN bodies, development partners, bilateral partners, statistical offices, private sector, civil society organizations, women's groups, young people, people living with HIV and people with disabilities.

- Harmonization of SDG indicators with those of the regional development agendas (Montevideo Consensus, Africa Agenda 2063 etc.).
- Prioritization and integration of SDGs in national development plans including alignment of national development plan indicator frameworks with SDGs.
- Mapping of the national data ecosystems to identify key players and roles, strengths and weaknesses and capacity development needs, and development of short and medium term plans for capacity strengthening and data collection and reporting.
- Many governments are actively raising public awareness of the SDGs, and translating SDGs into local languages (e.g. in Rwanda).
- Review of national surveys to integrate additional questions to address SDG indicators.
- Improving coherence of UN support through the UNDAF process and implementation of the Mainstreaming, Acceleration, and Policy Support (MAPS) programming approach. UN Country Teams are playing a major supportive role in SDG monitoring and data quality assurance.

The differences in country experiences provide opportunity for experience sharing and learning lessons through South-South cooperation.

SDG INDICATORS

As stated in SDG Target 17.18, Sustainable Development Goal indicators should be disaggregated, where relevant, by income, sex, age, race, ethnicity, migratory status, disability and geographic location, or other characteristics, in accordance with the Fundamental Principles of Official Statistics (General Assembly resolution 68/261). The 230 SDG indicators are classified into 3 tiers as follows:

Tier I: Indicator conceptually clear, established methodology and standards available and data regularly produced by countries

Tier II: Indicator conceptually clear, established methodology and standards available but data are not regularly produced by countries

Tier III: Indicator for which there are no established methodology and standards or methodology/standards are being developed/tested.

Tier I and Tier II Indicators- Regional trends in key indicators

Analysis of levels and trends was based on existing country data as reflected in regional and/or global databases, which offered participants opportunity to review and compare national data with that held in regional or global databases. Indicators were also disaggregated by rural/urban, level of education, and wealth quintile, where feasible. Examples of the levels and trends for selected SDG indicators follow:

- **Indicator 3.1.1:** Between 1990 and 2015, the global maternal mortality ratio (MMR) declined by 44%, from 385 deaths to 216 deaths per 100,000 live births. Estimated MMR declined across all regions, although the magnitude of the reduction differed substantially between regions. The

highest decline between 1990 and 2015 was observed in Eastern Europe and Central Asia (EECA) (66%), follow by Asia and the Pacific (AP) (64%), Eastern and Southern Africa (ESA) (50%), Latin America and the Caribbean (LAC) (50%), Arab States (AS) (47%), and West and Central Africa (WCA) (39%).

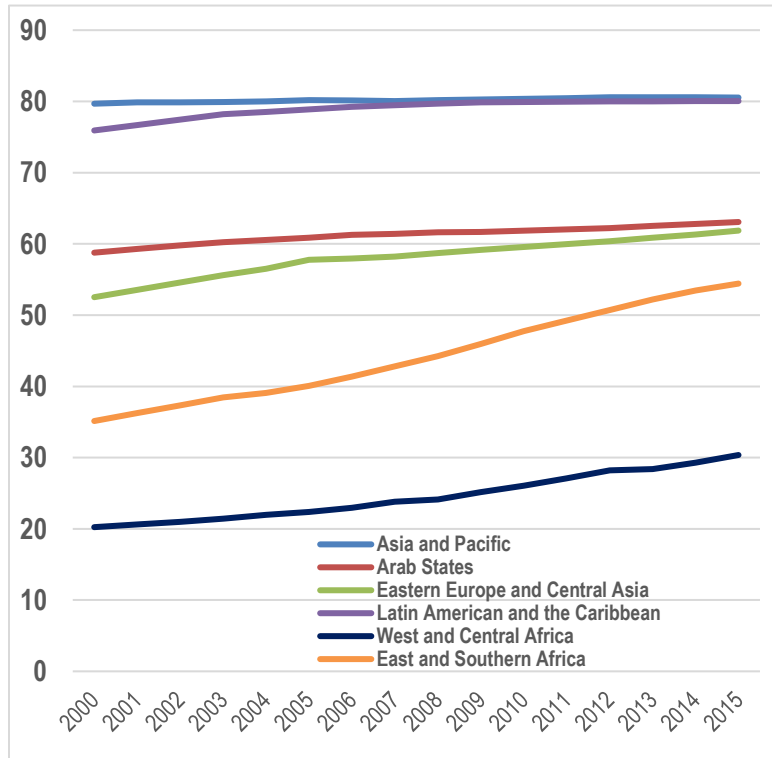
- **Indicator 3.1.2:** Between 2000 and 2015, globally the proportion of births attended by skilled health personnel increased by 22% from 62% to 75.4%. During the same period, the proportion increased by 20% in sub-Saharan Africa, from 43% to 51%. Wide variations exist within regions, for example, ranging from 16% (Ethiopia) to 100% (Mauritius) in East and Southern Africa; 37% (Haiti) to 100% (Venezuela) in Latin America and the Caribbean; 24% (Chad) to 94% (Congo) in West and Central Africa).
- **Indicator 3.3.1:** The incidence of HIV declined globally between 2000 and 2015. However, in 2015, 2.1 million people became newly infected with HIV. The incidence of HIV was highest in sub-Saharan Africa, with 1.5 new cases per 1,000 uninfected people.
- **Indicator 3.7.1:** Worldwide in 2015, approximately three in four women of reproductive age (15 to 49 years) who were married or in a union had their need for family planning satisfied by modern contraceptive methods. The largest increase between 2000 and 2015 was observed in East and Southern Africa (55%), followed by West and Central Africa (50%), and Eastern Europe and Central Asia (18%), as shown in Figure 1. Figure 2 shows Indicator 3.7.1 disaggregated by wealth quintile for selected LAC countries.
- **Indicator 5.3.2:** Female genital mutilation (FGM) is concentrated in a swath of countries from Arab States, to West and Central Africa and East and Southern Africa. In 30 countries where the practice of FGM is concentrated, more than a third of girls aged 15 to 19 have undergone the procedure. Based on estimates from DHS and MICS (2006-2015), in Arab States, the percentage of girls aged 15 to 19 who have undergone FGM varies between 5% in Iraq and 97% in Somalia. Similarly, in West and Central Africa, the percentage of girls aged 15 to 19 who have undergone FGM varies from 0% in Cameroon to 94% in Guinea.
- **Indicator 5.6.1:** Variations in the proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care¹ are shown in Figure 3² for countries with data by region. Overall, the proportions vary from a low of 3% in Senegal to a high of 81% in Ukraine. In East and Central Africa, the range is from 21% (Comoros) to 71% (Namibia), whilst in West and Central Africa it varies from 3% (Senegal) to 67% (Liberia).

¹ The aspiration of Indicator 5.6.1 is to measure women's decision-making regarding reproductive health. However, currently none of the DHS countries have the question on reproductive health while data exists on decision-making regarding health care.

² Proportion of married or partnered women who meet all the three reproductive health empowerment criteria i.e. can say no to their husband or partner if they do not want to have sexual intercourse, and for whom the decision on use of contraception is not made entirely by their husband/ partner and for whom the decision on health care (in the absence of data on reproductive health care) for themselves is not made entirely by their husband/ partner or other person.

Data availability was limited in Eastern Europe and Central Asia (5 countries), Latin America and the Caribbean (4 countries), Asia and Pacific (2 countries), and the Arab States Region (1 country).

Figure 1: Proportion of women married or in a union of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, 2000-2015



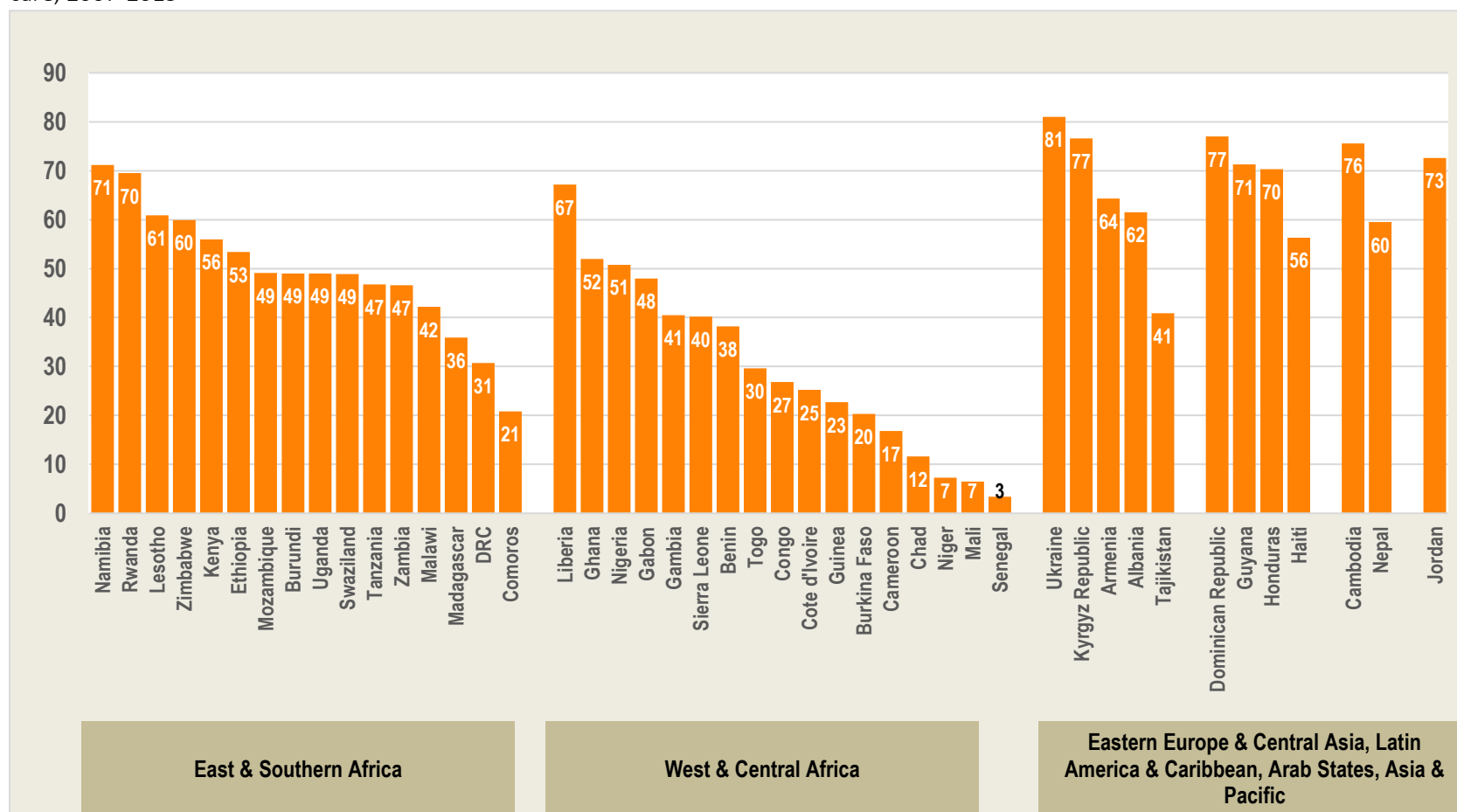
Source: Estimates are based on United Nations Population Division/DESA special analyses of United Nations, Department of Economic and Social Affairs, Population Division (2015). Model-based Estimates and Projections of Family Planning Indicators 2015.

Figure 2. Indicator 3.7.1 disaggregated by wealth quintile, selected Latin America and Caribbean countries.

Countries and areas	PDS, % 2000-2014	Proportion of demand satisfied (PDS), by age, residence, education and household wealth quintile, 2000-2014				
		Wealth quintiles				
		Poorest 20%	Second	Third	Fourth	Richest 20%
Haiti	49	47	44	52	52	52
Guyana	60	46	59	64	62	67
Trinidad and Tobago	61	61	54	58	64	69
Suriname	74	51	70	77	81	84
Barbados	75	69	66	71	80	84
Bolivia (Plurinational State of)	75	58	69	76	82	88
Saint Lucia	77	-	-	-	-	-
Belize	78	62	75	77	85	87
Dominican Republic	87	84	88	84	88	91
Nicaragua	87	83	85	87	90	92
Honduras	87	83	87	89	88	89
Cuba	89	-	-	-	-	-
Colombia	91	87	91	91	92	94
Costa Rica	91	85	90	91	95	94
Peru	93	88	93	93	94	96

Source: UNFPA Open Data

Figure 3: Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and health care, 2007-2015



Source: UNFPA Open Data. Data are based on nationally representative household surveys (DHS) from 45 low- and middle income countries between 2007 and 2015.

Tier III Indicators- methodological inputs

The regional workshops sought specific input on the methodologies for Tier III indicators i.e. Indicators 3.8.1, 5.6.2, and 11.a.1. The key methodological suggestions are summarized in the table below:

Tier III Indicator	Key issues
<p>3.8.1 Coverage of essential health services</p> <p>Key health service categories :</p> <ul style="list-style-type: none"> • reproductive, maternal, newborn and child health (RMNCH) • infectious diseases • non-communicable diseases • service capacity and access 	<p>Proposed tracer services: <u>RMNCH</u>-ANC visits, Post-natal care, Skilled birth attendance, Contraceptive prevalence rate, Child immunization, Child nutritional status, Diarrhea treatment</p> <p><u>Infectious diseases:</u> TB screening, Antiretroviral therapy, HIV screening, other STI screening, integrated disease surveillance and response, Treatment for non-tropical diseases, insecticide treated nets coverage, hepatitis C screening.</p> <p><u>Non-communicable diseases:</u> Hypertensions services, heart related service, pelvic cancers, tropical diseases.</p> <p><u>Service capacity and access:</u> Availability of medication and skilled staff; consider the geographic and financial access to service; existence of social infrastructure such as drinkable water and proper roads taking into account the country context; palliative care and access to surgery.</p> <p>Overall:</p> <ul style="list-style-type: none"> • Consider adding adolescents to RMNCH • More informative to separate reproductive and maternal health (RM) and newborn and child (NC) health. • More relevant to use skilled birth attendance (SBA) instead of antenatal care (ANC) • Not appropriate to combine in a single indicator such diverse topics related to health coverage (reproductive health, child health, infectious diseases, non communicable diseases and access and quality of services) which have different determinants and trends. In addition, some of these issues are already incorporated in other indicators. • The emphasis of the indicator should be on the capacity of the health system, especially on prevention aspects, taking into account the time horizon and changes in the structure of the population by age.
<p>5.6.2: Number of countries with laws and regulations that guarantee women aged 15- 49 years access to sexual and reproductive health care, information and education</p>	<ul style="list-style-type: none"> • Data to be collected through a survey to be completed at country level. The approach used in the ICPD at 20 review could be considered for the survey to measure Indicator 5.6.2 (LAC, ESA). • Countries should consider using an existing or establishing an inter-institutional commission or committee on SDGs to complete the survey and data to be validated by CEDAW or similar conventions or by stakeholders that include civil society organizations, young people, Human Rights Commission etc. (WCAR, APR, LAC). • Indicator to focus on content of laws and regulations and include both barriers and enablers. • Existence versus implementation of laws and regulations - methodology is to measure both existence and implementation of the laws and regulations (WACR, APR, LACR). For measuring implementation, consider methodology used for the Universal Periodic Review (UPR) of the Human Rights Council (APR). • How to handle situations where the laws and regulations exist in one or more states and not in other states for countries with federal systems (WACR)

	<ul style="list-style-type: none"> • Consider one instrument to cater for several indicators involving laws and regulations (LAC), or including question in existing survey tools e.g. for the UPR process. • LAC region concerned about the age of consent and restriction of teenagers access to SRH services, and suppression of gender equality language in national policy documents. • UNFPA in collaboration with the Centre for Child Law in South Africa conducted assessment of laws and policies in East and Southern Africa and results can be used to refine the methodology for Indicator 5.6.2.
<p>11.a.1: Original formulation: <i>Proportion of population living in cities that implement urban and regional development plans integrating population projections and resource needs, by size of city</i></p> <p>Proposed alternative*: Number of countries that have a National Urban Policy or Regional Development Plans that:</p> <ol style="list-style-type: none"> Responds to population dynamics Ensures balanced regional and territorial development Increases local fiscal space 	<ul style="list-style-type: none"> • Consensus that the current SDG indicator 11.a.1 is unmeasurable. • Widespread support for measuring National Urban Policies/Regional Development Plans as a process indicator for a means of implementation target. Some countries recommended only national plans, others only use regional planning. • Good alignment between country priorities under the target and the three components of the indicator, though for some countries, especially those with high levels of mobility and displacement, there may be too many components and too high a benchmark for strong policies. • Recommendation that eventually the indicator will need to measure policy implementation, not just the existence of the policy, and that there should be a long term plan to shift the emphasis in that way. • Need for further definition of the components of the indicator, as well as a well-defined scoring and validation process. • In some countries, increase in local fiscal is a statutory requirement for local governments. • Assessment for Indicator 11.a.1 to follow the lines of ICPD review. • Clarity needed on how demographic dividend, access to SRH, gender equality are addressed under population dynamics.

* Alternative proposed by UNHABITAT and UNFPA for submission to UNSD for consideration by the IAEG

EMERGING AND CROSS-CUTTING ISSUES

A wide range of feedback across the SDGs and indicators emerged, which provides useful granularity in understanding how countries are understanding and working towards implementing the indicator framework. Key issues were:

- Financial and human resources constraints
- Importance of political will in strengthening data systems
- Challenge of data flow from national to regional and global levels. Lack of clear tracking mechanism at national, regional and global levels was highlighted by participants.
- Lack of clarity on definition or methodology of certain indicators even though the metadata and calculation are well defined. For example, no consensus at this stage on methodology to measure “psychological violence” (SDG 5.2.1 and 5.2.2), and “skilled health personnel” is not well defined (SDG 3.1.2).
- While the methodology for Indicator 5.6.1 has been agreed upon, the indicator still refers to “informed” decisions, and it is unclear how “informed” will be measured. Also, “Reproductive

Health Care” is many things (antenatal and postnatal care, contraception, delivery, STI treatment, and abortion) and thus demands specificity.

- Challenge of lack of data in the short term. Several indicators lack baseline data in many countries.
- Dependency on surveys to collect data. Periodicity of surveys such as DHS, MICS and other national surveys and censuses affects data availability. Also, most surveys are not sustainable in the long term. Countries also face challenges of ensuring continuity of data collection in humanitarian settings.
- Countries need to strengthen national level research and development initiatives to improve and modernize censuses, surveys and administrative records, and reduce heavy reliance on surveys.
- It is critical that countries refer to the global indicator metadata in order to standardize indicator data collection methodology.
- Competing national priorities for allocation of resources e.g. census or elections, and political situations in countries will affect data collection exercises.
- New technologies and methodologies can enhance data availability, e.g. use of satellite imagery and remote sensing to estimate population in areas where a census is not possible.
- Data on some key indicators are only available for certain population groups in line with the indicator definition. For example, HIV indicators do not include older persons, while health and gender related indicators are mostly limited to women aged 15-49.
- There are challenges with disaggregating indicators due partly to insufficient cases in survey samples. Also, some countries are choosing not to collect data or report on particular subsets of the population, resulting in gaps in data for some indicators.
- Often, there are discrepancies between the official data presented and reported by the countries and the data reported at the regional and global level by international agencies, including agencies of the United Nations system. Also, there are concerns about continuous changes in methodologies used for indicators estimated at global level, which result in different figures for the same year in cases where new the methodologies are applied in retrospect to update previous years estimates e.g. MMR. In addition, globally estimated indicators are not disaggregated at sub-national level.
- There is an urgent call for capacity building of institutions and individuals to support and complete the domestication of SDG at national level. In particular, strengthening the capacity for better data production to ensure disaggregation and also capacity of data users. Making data available to citizens can foster greater accountability on the part of governments and greater citizen participation in governance.
- It is critical that countries share data they collect on SDG indicators. Many countries, particularly wealthy and middle-income countries, engage in national data collection exercises, which are the ideal evolution of monitoring, but do not report results or share access to the data.
- There is need for strengthening south-south sharing of best practices.
- Challenge of localizing the SDGs at sub-national level due to limited capacity at the local government level, and lack of small area disaggregated data

- Multiplicity of agendas, including national and regional development plans, alongside the SDGs.

Emerging Issues –Region Specific

Eastern Europe & Central Asia

- Aging is a problem in the region, but not prominent in the SDGs
- Rising incidence of new HIV infections and need for disaggregated data for key populations
- Whilst coverage of birth registration is high, key challenges are completeness and quality
- Sex selection, which is not part of the SDGs, is a challenge in several EECA countries
- Increase in migration and refugee movements
- Major differences between countries in terms of data availability, reliability and disaggregation.

Latin America & the Caribbean

- Wide variations in MMR between Latin America and the Caribbean
- Sustainability of survey data collection in the absence of DHS
- Suppression of gender equality language in policies and documents
- Age of consent restricts teenager’s access to services
- Lack of clarity on the roles of custodian agencies in view of the fact that states are in the driving seat in the reporting process.

Eastern & Southern Africa

- Alignment of national surveys to reporting cycles and integration of additional questions to provide data for SDG indicators.
- Countries should make use of existing frameworks such as the Strategy for Harmonisation of Statistics in Africa to strengthen SDG reporting.
- Violence against boys is not covered in the SDG indicators.

Asia Pacific

- Disaggregation challenges due to small number of cases in surveys e.g. for disability
- Statistical systems not ready to meet the full reporting requirements of the SDGs
- Small Island Developing States (SIDS) have limited resources and are vulnerable to climate change
- Lack of political commitment for achieving some targets and indicators related to sexual health and abortion.

West and Central Africa

- Adaptation of indicators to national context may cause changes affecting international comparability
- Legislation, in some countries, against provision of SRH services to adolescents 10-14 years affects data availability for this age group.
- Population displacements and humanitarian situations affect data collection systems, especially civil registration and vital statistics systems. What approaches can ensure continuity of data collection?
- Need for improved coordination between National Statistics Offices (NSOs) for example, on the implementation of the Strategy for the Harmonization of Statistics in Africa (SaSHa).

Arab States

- Fragility and humanitarian situations impact SDG implementation and monitoring
- Due to national processes of prioritization, some indicators are not prioritized in some countries which affects regional and global aggregates.
- Administrative systems are not comprehensive and hence not suitable for generating data on some key indicators.
- Lack of financial resources will affect data collection for SDG monitoring and reporting.
- Changing population age structures present opportunities to harness demographic dividends.

OVERALL MESSAGES FROM THE WORKSHOPS

- Key elements of SDG adaptation at national level include stakeholder consultation, prioritization of goals, targets and indicators and integration in national development frameworks, and planning for data collection.
- There is need for harmonization of the global, regional and national development agendas at national level to streamline implementation, monitoring and reporting. National level ICPD and SDG review processes should be harmonized and timed to feed into regional processes, and ultimately into global reporting mechanisms.
- Strengthening capacity of national statistical systems to generate data for indicators is central to SDG implementation, monitoring and reporting at national level. It is important for countries to strengthen their CRVS systems to ensure continuous availability of data on some SDG indicators.
- Data systems (administrative sources, censuses, surveys etc.) should be linked to national programming and budgeting processes to ensure budget allocation and continuity of data collection for SDG monitoring and reporting. There is also need for sustainable approaches to ensure data collection during humanitarian situations.
- There is urgent need to expand data collection for Tier II indicators to those countries currently not collecting to ensure accurate regional comparisons and to expedite methodological work on tier III indicators to facilitate start of data collection.
- International agencies are urged to use the official figures from governments, and in case figures from international studies or modeling are necessary, these figures should be validated by the government prior to dissemination. Also, methodologies need to be clearly communicated to national authorities.
- Inclusive partnerships, including with private sector, are essential at national level, regional and at the global level to strengthen the collection, analysis and use of data for monitoring and reporting on SDGs.



Annex 1: WORKSHOP PARTICIPANTS

Meetings are listed chronologically.

Lists are arranged alphabetically according to the name of the country each participant represents.

Latin America and the Caribbean Region, Panama City, 14-16 September

Name	Organization and Country
Government	
Gabriela Agosto	Consejo Nacional de Políticas, Argentina
María Eugenia Brissón	Presidencia Argentina
Luis Fernando Pereira Stambuck	INE Bolivia
Claudio Crespo	IBGE, Brazil
Paulo Saad	CEPAL/CELADE
Olga Barquero Alpizar	INE Chile
Lucas Andrés Delgado Prieto	Departamento Administrativo Nacional de Estadística (DANE), Colombia
Oscar Ismael Sánchez Romero	Departamento Nacional de Planeación (DNP), Colombia
María del Pilar Garrido	Ministerio de Planificación, Costa Rica
Beatriz Crespín Oviedo	Ministerio de Comercio Exterior y la Inversión Extranjera, Cuba
Víctor Pablo Cosca Domínguez	Oficina Nacional de Estadísticas e Información, Cuba
Luis Madera	ONE, Dominican Republic
Reinaldo Cervantes	MCDS, Ecuador
Dalia Paredes	INEC, Ecuador
Doris Margarita Jaime	STPP, El Salvador
Mayra Lissethe Sorto	MRREE, El Salvador
Walter José Mira Ramírez	Ministerio de Relaciones Exteriores, El Salvador
Jose Luis Rodríguez Aguilar	SEGEPLAN, Guatemala
Edwin Portillo Portillo	INE, Guatemala
Louis Michelot Pierre	Ministry of Planning, Haiti
Ronald Placius	Ministry of External Relations, Haiti
Efraín Corea Yañez	Coordinación General de Gobierno, Honduras
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Bentley Browne	OECS, Jamaica
Domingo Vásquez Flores	México
Adolfo Ayuso Audry	Oficina de Presidencia para el monitoreo de los ODS, México
Paul Oquist	Nicaragua
Emer García	INIDE, Nicaragua
Victor Valdivieso	UNFPA Nicaragua

Paola Gómez Barletta	Ministerio de Relaciones Exteriores, Panamá
Abel Morales	MIDES, Panamá
Aida Batista	MIDES, Panamá
Antonio Díaz	MIDES, Panamá
Gilberto Fuentes	INEC, Panamá
Zuleika de Herber	MIDES, Panamá
Cintya Domínguez	Gabinete Social, Panamá
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Maria Elena Alva	Ministerio de Planificación, Venezuela
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UN Agencies	
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Sheila Roseau	UNFPA Caribbean SRO
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Pablo Salazar	UNFPA LACRO
Lorna Jenkins	UNFPA LACRO
Neus Bernabeu	UNFPA LACRO
Vicky Camacho	UNFPA LACRO
Jane Adams	UNFPA LACRO
Doretta DiMarco	UNFPA LACRO
Sergio Lenci	UNFPA LACRO
Hicham Nahro	UNFPA LACRO
Moon Do Kim	UNFPA LACRO
Federico Tobar	UNFPA LACRO
María Fajardo	UNFPA LACRO
Rachel Snow	UNFPA HQ
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Daniel Schensul	UNFPA HQ
Kathrin Weny	UNFPA HQ
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Eastern and Southern Africa Region, Johannesburg, 20-23 September

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Onaletshepo Idah Phikane	Ministry of Finance and Development Planning, Botswana
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Jeanine Hashazinka	Ministry of Good Governance, Burundi
Alhamid Abdoulhamil	National Institute of Economic and Demographic Studies (INSEED), Comoros
Ahamed Sitti Fatima	Ministry of Planning
Serge Bokuma Onsi	National Statistics Institute, DRC
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Mamolibetsane Matethe	Economic Planning, Lesotho
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Heritiana Rasolofoniaina	INSTAT, Madagascar
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Ruth Minja;	National Statistical Office, Tanzania
Norah Madaya	Uganda Bureau of Statistics
John Ssekamatte	National Planning Authority, Uganda
Nchimunya Nkombo	Central Statistics Office, Zambia
Pamela Kauseni	Ministry of Development Planning, Zambia
Langton Chikeya	Zimbabwe National Statistics Agency
Wellington Uta	Ministry of Macro-Economic Planning and Investment Promotion, Zimbabwe

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Moses Keetile	UNFPA Botswana
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Nohisoa Rabenampoizina	UNFPA Madagascar
Nohisoa Rabenampoizina	UNFPA Madagascar
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Nadia Vaz	UNFPA Mozambique
Israel Tjizake	UNFPA Namibia
Agnes Ntibanyurwa	UNFPA Rwanda
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Navchaa Suren	UNFPA South Africa
Wifred Ochan	UNFPA South Sudan
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Samweli Msokwa	UNFPA Tanzania
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Mady Biaye	UNFPA ESARO
Campbell Bright	UNFPA ESARO
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Ismaila Sulaiman	UNFPA ESARO
Richmond Tiemoko	UNFPA ESARO
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Tapiwa Jhamba	UNFPA HQ
Daniel Schensul	UNFPA HQ

Asia and Pacific Region, Bangkok, 5-7 October

Name	Organization and Country
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Shahin Sultana	Ministry of Health and Family Welfare, Bangladesh
Md. Abdul Wadud	Statistics and Informatics Division (SID), Bangladesh
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Sonam Tshoki	Gross National Happiness Commission, Bhutan
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Toun Thavrak	Ministry of Planning, Cambodia
Lay Chhan	Ministry of Planning, Cambodia
Samreth Chedthaphirum	Cambodian Rehabilitation and Development Board/Council for the Development of Cambodia
Avneet Kaur	Ministry of Statistics and Programme Implementation, India
Vivi Andriani	Ministry of Development Planning/Bappenas, Indonesia
Gantjang Amannullah	BPS Statistics, Indonesia
Phonesaly Souksavath	Lao Statistics Bureau
Singhalath Boupha	Ministry of Foreign Affairs, Lao PDR
Phetsavanh Boutlasy	Lao Statistics Bureau
Fathimath Hana Mansoor	National Bureau of Statistics, Maldives
Aishath Laila	National Bureau of Statistics, Maldives
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Min Min Than	Ministry of Planning and Finance, Myanmar
Htay Htay Htun	Ministry of Planning and Finance, Myanmar
Nyi Nyi	Ministry of Labour, Immigration and Population, Myanmar
Moh Moh Naing	Ministry of Planning and Finance, Myanmar
Moh Moh Thi	Ministry of Planning and Finance, Myanmar
Shailendra Ghimire	Central Bureau of Statistics, Nepal
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Arun Gautam	Ministry of Population and Environment, Nepal
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Frances Mamaril	Department of Health, Philippines
Malaeono Taua	Samoa Bureau of Statistics
Malarmathy Gangatharan	National Planning Department, Sri Lanka
Asoka Egodawatte	Department of Census and Statistics, Sri Lanka
Estela de Guzman	Philippines Statistics Authority
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Chuleeporn Bunyamalik	Office of the National Economic and Social Development Board, Thailand
Wannapa Khlaisuan	Office of the National Economic and Social Development Board, Thailand

Chanakod Chasidpon	Office of the National Economic and Social Development Board, Thailand
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Dararin Choomsai Na Ayuthaya	Ministry of Foreign Affairs, Thailand
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Sudasiree Tejanant	Ministry of Foreign Affairs, Thailand
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Ruangkhao Ryce Chanchai	UN Women Asia and the Pacific Regional Office
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Mahboob E Alam	UNFPA Bangladesh
Dechen Chime	UNFPA Bhutan
Tum May	UNFPA Cambodia
Richard Makalew	UNFPA Indonesia
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Christophe Lefranc	UNFPA Asia and the Pacific Regional Office
Natsuda Suwatthanabunpot	UNFPA Asia and the Pacific Regional Office
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Arab States Region, Cairo, 10-11 October

Name	Organization and Country
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Ouahiba Sakani	Algeria
Atef AlShebrawey	Bahrain
Mohamed Amin Al-Awadhi	Bahrain
Ismail Lubbad	ESCWA
Rouba Arja	ESCWA
Ibrahim Al Rafai	Gulf-STAT
Fouad Hassan	IPPF
Richard Joanes	Indonesia
Uqood Hussein	Iraq
Kausy Raouf	Iraq
Serwan Mohamed	Iraq
Ikhlas Aranki	Jordan
Ahmed Almomny	Jordan
Ziad Obidat	Jordan
Layali Abusir	UNFPA Jordan
Suad Nabhab	UNFPA Jordan
Hala Nofal	Lebanon
Moulay Abdellah Sougrati	Morocco
Soudi Khalid	Morocco
Amina Al Aghbari	Oman
Khalid Abu Khalid	Palestine
Mahmoud Atayah	Palestine
Ahmed Elmi Muhumad	Somalia
Isman Hussein	Somalia
Lamiaa Abdel-Gaffar	Sudan
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Name	Organization and Country
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Abdel Elah-Yaakoubd	UNFPA Morocco
Salah Al-Saleh	UNFPA Oman
Mariam Alwi	UNFPA Somalia
Richard Kiplangat Ng'etich	UNFPA Somalia
Faisal Abdallah	UNFPA Sudan
Chokri Benyahia	UNFPA Tunisia
Rachel Snow	UNFPA HQ
Sainan Zhang	UNFPA HQ

Eastern Europe and Central Asia Region, Geneva, 2-4 November

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Mirela Muca	INSTAT, Albania
Julia Cela	Prime Minister Office, Albania
Gagik Gevorgyan	Member of State Council on Statistics, Armenia
Nare Danielyan	Government of Armenia
Arif Ibishov	State Statistical Committee, Azerbaijan
Narmin Babayeva	Ministry of Economy, Azerbaijan
Velimir Jukić	Agency for Statistics, Bosnia and Herzegovina
Zoran Zeljko	Economic Planning, Bosnia and Herzegovina
Diana Yancheva	National Statistical Institute, Bulgaria
Alexander Voynikov	Ministry of Foreign Affairs, Bulgaria
Andrei Taranda	Ministry of Foreign Affairs, Bulgaria
Darya Bartashevich	Statistical Committee, Belarus
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Rimma Chynybaeva	National Statistics Committee, Kyrgyzstan
Muradin Teshebaev	Office of the Prime Minister, Kyrgyzstan
Sanja Zografska	Ministry of Foreign Affairs, FYR Macedonia
Lidija Kostovska	State Statistical Office, FYR Macedonia
Alexandra Popa	Moldova State Chancellery
Ala Negruta	National Bureau of Statistics, Moldova
Anna Troitskaya	RosStat, Russian Federation
Dragana Djokovic Papic	Statistical Office, Serbia
Nenad Ivanisevic	Ministry of Labour, Serbia
Shodmon Sharipovich Shokirov	State Statistics Agency, Tajikistan
Yakhshiev Alisher	Office of the President, Tajikistan
Aslı Asik Yavuz	Turkish Statistical Institute, Turkey
Annagozel Mosheva	State Statistics Committee, Turkmenistan
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Asghar Zaidi	University of Southampton, UK
Silvia Perel-Levin	International Longevity Centre Global Alliance (ILC GA)
Sascha Gabizon	Women in Europe for a Common Future
Kristijan Angeleski	YPEER
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Monika Linn	UNECE
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Hiroaki Ogawa	UNESCAP
Joanne Bosworth	UNICEF
Siraj Mahmudlu	UNICEF
Enkhee Miyegombo	UNWomen
Avni AMIN	WHO
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Garik Hayrapetyan	UNFPA Armenia
Gabrijela Jurela	UNFPA Bosnia and Herzegovina
Doina Bologa	UNFPA Bosnia and Herzegovina
Elena Kasko	UNFPA Belarus
Lela Bakradze	UNFPA Georgia
Raimbek Sissemaliyev	UNFPA Kazakhstan
Visare Mujko-Nimani	UNFPA Kosovo* UNSCR 1244
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Natalia Cojohari	UNFPA Moldova
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Aziza Hamidova	UNFPA Tajikistan
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Pavlo Zamostian	UNFPA Ukraine
Caspar Peek	UNFPA Ukraine
Fuad Aliev	UNFPA Uzbekistan
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Alfonso Barragues	UNFPA Geneva Office
Pernille Fenger	UNFPA Nordic Office
Yahav Lichner	UNFPA UK Office
Gulnara Kadyrkulova	UNFPA Kazakhstan SRO
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Nigina Muntean	UNFPA EECARO
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Western and Central Africa Region, Saly, 8-10 November

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Bachar Brahim Adoum	Ministère Economie et de la Planification du Développement, Chad
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Aymar Narodar Somé	UNFPA WCARO
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