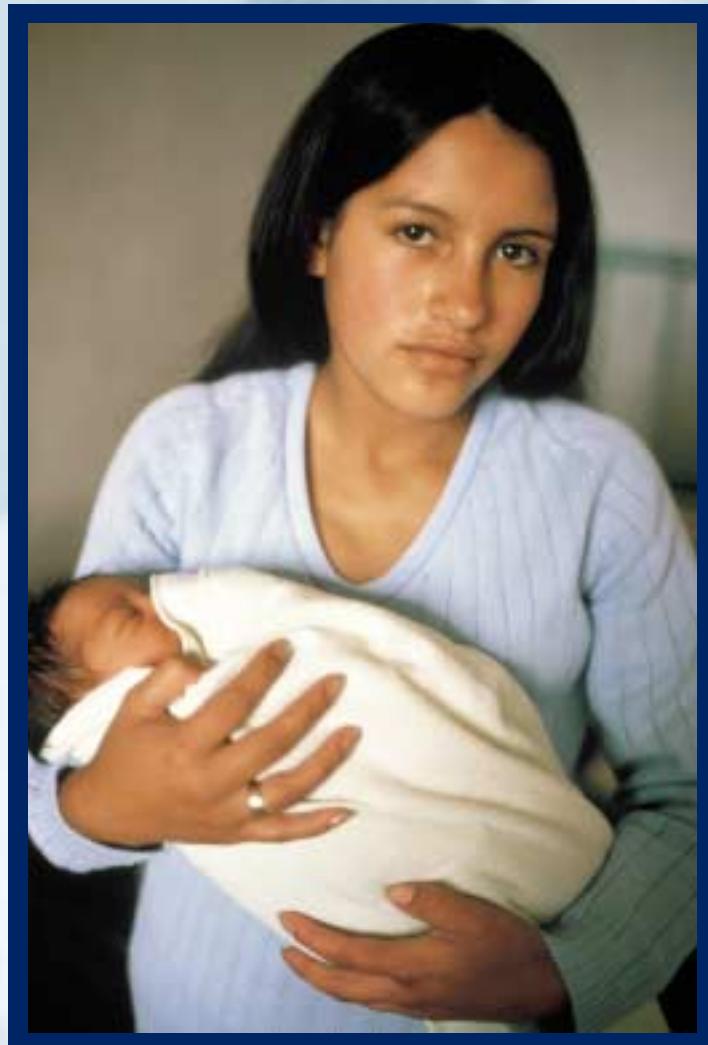


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UNFPA
United Nations
Population Fund

Special Focus: UNFPA and Adolescent Reproductive Health

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Cover: photo of young mother and child from Colombia by WHO/J. Littlewood.

Foreword

1999 was a momentous year for UNFPA. The "ICPD+5" review, our 30th anniversary, and the birth of the 6 billionth person provided us with unique opportunities to look at where we have been and where we are going in our quest to help people make informed, responsible and free choices regarding their sexual and reproductive health.

By far the most important outcome of the 21st Special Session of the United Nations General Assembly was the adoption of a set of "key actions" to help realize the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) in Cairo. The actions, which include new benchmarks, focus on such areas as the need to provide information, counselling and services to young people; to combat high levels of maternal mortality; to provide universal primary education; to combat the spread of HIV/AIDS; to promote gender equality; to reduce abortion and address the health consequences of unsafe abortion; and to build real partnerships to help achieve the ICPD goals.

Achieving the goals set out in Cairo and in New York at the fifth-year review will require greater political commitment, further development of national capacity, increased international assistance and larger domestic resources. There is also a strong need to further develop effective, transparent partnerships with NGOs, religious groups, the education and academic communities, and the private sector.

At the top of the agenda today are two kinds of epidemics: HIV/AIDS and violence against women and girls. Both are fueled by gender discrimination and stereotypical notions about manhood and femininity. The empowerment of women and girls, through better education and health care, remains a cornerstone of our work around the world. Women must be able to protect themselves, and men must be prepared to help them do so.

Empowering women and men to make their own choices results in smaller and healthier families. Nearly 60 per cent of women in developing countries now use family planning, and fertility has fallen by half since 1950. Experience shows that satisfying individual rights, needs and aspirations meets national goals and global imperatives. Smaller families help to combat poverty, ill health and illiteracy, and to secure lasting economic well-being for people as well as countries.

In all of the 144 countries where the Fund was active in the past year, our support reflected the goals and activities laid out in the ICPD Programme of Action. We spent a total of \$187 million in our main programme areas of information and education, reproductive health services, and advocacy and policy development.

Emergency reproductive health supplies were provided to earthquake victims in Turkey, Orissa cyclone victims in India, Kosovar refugees, and conflict victims in East Timor. The emergency kits sent to some 350,000 Kosovar refugees in Albania included equipment for safe deliveries and emergency contraceptives for rape victims. In Kosovo, which has

the highest maternal mortality rates in Europe, the Fund provided training and equipment to ensure safe delivery of newborns and quality maternal care in hospitals and clinics. In East Timor, the Fund distributed emergency home delivery kits to mothers since there was little or no maternity care available.

During the year, we paid special attention to meeting the reproductive and sexual health needs of young people. While nearly half of all countries have taken measures to address the reproductive health needs of adolescents, as they were urged to do in Cairo, much work remains to be done. This year's annual report focuses on the challenges of providing youth-friendly information and services to the largest youth population in history.

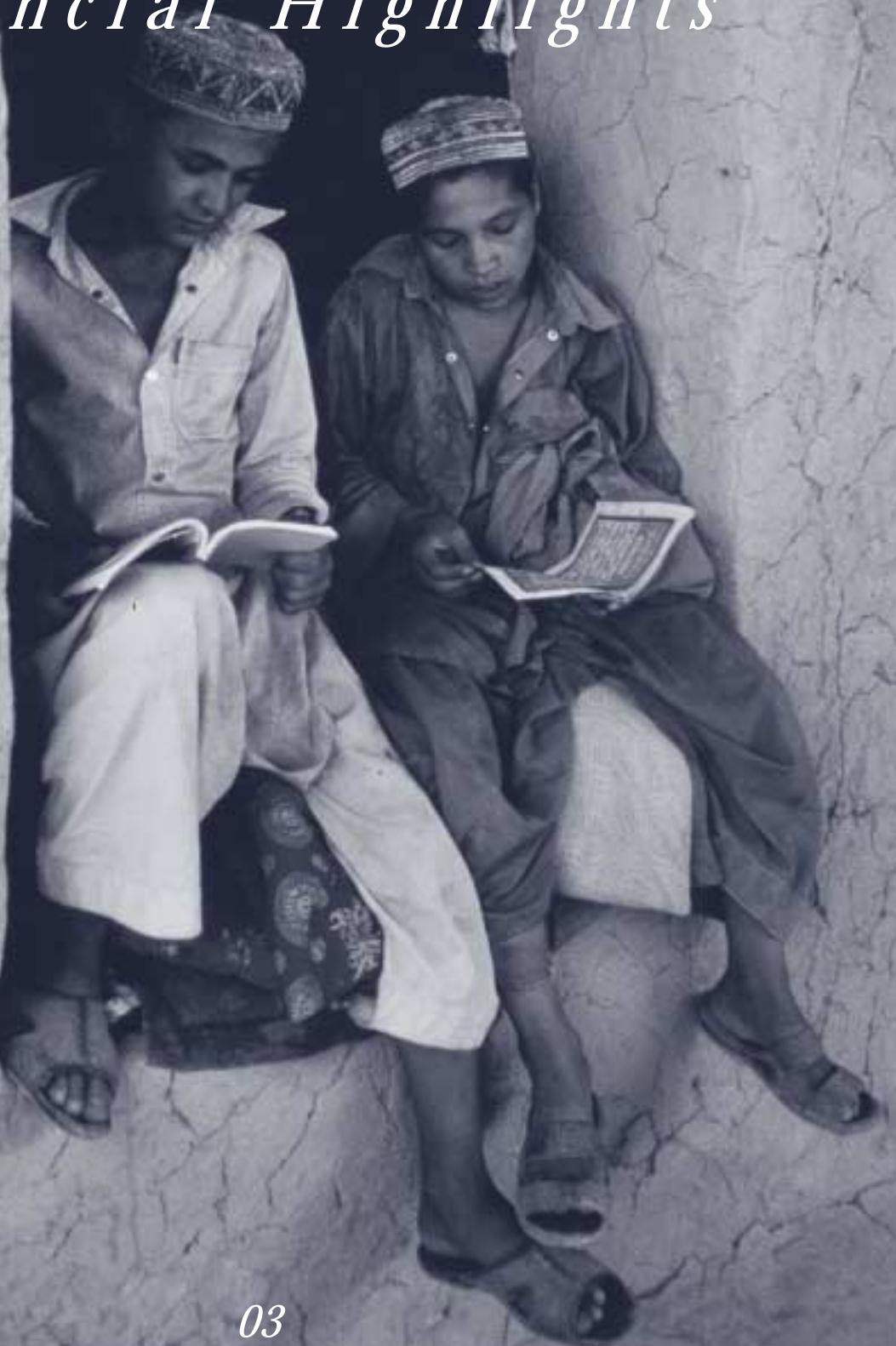


The United Nations Population Fund remains committed to providing truly universal reproductive health care. The review undertaken in 1999 confirms our belief that population is not a matter of numbers: it is a matter of people. That is the basis of the global consensus: it is the foundation for the progress we have made so far, and it will be the key to success in the future.

Nafis Sadik

Dr. Nafis Sadik
Executive Director
United Nations Population Fund

*UNFPA in 1999 –
Programme and
Financial Highlights*



UNFPA in 1999 – Programme and Financial Highlights

Pledges and contributions

- Regular income in 1999 totalled \$249.9 million, a decrease of 9.8 per cent compared to the 1998 income of \$277.0 million.

- Pledges to UNFPA's general resources in 1999 totalled \$245.1 million, \$24.1 million less than in 1998, a decrease of 9 per cent. At year's end, cumulative pledges through 1999 totalled about \$4.9 billion from a cumulative total of 172 donors. The number of donors in 1999 totalled 69.

- An additional \$36.2 million was provided through multi-bilateral co-financing arrangements, an increase of approximately 12 per cent compared to the \$32.4 million in 1998.

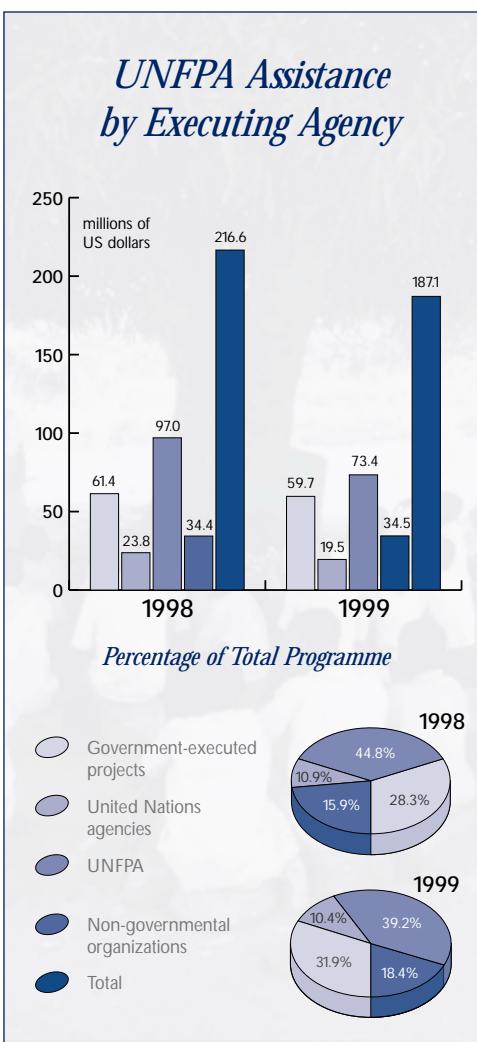
- Total income in 1999 was \$286.1 million, compared to \$309.4 million in 1998.

Expenditures

- Project expenditures in 1999 totalled \$187.2 million, as compared to \$216.6 million in 1998. The 1999 figure includes \$150.9 million for country programmes, compared to \$174.7 million in 1998; and \$36.3 million for intercountry (regional and interregional) programmes, compared to \$41.9 million for 1998.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were \$20.0 million. Administrative and operational services (AOS) costs amounted to \$6.9 million.

- For expenditures in 1999 by major function, by geographical area, and by country category, see graphs on page 5.



Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups and approved the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 22-24 per cent; Group C, 5-7 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 0.5 per cent. (For a list of countries by group, see Appendix C).

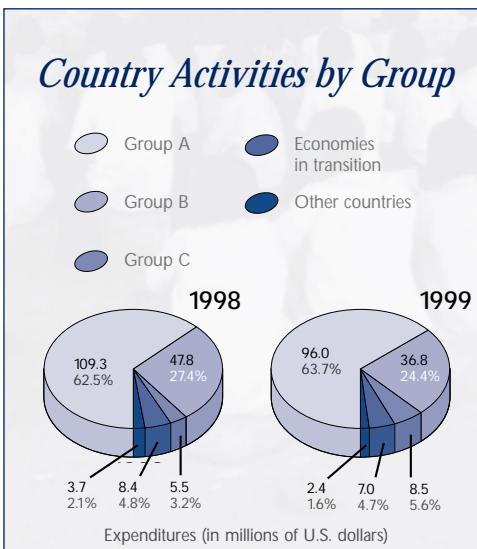
- The breakdown of resources expended for country programmes and projects in 1999, by group, is as follows: Group A, 63.7 per cent; Group B, 24.4 per cent; Group C, 5.6 per cent; countries with economies in transition, 4.7 per cent; and other countries and territories, 1.6 per cent.

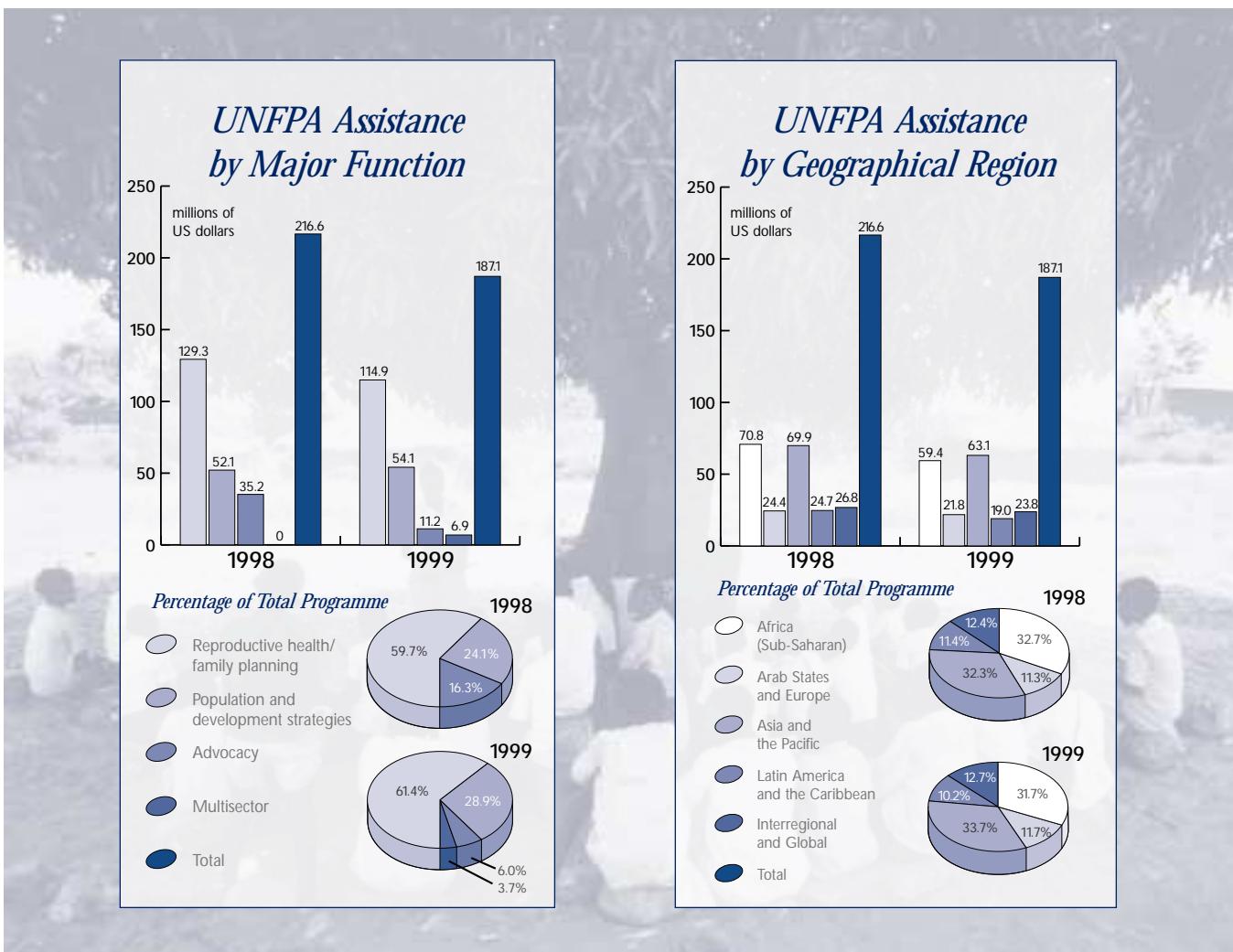
- Total expenditures in 1999 to Group A countries amounted to \$96.0 million, compared to \$109.3 million in expenditures in 1998.

Intercountry activities

- Expenditures for intercountry activities (regional and interregional) totalled \$36.4 million in 1999, compared to \$41.9 million in 1998. By category of activity, these expenditures were: regional, \$12.6 million in 1999, compared to \$15.1 million in 1998; interregional, \$23.8 million in 1999, compared to \$26.8 million in 1998.

- Intercountry programmes accounted for 19.5 per cent of 1999 total project expenditures, compared to 19.3 per cent in 1998.





Country Population Assessments

- In 1999, Country Population Assessments (CPAs) were completed in 11 countries (Azerbaijan, Chad, Indonesia, Kazakhstan, Kyrgyzstan, Pakistan, Philippines, Tajikistan, Turkmenistan, Uzbekistan and Zimbabwe). In the case of one country (Viet Nam), a Common Country Assessment (CCA), rather than a CPA, was carried out.

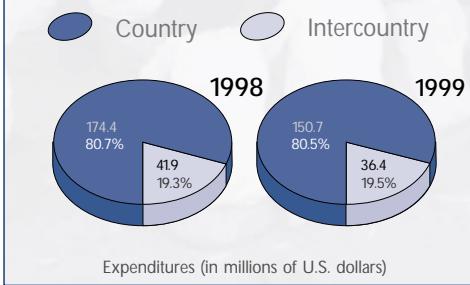
Biennial support budget

- The provisional estimate for the net expenditure for the biennial support budget (BSB) during the 1998-1999 biennium is approximately \$118.3 million, representing 22.5 per cent of regular resources and 19.9 per cent of total resources income.

Personnel

- As of 1 January 1999, the total number of authorized budget posts numbered 972, comprising 350 Professional (including 156 national programme officers) and 622 General Service staff. These include 103 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 245 Professional and 485 local General Service posts in the field.

UNFPA Assistance by Country/Intercountry Category



- The percentage of women on UNFPA's Professional staff at headquarters and in the field was 50 per cent in 1999, one of the highest percentages among United Nations agencies and organizations. Moreover, 7 of the 11 members of the Fund's Executive Committee are women.

Adolescents and Reproductive Health Care

Introduction

Nearly half of all people are under 25. Over a billion are young people between the ages of 15 and 24, the parents of the next generation. Their decisions about education, sexual relationships, marriage, and childbirth will have an enormous impact on their lives and, in turn, on their communities and nations.

Young women and men face many risks — unwanted pregnancy, HIV/AIDS and other sexually transmitted diseases, sexual exploitation and alienation — yet they receive inadequate information, guidance and services to help them negotiate the difficult passage to adulthood. Ignoring these issues incurs a high cost in ill health, wasted opportunities and social disruption.

More than 14 million adolescents give birth each year, and a large proportion of these pregnancies are unwanted. Countless girls drop out of school each day because of pregnancy. Half a million young people acquire a sexually transmitted disease each year. Each minute, six more young people become infected with the HIV virus, which causes AIDS.

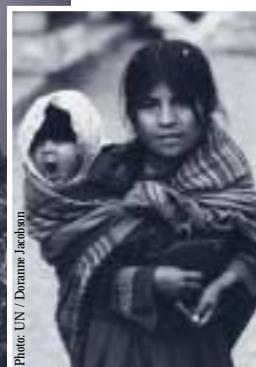
In many countries, the topic of adolescent sexuality and reproductive health is politically and culturally sensitive; as a result, reproductive health information and services do not reach most youth. However, some 55 countries have taken policy and programme measures to address the health needs of adolescents. Given the high level of demand, the United Nations Population Fund is intensifying efforts to find acceptable and effective ways to help young people protect their reproductive health and their futures.

During 1999, UNFPA worked closely with the World Population Foundation and the Dutch Youth Council to organize The Hague Youth Forum, which took place 5-7 February, just before The Hague Forum. The event was attended by more than 100 young people from all regions and resulted in numerous recommendations on how to address their sexual and reproductive health needs. About a quarter of the youth who participated in the forum also took part in the 21st Special Session of the United Nations General Assembly.

Using a joint strategy developed with the World Health Organization (WHO) and UNICEF, the Fund worked during

the year to document experiences in adolescent reproductive health care in various countries. We found that some success is being achieved in introducing sexuality education and other emerging issues — such as human rights, harmful practices, and violence — into education programmes and in strengthening teacher training, parent education and community outreach. Reviews of UNFPA country programmes reveal that considerable efforts have been made, with some notable successes, to bring "health to youth". The review also found that much remains to be done.

Developing countries in all parts of the world face serious challenges in addressing adolescent reproductive and sexual health needs. Studies show that accurate information encourages responsible sexual behaviour, including abstinence, among adolescents.



An Indian bride (left); Peruvian children. UNFPA is working to help young people protect their reproductive health and their futures.

Many young people are confronted with the possibility of pregnancy and HIV/AIDS, yet they lack information and services to protect themselves.

In Viet Nam, for example, while adolescents make up only 12 to 14 per cent of the population, they account for 25 per cent of abortions and 50 per cent of HIV infections. In Mongolia, a government health survey found that

many sexually active female adolescents knew little about reproductive health and contraception and were at high risk of abortion and miscarriage. Fifty-four per cent of the Mongolian adolescents interviewed expressed the desire to learn about reproductive health in school.

In Georgia, while the overall abortion rate has declined considerably since independence, the rate for females aged 15-24 has risen by approximately one third, with about 20 per cent of abortions followed by complications. As with many other countries in the region, the wide reliance on abortion to end unwanted pregnancies is partly due to limited access to youth-friendly services in both the public and private sectors. Sexuality education is not offered in schools in Georgia, and information simply does not reach young people.

This situation is repeated in many countries. In the Philippines, according to a survey conducted in 1999, up to 74 per cent of sexually active adolescents were not using contraception, but the majority admitted that they were not willing or ready to become parents. In Bolivia, 30 per cent of all women are mothers by the age of 19. Raising the average mother's age at first birth from 18 to 23 would reduce population momentum by over 40 per cent.

The spread of HIV/AIDS has highlighted the risks posed by the lack of reproductive health information and services for young people. Approximately half of all people who acquire HIV become infected before they turn 25 and typically die before their 35th birthday. The disease is wiping out years of progress, robbing nations of their most productive workers and children of their parents. Left behind are more than 11 million AIDS orphans.

In hard-hit countries, AIDS is taking a disproportionate toll on young women who are becoming infected by older men. In Namibia, for instance, government figures show that most of the women testing HIV-positive are in their early 20s, while most men are in their mid-30s. In rural Uganda, there are six young women who are HIV positive for every one infected young man.

To address these challenges, UNFPA is working to provide greater access to youth-friendly information and services and to advocate for policies that recognize the rights of young people and promote their reproductive health. A key focus of the Fund's work in adolescent reproductive health is the prevention of HIV infection. In all areas of its work with adolescents, UNFPA works to ensure the participation of young people themselves in the planning, implementation and evaluation of policies and programmes. It also works to address gender issues that affect reproductive health and behaviour.

Information, Education and Communication

As the largest-ever generation of young people enters adulthood, education and information can affect when they marry, how many children they will have, and the well-being of their

future families and the nations in which they live. For young women, the right to exercise greater control over their sexual and reproductive lives, free of coercion, discrimination and violence, is the key to a better future.

All young people are not the same. Many are sexually active and many are not; some are already married and some are not. Some live at home and others are on their own, even at an early age. Many go to school and many do not; some are in crisis or difficult circumstances. While their situations vary, all young people need and want information about their sexuality, their reproductive health, and how they can plan their families.

In many parts of the world, school curricula are highly theoretical and not closely related to everyday life. Channels of communication between teachers and students are hierarchical, and discussion is limited. The concept of guidance and counselling



Putting herself at high risk for AIDS and other sexually transmitted diseases, this young prostitute plies her trade in a village near Sihanoukville, Cambodia.



A schoolgirl from Bangladesh. With UNFPA assistance, schools in many countries are providing information on reproductive health, sexuality and nutrition.

from teachers to students is also lacking. School programmes may fail to address certain sensitive issues because parents, educators, religious leaders or policy makers may be reluctant to address them. Consequently, many youth-oriented programmes do not offer the information and services that are needed, and education on sexuality, women's health, family planning and nutrition is limited. Various UNFPA-supported programmes are working to overcome these constraints.

Studies show that family life education should begin early, in some countries even before adolescence, to help young people through the years when they are learning about their sexuality and beginning to be interested in sexual matters. Messages for sexually active youth should be different from messages for youth who have not initiated sexual activity

and should be as specific as possible. One study in Albania, for example, showed that youth wanted information on such practical matters as how to avoid condom breakage and how to obtain emergency contraception.

In Burundi, UNFPA, in cooperation with WHO, UNICEF and an international NGO, began a reproductive health campaign in 1999 directed at adolescents in two pilot provinces with plans to expand to 10 more provinces in 2000. The programme was designed using the results of a knowledge, attitudes and practice (KAP) survey that was conducted among young people in 1998 and a new national adolescent reproductive health strategy adopted by the Govern-



A young student from the Dominican Republic. In many parts of the world, educational opportunities for girls and women are severely limited.

ment in 1999. The pilot programme includes training that promotes a climate of openness and straightforwardness in dealing with young people's questions about sexuality and reproductive health.

In Iran, UNFPA supported the Ministry of Education in conducting research on teaching reproductive health and sexuality to students aged 17-24 in evening classes. As a result of the research, the focus of the classes shifted from general population issues to a more direct approach in which students were provided with information on sensitive reproductive matters. A booklet and accompanying poster on successful marriage were developed and printed. With UNFPA assistance, another booklet was published jointly by

the Ministry of Education and the Ministry of Health. This booklet, designed for adolescent girls, included information on puberty.

In its programme of assistance to the Palestinian people in 1999, the Fund worked with the Palestinian Authority to integrate reproductive health and gender issues into school curricula, adult education, teacher training and youth education programmes. Eighty teachers and supervisors were trained on the most effective techniques for communicating

messages on reproductive health and gender to students and, as a result, they have become strong community advocates. The Fund also helped produce four booklets and a teacher's guide on reproductive health for adult education. Seventy youth leaders were trained to act as peer counsellors, and a telephone hot line was established to provide counselling services to young people. UNFPA also helped organize summer camps for underprivileged youth living on the West Bank. The youth programme reached many young men and women and created participatory forums for peer-to-peer discussion on issues that were formerly taboo.

Similar programmes have been implemented elsewhere in the Arab States region, including Egypt,

Syria and Yemen. Regional programmes have been devised to train leaders of the Boy Scouts and Girl Guides to serve as peer counsellors. The regional workshops have had a "cascade" effect in that the trained participants then conduct similar workshops at the national level, producing gender-sensitive information and education materials on adolescent reproductive health.



HIV/AIDS information playing cards prepared by UNFPA's Ghana office.

Young People's Health and Education Issues

One person in six is between the ages of 15 and 24. They need information and services to protect their reproductive health and their futures.



A female doctor at work in a family planning clinic in Egypt. In some cultures, there is widespread resistance to allowing adolescents access to the kind of services she provides.



Young boys riding on a donkey in the West Bank, where UNFPA helped organize summer camps for underprivileged youth. The camps provided a forum for peer-to-peer discussions of sensitive health issues.

** Two million young girls face female genital mutilation each year.*

** Only 76 per cent of girls, compared to 96 per cent of boys, receive some level of primary schooling. Of the 130 million children who are not in school, two thirds are girls.*

** One in every 10 births worldwide is to a teenage mother. In least-developed countries, one in six births is to a young woman aged 15 to 19.*

** In most African countries, three quarters of women become sexually active during their teenage years. In Latin America and the Caribbean, the age pattern is somewhat older. In more-developed countries, more than 50 per cent of young women are sexually active before age 18.*

** At least one in 10 abortions worldwide occurs among women aged 15 to 19. More than 4.4 million adolescent women undergo abortions every year; 40 per cent of these abortions are performed under unsafe conditions.*

** Each day 500,000 young people are infected with a sexually transmitted disease.*

** Half of all HIV infections – 8,000 a day – occur in people under the age of 25. Girls are being infected by older men: a new study supported by UNAIDS and WHO found HIV infection rates of 15 to 23 per cent among girls 15 to 19 years old, 26 to 40 per cent among men aged 25 or more, and just 3 to 4 per cent among 15- to 19-year-old boys.*

** Of all age groups, the unmet need for contraception is greatest among sexually active young people.*

Actions to Meet Young People's Needs

Specific actions can help young people avoid unwanted and too-early pregnancy, reduce recourse to abortion, and prevent the spread of sexually transmitted diseases such as HIV/AIDS. Moreover, respecting their rights to health and education will prepare them for lives as responsible and productive adults. Increasingly, young men are the target of efforts to promote responsible sexual behaviour and reproductive health. Programmes for young people endeavour to:

- * *Improve accessibility of health services and information;*
- * *Offer sensitive and respectful counselling in a youth-friendly environment;*
- * *Involve parents, teachers and community leaders;*
- * *Increase sex education in schools and other settings (many studies have shown that sex education does not lead to promiscuity).*



Young people, like these teenagers from Juárez, Mexico, need to learn about responsible sexual behaviour.

Photo: Vivian Moss

Finding ways to reach young people is a priority. In the vast majority of its country programmes, UNFPA supports information and education programmes both in and out of school. In 1999, UNFPA worked with the Government of Viet Nam to identify different "entry points" where youth can be engaged. Reproductive health issues were integrated into secondary school curricula; counselling centres, youth clubs and "Café Condom" shops were established; a live phone-in programme on adolescent reproductive health was broadcast; communication campaigns were conducted through the mass media; and new information and education materials were developed. As a result, both in- and out-of-school adolescents are being provided with reproductive health information that is more tailored to their specific needs.

In Albania, UNFPA supported a variety of information campaigns for young people that included advertising, radio shows and billboards to promote responsible behaviour. The country office supported a series of peer education seminars, delivered

in an "open, humorous and friendly style", which were extremely well received, generating a demand for future seminars. UNFPA also supported a social marketing scheme for condoms through pharmacies as well as other, non-traditional, outlets.

UNFPA strives to involve adolescents themselves in designing programmes that concern them. For example, in Ecuador, youth have developed their own educational materials, including booklets on adolescent sexuality, sexual relations, adolescent pregnancy and contraceptives. The problem of domestic violence has been taken up by young people as a priority. A youth drama group, formed through a UNFPA-supported project in Quito, has used this theme for several of its plays. The participation of young men, and their willingness to consider the gender dimension and how it affects women in their culture, has been encouraging. In Morocco, the Ministry of Youth and Sports has developed an innovative approach that involves youth clubs. The young people created their own materials, including songs, dramas, puppet shows and other imaginative ways to deliver messages on family planning, sexually transmitted diseases (STDs) and HIV/AIDS, family life and sexual education.

In Indonesia, the participation of youth in the development of information and education materials has been extremely important and successful, as has the use of outreach peer educators. However, the outreach workers have so far been limited to urban areas. In provincial areas, the use of family

counselling groups in conjunction with reproductive health programmes in schools has been found to be more effective. In the country's new adolescent reproductive health project, young people will play a key role in planning and implementation.

Sex Before Marriage Not Appropriate For Youth, Messages Tell Indonesian Adolescents

Increasing teenage pregnancy rates have prompted non-governmental organizations, supported by UNFPA, to train young people to provide reproductive health information and services to their peers.



Teens counselling other teens about reproductive health in a UNFPA-supported youth centre in Yogyakarta, Indonesia.

UNFPA helps to promote responsible behaviour by supporting the production of information and education materials to advise adolescents. The materials also try to reach parents, policy makers and community leaders. The Fund's partners are the Indonesian Planned Parenthood Association (IPPA) and the National Family Planning Coordinating Board (BKKBN).

They work under the theme, "Having sex before marriage is not appropriate among youth." Specific messages stress, for example, "Responsible relationships between boys and girls," "The world of youth is free, but there are limitations," and "Youth must get correct and clear information about sexuality."

Increasingly, UNFPA support is being given to projects that use new information technologies to reach young people. In Romania, for example, the Fund provided assistance to a national foundation to develop an interactive game on CD-ROM dealing with the prevention of STDs and HIV/AIDS, which is being distributed free of charge to schools. Our web site, which we are constantly upgrading, also provides information to young people and allows them to give feedback.

Services

One of the many lessons learned from UNFPA's involvement in promoting better reproductive health for young people is that information and education can be largely wasted if sexually active adolescents and youth do not

Education, will help establish a standard that can be adopted by Bolivia's public health system.

In Eritrea, UNFPA helped establish youth centres in the port cities of Massawa and Assab to provide counselling and reproductive health services as well as library and recreational activities, youth rallies and radio programmes. Training on peer counselling and adolescent reproductive health was provided to 26 participants in Assab and 44 participants in Massawa.

In the Dominican Republic, where pregnancy and birth complications are a leading cause of death among teenage girls, UNFPA has supported a programme that has provided training for a network of 360 peer educators who, in addition to carrying out information activities, distribute condoms and provide

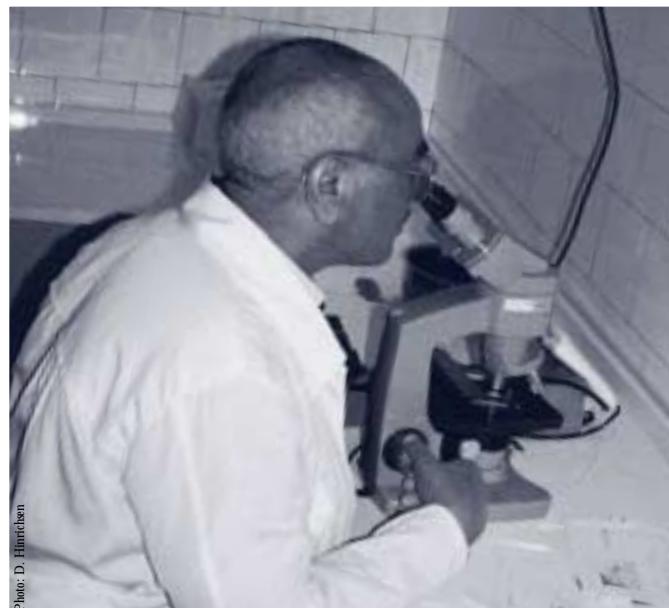


Photo: D. Fluitersch



Photo: Viviane Mors

An Eritrean medical worker (left) uses a microscope to check for sexually transmitted diseases; a Brazilian girl cares for her malnourished sibling. Good nutrition and access to medical care are essential components of reproductive health.

have access to appropriate services. Many governments are increasingly aware of the necessity of providing such services if their other efforts at promoting adolescent reproductive health are to be effective.

In Bolivia, for example, the Ministry of Health is committed to providing special services for adolescents, but so far it has not developed a national model that takes into account the large indigenous and rural populations and the many young people who are not in school. To help the Government address this challenge, UNFPA began a cost-sharing project in 1999 with a bilateral development agency to provide reproductive health information and services to adolescents in three urban districts. Experience from this project, implemented jointly with the Ministry of Health and Ministry of

referrals to health services. Within the health-care system, doctors, nurses and other health-care professionals have been provided with training to sensitize them to the needs of the young people. Likewise, in Malawi the Fund provided assistance for a project for out-of-school adolescents that includes a community-based distribution programme of contraceptives. Young people, selected by the community, are trained to distribute the contraceptives and to make referrals to reproductive health clinics. In the clinics, the Fund has supported training of the health-care workers to provide youth-friendly services.

In Algeria, UNFPA has provided support for a youth information project that reaches all of the country's 48 administrative areas through a health care centre in each area. In

order to make the crucial link between information and services, the staff of these centres — a total of 500 service providers, including doctors, psychologists, surgeons and dentists — have received training on dealing with young people and providing them with the information and care they need to protect their reproductive health.

In Djibouti, UNFPA is working with WHO and UNDP on an adolescent girls' project that includes information and access to quality community-based reproductive health services through midwives, traditional birth attendants, and well-equipped primary health care centres. This is the first project in Djibouti specifically aimed at addressing the needs of adolescent girls, and it brings together four Ministries for coordinated action.

Advocacy and Policy Development

Promoting the reproductive health and rights of young people remains a controversial topic in most countries of the world, involving, as it does, sensitive issues of sexuality and parental rights and duties. One of UNFPA's main programme thrusts, therefore, is to work within country programmes and with national partners to advocate for programmes and policies that will foster the reproductive health of all people, including adolescents and youth.

UNFPA also advocates for basic education, especially for girls, linking it to empowerment efforts. For example, UNFPA works to improve the quality of basic education by introducing new cur-

Turner's UN Foundation supports UNFPA youth projects

In November 1999, the United Nations Population Fund received grants worth more than \$4 million from Ted Turner's United Nations Foundation for projects to improve adolescent reproductive health in three regions.

** Adolescent Reproductive Health in the Pacific Region, with \$2.3 million over three years. The project will work with both in- and out-of-school youth to provide them with reproductive health information and services, as well as training in livelihood skills. It will work with teachers, parents and religious communities to increase knowledge and promote their involvement in adolescent reproductive health in eight of the region's 22 island-countries and territories.*

** Health and Well-being of Jordanian Adolescent Girls, with \$1.1 million over three years. Complementing UNFPA's current country programme, the project will help develop a comprehensive youth strategy for Jordan. Through training, education and outreach, it will encourage the participation of 42,000 girls, aged 13-17, in reproductive health activities and life skills development, and will upgrade the skills of hundreds of educators and school counsellors. Advocacy efforts will focus on decision-makers in the Ministry of Education and other ministries, NGOs and school administrators in 26 educational districts.*

** Reproductive Health of Adolescents in the Russian Federation, with \$707,726 over two years. The project, to be carried out with the Russian Family Planning Association, will focus on 100,000-200,000 young people in six regions — Moscow, St. Petersburg, Novosibirsk, Tver, Barnaul and Tomsk. It will support orphans under State care, provide shelters for pregnant adolescent girls, provide reproductive health information to adolescents in summer camps and vocational schools, train medical staff and social workers regarding "youth-friendly" services, and promote advocacy for adolescents.*

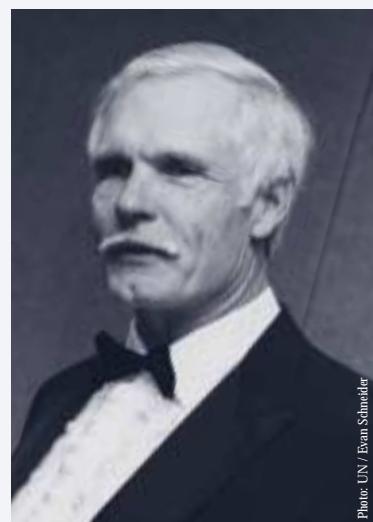


Photo: UN / Evan Schneider

ricula that include life skills, HIV/AIDS, gender issues, reproductive health, family life and sexuality education. It supports training programmes for teachers to ensure gender sensitivity in the classroom and programmes to enable them to acquire skills to positively influence the attitudes and behaviours of students. UNFPA also promotes education programmes for both young people and parents to highlight the advantages of education, especially for girls, as a powerful incentive to postponing marriage and childbirth.

In Iran, where over 51 per cent of the population is below the age of 20, UNFPA is working with key government partners to improve adolescent reproductive health within the country's cultural context. In Viet Nam, where the adolescent abortion rate is high, UNFPA has

Reproductive health services for young people, particularly if they are unmarried, have been difficult to obtain in the public sector. The concept of adolescent- or youth-friendly services is relatively new. However, through the Ministry of Health, the Government of Uganda is now committed to providing 20 per cent of adolescents with appropriate, accessible and affordable sexual and reproductive health services by 2004. The Fund has worked with a number of traditional cultural institutions in Uganda, such as the Kingdoms of Buganda, Busoga and Tooro, to secure the support of policy makers for youth-friendly initiatives. As a result, the Tooro Kingdom passed a law in 1999 raising the minimum age of marriage from 16 to 18.



Photo: United Nations

worked to raise the awareness of government authorities on the importance of adolescent reproductive education and services. UNFPA supported the Ministry of Education and Training in developing a project to improve in-school programmes. Partially as a result of these efforts, the Government is now formulating a national reproductive health strategy that includes information and services for adolescents.

In Uganda, even though adolescents make up 35 per cent of the total population, few programmes have addressed their specific needs. UNFPA's interventions in the area have largely been confined to providing peer education and counselling services.



Photo: United Nations

UNFPA helps governments reach both in-school and out-of-school youth with information and services on reproductive health.

In Namibia, the Fund worked with the Ministry of Information and Broadcasting in 1999 to develop a Population Advocacy Communication Strategy, which includes the reproductive rights of youth. In Bolivia, UNFPA provided technical assistance to the Government in the formulation of a National Plan for Adolescents and Youth, which includes their rights to reproductive health information and services. In Costa Rica, UNFPA has provided technical support to the Government for the formulation of the "General Law for the Young Person", which has a human rights and gender approach.

HIV/AIDS

"We must act now to give young persons the methods to prevent HIV/AIDS." — Dr. Nafis Sadik, UNFPA Executive Director

Urgent action is needed to slow the spread of HIV/AIDS. Some 8,000 young people become infected each day. Since the epidemic began in the 1970s, AIDS has claimed the lives of some 19 million people and torn apart the lives of many millions more. According to estimates from UNAIDS and WHO, 33.0 million adults and 1.3 million children were living with HIV at the end of 1999. Over 13 million children had lost one or both of their parents to the disease.

Over 95 per cent of people living with HIV are in developing countries, and about half of all HIV infections occur in young people under 25. In the African countries hardest hit by the pandemic, young women are much more likely to be infected than young men. In western Kenya, for example, one female in four between the ages of 15 and 19 is living with HIV as compared to one in 25 males in the same age group.

Lack of access to appropriate information and services coupled with a reluctance to address sensitive issues such as adolescent sexuality seriously hamper the fight against HIV/AIDS. At the ICPD+5 meeting, delegates set a 2005 deadline for governments to ensure that 90 per cent of 15- to 24-year-olds have access to information and services to help them avoid HIV infection, including condoms, voluntary testing, counselling and follow-up.

To date, the only effective preventive measure has been education on how to stop transmission of the virus. There is good evidence that HIV infection rates are stabilizing or decreasing in places where focused and sustained prevention programmes have brought about significantly safer behaviour.

Surveillance testing in urban areas in Uganda over the past five years reveals a 40 per cent drop in HIV infection among pregnant women. This decline is particularly striking in young women and is associated with delayed first sexual intercourse, increased condom use and fewer sexual partners. Uganda's anti-AIDS campaign features open and explicit discussions about sex, roadside billboards that promote safe sex, and NGOs that are helping to educate people about the disease.

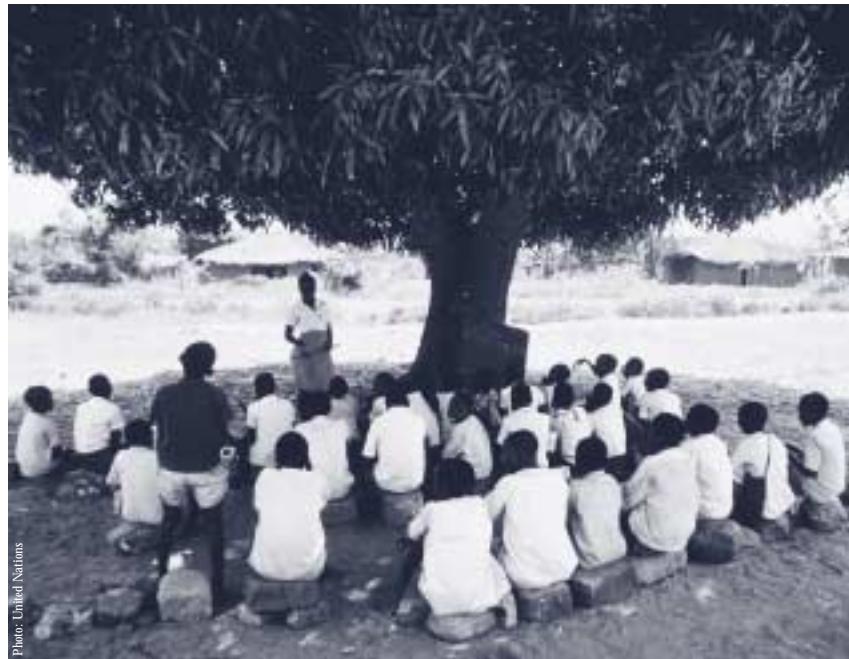
The first signs of an HIV turnaround are also being seen among young people in northern areas of the United Republic of Tanzania. Where there are active prevention programmes, prevalence in young women fell by 60 per cent over a period of six years.

Thailand has presented the most comprehensive evidence yet

from the developing world that prevention works. The country's well-established prevention efforts are yielding decreases in HIV prevalence among both pregnant women and young male soldiers. Annual representative surveys of young men show both substantial reductions in risk behaviour and decreases in HIV infection levels.

Information and education on HIV prevention is especially necessary for young people who might otherwise begin sexual activity

with little thought of the risks involved. During 1999, UNFPA supported a wide range of HIV prevention activities for youth and adolescents in 128 countries. Informational and awareness-raising activities included theatre performances in Jordan, Malawi, Moldova and Rwanda; youth camps in Jordan, Latvia, Romania and the Syrian Arab Republic; parent education in Estonia, Poland and Uganda; discussion groups in Bhutan and South Africa; clubs in Guinea and Haiti; student competitions in Mali and Myanmar; church activities in Papua New Guinea; magazine articles in Honduras; sports activities in Niger; and film screenings in South Africa and Togo.



An outdoor class in the United Republic of Tanzania, where AIDS education is having a noticeable impact among young people.

In the Islamic Republic of Iran, where prevalence of HIV/AIDS is still relatively low, prevention of its spread has become an area of increasing concern. In collaboration with the Ministry of Education, UNFPA helped distribute 700,000 posters on HIV/AIDS prevention to schools nationwide along with 200,000 pamphlets for teachers in primary, junior and high schools. In Azerbaijan in 1999, UNFPA supported a family life education curriculum that included a component on HIV prevention. The curriculum was tested in eight pilot schools.

In the Philippines, a UNFPA-funded project of the Remedios AIDS Foundation, a local NGO, is managing a Youth Zone in a shopping mall that serves as a venue for small group discussions on HIV/AIDS and other reproductive health topics, face-to-face counselling, and access to an Internet chat programme. The Youth Zone has demonstrated the usefulness of the Internet as an alternative form of counselling. To complement the Youth Zone's activities, a health clinic was set up in 1999 to provide reproductive health services to adolescents.

In Botswana, a UNFPA-funded programme known as PACT (the Peer Approach to Counselling by Teens) has reached 7,600 students in 11 schools, and in 1999 it was expanded to two new towns in the northern part of the country. The project trains secondary students as counsellors and role models on reproductive and sexual health questions, including HIV/AIDS. In South Africa, where HIV infection is spreading rapidly, the Fund has supported the use of peer educators for HIV prevention counselling and condom distribution. A special feature of one of the youth clinics is the inclusion of community and tribal leaders who help legitimize its activities among parents and community members.

On World AIDS Day, 1 December 1999, UNFPA, along with other United Nations agencies and an international NGO, helped sponsor a youth rock concert in Moscow to raise AIDS awareness.

Results

If the Fund's various adolescent reproductive health initiatives are to have a real impact, their quality must be ensured.

Activities must be evaluated to see if they have worked, and reasons must be determined for their success or failure. Also, effective programmes should be expanded and duplicated, where appropriate, to reach more young people.

In Uganda, the innovative peer-counselling programme known as PEARL has been carried out now for several years and has been judged a success by the Government and many outside observers. While the programme's overall impact is difficult to measure, preliminary results from a survey in two districts highlight some interesting results. In Mubende district, where PEARL has been in operation since 1995, knowledge and use of contraception is more

widespread than in Kibale, where the programme started two years later in

1997. The survey showed that by the age of 19, 58 per cent of Kibale girls had been pregnant, while only 6 per cent of Mubende girls had been. This is attributed to the much higher use of condoms in Mubende: 67 per cent of Mubende girls reported using a condom, while only 11 per cent of Kibale girls did.



A Ugandan teenager (above) stars in a family planning drama.

A young girl from Mali (left) gives her brother a ride.

In Vanuatu, a youth theatre group called Wan Smolbag has performed at least 30 youth-oriented plays, in English and the national language, over the past few years on various reproductive health subjects, including the transmission of STDs. Tracking studies show that the number of young people visiting health clinics increases every time Wan Smolbag mounts one of its productions in a community. Due to this finding, UNFPA has decided to fund a project to make Wan Smolbag's play and radio scripts available to others who are interested in promoting reproductive health.

In the Philippines, where several innovative approaches have been tested under an adolescent health project, peer counselling has shown the most promise. The Counselling-on-the-Air project enabled youth counsellors to reach out to other youth, as well as to parents and teachers, through a radio programme that gave young people the opportunity to share their

views with other youth and adults. An evaluation of the programme noted that there was a "tendency among some of the youth volunteers to see themselves as different from their peers, particularly those who had the 'misfortune' of being young and pregnant". Obviously, the continued viability of such programmes requires that such attitudes be addressed.

UNFPA's Office of Oversight and Evaluation undertakes evaluations of projects on a regular basis. In 1999, the Fund published an evaluation report, *Implementing the Reproductive Health Vision: Progress and New Directions for UNFPA*, which included an important section on adolescent reproductive health. The

clubs have played in Bangladesh, especially when they were democratic and gender balanced. A peer education project in Haiti was shown to be very successful but in need of ways to keep the peer educators motivated.

A project in Jamaica, which delivered a minimum package of reproductive health services to young people in a marginal urban area, was identified as a laboratory that could help build national consensus on the content and direction of adolescent reproductive health policies and programmes throughout the country. A capacity-building project in Namibia carried out several successful initiatives but was challenged by the need to



Cambodian boys enjoying a river cruise. UNFPA-supported projects address male responsibility and gender respect.

report noted the need to carefully define target groups (married adolescents, for example, usually can and do receive services through the regular health system); to reach out to overlooked groups such as rural youth; to improve cooperation with NGOs; and to make use of non-clinical approaches.

In 1999 UNFPA initiated an innovative initiative to complement formal programme evaluation efforts. Case studies are now posted on the Fund's Internet bulletin board site, allowing staff quick reference to best practices and lessons learned. In the case of adolescent reproductive health, the studies are indexed according to 11 sub-categories. One of the cases in the database shows the successful role that youth

develop consistent referral systems. A review of the work of four youth centres supported by UNFPA in Senegal found that adolescents were more at ease with persons of their own age when getting information about general reproductive health issues but preferred contact with adult professionals when a specific reproductive health question needed to be solved.

Once a successful programme has been devised, tested and adjusted accordingly, it is necessary to up-scale its activities so that all potential clients can benefit. In Burkina Faso, for example, the Fund has worked for a number of years to introduce population education into the curricula of primary schools and some secondary schools. Based on these experi-

Photo: Hélène Caux

ences, UNFPA supported efforts in 1999 to introduce population education into all of the country's secondary schools.

If adolescent reproductive health programmes are to be successful over time and reach young people, they must enjoy real

support from governments, non-governmental organizations and other partners. In Cairo and New York, governments pledged their commitment to reproductive health information and services for young people. Now we must work together and intensify efforts to turn that commitment into action.



Photo: United Nations

A young woman from Mauritania. The empowerment of women and girls, through education and health care, is a cornerstone of UNFPA's work.

Funding Allocation: Africa (Sub-Saharan)

	in millions of US dollars		percentage of total programme	
	1998	1999	1998	1999
By major sector				
Reproductive health/family planning	41.7	38.6	58.9	65.0
Population and development strategies	17.3	16.1	24.5	27.1
Advocacy	11.8	2.9	16.6	4.9
Multisector		1.7		3.0
Total	70.8	59.4	100.0	100.0
Country activities by group				
Group A	60.4	50.5	92.4	91.7
Group B	4.6	4.5	7.1	8.2
Group C	0.2	0.0	0.4	0.0
Other countries	0.1	0.1	0.1	0.1
Total country activities	65.4	55.2	100.0	100.0
Country activities	65.4	55.2	92.4	93.0
Regional activities	5.4	4.2	7.6	7.0
Total region	70.8	59.4	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

Funding Allocation: Arab States and Europe

	in millions of US dollars		percentage of total programme	
	1998	1999	1998	1999
By major sector				
Reproductive health/family planning	16.0	14.6	65.5	67.0
Population and development strategies	4.2	5.8	17.2	26.6
Advocacy	4.2	0.6	17.3	2.8
Multisector		0.8		3.6
Total	24.4	21.8	100.0	100.0

Country activities by group

	1998	1999	1998	1999
Group A	6.8	10.1	31.9	51.3
Group B	11.8	6.7	55.4	34.0
Economies in transition	0.8	2.8	3.8	14.2
Other countries	1.9	0.0	8.9	0.0
Total country activities	21.3	19.7	100.0	100.0
Country activities	21.3	19.7	87.1	90.0
Regional activities	3.1	2.1	12.9	10.0
Total region	24.4	21.8	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

Funding Allocation: Asia and the Pacific

	in millions of US dollars		percentage of total programme	
	1998	1999	1998	1999
By major sector				
Reproductive health/family planning	44.1	42.7	63.1	67.7
Population and development strategies	17.7	14.7	25.3	23.3
Advocacy	8.0	3.8	11.6	6.0
Multisector		1.9		3.0
Total	69.9	63.1	100.0	100.0

Country activities by group

	1998	1999	1998	1999
Group A	37.8	31.7	57.6	54.2
Group B	17.2	14.2	26.3	24.3
Group C	3.7	7.4	5.6	12.7
Economies in transition	5.7	4.2	8.7	7.1
Other countries	1.2	1.0	1.9	1.7
Total country activities	65.7	58.4	100.0	100.0
Country activities	65.7	58.4	94.0	92.6
Regional activities	4.2	4.7	6.0	7.4
Total region	69.9	63.1	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

Funding Allocation: Latin America and the Caribbean

	in millions of US dollars		percentage of total programme	
	1998	1999	1998	1999
By major sector				
Reproductive health/family planning	13.4	10.2	54.1	53.7
Population and development strategies	5.9	5.9	23.9	31.0
Advocacy	5.4	1.3	22.0	6.8
Multisector		1.7		9.0
Total	24.7	19.0	100.0	100.0

Country activities by group

Group A	4.9	3.7	22.1	21.1
Group B	14.2	11.5	63.6	65.7
Group C	1.6	1.1	7.3	6.2
Other countries	1.6	1.3	7.0	7.4
Total country activities	22.3	17.5	100.0	100.0
Country activities	22.3	17.5	90.6	92.1
Regional activities	2.3	1.5	9.4	7.9
Total region	24.7	19.0	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

Funding Allocation: Interregional and Global

	in thousands of US dollars		percentage of total programme	
	1998	1999	1998	1999
By major sector				
Reproductive health/family planning	14.1	9.0	52.7	38.0
Population and development strategies	7.0	11.4	26.0	47.9
Advocacy	5.7	2.6	21.3	11.1
Multisector		0.8		3.3
Total	26.8	23.8	100.0	100.0

Figures and percentages may not add up to the totals given due to rounding.

Appendix A

UNFPA Income and Expenditures 1999

	(Income) millions US \$
1. Resources available	
Government contributions	245.0
Adjustments to pledges for prior periods (net)	0.1
Cost-sharing	4.3
Contributions – net	249.4
Interest income	4.4
Other income	0.3
TOTAL INCOME	254.1
2. Expenditures	
<i>Project expenditures</i>	
Country activities	150.9
Intercountry activities	36.3
Total Project Expenditures	187.2
<i>Operational costs</i>	
Management and administration	23.3
<i>Programme support</i>	
Country offices	34.3
Headquarters	12.0
Less: income to the budget	(4.6)
Technical support services	20.0
Administrative and operational support	6.9
Other expenditures	1.9
Total Operational Costs and Programme Support	93.8
TOTAL EXPENDITURES	281.0

Appendix B

Government Pledges and Payments 1999*

(Net general contributions in US \$)

Government	Pledged	Paid
Algeria	4,589	--
Australia	1,383,797	1,383,797
Austria	418,335	418,335
Bangladesh	25,000	--
Barbados	3,500	3,500
Belgium	1,747,487	1,747,487
Bolivia	4,000	4,000
Botswana	4,300	4,300
Bulgaria	159,574	--
Burundi	1,841	1,841
Canada	6,026,490	6,026,490
Chile	5,000	5,000
China	820,000	820,000
Colombia	43,000	43,000
Côte d'Ivoire	5,000	--
Czech Republic	58,136	58,136
Denmark	27,870,489	27,870,489
Djibouti	1,000	--
Ethiopia	3,797	3,797
Fiji	2,604	2,604
Finland	12,575,938	1/ 12,575,938
France	1,130,491	1,130,491
Germany	21,751,664	21,751,664
Ghana	10,000	10,000
Honduras	4,937	4,937

Iceland	6,938	6,938
India	208,575	--
Ireland	550,245	2/ 550,245
Italy	2,971,254	3/ 2,971,254
Japan	48,285,000	4/ 48,285,000
Jordan	48,023	48,023
Korea, Republic of	260,000	260,000
Lao People's Democratic Rep.	600	--
Liechtenstein	3,472	3,472
Luxembourg	426,178	426,178
Malaysia	15,000	15,000
Maldives	2,000	2,000
Mali	3,425	3,425
Mauritania	2,377	--
Mexico	50,000	50,000
Mongolia	4,000	3,902
Myanmar	186	--
Netherlands	5/ 42,768,588	42,768,588
New Zealand	683,280	683,280
Nicaragua	5,000	5,000
Norway	6/ 25,249,326	25,249,326
Pakistan	500,000	--
Panama	10,932	10,932
Poland	22,611	22,611
Portugal	55,000	40,000
Romania	6,367	6,367
Russian Federation	150,000	150,000
Samoa	5,000	5,000
Saudi Arabia	30,000	30,000
Slovenia	561	--
Spain	438,546	438,546
Sri Lanka	15,000	15,000
Sweden	16,710,465	16,710,465
Switzerland	7,189,542	7,189,542
Syrian Arab Republic	2,544	2,544
Thailand	96,000	96,000
Tunisia	21,008	--
Turkey	108,000	108,000
Uganda	1,390	--
United Kingdom	24,040,684	24,040,684
Uruguay	4,000	4,000
Yemen Arab Republic	10,000	10,000
TOTAL	245,022,086*	244,077,128*

* The dollar equivalent of unpaid pledges made in national currencies is calculated at the UN operational rate of exchange in effect on 1 December 1999.

1/ Includes \$1,016,241 additional contribution for loosely thematic earmarking of adolescent reproductive health. In addition, \$338,747 for key outcomes of ICPD + 5 implementation.

2/ Includes \$63,990 additional contribution.

3/ Out of the ITL 5.5 billion (equiv. \$2,971,254) contribution, ITL 2.5 billion (equiv. \$1,350,570) is thematic earmarking for initiatives to benefit women in the Mediterranean Region.

4/ In addition, \$18,200 for IPPF and \$500,000 for Population Council.

5/ Includes \$4,570,384 additional contribution.

6/ In addition, \$332,978 for Population Council; \$133,192 for IUSSP, \$79,915 for ICOMP.

Appendix C

Project Expenditures in 1999 (in thousands of US \$)

Group A indicates countries most in need of assistance to realize ICPD goals.

Group B countries have made considerable progress towards achieving ICPD goals.

Group C countries have demonstrated significant progress in achieving all ICPD goals.

Group T indicates countries with economies in transition.

Group O indicates "other" countries, including those with populations under 150,000 or that are net contributors to the Fund.

Sub-Saharan Africa:

A	Angola	1,981.9
A	Benin	1,441.2
B	Botswana	496.5
A	Burkina Faso	1,598.9
A	Burundi	673.9
A	Cameroon	669.4
A	Cape Verde	686.6
A	Central African Republic	1,124.3
A	Chad	1,330.7
A	Comoros	274.5
A	Congo	267.0
A	Côte d'Ivoire	1,463.9
A	Democratic Republic of the Congo	217.4
A	Equatorial Guinea	420.5
A	Eritrea	1,558.4
A	Ethiopia	865.3
B	Gabon	463.9
A	Gambia	677.0
A	Ghana	3,151.9
A	Guinea	708.7
A	Guinea-Bissau	70.7
A	Kenya	3,024.9
A	Lesotho	148.1
A	Liberia	1,108.0
A	Madagascar	2,008.0
A	Malawi	1,750.9
A	Mali	1,086.6
A	Mauritania	843.8
C	Mauritius	71.8
A	Mozambique	3,249.5
B	Namibia	726.0
A	Niger	1,356.6
A	Nigeria	3,442.4
A	Rwanda	1,743.0
A	Sao Tome and Principe	519.7
A	Senegal	1,781.9
O	Seychelles	86.2
A	Sierra Leone	197.1
B	South Africa	881.3
B	Swaziland	247.1
A	Togo	715.6
A	Uganda	4,058.2
A	United Republic of Tanzania	3,278.4
A	Zambia	1,019.6
B	Zimbabwe	1,668.8
Country and Territory Projects Total		55,156.1
Regional Projects		4,231.0
Sub-Saharan Africa Total		59,387.1

Asia and the Pacific:

A	Afghanistan	510.1
T	Azerbaijan	487.2
A	Bangladesh	5,951.0
A	Bhutan	1,273.8
A	Cambodia	3,295.0
T	Central Asian countries	773.1
C	China	5,480.5
O	Cook Islands	100.3
C	Democratic People's Republic of Korea	458.6
A	East Timor	31.6
B	Federated States of Micronesia	83.1
C	Fiji	74.0
A	India	6,938.6
B	Indonesia	4,053.6
B	Iran (Islamic Republic of)	1,232.0
T	Kazakhstan	201.3
A	Kiribati	94.2
T	Kyrgyzstan	585.1
A	Lao People's Democratic Republic	982.7
B	Malaysia	249.4
A	Maldives	485.4
O	Marshall Islands	106.8
A	Mongolia	1,454.3
A	Myanmar	873.3
A	Nepal	3,912.7
O	Niue	2.1
O	Pacific Multi-Islands	766.0
A	Pakistan	5,529.2
O	Palau	0.0
B	Papua New Guinea	662.2
B	Philippines	2,559.3
O	Republic of Korea	0.0
A	Samoa	80.2
A	Solomon Islands	157.8
C	Sri Lanka	961.0
T	Tajikistan	700.2
C	Thailand	393.4
O	Tokelau	0.0
O	Tonga	9.5
T	Turkmenistan	531.9
A	Tuvalu	64.3
T	Uzbekistan	900.5
A	Vanuatu	52.3
B	Viet Nam	5,376.5
Country and Territory Projects Total		58,434.1
Regional Projects		4,693.1
Asia and the Pacific Total		63,127.2

Arab States:

B	Algeria	753.8
O	Bahrain	14.2
A	Djibouti	436.6
A	Egypt	3,240.5
B	Iraq	252.9
B	Jordan	590.2
B	Lebanon	487.3
B	Morocco	1,956.1
A	Occupied Palestinian Territories	1,184.7
O	Oman	0.0
O	Qatar	3.5
A	Somalia	689.3
A	Sudan	2,866.4
B	Syrian Arab Republic	1,275.2
B	Tunisia	601.0
O	United Arab Emirates	0.0
A	Yemen	1,726.7
Country and Territory Projects Total		16,078.6
Regional Projects		886.6
Arab States Total		16,965.2

Europe:

T	Albania	611.5
T	Armenia	173.2
T	Belarus	167.4
T	Bosnia and Herzegovina	287.3
T	Bulgaria	7.0
T	Croatia	0.0
O	Cyprus	1.6
T	Estonia	24.5
T	Georgia	205.2
T	Latvia	31.0
T	Lithuania	24.2
T	Macedonia, Former Yugoslav Republic of	30.2
T	Moldova, Republic of	50.0
T	Poland	162.9
T	Romania	544.1
T	Russian Federation	398.2
B	Turkey	794.4
T	Ukraine	150.6
Country and Territory Projects Total		3,663.5
Regional Projects		1,200.6
Europe Total		4,864.1
Arab States and Europe Grand Total		21,829.2

Latin America and the Caribbean:

O	Antigua and Barbuda	0.0
O	Argentina	57.9
O	Barbados	0.0
B	Belize	20.8
B	Bolivia	1,036.3
B	Brazil	1,324.8
O	Caribbean	1,221.5
C	Chile	51.0
B	Colombia	316.2
C	Costa Rica	151.6
C	Cuba	349.1
O	Dominica	0.0
B	Dominican Republic	703.2
B	Ecuador	702.1
B	El Salvador	410.7
O	Grenada	0.0
B	Guatemala	732.6
B	Guyana	20.1
A	Haiti	1,949.0
B	Honduras	901.7
B	Jamaica	218.2
B	Mexico	1,360.1
O	Montserrat	0.0
A	Nicaragua	1,766.8
C	Panama	243.6
B	Paraguay	459.4
B	Peru	2,977.7
B	Saint Lucia	0.0
B	Saint Vincent and the Grenadines	5.3
C	Suriname	62.9
B	Trinidad and Tobago	0.0
O	Turks and Caicos Islands	0.0
C	Uruguay	231.3
B	Venezuela	267.4
Country and Territory Projects Total		17,541.1
Regional Projects		1,500.7
Latin America and the Caribbean Total		19,041.8

Total Project Expenditures:

Country Projects	150,873.3
Regional Projects	12,512.0
Interregional Projects	23,803.6
Grand Total	187,188.9

Appendix D

Executive Board Decisions 1999

99/3. ITEM 10: UNFPA COUNTRY PROGRAMMES AND RELATED MATTERS

THE EXECUTIVE BOARD,

Approved the following country programmes:

Assistance to the Government of Burundi (DP/FPA/BDI/4);

Assistance to the Government of Madagascar (DP/FPA/MDG/4).

29 January 1999

99/4. UNFPA AND SECTOR-WIDE APPROACHES

THE EXECUTIVE BOARD,

1. Takes note with appreciation of the report on sector-wide approaches contained in document DP/FPA/1999/CRP1;
2. Encourages UNFPA to take an active part in the policy-making and planning stages in the sector-wide approaches in programme countries, with the concurrence and the overall guidance of national Governments, and to take an important advocacy role regarding reproductive and sexual health services and reproductive rights in such processes, taking into account the principles of the ICPD Programme of Action;
3. Requests UNFPA, in this context, to broaden and strengthen the competencies required to secure full and active participation of UNFPA in the policy-making and planning stages in sector-wide approaches, and to strengthen arrangements to access a full range of technical expertise;
4. Requests UNFPA to consider further, in consultation with partners, challenges and opportunities for a full-fledged involvement by UNFPA in the sector-wide approaches and to examine the need for changes of administrative and financial regulations, if any, that could facilitate the involvement of UNFPA, taking into account the multi-year funding framework;
5. Requests the Executive Director to present to the Executive Board at its second regular session 2000 a conference room paper on the involvement of UNFPA in sector-wide approaches.

16 April 1999

99/5. UNFPA: MULTI-YEAR PLANNING, MANAGEMENT AND FUNDING FRAMEWORK

THE EXECUTIVE BOARD,

1. Reaffirms its decision 98/24 on the United Nations Population Fund funding strategy in which, *inter alia*, it decided that UNFPA should develop a multi-year funding framework that integrates programme objectives, resources, budget and outcomes, with the objective of increasing core

resources, and in this context takes note with appreciation of the report of the Executive Director on the multi-year planning, management and funding framework (DP/FPA/1999/CRP.2);

2. Welcomes the steps which the United Nations Population Fund has taken to implement decision 98/24 and requests the Executive Director to continue to develop the multi-year planning, management and funding framework, taking into account the views of the Executive Board in this regard and fully respecting the principles contained in decision 98/24;
3. Requests the Executive Director to aim to submit to the Executive Board at its first regular session 2000 the first multi-year framework, 2000-2003; and decides to hold the first funding session as outlined in paragraph 11 (b) of decision 98/24 at its second regular session 2000;
4. Requests the Executive Director, in further developing the multi-year planning, management and funding framework beyond 2000, to ensure that the funding session and the annual reporting on the framework are both held at the second regular session in accordance with the principles contained in decision 98/24;
5. Requests the Executive Director to continue to hold regular open-ended informal consultations with States members of the United Nations Population Fund on the further development and implementation of the multi-year planning, management and funding framework.

16 April 1999

99/6. UNFPA SUPPORT FOR REPRODUCTIVE HEALTH IN EMERGENCY SITUATIONS

THE EXECUTIVE BOARD,

1. Takes note with appreciation of the report of the Executive Director on UNFPA support for reproductive health in emergency situations (DP/FPA/1999/6);
2. Requests the Executive Director to submit to the Executive Board at its third regular session 1999, taking into account all the views expressed at the second regular session 1999, a report that contains concrete proposals on UNFPA emergency programming procedures.

16 April 1999

99/7. ITEM 5: COUNTRY PROGRAMMES AND RELATED MATTERS

THE EXECUTIVE BOARD,

Approved the following country programme:

Assistance to the Government of Benin

(DP/FPA/BEN/5 and Corr. 1).

16 April 1999

99/13. UNFPA WORKPLAN FOR 2000-2003 AND PROGRAMME EXPENDITURE AUTHORITY

THE EXECUTIVE BOARD,

1. Notes programme resource planning proposals of the Executive Director as set out in document DP/FPA/1999/9;
2. Approves the request for 2000 programme expenditure authority at a level equal to expected new programmable resources for 2000, currently estimated at \$224 million, and requests the Executive Director to report to the Executive Board whenever there are any significant increases or shortfalls in estimated income for the year 2000;
3. Notes the following estimates of new programmable resources for programme planning for the period 2001-2003: \$242 million for 2001; \$254 million for 2002 and \$267 million for 2003; and requests the Executive Director to reconsider these estimates in the preparation of the multi-year funding framework;
4. Endorses the use of new programmable resources for multi-bilateral funding at \$35 million per year for the years 2000-2003;
5. Requests the Executive Director to report on progress in developing the multi-year funding framework at its first regular session 2000 as envisioned in decision 99/5.

22 June 1999

99/18. ICPD+5

THE EXECUTIVE BOARD,

1. Takes note of the report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly and, in particular, of the key actions for further implementation of the Programme of Action of the ICPD (A/S-21/3/Add.1);
2. Warmly acknowledges the role played by the United Nations Population Fund in preparatory and related activities that ensured that the special session was a success;
3. Recognizes that:
 - (a) Implementation of the key actions agreed at ICPD+5 calls for more concerted effort from the international community;
 - (b) The United Nations system, including all United Nations funds, agencies and programmes, have a key role in supporting effective action in relation to ICPD;
 - (c) UNFPA in particular must play an effective leadership role to ensure that the goal of universal access to reproductive health is achieved by 2015;
4. Requests the Executive Director, therefore, to present to the Executive Board at its annual session 2000 a report for approval on the strategic role of UNFPA in supporting countries' implementation of relevant key actions contained in the report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly. The report should be prepared in parallel with the multi-year funding framework paper being

presented to the Board at the second regular session 2000. In particular, the report should:

- (a) Describe how the Fund will fulfil its leadership role within the United Nations system in assisting countries to take the action necessary to ensure availability of reproductive health services and products;
- (b) Outline working arrangements and mechanisms for coordination with programme country Governments, other agencies of the United Nations system and with donors, including within the framework of the United Nations Development Assistance Framework and resident coordinator system and sector-wide approaches, to ensure coherence at the international, regional and country levels;
- (c) Present the strategic priorities within the framework of ICPD+5 that will guide and focus the Fund's actions, engagement and resource allocation at the international, intercountry and country levels.

17 September 1999

99/19. UNFPA: TECHNICAL ADVISORY PROGRAMME, 2000-2003

THE EXECUTIVE BOARD,

1. Takes note of the report of the Technical Advisory Programme, 2000-2003 of the United Nations Population Fund as contained in document DP/FPA/1999/12;
2. Supports the increased emphasis on national capacity-building under the Technical Advisory Programme;
3. Expresses concern that the report does not fully respond to decision 98/6 in providing a detailed strategic analysis of options for ensuring that UNFPA country programmes receive high-quality technical and strategic support;
4. Also expresses concern that the report does not adequately describe the value added by the technical advisory services arrangements to the overall work of UNFPA;
5. Further expresses concern about the high cost of the arrangements proposed;
6. Endorses the proposals contained in paragraphs 30 to 51 of the report on a two-year interim basis only;
7. Authorizes the Executive Director to commit an amount of \$56.5 million over the two-year period 2000-2001 to implement the Technical Advisory Programme arrangements, with \$47.5 million being made available from regular resources, and \$9 million from multi-bilateral and/or other resources, including regular resources, should income levels increase;
8. Requests the Executive Director to implement the Technical Advisory Programme, to:
 - (a) Give due priority to category A countries;
 - (b) Base the implementation on an analysis of programme country needs in terms of access to local expertise;

- (c) Not interrupt ongoing programmes;
- 9. Also requests the Executive Director to submit a report to the Executive Board at its third regular session 2000 on the progress made in implementing the Technical Advisory Programme arrangements. The report should include, *inter alia*:
 - (a) An analysis of programme country technical and strategic support needs and how these needs are being met by the function and composition of the country support teams and technical advisory services, with particular emphasis on ICPD follow-up, United Nations Development Assistance Framework requirements, and sector development programmes;
 - (b) An explanation of how the Technical Advisory Programme is being monitored, particularly within the context of the multi-year funding framework;
 - (c) A description of how national and regional expertise on national capacity-building and networking within the Technical Advisory Programme is being utilized;
- 10. Further requests the Executive Director to submit a report for approval by the Executive Board at its third regular session 2001 on further options that will ensure that UNFPA country programmes receive the strategic and technical assistance they need. In doing so, the report should:
 - (a) Set out the rationale and guidelines for the proposed arrangements, which should include an assessment of country and regional needs for technical assistance and strategic guidance;
 - (b) Provide clear justification for continued support, deployment, and strategic utilization of the technical advisory services arrangements with United Nations agencies, taking into account comments made by members of the Executive Board under this agenda item;
 - (c) Describe how the preferred option will facilitate closer linkages, better collaboration, and greater coherency with other United Nations agencies, especially among those agencies with a particular role to ensure ICPD goals and objectives and ICPD+5 key actions are achieved;
 - (d) Explain how the preferred option will best enable UNFPA to strengthen in-country activities and play a more effective strategic role in championing reproductive health and other ICPD goals and objectives;
 - (e) Include a costed analysis of alternative options for providing support to country programmes;
 - (f) Describe the institutional, reporting and management arrangements for the preferred option and methods by which it will be monitored and evaluated;
 - (g) Describe the use of the roster of consultants for the country support teams to determine if and how this tool is being utilized;
 - (h) Examine new opportunities for using regional and national consultants and South-South cooperation in promoting national capacity;
- (i) Describe the value added of the Technical Advisory Programme to the overall work of UNFPA;
- 11. Requests the Executive Director to elaborate further on the proposal to establish a country support team office to cover the countries with economies in transition and to provide information on the recommended arrangements for approval by the Executive Board at its first regular session 2000.

17 September 1999

99/21. UNFPA: ESTIMATES FOR THE BIENNIAL SUPPORT BUDGET FOR 2000-2001

THE EXECUTIVE BOARD,

- 1. Takes note of the 2000-2001 biennial support budget estimates of the United Nations Population Fund, as contained in document DP/FPA/1999/11, as well as of the report of the Advisory Committee on Administrative and Budgetary Questions thereon (DP/FPA/1999/14);
- 2. Expresses its concern at the overall situation of declining resources;
- 3. Recognizes UNFPA efforts to contain costs, as outlined in paragraphs 29 and 30 of document DP/FPA/1999/11, and the positive reaction of the Advisory Committee on Administrative and Budgetary Questions thereon, and welcomes the emphasis on its country office network and its internal audit capacity;
- 4. Urges the Executive Director, in this regard, to continue to make every effort to contain both the administrative and programme support costs at headquarters, as well as in the field, through cost-saving measures, without detrimental effect on programmes;
- 5. Notes the approach of the Executive Director to participation in the United Nations House programme, as outlined in paragraphs 35 and 36 of document DP/FPA/1999/11 and notes the need, where appropriate, to ensure that there will be no additional burden on host countries;
- 6. Acknowledges the efforts of the Executive Director to seek extra-budgetary funding for the development of the resource management system; however, if it appears by the end of January 2000 that the responses to such requests are insufficient, decides on an exceptional basis to increase the appropriation by the required amount, as mentioned in paragraph 81 of document DP/FPA/1999/11 and notes the need, where appropriate, to ensure that there will be no additional burden on host countries;
- 7. Encourages UNFPA to review its priorities in relation to any shortfall that may occur in the biennial support budget prior to seeking additional resources;
- 8. Approves gross appropriations in the amount of \$149,384,600 for the purposes indicated below and resolves that the income estimates of \$22,000,000 shall be used to offset the gross appropriations, resulting in estimated net appropriations of \$127,384,600;

2000-2001 biennial support budget
(In thousands of United States dollars)

Programme support

Country offices	75 202.8
Headquarters	27 836.7
Subtotal	103 039.5
Management and administration of the organization	46 345.1
Total gross appropriations	149 384.6
Less: estimated income to the budget	22 000.0
Estimated net appropriations	127 384.6

9. Authorizes the Executive Director to redeploy resources between appropriation lines up to a maximum of 5 per cent of the appropriation to which the resources are redeployed;
10. Requests the Executive Director to report to the Executive Board at its third regular session 2000 on any significant increases or shortfalls in estimated income for the year 2000, and to suggest proposals on how to deal with the new situation.

17 September 1999

99/25. ITEM 8: COUNTRY PROGRAMMES
AND RELATED MATTERS

THE EXECUTIVE BOARD,

Approved the following country programmes:
Assistance to the Government of Azerbaijan (DP/FPA/AZE/1);
Assistance to the Government of Kazakhstan (DP/FPA/KAZ/1);
Assistance to the Government of Kyrgyzstan (DP/FPA/KGZ/1);
Assistance to the Government of Pakistan (DP/FPA/PAK/6);
Assistance to the Government of the Philippines (DP/FPA/PHL/5);
Assistance to the Government of Tajikistan (DP/FPA/TJK/1);
Assistance to the Government of Turkmenistan (DP/FPA/TKM/1);
Assistance to the Government of Uzbekistan (DP/FPA/UZB/1);
Approved the extension of and additional resources for the country programme for Haiti (DP/FPA/HTI/2/EXT1).

17 September 1999

99/24. FUNDING SITUATION OF UNDP AND UNFPA

THE EXECUTIVE BOARD,

1. Notes with concern the continuing and significant decline in core contributions to the United Nations Development Programme and to the United Nations Population Fund and in particular the resulting decline in resources available for programme activities;
2. Also notes with concern the impact that such resource shortfalls have on the capacity of the United Nations Development Programme and that of the United Nations Population Fund to meet the increasing needs of programme countries for their assistance;
3. Requests the Administrator and the Executive Director to bring this critical resource situation to the attention of the Secretary-General with a view to mobilizing the support of world political leaders in order to reverse the trend of declining contributions to the United Nations Development Programme and to the United Nations Population Fund.

17 September 1999

Appendix E

TWENTY-FIRST SPECIAL SESSION OF THE GENERAL ASSEMBLY FOR AN OVERALL REVIEW AND APPRAISAL OF THE IMPLEMENTATION OF THE PROGRAMME OF ACTION OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

Report of the Secretary-General (A/54/442)

I. Introduction

1. The present report has been prepared in response to General Assembly resolution 53/183 of 15 December 1998, in which the Assembly requested the Secretary-General to submit to it at its fifty-fourth session a report on the special session for an overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development. The special session took place at United Nations Headquarters from 30 June to 2 July 1999. During its plenary meetings, it was addressed by 152 Member States, 10 observers and 3 non-governmental organizations. At the opening session, the Secretary-General emphasized the connection between population and development and praised the Conference for promoting a fuller understanding of those interactions. He underscored the linkage between sexual and reproductive health and human rights and urged that efforts be made fully to implement the Programme of Action, particularly the financial resource levels agreed to in Cairo in 1994.

2. At the first plenary meeting of its twenty-first special session the General Assembly established an Ad Hoc Committee of the Whole to consider agenda item 8, entitled "Overall review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development". In connection with its consideration of the agenda item, the Ad Hoc Committee had before it the report of the Commission on Population and Development acting as the Preparatory Committee for the special session. Mr. Anwarul Chowdhury (Bangladesh), who had served as Chairman of the Preparatory Committee, was elected Chairman of the Ad Hoc Committee. Over the three-day period, the Ad Hoc Committee held four formal meetings and a number of informal meetings to negotiate the proposals for key actions for the further implementation of the Programme of Action. During the formal meetings, representatives of 12 United Nations specialized agencies, one intergovernmental organization and 11 non-governmental organizations made statements.

3. At its fourth formal meeting, on 1 July, the Ad Hoc Committee, after negotiations held in the informal meetings, and noting the reservations expressed by the representatives of Argentina and Nicaragua, decided to recommend a text entitled "Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development" to the General Assembly and proposed a draft resolution for adoption by the special session. After the adoption of the "Report of the Ad Hoc Committee of the Whole of the Twenty-first Special Session of the General Assembly" (A/S-21/5), five delegations expressed reservations.¹ Subsequently, the closing plenary of the special session adopted by consensus the resolution on key actions (A/S-21/5/Add.1). After the adoption of the resolution, 13 States made interpretive statements or expressed reservations.²

4. The present report briefly reviews some aspects and events of the review process and focuses on the key actions contained in document A/S-21/5/Add.1. It also highlights some of the findings regarding progress and constraints in the implementation to date of the Programme of Action.

II. The review and appraisal process

5. The review and appraisal process and the special session were characterized by broad United Nations system-wide participation and the involvement of a wide range of civil society organizations. In particular, there was close collaboration between the Population Division of the Department of Economics and Social Affairs and the United Nations Population Fund (UNFPA). United Nations organizations and representatives of civil society took an active part in the round tables, technical meetings and the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (February 1999). During the 1998-1999 period, three United Nations inter-agency meetings were held and there were regular periodic briefings for Member States and non-governmental organizations at Headquarters. UNFPA field offices carried out briefings at the country level. This participatory approach and the transparency with which all meetings and negotiations were carried out greatly contributed to the success of the review process and of the special session.

A. Technical meetings and regional consultations

6. The review and appraisal of the implementation of the Programme of Action concentrated primarily on policy changes and operational experiences at the country level in order to identify facilitating factors and obstacles encountered during the initial five-year period since the Conference. Those concrete experiences provided a basis for delineating further actions needed to accelerate and fine-tune the implementation of the Programme of Action.

7. Round tables and technical meetings, sponsored by UNFPA, afforded an opportunity for in-depth examination of the implementation of the Programme of Action. These included three round-table meetings on: adolescent reproductive health (14-17 April 1998, New York, United States); reproductive rights and implementation of reproductive health programmes, women's empowerment, male involvement and human rights (22-25 June 1998, Kampala, Uganda); and partnership with civil society to implement the Programme of Action (27-30 July 1998, Dhaka, Bangladesh); and four technical symposiums: international migration and development (29 June-3 July 1998, The Hague, Netherlands); population ageing (6-9 October 1998, Brussels, Belgium); reproductive health services in crisis situations (3-5 November 1998, Rennes, France); and population change and economic development (2-6 November 1998, Bellagio, Italy).

8. Regional consultations, convened by the five United Nations regional commissions, reviewed and appraised the implementation of the Programme of Action. The meetings identified progress achieved and constraints encountered and proposed key future actions for each region in the particular context of the respective regions. A detailed account of the round tables and technical and regional meetings is found in the report submitted to the General Assembly at its fifty-third session (A/53/407). The results of those meetings were available at the time of the special session.

B. The Hague Forum

9. The International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development (known as The Hague Forum), held in The Hague, 8-12 February 1999, drew on the outcomes of the technical and regional meetings to formulate operationally pertinent recommendations for the next phases of implementing the Programme of Action. Organized by UNFPA and

hosted by the Government of the Netherlands, The Hague Forum brought together a wide range of partners, including ministers and other high-level governmental officials from 177 countries and territories, parliamentarians, representatives of United Nations organizations and specialized agencies, intergovernmental and non-governmental organizations, youth and the media.

10. The Forum was preceded by three meetings of key partner groups committed to the implementation of the Programme of Action — namely, the International Forum of Parliamentarians on Population and Development (4-6 February 1999); the NGO Forum (6-7 February 1999), which gave non-governmental organizations an opportunity to formulate their contribution to the Forum and the special session; and the Youth Forum (6-7 February 1999), convened to examine how implementation of the Programme of Action met the needs of young people.

11. The report of The Hague Forum provided an assessment of progress to date in five substantive areas addressed by its Main Committee:

- (a) Creating an enabling environment for further implementation of the Programme of Action;
- (b) Enhancing gender equality, equity and empowerment of women;
- (c) Promoting reproductive health, including family planning and sexual health, and reproductive rights;
- (d) Strengthening partnerships;
- (e) Mobilizing and monitoring resources for further implementation of the Programme of Action.

The Forum report identified actions necessary in each of these areas in order to enhance the implementation of the Programme of Action. It was submitted to the Preparatory Committee for the special session and was drawn upon in the preparation of the Secretary-General's report for the special session containing proposals for key actions for the further implementation of the Programme of Action.

C. UNFPA field inquiry

12. UNFPA conducted a global field inquiry in mid-1998 to assess progress and constraints encountered in the implementation of the Programme of Action. The Inquiry focused on the following key areas: policies and programmes in population and development; gender equality, equity and women's empowerment; reproductive rights and reproductive health care; and government partnerships and collaboration with civil society. A total of 114 responses were received from developing countries and countries with economies in transition, and 18 developed countries reported their experiences.

Progress

13. The report of the 1998 UNFPA field inquiry found concrete results in implementation, including integrating population concerns into development strategies, institutional changes to accommodate the operationalization of the Programme of Action; policy, legislative and institutional changes in the areas of population and development and reproductive health and rights; recognition of the enhanced role of civil society; an increased involvement of non-governmental organizations; and improved partnership among United Nations agencies and organizations.

14. Countries have begun initiatives to promote the participation of women at policy- and decision-making levels and progress has been made in advocating for the protection of the well-being of the girl-child. Several countries passed legislation outlawing violence against women, with particular focus on the elimination of harmful practices such as female genital mutilation.

15. All countries have accepted the concept of reproductive health, and previously separate family planning programmes are now being integrated into comprehensive reproductive health packages available at the primary health care level. Reproductive health is increasingly considered a priority in health services in emergency situations. Some countries are beginning to address the sexual and reproductive health needs of adolescents, and some concrete measures have been taken to promote male involvement in sexual and reproductive health through advocacy campaigns. There has been some progress in providing access to a full range of safe and reliable family planning methods, and a wider range of contraceptive choices has become available. There is also greater awareness of the risks of maternal mortality and morbidity and recognition of them as developmental and human rights issues.

16. Recognizing the important role of civil society in implementation of the Programme of Action, many Governments have adopted significant measures to promote the involvement of civil society groups in policy formulation, implementation and monitoring. Some Governments have taken measures to strengthen the institutional capacity of civil society, including the provision of funds and the removal of legal restrictions. Parliamentarians have taken action to adopt legislation on reproductive health and gender-based violence, and they have been instrumental in ensuring provision of national budgetary allocations for population and development.

Constraints

17. A serious lack of financial resources remains one of the primary obstacles to full implementation of the Programme of Action. Donor funding for population activities has stagnated and is far below the required US \$17 billion by the year 2000, as agreed to at the Conference.

18. Developing countries have made some progress in increasing the share of domestic budgets allocated to population. Unfortunately, mobilizing domestic resources for financial crises and dislocations have impeded efforts to generate the required resources to implement national population policies and programmes.

19. Despite some progress, socio-cultural factors continue to hinder the full achievement of gender equality and equity. Women still face violence at all stages in their life cycle, and poverty remains disproportionately high among female-headed households. The feminization of poverty has increased such forms of violence as trafficking and forced prostitution. Women are still very much underrepresented in positions of power and decision-making, and they typically earn less than men for work of equal value. In many societies, sons are favoured over daughters when choices have to be made. The lack of coordination mechanisms and funding constraints often preclude more extensive collaboration between government and civil society groups. Often, there are no legal frameworks, regulations or guidelines to facilitate partnerships with non-governmental organizations. Insufficient human and financial resources and a lack of technical capacity in both Governments and non-governmental organizations also impede effective partnerships. The private sector continues to remain underinvolved in population and development activities.

III. The special session

A. Preparatory Committee

20. The Commission on Population and Development, which met in an open-ended session at United Nations Headquarters from 24 March to 1 April 1999, acted as the Preparatory Committee for the

special session. The Committee had before it two information documents: "Review and appraisal of the progress made in achieving the goals and objectives of the Programme of Action of the International Conference on Population and Development" (E/CN.9/1999/PC/2); and "Report of the International Forum for the Operational Review and Appraisal of the Implementation of the Programme of Action of the International Conference on Population and Development" (E/CN.9/1999/PC/3); and one document for consideration, "Proposals for key actions for the further implementation of the Programme of Action of the International Conference on Population and Development" (E/CN.9/1999/PC/4). This last-mentioned report served as the basis for formulating a document to be submitted to the special session. Although it reached agreement on a number of sections, the Preparatory Committee felt that more time was needed to negotiate certain other sections. Hence, it agreed to meet for informal consultations at United Nations Headquarters from 5 to 7 May.

21. During those informal consultations, a number of paragraphs were adopted *ad referendum*. However, there were some problem issues — e.g., adolescents; family planning methods; abortion; resource mobilization — on which negotiations could not be completed. It was decided that the Preparatory Committee would meet again four days prior to the special session (24-25 and 28-29 June). When the Preparatory Committee ended on 29 June, several contentious paragraphs remained. The resolution of those paragraphs was left to the Ad Hoc Committee of the Whole.

22. The Commission on Population and Development, acting as the Preparatory Committee, also considered arrangements for the accreditation of non-governmental organizations at the special session. Noting that, pursuant to General Assembly resolutions 52/188 of 18 December 1997 and 53/183 of 15 December 1998, the President of the Assembly was invited, in consultation with Member States, to propose appropriate modalities for the effective involvement of non-governmental organizations in the special session, the Commission decided to invite to the special session those non-governmental organizations in consultative status with the Economic and Social Council and non-governmental organizations already accredited to the Conference and/or the Preparatory Committee. The Commission also decided that the accreditation of other interested non-governmental organizations, including those that had applied for consultative status with the Economic and Social Council, would be examined by a committee composed of the Bureau of the Preparatory Committee and the Secretariat by 14 May 1999. The Committee would make appropriate recommendations to the Preparatory Committee at its resumed session for a decision, provided that requests for accreditation were accompanied by information on the organization's competence and relevance to the subject of the special session.

B. Key actions

23. At the final plenary meeting, held late on 2 July, the 177 Member States participating in the special session adopted by consensus "Key actions for the further implementation of the Programme of Action of the International Conference on Population and Development" (A/S-21/5/Add.1). This comprehensive document, arrived at through lengthy negotiation, affirmed the Programme of Action and made a number of noteworthy advances. For example, it called attention to population and development concerns, noting the linkages between population, economic growth and environment. It recognized the implications of changing age structure and the ageing of the population, and underscored the urgent need for policies and programmes to deal with the causes of international migration, internal migration and urbanization, and the resultant dislocations. The special session called on Governments to ensure that the human rights of women and girls, particularly the freedom from coercion,

discrimination and violence, including harmful practices and sexual exploitation, were respected, protected and promoted through the development, implementation and effective enforcement of gender-sensitive policies and legislation.

24. The special session called for intensified action in the following areas: reproductive and sexual health; maternal mortality; the reproductive health needs of adolescents; reducing abortion and addressing the health consequences of unsafe abortion; prevention of HIV/AIDS; gender issues and education. In several key areas, it recommended new benchmarks:

- (a) The 1990 illiteracy rate for women and girls should be halved by 2005; and by 2010, the net primary school enrolment ratio for children of both sexes should be at least 90 per cent;
- (b) By 2005, 60 per cent of primary health care and family planning facilities should offer the widest achievable range of safe and effective family planning methods, essential obstetric care, prevention and management of reproductive tract infections, including sexually transmitted diseases, and barrier methods to prevent infection; 80 per cent of facilities should offer such services by 2010, and all should do so by 2015;
- (c) At least 40 per cent of all births should be assisted by skilled attendants where the maternal mortality rate is very high, and 80 per cent globally, by 2005; these figures should be 50 and 85 per cent, respectively, by 2010; and 60 and 90 per cent by 2015;
- (d) The gap between the proportion of individuals using contraceptives and the proportion expressing a desire to space or limit their families should be reduced by half by 2005, by 75 per cent by 2010, and by 100 per cent by 2015. Recruitment targets or quotas should not be used in attempting to reach this goal;
- (e) To reduce vulnerability to HIV/AIDS infection, at least 90 per cent of young men and women, aged 15-24, should have access by 2005 to preventive methods — such as female and male condoms, voluntary testing, counselling, and follow up, and at least 95 per cent by 2010. HIV infection rates in persons 15-24 years of age should be reduced by 25 per cent in the most affected countries by 2005 and by 25 per cent globally by 2010.

25. Recognizing that financial resources are critical to the achievement of the Conference goals and to reaching the more ambitious benchmarks, the special session urged developed countries to redouble their efforts to mobilize funds in accordance with the levels agreed to at Cairo. It called upon developing countries and countries with economies in transition to strengthen their commitment to attaining the Conference goals and to continue mobilizing domestic resources. The special session reiterated that the international community should provide the necessary financial and technical assistance to support developing countries and countries with economies in transition to implement the Programme of Action. It urged particular attention to countries in Africa and countries dealing with the consequences of emergency situations and financial crises. South/South cooperation and the 20/20 Initiative were cited as modalities for reaching population and social sector objectives.

IV. Next steps

26. The twenty-first special session of the General Assembly was widely regarded as a most successful endeavour. It demonstrated the effectiveness of the United Nations in building global consensus through open and inclusive discussion. It marked the culmination of five years of impressive progress in implementing the Cairo consensus on population as a development issue of concern to all countries. It

was especially successful in effectively involving civil society groups, most notably in having three non-governmental organization representatives address the final plenary meeting.

27. The special session affirmed the commitments made in Cairo in 1994. The progress of the first five years provides an encouraging basis on which to build. Formidable challenges, however, still remain. Resource mobilization for population activities must be placed high on the global development agenda if the international community is fully to implement the Conference goals and objectives.

28. The report on key actions (A/S-21/5/Add.1) provides a practical guide for focusing and intensifying implementation efforts. At the end of October 1999, the Task Force on Basic Social Services for All (BSSA) will meet to discuss how best the United Nations agencies and organizations can continue effective collaboration, particularly at the country level, to promote the further implementation of the Programme of Action. The Task Force will also attempt to identify possible new indicators to correspond with the benchmarks agreed to at the special session and the updating of existing previously agreed indicators.

29. Over the next few years, there will be a number of special sessions of the General Assembly marking the fifth anniversaries of other major United Nations conferences and summits. Efforts are being made to work with the respective secretariats of those events to convey the "lessons learned" from the twenty-first special session. To that end, a briefing on organizational and substantive issues has already been held with the Department of Economic and Social Affairs, which

is responsible for the twenty-second special session, for the review and appraisal of the implementation of the Programme of Action for the Sustainable Development of Small Island Developing States (27-28 September 1999); the special session entitled "Women 2000: Gender Equality, Development and Peace for the Twenty-first Century" (5-9 June 2000); and the special session on the implementation of the outcome of the World Summit for Social Development and further initiatives (26-30 June 1999). Also, a briefing on the twenty-first special session will be made to the Administrative Committee on Coordination at its second session (29-30 October 1999).

30. Attention should now turn to possible options to mark the tenth anniversary in 2004, of the adoption of the Programme of Action. The Bureau of the Commission on Population and Development at its 1999 inter-sessional meeting recommended that options for the 2004 event be discussed by the Commission at its thirty-third session.

Notes

- 1 Argentina, Guatemala, Libyan Arab Jamahiriya, Nicaragua, Sudan.
- 2 Australia, China, Egypt, Holy See, Iran (Islamic Republic of), Jordan, Kuwait, Malta, Morocco, Qatar, Yemen, United Arab Emirates, United States of America.



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