



Millennium Development Goals

All United Nations Member States have pledged to meet the Millennium Development Goals by 2015. UNFPA gave priority in 2003 to drawing attention to the links between these goals and the implementation of the ICPD Programme of Action, including publication of *Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants*.

- 1. ERADICATE EXTREME POVERTY AND HUNGER:**
Reduce by half the proportion of people living on less than a dollar a day and suffering from hunger;
- 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION:**
Ensure that all boys and girls complete a full course of primary schooling;
- 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN:**
Eliminate gender disparity in primary and secondary education;
- 4. REDUCE CHILD MORTALITY:**
Reduce by two thirds the mortality rate among children under the age of five;
- 5. IMPROVE MATERNAL HEALTH:**
Reduce by three quarters the maternal mortality ratio;
- 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES:**
Halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases;
- 7. ENSURE ENVIRONMENTAL SUSTAINABILITY:**
Integrate sustainable development into country policies and programmes, reduce by half the number of people lacking access to safe drinking water and improve the lives of slum dwellers;
- 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT:**
Address poverty reduction, good governance, open trading, the special needs of the least developed countries and landlocked and small island states, debt, youth employment and access to essential drugs and technologies.

Foreword

For more than 35 years, the United Nations Population Fund has played a key role in helping the world to address population challenges. Its provision of reproductive health information and services has been a lifeline for millions of women, girls and families throughout the world. UNFPA has demonstrated that improving the lives of women and families helps to reduce poverty and slow population growth. It has helped countries integrate population considerations into their national strategies for development. It has forged strong partnerships with governments, non-governmental organizations and other members of the UN system. And it continues to implement a wide range of programmes, encompassing family planning, safe motherhood and the empowerment of young people to halt the spread of HIV/AIDS.



This annual report shows the wide scope of action undertaken by UNFPA in 2003. We can see how lives are saved by emergency obstetric care; how girls stay in school longer when encouraged to delay marriage and pregnancy; how violence against women declines when laws are made stronger; and how human rights are advanced when discrimination is addressed in culturally sensitive ways. These and other programmes are part of the world's wide-ranging efforts to implement the Programme of Action adopted at the 1994 International Conference on Population and Development. Indeed, without sustained follow-up to the landmark Cairo conference, our wider campaign to achieve the Millennium Development Goals will be much more difficult.

Population issues are closely tied to our common hopes for a better future. Everyone benefits when people, no matter where they are born, have opportunities and choices, and enjoy respect for their human rights. This annual report shows UNFPA's enduring commitment to that mission of human dignity and well-being. I commend this volume's information and analysis to the widest possible global readership.

A handwritten signature in black ink, which appears to read 'K. Annan'. The signature is fluid and cursive, with a large initial 'K'.

Kofi A. Annan

Secretary-General of the United Nations

Contents

- ii Millennium Development Goals
- iii Foreword *by Kofi A. Annan, Secretary-General of the United Nations*
- 1 Overview *by Thoraya Ahmed Obaid, Executive Director of UNFPA*
- 2 Reproductive Health and Safe Motherhood
- 8 HIV/AIDS Prevention
- 12 Emergencies
- 16 Poverty, Population and Development
- 20 Partnerships and Fund-raising
- 24 Resources and Management
- 31 The Mission of UNFPA

Tables and Charts

- 26 UNFPA Assistance by Executing Agency
- 26 UNFPA Assistance by Major Function
- 27 Expenditures by Country Group
- 27 UNFPA Income and Expenditure 2003
- 28 Top 20 Donors to UNFPA in 2003
- 28 UNFPA Assistance by Geographical Region
- 28 UNFPA Expenditures for 2002 and 2003 by Region
- 29 Donor Pledges and Payments for 2003
- 30 Project Expenditures in 2003

Photos

Cover:
© Johnette Iris Stubbs
Young students at a school in Guinea.

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Overview:
© Eskinder Debebe/United Nations
Thoraya Ahmed Obaid, UNFPA's Executive Director

Reproductive Health and Safe Motherhood:
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Mothers and their children awaiting care at a health clinic in Tunisia.

HIV/AIDS Prevention:
© Mark Edwards/Still Pictures
Young students from Botswana playing in a schoolyard painted with messages about HIV/AIDS. In 2003, UNFPA helped the African Youth Alliance to expand its AIDS-related activities in a number of countries, including Botswana.

Emergencies:
© Jonathan Silvers/Saybrook
A young girl from Rwanda, one of 34 countries that received emergency support from UNFPA in 2003.

Poverty, Population and Development:
© Viviane Moos
A young woman taking a break from collecting paper and tin at a garbage dump in Brazil.

Partnerships and Fund-raising:
© Veldeman Photo Brussels/
Courtesy of Face to Face International
UNFPA Goodwill Ambassadors helped kick off the 34 Million Friends of UNFPA campaign in Europe at a star-studded event staged at the Residence Palace Theatre in Brussels, Belgium.



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Overview

Underlining the centrality of reproductive health to the Millennium Development Goals (MDGs) was a priority throughout 2003. These goals are inseparable from the ICPD Programme of Action, which has been UNFPA's blueprint for development since 1994. The links are now widely recognized. The ICPD goal of universal access to reproductive health services is of fundamental importance to poverty reduction, and progress in population and reproductive health is absolutely indispensable in achieving at least four of the MDGs: promoting gender equality and empowering women, reducing child mortality, improving maternal health, and combating HIV/AIDS.



In 2003, UNFPA supported population and reproductive health activities in 136 countries to reduce poverty and advance human rights.

To promote gender equality and empower women, UNFPA developed a programming guide for health workers on gender-based violence and promoted policy dialogue through the Adolescent Girls Initiative in 11 countries to help girls to stay in school and delay marriage and pregnancy;

To reduce child mortality, UNFPA expanded access to emergency obstetric care through the Averting Maternal Death and Disability programme in India, Morocco, Mozambique and Nicaragua and strengthened family planning services that enable couples to have smaller, healthier families;

To improve maternal health, we worked to prevent and treat obstetric fistula in some 20 countries in sub-Saharan Africa, South Asia and the Arab region and dispatched emergency reproductive health kits to 30 countries and territories experiencing crisis situations;

To combat HIV/AIDS, UNFPA supported African Youth Alliance efforts to expand HIV prevention education in four African countries and introduced a prevention programme for youth in six Central American and Caribbean countries.

UNFPA's work in these and other areas is widely recognized for its contribution to a comprehensive approach to development that puts people first. Support for UNFPA was evident in the record number of donors who pledged financial contributions in 2003, and in statements issued by developing and developed countries during preparations for the tenth anniversary of the ICPD Programme of Action in 2004.

With the end of 2003, we conclude the first decade dedicated to implementing the ICPD Programme of Action. Along with the MDGs, it continues to provide a road map forward to a future of development, peace and security. UNFPA remains committed to carrying out our mission to advance reproductive health and rights in culturally sensitive ways that respect the human rights and dignity of all people.

A handwritten signature in black ink, reading "Thoraya A. Obaid". The signature is fluid and cursive, written in a dark color.

Thoraya Ahmed Obaid
Executive Director



REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

The difference between life and death, health and disability. From family planning to obstetric care that saves lives.

Gaps in reproductive health care account for nearly one fifth of the worldwide burden of illness and premature death, and one third of the illness and death among women of reproductive age. These gaps could be closed and millions of lives saved with highly cost-effective investments in this area, including contraceptive services and supplies now in severe global shortage.

Reproductive health yields a high return on investment. Reproductive health services, especially for the poorest with the greatest need, not only improve quality of life for individuals and families but also contribute to economic growth, societal and gender equity, and democratic governance. In particular, adequate funding of programmes enabling young people to avoid unwanted pregnancy, unsafe childbirth and sexually transmitted infections (STIs) would produce a significant benefit to development and slow the spread of HIV/AIDS.

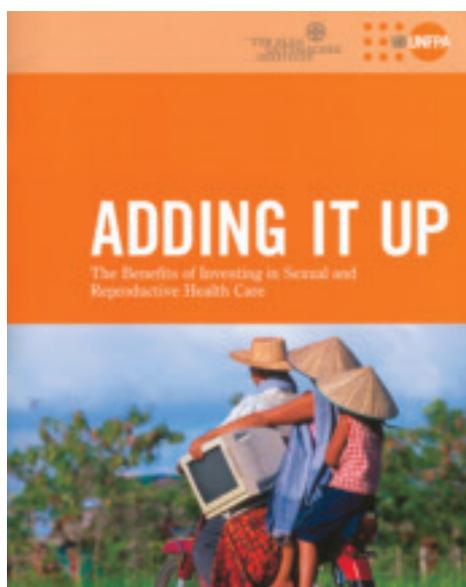
Key areas of UNFPA support are featured below in examples of action in family planning, safe motherhood, obstetric fistula, adolescent reproductive health, gender violence, commodity security and access and quality.

FAMILY PLANNING

Greater access to family planning is a sign of progress: 60 per cent of married couples in developing countries now use modern methods of contraception, compared to 10-15 per cent in 1960. Even so, more than 200 million women worldwide are still in need of access to a full range of effective, modern family planning methods to be able to space their children or limit the size of their families. More than half the women in some countries say they would have preferred to postpone or avoid their most recent birth. And more than 50 million of the 190 million women who become pregnant each year have abortions, many under unsafe conditions.

UNFPA supports voluntary family planning programmes that help couples plan the size of their families, protect the health of mothers and their children, enhance family well-being and increase men's participation in family planning and reproductive health decisions. In addition, UNFPA provides contraceptive commodities to support these programmes and to fill requests from the international donor community.

- In Nigeria, UNFPA maintained the continuous availability of at least five contraceptive methods at 540 service delivery points in 2003. In the 12 States covered by the Coun-



Adding It Up

A new report makes the case for increased funding for reproductive health services — particularly in poor countries — by illustrating the unusually broad societal and individual impact of investments in reproductive health. The Alan Guttmacher Institute and UNFPA have jointly published *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*.

Potential health benefits are tremendous, the report says. Each year current programmes providing contraceptives to the 500 million women in developing countries who do not wish to become pregnant already prevent: 187 million unintended pregnancies; 60 million unplanned births; 105 million abortions; 22 million miscarriages; 2.7 million infant deaths; 215,000 pregnancy-related deaths; and 685,000 children from losing their mothers.

try Programme, at least 80 per cent of facilities offered a combination of family planning and efforts, including HIV/AIDS counselling, to stem STIs. With special support from Canada, these efforts are being expanded to improve contraceptive logistics and the supply of other reproductive health essentials.

- UNFPA works with the military in many countries to reach men with information, education and services for family planning, HIV prevention, reduction of gender-based violence and other reproductive health concerns. A new digital document, *Enlisting the Armed Forces to Protect Reproductive Health and Rights: Lessons from Nine Countries*, offers "lessons learned" from projects in nine military organizations.

SAFE MOTHERHOOD

Saving women's lives is the most fundamental of UNFPA goals. One woman dies every minute from pregnancy-related complications, yet most of these deaths are preventable. Worldwide, the disparity in maternal health between rich and poor countries is the widest of all health indicators.

The Programme of Action of the International Conference on Population and Development (ICPD) and the Millennium Development Goals (MDGs) call for nations to significantly reduce maternal deaths by 2015. Our strategy is to provide voluntary family planning to reduce unwanted pregnancies and to ensure that all women have the assistance of a skilled health worker during pregnancy and delivery, and access to emergency medical care if complications arise.

- Access to timely emergency obstetric care for pregnant women was the focus of a three-day conference on reducing maternal mortality that was attended by 300 participants from 50 countries. The event was part of the Averting Maternal Death and Disability (AMDD) programme, a partnership of Columbia University and UNFPA along with UNICEF, CARE and Save the Children.

- Following assessments of emergency obstetric care in Nicaragua, the UNFPA/AMDD programme rehabilitated health facilities, published a book of standards and protocols, conducted training for obstetrical staff, and developed a referral system.

- A tiny health clinic in the remote rural village of Goudiry, Senegal, was expanded into a much larger and well-equipped obstetric care centre with support from UNFPA. Services include care for complicated pregnancies, antenatal check-ups, ultrasounds, contraceptive supplies, HIV prevention and information about reproductive health.

OBSTETRIC FISTULA

Obstetric fistula is a debilitating pregnancy-related condition caused by prolonged obstructed labour. The woman, often very young, suffers chronic incontinence and, in most cases, her baby dies.

UNFPA has launched a global campaign to prevent and treat fistula, and in 2003 provided targeted support to some 20 countries in sub-Saharan Africa, South Asia and the Arab region. Strategies include delaying marriage and pregnancy for young girls, increasing access to family planning, providing access to medical care for all pregnant women, ensuring emergency obstetric care (including Caesarean sections) for all who develop complications, and repairing physical damage through medical treatment with reconstructive surgery and emotional damage through counselling.

- The first report ever to map obstetric fistula in sub-Saharan Africa, published in June 2003 by UNFPA and EngenderHealth, contends that current figures on the number of women living with fistula — estimated at 2 million — are too low, since they are based on patients who seek treatment in medical facilities. In Nigeria alone, there could be as many as 1 million women living with fistula, the report says.

- UNFPA worked with the Government of Bangladesh, where an estimated 70,000 women are living with fistula, to establish a fistula centre at the Dhaka Medical College that will manage cases and train service providers in South Asia.

- The fistula repair unit at Monze Mission Hospital in Zambia has increased awareness of the condition, increased referrals and improved quality of care with support from UNFPA.

- UNFPA purchased medical equipment and supplies for Sudan's only fistula centre,



A fistula patient, after her treatment at the UNFPA-supported National Hospital in Niamey, Niger, relaxing with the children of other patients in the hospital compound.

Photo: Carrie Svingen

where eight volunteer doctors manage one operating room. Between 1994 and 2000, the centre in Khartoum treated more than 700 women suffering from fistula.

ADOLESCENT REPRODUCTIVE HEALTH

More than 1 billion people are between the ages of 10 and 19, the largest number of adolescents in history. Half of them are poor; one in four lives in extreme poverty on less than \$1 a day. In developing countries, some 82 million girls now between the ages of 10 and 17 will marry before their 18th birthday, disrupting their education, limiting their opportunities and increasing the danger of too-early childbearing.

Unmet need for family planning among adolescents is twice as high as among the adult population, despite undeniable risks: young women aged 15 to 19 are twice as likely as women in their twenties to die in childbirth, and of the 14 million teenagers who give birth each year, many face serious pregnancy-related illnesses and at least 5 million undergo unsafe abortion.

- The African Youth Alliance (AYA), with support from UNFPA and other partners, is scaling up comprehensive adolescent development programmes that include behaviour change communication activities and capacity-building of youth groups and national institutions in Botswana, Ghana, Uganda and the United Republic of Tanzania.

- The Adolescent Girls Initiative promoted policy dialogues on adolescent issues in 11 countries with governments, NGOs, community action groups and adolescents. The initiative is a joint effort of UNFPA,

UNICEF and WHO funded by the United Nations Foundation.

- The European Commission/UNFPA Initiative for Reproductive Health in Asia has worked with 19 European NGOs and more than 60 local partners to improve reproductive health in Bangladesh, Cambodia, the Lao People's Democratic Republic, Pakistan, Nepal, Sri Lanka and Viet Nam.

- A booklet to guide communications between parents and youth on sensitive matters was launched in November by UNFPA and Action Health Incorporated, a Nigerian NGO. The booklet, "Can't We Talk About It? A Self-help Guide for Talking with Your Adolescent," was produced in an effort to save adolescents' lives by helping them avoid dangers such as HIV/AIDS.

- In Angola, UNFPA supported pilot programmes on population and family life education in schools and teacher training in three provinces. Information on adolescent reproductive health, gender, STIs and HIV/AIDS was shared with students in 20 schools who later acted as peer educators.

- Meeting adolescents' reproductive health needs is an urgent priority in the global fight against poverty and HIV/AIDS, emphasized UNFPA's report *The State of World Population 2003*. Countries that invest in education and health on a priority basis will be repaid many times over in progress towards development, said the report. It featured examples of UNFPA-supported projects that combine life skills and sexuality education as well as peer counselling with access to youth-friendly services, and often offer job skills training.

GENDER VIOLENCE

Violence against women perpetuates poverty by reducing women's capacity to work outside the home, their mobility and access to information, and children's school attendance. It is also a violation of human rights. UNFPA works with partners to help minimize and provide treatment for cases of sexual violence, to provide life-saving medical supplies and assistance to pregnant women, and to halt the spread of HIV/AIDS.

- Police officers in Timor-Leste participated in training to protect victims of domestic violence and deal with offenders. UNFPA also supported a drama group engaged in community awareness-raising and worked with representatives from the Government, local communities, the church and women's groups.

- UNFPA launched a webfilm entitled "Women, War, Health" to mark the Day for the Elimination of Violence against Women, 25 November. Translated into nine languages, this three-minute clip highlights the urgent need to protect women's health in war and refugee settings.

- A new UNFPA programming guide on gender-based violence for health care providers was reviewed at a September conference in Rome following pilot tests in 10 countries. In Lebanon, the pilot project established referral resources, developed information and advocacy materials, designed monitoring tools and translated the guide into Arabic. In Romania, the project conducted training to sensitize medical staff, developed brochures and flyers, established a referral resource, and supported the creation of a national strategy on domestic violence.

- In Kenya in 2003, UNFPA supported advocacy and counselling services for rescued girls at the Waa School in Kwale and in Narok, inspiring financial support from the Ministry of Education. The services help runaway girls return to their homes without risking genital cutting or forced marriages.

- A shocking decline in the number of girls compared to boys in India during the last decade was publicized in a booklet that consolidates data on the impact of sex-selective abortion and infanticide. The booklet, *Missing: Mapping the Adverse Child Sex Ratio in*

India, was compiled in 2003 by the Office of India's Registrar-General and Census Commissioner, the Ministry of Health and Family Welfare, and UNFPA.

COMMODITY SECURITY

The severe global shortage of contraceptive services and supplies not only contributes to unintended pregnancy but is costing lives lost to pregnancy-related illness and unsafe abortion. UNFPA, the world's largest multilateral source of reproductive health commodities, works to ensure a secure supply and choice of quality contraceptives and other reproductive health commodities to meet the needs of people at the right time and in the right place.

- New software was introduced in more than 50 countries to help track stocks and shipments of contraceptives, condoms and other reproductive health commodities. Country Commodity Manager (CCM) enables users to identify potential shortages, replenish stockpiles when needed and "swap" commodities from a country with plentiful supplies to a country in urgent need.

- UNFPA and WHO issued a list of supplies to aid in the planning and management of reproductive health programmes, *Essential Drugs and Other Commodities for Reproductive Health Services*.

- Pakistan signed an agreement with UNFPA in 2003 to significantly expand the delivery of reproductive health commodities and services over the next five years. Contraceptive use is increasing in Pakistan, which has one of the highest population growth rates in the world as well as high levels of maternal mortality.

- A series of regional workshops on UNFPA's Reproductive Health Commodity Security (RHCS) strategy was completed in 2003, preparing UNFPA representatives and national government counterparts to integrate the strategy within national health programmes.

- The introduction of female condoms continued to expand in 2003, in particular for HIV prevention. UNFPA endeavored to link condom promotion with gender-sensitive initiatives to empower women with negotiation skills. Since 1999, more than 19 million female condoms



In a UNFPA poster campaign, messages aimed at preventing domestic violence, teen pregnancies and HIV infections were displayed in metro stations in Caracas, Venezuela.

Photo: Marianella Cardenas/UNFPA

have been supplied in Africa, Asia and Latin America through joint efforts with UNAIDS, WHO and the Female Health Company.

Partnerships are pivotal in promoting commodity security. In 2003, UNFPA cooperated closely with development partners including WHO, the World Bank, the International Planned Parenthood Federation (IPPF), the United States Agency for International Development (USAID), John Snow, Inc. (JSI), The Management Sciences for Health (MSH) and the Program for Appropriate Technology in Health (PATH).

ACCESS AND QUALITY

Women's empowerment, reproductive rights, gender and community mobilization are key aspects of UNFPA-supported efforts to expand access to and improve the quality of reproductive health services, especially in the poorest countries.

- The successful Stronger Voices for Reproductive Health initiative added a "lessons learned" dimension to its web site in 2003, describing quality of care issues in six countries: India, Kyrgyzstan, Mauritania, Nepal, Peru and the United Republic of Tanzania. The initiative is a partnership of UNFPA, the International Labour Organization, WHO and UNICEF that was started in 2001 with funding from the United Nations Foundation.

- In March 2003, UNFPA provided the Government of Sudan with six new four-wheel drive vehicles equipped as ambulances. The vehicles ensure access to emergency care, par-

ticularly for pregnant women in need of prompt medical attention. Maternal mortality rates in Sudan are among the highest in the world.

WORLD POPULATION DAY

"1,000,000,000 adolescents are about to enter their reproductive years," announced the poster campaign for World Population Day, 11 July 2003. The annual event, which has raised awareness about population issues for the past 14 years, emphasized the right of young people to have access to the information and services they need to enjoy healthy and productive lives.

- In Afghanistan, girls from Al Fatah High School attended a forum for World Population Day at which government leaders said that early marriage limits girls' educational prospects and threatens their health.

- Tunisia's observance of World Population Day included a conference organized by UNFPA and the National Office of Family and Population at which several partnership conventions with local NGOs were signed. The partnerships are to implement a new UNFPA-supported project in adolescent reproductive health.

- For young people in Turkmenistan, World Population Day activities included a televised quiz show and an essay contest on population issues. Media coverage featured an award for best service in reproductive health care, along with musical and sporting events that marked the Day, which was celebrated jointly by UNFPA and partners in government ministries.



HIV/AIDS PREVENTION

Protecting health and development through prevention. Making a difference with information and services for young people.

New HIV infections topped five million in 2003, bringing the number of people living with HIV/AIDS to 40 million. The epidemic escalated in all regions, spreading fastest among people made vulnerable by poverty, gender inequality and a severe lack of information and services for prevention.

UNFPA continued its leadership in HIV prevention, particularly among young people and pregnant women, and in condom programming. Partnerships multiplied the impact of our efforts, especially through the United Nations Joint Programme on HIV/AIDS, of which UNFPA is an active co-sponsor. Each action takes us closer to achieving the Millennium Development Goals and the ICPD Programme of Action, and ultimately ending this devastating epidemic.

ACTION AGAINST HIV/AIDS

HIV/AIDS remained a high priority in 2003. UNFPA established HIV/AIDS focal points in all country offices to augment the headquarters and regional HIV/AIDS teams. UNFPA Representatives participated actively as members and as chairs of each country's United Nations Theme Group on HIV/AIDS.

Prevention efforts covered many fronts, serving to build the capacities of countries and to share life-saving experience about interventions that prove prevention works.

- Because HIV/AIDS is as much a threat to development as a health issue, HIV prevention must be integrated within poverty eradication efforts, concludes a 2003 UNFPA report, *The Impact of HIV/AIDS: A Population and Development Perspective*.

- In Indonesia, UNFPA contributed to the National HIV/AIDS Strategy and supported the development of a national strategy on young people and HIV/AIDS, initiating a nationwide debate on condom programming.

- The 12th annual report, *Preventing HIV Infection, Promoting Reproductive Health: UNFPA Response 2003*, documents UNFPA action in the fight against HIV/AIDS.

For staff, UNFPA held five subregional orientation workshops during 2002-2003 (in Addis Ababa, Dakar, Harare, Kathmandu and Mexico City), using as a framework UNFPA's new HIV/AIDS training manual on issues including gender, condom programming, vulnerable populations, and prevention among young people and pregnant women. To respond to staff needs related to HIV/AIDS in the



"What's Your Excuse?" Condom Campaign

HIV/AIDS is spreading faster in Eastern Europe than it has anywhere else in the world. A new ad campaign asks, "What's Your Excuse?" with the tag line: "There is no excuse. Wear condoms." The youth-oriented campaign, launched in Belgrade in April, features ads, posters, T-shirts, television and radio commercials and condom packaging. It is supported by UNFPA and produced by Population Services International, a Washington-based social marketing organization.

Photo from "What's Your Excuse?" campaign

workplace, UNFPA and UNICEF launched the "Caring for Us" Initiative to help managers attain minimum standards for their offices with a tool kit of guidance and resources.

ADOLESCENTS AND YOUNG PEOPLE

Half of all new HIV infections, along with at least a third of the 333 million new cases of curable STIs, are among people aged 15 to 24. UNFPA works with adolescents and young people to equip them with the knowledge, skills and services they need in order to protect their reproductive health and prevent HIV infection. UNFPA is building a coordinated UN response as the designated UNAIDS convening agency on young people and HIV/AIDS.

- Six countries in Central America and the Caribbean are the focus of a three-year programme in HIV prevention supported by the OPEC Fund for International Development and UNFPA. Implementation began in 2003, reaching vulnerable young people in Belize, Costa Rica, Guatemala, Guyana, Honduras and Saint Lucia with life skills and youth-friendly, culturally sensitive information and services.

- A new manual, *Preventing HIV/AIDS among Adolescents through Integrated Communication Programming*, provides examples of effective prevention programming that integrates advocacy, behaviour change communication and educational strategies with other policy and service components.

- The Geração Biz programme in Mozambique was selected as a best practice under the World Bank initiative on education and HIV/AIDS. With support from UNFPA and Pathfinder International, the programme has trained 3,000 peer educators, established "youth corners" in 27 schools and 14 communities, developed two videos for youth and, in 2003, distributed 230,000 condoms during 50,000 client visits at 32 sites offering youth-friendly health services.

- Peer education in 27 countries of Eastern Europe and Central Asia gained unprecedented electronic support with the creation of a distance-learning network, the Youth Peer Education Electronic Resource (Y-PEER). At its core is a Web site (www.youthpeer.com) that provides subscribers with information on adolescent reproductive health as well as

training resources for peer education. Through 185 member organizations, the Y-PEER network reaches an estimated 1.3 million youth.

EDUCATION AND ADVOCACY

Most people do not know their HIV status. Too many young people are unaware of how to protect themselves from infection; some have never heard of HIV/AIDS. Information, education and advocacy can help impart the knowledge and skills to prevent infection and, in addition, help overcome the stigma and discrimination that cripple efforts for prevention, treatment and cure.

- A video-conference learning event entitled "Strengthening the Linkages Between Reproductive Health and HIV/AIDS Programmes" enabled 250 participants from around the world to share their experiences and perspectives. The June event was hosted by UNFPA, the World Bank and the U.S. Agency for International Development.

- An interactive CD-ROM produced in 2003 explains how to create radio dramas with local FM and community radio networks. It is based on materials collected from regional training workshops conducted by UNFPA and the Population Media Center (PMC) in Africa and in Asia that applied entertainment and education methods to develop culturally sensitive, research-based serials.

- The Institute of Adult Education at the University of Ghana launched a three-month distance learning certificate programme on HIV/AIDS counselling and caregiving, with UNFPA support, training 369 participants in 2003 and preparing a counselling and caregiving manual. Also in Ghana, UNFPA and EngenderHealth developed and tested a programming and training manual for HIV prevention in maternal health settings.

CONDOM PROGRAMMING

Condom programming ensures that condoms are widely available, affordable and correctly and consistently used. In 2003, UNFPA continued to respond to massive shortfalls in supply, frequent stockouts and limited resources to promote safer sexual behaviours. As the designated UNAIDS convening agency on



Global Youth Partners: New AIDS Group

Young people say that there is no time to waste when information and services can save lives now. "Some groups think we are too young to know. They should know we are too young to die," said participants at the first meeting of the new Global Youth Partners. The youth-led campaign advocating information and services for HIV prevention was founded by young people from 27 countries in September 2003 with support from UNFPA.

Participants in a Global Youth Partners workshop making a banner during a September meeting held in New York.

Photo: Omar Gharzeddine/UNFPA

condom programme, UNFPA strengthened partnerships with UN agencies and other partners to overcome challenges in this important aspect of HIV prevention.

- African Youth Alliance (AYA) programmes in youth-friendly health facilities have distributed 1.5 million condoms to sexually active young people in Botswana, Ghana, Uganda and the United Republic of Tanzania. Advocacy activities have created a more supportive environment for young people to obtain services including voluntary counselling and testing for HIV/AIDS.

- In Eritrea, UNFPA carried out an assessment of commercial sex workers with a view towards promoting 100 per cent condom use by adding the female condom to the distribution of the male condom.

GENDER AND PREVENTION

The heavy toll of HIV/AIDS on women is evident in shocking statistics: two thirds of young people living with HIV/AIDS worldwide are female; rates of infection for women and girls are two to six times higher than for men in some parts of sub-Saharan Africa; globally, half of adults living with HIV/AIDS are women. UNFPA is co-chair with the United Nations Development Fund for Women (UNIFEM) of the UNAIDS inter-agency task team on gender and HIV/AIDS.

- In 2003, a focus on partnership and collaboration forged stronger links between UNFPA, UNIFEM and other organizations.

UNFPA was an active member of the Secretary-General's task force on women, girls and HIV/AIDS in southern Africa and contributed to the development of the Global Coalition on Women and AIDS, taking a leadership role in action for HIV prevention among girls and young women.

- Bias and violence increase women's risk of HIV/AIDS, said experts at a roundtable co-hosted by UNFPA and UNIFEM during a September meeting of the United Nations General Assembly. The discussion called for legislation, funding and action to change attitudes that lead to violence against women and workplace discrimination against people with HIV/AIDS.

- "Yes for Prevention, No for Discrimination" was the slogan of this year's World AIDS Day commemoration by UNFPA in Sudan. The December event included public awareness and fund-raising campaigns and culminated in a highly publicized football match between Khartoum's two most popular teams.

- UNFPA conducted training workshops in Cambodia, Ethiopia, Ghana and Malawi to encourage health providers to integrate HIV prevention into their routine antenatal care services for pregnant women.

- In October, UNFPA joined UN partners in promoting good infant feeding practices to help reduce child mortality and HIV transmission. The agencies launched a five-step framework with guidelines to strengthen action to save lives, support mothers and ensure the well-being of children.



EMERGENCIES

Providing supplies and support in crisis situations. An immediate humanitarian response reinforced by reconstruction.

More than 50 countries have received UNFPA support in emergencies since 1994. In 2003, UNFPA provided assistance in current crisis situations and to post-conflict reconstruction programmes in 34 countries: Afghanistan, Angola, Bosnia, Burundi, Chad, Colombia, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ecuador, Ethiopia, Ghana, Guinea, Indonesia, Iran, Iraq, Jordan, Liberia, Madagascar, Malawi, Occupied Palestinian Territory, Rwanda, Sierra Leone, Somalia, Sri Lanka, Sudan, Swaziland, Syria, Timor-Leste, Turkey, United Republic of Tanzania, Zambia and Zimbabwe.

Emergency reproductive health initiatives are carried out in cooperation with partners in governments, other UN agencies and local and international NGOs.

EQUIPMENT AND SUPPLIES

In 2003, UNFPA dispatched emergency reproductive health kits valued at \$2.2 million to 30 countries and territories — a volume nearly double that of 2002, due in part to high demand preceding the conflict in Iraq and during the regional crisis in West Africa and southern Africa. Ready-to-ship kits are prepared to meet specific needs such as safe delivery, condoms to prevent HIV transmission and unwanted pregnancy, rape management, STI prevention and treatment, care after miscarriages and unsafe abortion, Caesarian section and blood transfusions.

- Fighting in Liberia contributed to maternal and infant mortality at levels not seen for decades. UNFPA provided emergency obstetric equipment, drugs and medical supplies to hospitals and clinics in and around Monrovia, many of which had been looted during heavy fighting.

- When a deadly earthquake struck Bam, Iran, in December 2003, UNFPA provided emergency funds to purchase medical equip-

ment and reproductive health supplies. UNFPA then worked with the Government and the Iran Family Planning Association to install sanitary facilities. The earthquake took the lives of more than 40,000 people, including over half of the city's health care personnel, and destroyed its three hospitals.

- UNFPA conducted a contingency planning exercise in Quito, Ecuador, to help the country office and its partners prepare an emergency response in the event of natural disasters or man-made crises.

RECONSTRUCTION

Restoring and improving reproductive health services in the aftermath of an emergency, whether natural disaster or armed conflict, requires sustained humanitarian assistance.

- A modern hospital in Kabul was rebuilt and refurbished with support from the Government of Italy and UNFPA in a poor, densely populated area with a population of 1 million. Capacity doubled at the Khair Khana Hospital, which gained a clean delivery room and



In Afghanistan, UNFPA helped rebuild this school, which offers married women classes on the grounds of the Ministry of Women's Affairs.

Photo: William A. Ryan/UNFPA



Medical supplies being unloaded at the Al-Ruwaished Hospital in eastern Jordan to aid refugees from the conflict in Iraq.

Photo: Omar Gharzeddine/UNFPA

Planning Ahead for Iraq and West Africa

Contingency planning in anticipation of the Iraq conflict was the most comprehensive ever undertaken by UNFPA. Supplies for pregnancy care and safe delivery were deployed in advance to Iran, Jordan, Syria and Turkey, with some additional supplies for the management of gender-based violence and prevention of STIs including HIV/AIDS.

In January 2003, UNFPA held an emergency preparedness workshop in Amman that produced a detailed response plan. In March, the Al-Ruwaished Hospital in eastern Jordan received a UNFPA shipment of emergency medical equipment, supplies and medications to aid refugees of the Iraqi conflict. In May, UNFPA sent much-needed supplies to the northern Iraqi city of Mosul and in June shipped many more supplies to Baghdad for distribution to health centres. Also in June, UNFPA and several partners conducted an emergency assessment of 18 hospitals and 30 primary health care centres around Baghdad providing reproductive health and family planning services.

This approach to contingency planning — from data collection to estimates of required supplies to forging new partnerships for an effective response — was undertaken in 2003 not only for Iraq but also for West Africa. The advent of crisis in Côte d'Ivoire and intensified conflict in Liberia demanded a regional response that addressed constant population movements. In May 2003, UNFPA held a workshop in Ghana with staff from offices in Burkina Faso, Côte d'Ivoire, Ghana, Liberia, Mali and Sierra Leone. This planning facilitated an efficient UNFPA response later in the year when the crisis intensified in Liberia. UNFPA also supported reproductive health interventions within humanitarian response programmes in the Southern African region for Lesotho, Malawi, Swaziland and Zambia.

an up-to-date operating theatre for Caesarean sections.

- UNFPA continued to support the Women in Crisis project in Freetown, Sierra Leone, a local woman's effort to assist some 400 women and girls whose suffering during years of brutal civil war has often led them to risk HIV/AIDS by turning to commercial sex work for survival.

- In the Democratic Republic of the Congo and in Sierra Leone, UNFPA supported HIV prevention among members of the major United Nations peacekeeping contingents as well as women, refugees and the internally displaced. Similar activities were introduced in the Republic of Congo and Ethiopia. National demobilization programmes also received UNFPA support for the reintegration of adolescent ex-combatants into community life.

- In Kosovo, Serbia and Montenegro, UNFPA developed a strategic framework for a continued response to development challenges, based on lessons learned from years of humanitarian response.

- In Burundi, UNFPA continued cooperation with Cordaid, a Dutch Catholic relief group, to improve the quality of maternity care and other reproductive health services in existing health centres by training nurses and midwives and by providing supplies.

- UNFPA supported a Rwandan project to reduce poverty and promote reproductive health in the provinces of Cyangugu, Kibuye and Umutara. The project works with young people to overcome obstacles to generating income; advocates education reform to focus on literacy, appropriate technology and entrepreneurship; and encourages young people to adopt positive reproductive health behaviours, especially HIV prevention.

DATA AND ANALYSIS

UNFPA conducted rapid reproductive health assessments and emergency and post-conflict programme evaluations in numerous countries. Data and analysis provide the foundation for planning programmes that meet people's needs.

- UNFPA developed a database of the displaced population in the Republic of Congo's Pool region for use as a baseline study for UN humanitarian programming.

- Internally displaced adolescents were the focus of an October 2003 meeting to review a set of seven country-level projects funded by the Belgian Government and implemented by UNFPA in Burundi, Colombia, the Democratic Republic of the Congo, Liberia, Occupied Palestine Territory, Rwanda and Sierra Leone. Baseline data was collected and assessed to determine the impact of forced migration on adolescents' access to reproductive health information and services.

- In Sierra Leone, UNFPA conducted a survey of knowledge, attitudes and behaviour to determine the level of awareness of HIV/AIDS among peacekeepers of the United Nations Mission in Sierra Leone (UNAMSIL).

TRAINING AND EDUCATION

UNFPA supports counselling, education and training activities that help vulnerable populations gain access to services they need to protect themselves from unwanted pregnancy, gender violence, HIV/AIDS and other STIs.

- In 2003, UNFPA supported training on a reproductive health response to emergencies in partnership with the Women's Commission for Refugee Women and Children, the International Refugee Committee (IRC) and Columbia University.

- Counselling for newly arrived refugees in Meheba, northwest Zambia, is one aspect of the reproductive health services provided by the Young Men's Christian Association (YMCA), with support from UNFPA since 1999. Meheba is home to more than 50,000 refugees, mainly from Angola and the Democratic Republic of the Congo, with smaller numbers coming from Rwanda, Burundi and other countries in the region.

- To build capacity within UNFPA, staff attended workshops in New York in two key areas: sexual and gender-based violence in emergency settings, and how to implement the Minimum Initial Service Package (MISP) in the initial phase of a crisis. The MISP is a set of objectives and activities for achieving certain minimum requirements in an emergency situation.

ADVOCACY AND AWARENESS-RAISING

In addition to direct assistance, UNFPA ensures that issues of reproductive health, gender and population are included in the humanitarian and rehabilitation-oriented efforts of the international community, local authorities and civil society.

- In October 2003, UNFPA and WHO co-sponsored a meeting of the Inter-Agency Working Group on Reproductive Health in Emergency Situations (IAWG), which includes 50 humanitarian partners from UN agencies, NGOs and academic institutions.

- In 2003, UNFPA introduced "Frontlines: News from the Field," an electronic newsletter highlighting humanitarian responses.



POVERTY, POPULATION AND DEVELOPMENT

Reproductive health services and population strategies help the world achieve development goals. It's about human rights and individual well-being.

Population size, growth and distribution are closely linked to prospects for economic and social development. Actions in one area reinforce actions in the other. This is the broad view of population articulated at the ICPD and advanced by UNFPA. So interwoven are the issues of population and poverty, and their impact on sustainable development, that UNFPA's work is tied to every one of the eight Millennium Development Goals, which are the most recent global plan for a better future.

In 2003, UNFPA supported a wide variety of activities in very specific areas — sending emergency supplies to a country in crisis, training peer educators to prevent HIV/AIDS, counting households in a census — yet each example had its place in a much bigger picture. Our support for reproductive health and rights is about human rights and individual well-being.

As UNFPA works to ensure universal access to reproductive health, we also endeavour to make clear the links between population and development. This is done through advocacy and awareness-raising, and also through support to national planning around population issues such as rapid growth, internal migration, urbanization, ageing and environmental protection. One area of activity, data collection, is particularly important because it provides the information that countries need in order to plan strategies that respond to the dynamic forces of population change. In so many countries, we see how poverty perpetuates poor health, gender inequality and rapid population growth; the links between poverty reduction and population programmes have never been clearer.

MILLENNIUM DEVELOPMENT GOALS

UNFPA squarely addresses the reproductive issues that will determine success or failure in achieving the MDGs, agreed to by all United Nations Member States. UNFPA does so by implementing the ICPD Programme of Action. The MDGs set targets to eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and develop a global partnership for development.

- National reporting on the MDGs in 2003 was carried out with assistance from almost two thirds of UNFPA country offices, drawing attention to the critical role of population and reproductive health in human development.

- Charts, graphs and maps illustrate key population issues in the UNFPA publication,

Achieving the Millennium Development Goals: Population and Reproductive Health as Critical Determinants. Starting with an overview of global population, it takes a goal-by-goal look at related population challenges.

UNFPA welcomed numerous declarations of support for the ICPD Programme of Action and recognition of its essential role in achieving the MDGs, issued as part of preparations for the tenth anniversary of the ICPD in 2004. Strong commitment was affirmed by 20 Caribbean countries and territories in a November meeting to assess progress towards achieving the ICPD goals. The Tunis Declaration, agreed to by the Fourth African Population Conference, also pledged support for the ICPD Programme of Action. The UNFPA-supported meeting recognized population programmes as indispensable to poverty reduction and economic development in Africa and fundamental to the attainment of the MDGs. Arab legislators at the Fourth Arab Parliamentary Forum on Population

and Development urged their governments to honour commitments to the ICPD Programme of Action, agreeing in the Rabat Declaration that the lack of funds for population and reproductive health programmes is widening the gap between rich and poor countries and increasing maternal deaths and HIV/AIDS infections.

DATA AND POPULATION STRATEGIES

Accurate data supports effective planning. UNFPA helps countries track and analyse changes in population structure, distribution and size. Gender-sensitive data can link population with other development concerns, helping to inform policy decisions affecting sustainable development and poverty alleviation. UNFPA promotes a common set of gender-sensitive population-based indicators for use in reports on the Millennium Development Goals and in the United Nations common country assessments (CCAs) and, through these instruments, in poverty reduction strategy papers.

- Population data from 171 countries and territories is featured in a UNFPA publication that collects, for the first time, demographic, social and economic indicators describing each country's population and reproductive health strategies, policies and progress. The online publication is entitled *Country Profiles for Population and Reproductive Health: Policy Development and Indicators 2003*.

- UNFPA granted its entire printed library collection — some 5,000 books and 200 journals, periodicals and newsletter — to the

Institute of Development Research at the Addis Ababa University for use in graduate-level research and teaching.

- Capacity to track the global flow of resources for HIV/AIDS activities was expanded through a joint initiative of UNFPA, the Netherlands Interdisciplinary Demographic Institute (NIDI) and the Joint United Nations Programme on HIV/AIDS (UNAIDS).

- In 2003, UNFPA distributed new software on CD-ROM to help countries share knowledge that advances development. The portable Knowledge Asset Development System (pKADS) collects, distills and synthesizes lessons learned in a way that will improve results and inform policy and development strategies. It was developed by UNFPA and University College Cork with funding from the Government of Ireland.

CENSUS DATA FOR PLANNING

UNFPA works with global partners to raise awareness of the importance of data collection in programme planning and provides technical and financial assistance to countries.

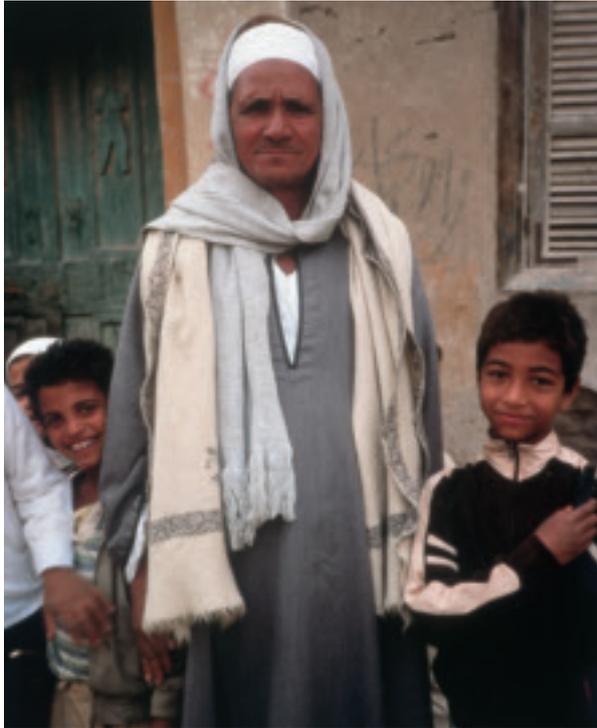
- Massive human displacement in Afghanistan is one result of decades of war, ethnic conflict and drought. In January 2003, UNFPA initiated fieldwork for the first stage of a census under the direction of the Afghan Central Statistical Office. By year's end, households had been counted in 17 of the 32 provinces. The population data will aid logistical planning for upcoming elections and inform development strategies.



Poster Contest Winner

A boy on the verge of manhood considers the reproductive health issues illustrated on a wall mural. The poster by Santi Niumkam of Thailand, who won first place in the age group 16-19, took grand prize in the international poster contest that has been sponsored by UNFPA every year since 1992. Young artists from more than 140 countries submitted artwork in 2003 on the theme of adolescent reproductive health.

Photo: UNFPA



A father and his two sons from Egypt, where UNFPA teamed up with the Population Council to examine the linkages between population and poverty.

Photo: Hanley/United Nations

- People on the move continue to need reproductive health care, and are often at greater risk of HIV/AIDS. UNFPA strengthened the capacity of countries to formulate migration policies, working through the International Migration Policy Programme with partners including the United Nations Institute for Training and Research, the International Labour Organization and the International Organization for Migration.

- UNFPA helped organize the International Expert Group Seminar on Population Census Data Dissemination and Use, which was held in South Africa and attended by experts from 40 countries, primarily from Africa, along with representatives of specialized agencies and donor countries.

- In Cambodia, UNFPA continued to support preparations for the Inter-censal Population Survey, assisting with training of trainers, recruitment, testing and finalizing the questionnaire, and mobilizing resources.

SUSTAINABLE DEVELOPMENT

Links between population and poverty alleviation were spelled out in a new UNFPA framework completed in 2003 that will guide future efforts to mainstream population issues and reproductive health within the national poverty

reduction strategies of the poorest countries.

- UNFPA assisted the Government of Pakistan in estimating the costs of the population and development strategy in its national poverty reduction strategy paper.

- In Bangladesh, UNFPA organized a high-level policy dialogue on the Pro-poor Health Strategy, working with the Government and the World Bank to find ways to address the country's widening inequities, which were tied to challenges in rural health care delivery, human resource constraints, management and governance issues and high levels of population growth.

- Investments in reproductive health, including family planning, can help slow population growth and reduce water insecurity, according to a 2003 UNFPA report, *Global Population and Water*, prepared for the Third World Water Forum in Kyoto, Japan.

- UNFPA continued to work with the International Union for the Scientific Study of Population on policy research pertaining to population and poverty, and with the Population Council in an examination of micro-level linkages between population and poverty in Bangladesh and in Egypt.



PARTNERSHIPS AND FUND-RAISING

Welcoming strong support for the ICPD and the work of UNFPA. Partnerships are a priority in every country, in every endeavour.

Developing a global partnership for development continued to be a priority for UNFPA in 2003, a year during which many partners expressed their confidence in the Fund and their strong support for our activities. UNFPA welcomed contributions from 149 countries this year, a record number.

The approaching tenth anniversary of the 1994 ICPD Programme of Action inspired governments around the world to affirm their commitment to women's rights and universal access to reproductive health, recognizing their importance in achieving poverty reduction and other Millennium Development Goals. UNFPA strengthened partnerships with governments, NGOs, UN agencies, the private sector and individuals. Partners also included parliamentarians, foundations, universities, media organizations, international financial institutions, donors and multilateral and bilateral organizations.

GOVERNMENTS

The largest contribution in 2003, \$70 million in regular and earmarked contributions, came from the Netherlands Government.

The European Union signed an agreement with UNFPA for 22 million euros to improve reproductive health among youth in seven Asian countries, helping young people to avoid HIV/AIDS and teenage pregnancy. UNFPA also launched an e-mail newsletter for parliamentarians, *Global Population Policy Update*, which provides updates on policy and funding decisions taken by governments and parliamentarians around the world.

The governments of 136 countries, areas and territories invited UNFPA assistance in 2003, implementing programmes in sexual and reproductive health, including family planning, and planning population and development strategies. In 2003, UNFPA continued its collaboration with the New Partnership for Africa's

Development and promoted South-South cooperation through the exchange of best practices.

NGOS

NGO advocacy activities received financial, technical and logistical support for activities that raise awareness of population issues and generate political will and financial contributions. UNFPA expanded outreach through networks such as EuroNGOs, a regional group from European donor countries that advocates reproductive health and rights. Many NGO activities in 2003 were in preparation for the tenth anniversary of the ICPD.

Rotary International and UNFPA renewed their commitment, formalized in 2002, to address local population and development needs through Rotary clubs worldwide.

The number of HIV/AIDS initiatives with both national and international NGOs



Population Award Winners

Godwin Mzenge (left), executive director of the Family Planning Association of Kenya, receiving the 2003 United Nations Population Award from Nane Annan, wife of United Nations Secretary-General Kofi A. Annan. Mzenge accepted the institutional award on behalf of his organization, which was recognized for its pioneering work in the family planning movement with a focus on human rights and the empowerment of young people. The individual award went to Werner Fornos, president of the Population Institute, based in the United States. The award is given each year in recognition of outstanding contributions to increasing the awareness of population problems and to their solutions.

Photo: Ephrem Cruz/UNFPA

increased in 2003. In Latin America and the Caribbean, partnerships expanded in eight countries to support institutional capacities and improve quality of care in reproductive health, including family planning and HIV prevention.

UNITED NATIONS AGENCIES

HIV/AIDS was the focus of extensive cooperation with other UN agencies in 2003. UNFPA worked with the Pan American Health Organization (PAHO) and UNICEF to craft an advocacy strategy reflecting a unified United Nations voice. With UNICEF and the United Nations Educational, Scientific and Cultural Organization, UNFPA ensured that HIV prevention among young people received attention at the first Economic Community of West African States Youth Forum held in Abuja in August. The United Nations Development Programme (UNDP) and UNICEF agreed on memoranda of understanding with UNFPA for the procurement of reproductive health commodities. UNFPA also partnered with WHO, the UNAIDS Secretariat and Family Health International in updating procurement specifications for the male latex condom. With UNIFEM, UNFPA continued to co-chair the inter-agency task team on gender and AIDS. In addition, UNFPA worked with UNIFEM, the UNAIDS Secretariat, EngenderHealth and others to address the challenges faced by women and girls, particularly in reproductive health. In September, UNFPA and UNIFEM brought these challenges to the attention of members of the UN General Assembly during a high-level roundtable.

Cooperation also continued in key areas such as ageing, migration and poverty. UNFPA

was a member of the Inter-Institutional Group on Ageing, which also includes the Economic Commission for Latin America and the Caribbean, PAHO, WHO, the Inter-American Development Bank, the World Bank and the United Nations Department for Economic and Social Affairs. UNFPA supported policy formulation at seminars for government officials conducted by the International Migration Policy Programme, with partners including the United Nations Institute for Training and Research, the International Labour Organization and the International Organization for Migration. In collaboration with the World Bank Institute, UNFPA organized a training course in Turin, Italy, on poverty reduction, health reform and reproductive health.

UNFPA, UNDP, UNICEF and WFP agreed to harmonize programme approval and adopt a number of tools to facilitate programming as part of the Secretary-General's reform agenda to simplify programmes and operations. UNFPA chaired the group tasked to review the former guidance note on joint programming among UN agencies.

FOUNDATIONS

The United Nations Foundation (UNF), established by U.S. business leader Ted Turner, continued to fund an 11-country initiative on the development and participation rights of adolescent girls, carried out by UNFPA, UNICEF and WHO. UNF also provided a partnership grant for Microcredit, Youth and Reproductive Health that will enable UNFPA and the Microcredit Summit to identify those most in need and to include reproductive health in their training. The UNF also funded UNFPA's leadership of an innovative project for



Swiss adventurer Dr. Bertrand Piccard (left), Belgian media personality Goedele Liekens (centre) and American actress Linda Gray at the 34 Million Friends of UNFPA gala held in Brussels.

*Photo: Veldeman Photo Brussels/
Courtesy of Face to Face International*

adolescent girls in Bangladesh, Ethiopia and India that promotes socioeconomic improvement as an alternative to early marriage.

Together with the Hewlett Foundation, UNF provided funding for UNFPA's advocacy work, with an emphasis on regional offices in Japan and Europe and on IPPF and other NGOs. The project Stronger Voices, which mobilizes communities to demand quality services, received additional support to expanded activities in several countries; in Peru, the United Kingdom provided matching funds channelled through UNF. UNF also funded the Southern Africa Youth Initiative for UNFPA activities to prevent HIV/AIDS among young people in Angola, Lesotho and Swaziland. UNF also provided a new grant to UNFPA and the government of Chiapas State in Mexico to address population, environment and socioeconomic development.

The Bill & Melinda Gates Foundation and the Government of Finland provided major support for UNFPA's Global Campaign to End Fistula, which is raising awareness, assessing needs, and expanding services for prevention and treatment.

ACADEMIC COLLABORATION

Columbia University and UNFPA carried out the fourth year of the project Making Safe Motherhood a Reality, providing technical and financial support to India, Morocco, Mozambique and Nicaragua. Activities in 2003 emphasized quality of care, training for medical staff in emergency obstetric care and the revision of data collection to improve monitoring and evaluation and coordinate with national health systems. Also with Columbia University, UNFPA provided support to the International Programme for Policy Development and Capacity Building in Population Ageing in Developing Countries.

CELEBRITIES FOR UNFPA

UNFPA Goodwill Ambassadors **Linda Gray**, an American actress, and **Goedele Liekens**, a Belgian TV personality, celebrated the grass-roots fund-raising campaign "34 Million Friends of UNFPA" at a gala event in Brussels, Belgium. The campaign has raised almost 2 million dollars.

Awards were received in 2003 by several UNFPA Goodwill Ambassadors. **Alfred Biolek** received the Federal Cross of Merit of the Federal Republic of Germany; **Mpule Kwelagobe**, Miss Universe 1999, was selected by the World Economic Forum as a "Global Leader for Tomorrow" for 2003; and best-selling author **Hanne-Vibeke Holst** received the Søren Gyldendal Award from Denmark's largest publisher.

In television, **Kari Jaquesson**, a fitness expert and TV personality, received major media coverage in Norway for her work with Face to Face International and UNFPA Nicaragua on a youth development programme. The Finnish Family Planning Association Vaestoliitto completed a teacher's guide to accompany a 10-part television series about women in the developing world produced by singer-songwriter **Mikko Kuustonen**.

In film, two documentaries were initiated. **Kattis Ahlstrom**, a Swedish TV presenter, began production of a documentary about the work carried out in India by the Swedish Family Planning Association (RSFU). Round-the-world balloonist **Dr. Bertrand Piccard** travelled to India to help produce a documentary for use in population assistance advocacy work in Switzerland. Actress **Elsa Zylberstein** engaged three French celebrities in awareness-building and fund-raising activities during the 18th Paris Film Festival.

In media conferences and other advocacy activities, UNFPA Goodwill Ambassadors raised awareness of population issues. Italian actress **Nancy Brilli** helped the women's rights NGO AIDOS promote their media campaign on safe motherhood. Spanish singer **Ismael Serrano** joined with FPFE, the Spanish Family Planning Association, in a press conference to urge Spain to fulfil its overseas development assistance commitments, and Portuguese actress **Catarina Furtado** wrote a letter to the Prime Minister of Portugal calling on him to do the same. **Wendy Fitzwilliam**, a lawyer and Miss Universe 1998, appealed to Caribbean media, leaders and parents to creatively market responsible behaviour to young people, and to launch a media campaign against ignorance and stigma related to HIV/AIDS.

RESOURCES AND MANAGEMENT

Where UNFPA Works

MEXICO CITY

DAKAR

UNFPA AT A GLANCE: 2003

UNFPA worked in 136 countries, areas and territories through its headquarters in New York and its regional and field offices worldwide. UNFPA also has offices in Brussels, Copenhagen, Geneva, Tokyo and Washington D.C.

Country Offices: 112

Country Technical Services Teams: 9

Posts worldwide: 972

Posts located in the field: 76 per cent



GROUP A

Countries in most need of assistance to realize ICPD goals

AFRICA

Angola
Benin
Burkina Faso
Burundi
Cameroon
Cape Verde

Central African Republic
Chad
Comoros
Congo
Congo, Democratic Republic of the
Côte d'Ivoire

Equatorial Guinea
Eritrea
Ethiopia
Gambia
Ghana
Guinea
Guinea-Bissau

Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania

Mozambique
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Sierra Leone



GROUP B

Countries that have made considerable progress towards achieving ICPD goals

AFRICA

Botswana
Gabon
Namibia

South Africa
Swaziland

ARAB STATES/EUROPE

Algeria
Egypt
Iraq

Morocco
Syrian Arab Republic

ASIA/PACIFIC

Indonesia
Mongolia
Philippines



GROUP C

Countries that have demonstrated significant progress in achieving ICPD goals

AFRICA

Mauritius

ARAB STATES/EUROPE

Jordan
Lebanon
Tunisia

Turkey

ASIA/PACIFIC

China
Fiji
Iran (Islamic Republic of)

Korea, Democratic People's Republic of
Malaysia
Pacific Multi Islands



GROUP D

Other countries and territories

AFRICA

Seychelles

ARAB STATES/EUROPE

Oman
Saudi Arabia

ASIA/PACIFIC

Micronesia
(Federated States of)

LATIN AMERICA/ CARIBBEAN

Argentina

Brazil
English-Speaking Caribbean
Uruguay



GROUP E

Countries with economies in transition

ARAB STATES/EUROPE AND CENTRAL ASIA

Albania
Armenia

Azerbaijan
Belarus
Bosnia and Herzegovina
Bulgaria

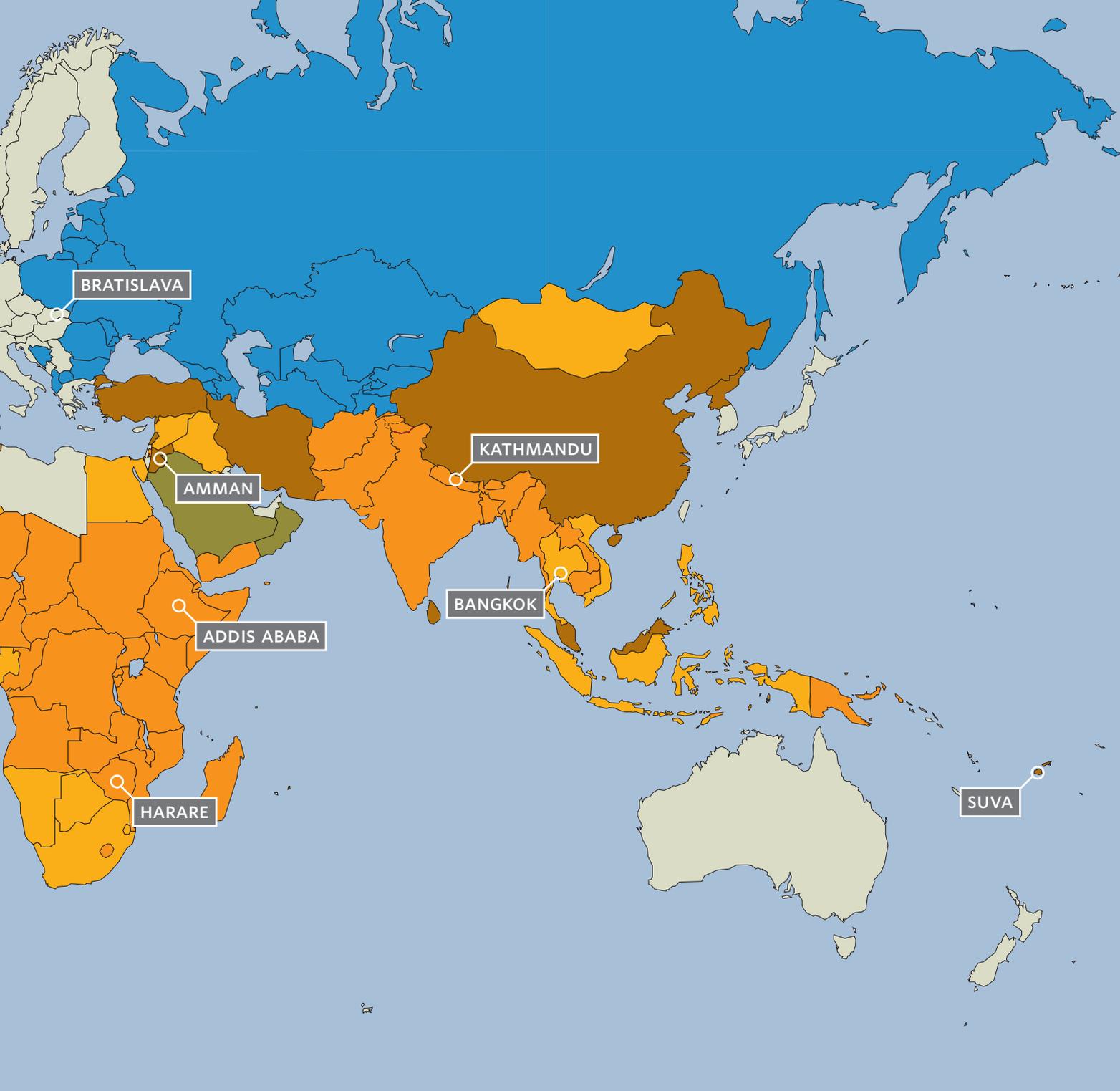
Commonwealth of Independent States
Estonia
Georgia

Kazakhstan
Kosovo
Kyrgyzstan
Latvia

Lithuania
Moldova
Poland
Romania



COUNTRY TECHNICAL SERVICES TEAMS (CSTs)



Tanzania, United Republic of
Togo
Uganda
Zambia
Zimbabwe

ARAB STATES/EUROPE
Djibouti
Occupied Palestinian Territory
Somalia
Sudan
Yemen

ASIA/PACIFIC
Afghanistan
Bangladesh
Bhutan
Cambodia
India
Lao People's Democratic Rep.

Maldives
Myanmar
Nepal
Pakistan
Papua New Guinea
Samoa
Timor-Leste

**LATIN AMERICA/
CARIBBEAN**
Haiti
Honduras

Thailand
Viet Nam

**LATIN AMERICA/
CARIBBEAN**
Belize
Bolivia

Ecuador
El Salvador
Guatemala
Guyana

Mexico
Nicaragua
Paraguay
Peru

Saint Lucia
Venezuela

Sri Lanka

**LATIN AMERICA/
CARIBBEAN**
Chile
Colombia

Costa Rica
Cuba
Dominican Republic
Jamaica

Panama
Suriname
Trinidad and Tobago

Russian Federation
Tajikistan
Turkmenistan
Ukraine

Uzbekistan

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

A record number of donors contributed to UNFPA in 2003, reaching 149 countries plus the Mars Trust and 34 Million Friends, compared to 69 countries in 1999. All contributions are voluntary and more than ever are from programme countries, particularly in Africa, demonstrating the strength of UNFPA support. Our programmes are supported by governments and intergovernmental organizations, in addition to private sector groups and individuals. UNFPA is the world's largest internationally funded source of population assistance, directly managing one quarter of the world's population assistance to developing countries.

INCOME

Total regular and other income in 2003 was \$397.9 million, compared to \$373.1 million for 2002.

Regular income in 2003 totalled \$292.3 million, an increase of 12.4 per cent compared to the 2002 income of \$260.1 million. This includes \$288.5 million in voluntary contributions from donor governments and private contributions from the Mars Trust and the 34 Million Friends campaign, \$2.6 million in interest income, and other income of \$1.2 million. Regular resources are at the core of our work, steadily supporting UNFPA country programmes in developing countries, primarily through governmental pledges. They also are used for programme support and management and administration of the organization.

Other contributions in 2003 totalled \$105.6 million, a decrease of 6.5 per cent compared to \$113.0 million in 2002.

The 2003 figure includes interest and other income of \$2.0 million. Income from other resources includes trust funds, cost-sharing programme arrangements and other restricted funds.

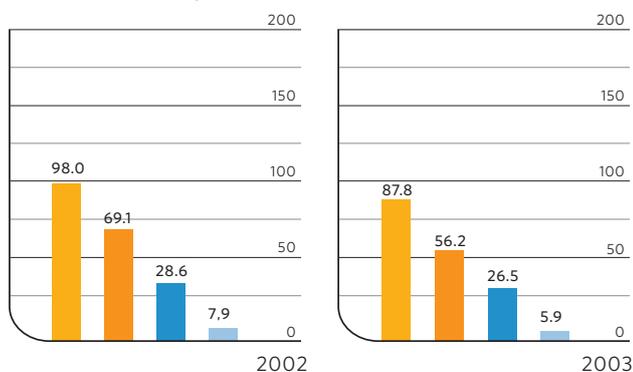
EXPENDITURES

Project expenditures (regular resources) in 2003 totalled \$176.4 million, as compared to \$203.6 million in 2002. The 2003 figure includes \$140.5 million for country programmes, compared to \$172.5 million in 2002; and \$35.9 million for intercountry (regional and interregional) programmes, compared to \$31.1 million for 2002. Technical support services amounted to \$13.9 million, and administrative and operational services (AOS) costs totalled \$5.0 million.

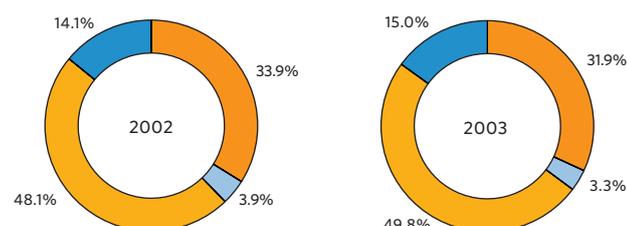
Of the total expenditures, UNFPA provided \$108.4 million in assistance for reproductive health and family planning; \$34.8 million for population and development strate-

UNFPA ASSISTANCE BY EXECUTING AGENCY

IN MILLIONS OF US\$



BY PERCENTAGE

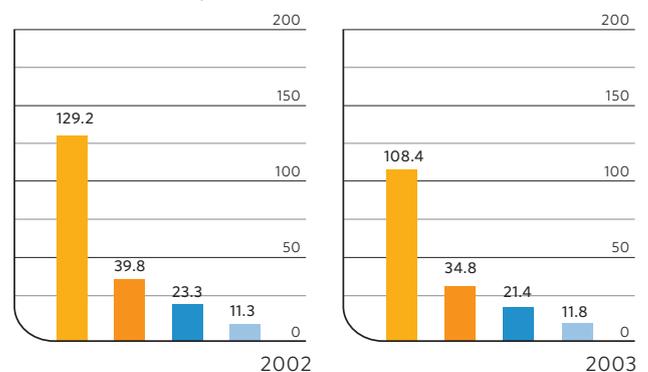


■ Government-executed Projects ■ UNFPA*
■ United Nations Agencies ■ Non-governmental Organizations

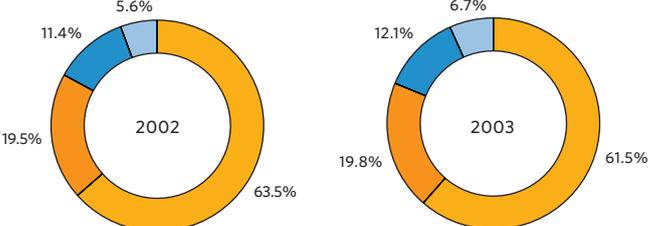
* Includes assistance to procurement for government projects of \$19.5 million (2002, \$37.9 million).

UNFPA ASSISTANCE BY MAJOR FUNCTION

IN MILLIONS OF US\$



BY PERCENTAGE



■ Reproductive Health/Family Planning ■ Advocacy
■ Population & Development Strategies ■ Multisector

gies; \$21.4 million for advocacy; and \$11.8 million for multi-sector assistance. These expenditures were authorized by the Executive Director to carry out recommendations approved by the Executive Board for programme assistance.

REGIONAL SPENDING

In 2003, UNFPA provided support to 136 developing countries, areas and territories and countries with economies in transition: 45 in sub-Saharan Africa, 38 in the Arab States and Eastern Europe, 27 in Latin America and the Caribbean, and 26 in Asia and the Pacific. The region of sub-Saharan Africa received the largest percentage of UNFPA assistance at \$63.5 million, followed by Asia and the Pacific at \$53.3 million, the Arab States and Europe at \$23.0 million and Latin America and the Caribbean at \$13.5 million. Inter-regional and global assistance amounted to \$23.2 million.

HUMAN RESOURCES

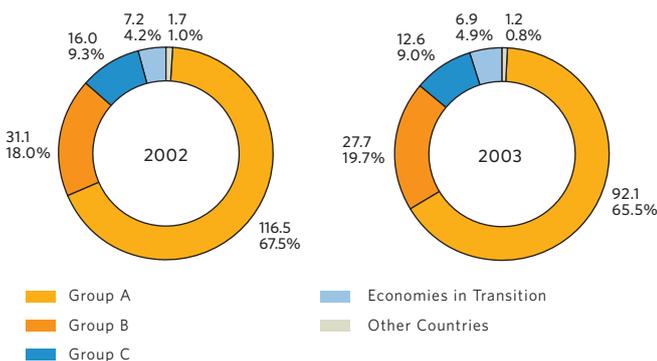
Worldwide, UNFPA has 972 staff in authorized budget posts, and nearly half of the professional staff members are women. In 2003, staff members participated in a number of training and learning activities.

Nine multidisciplinary teams of expert advisers provided specialized technical support at the regional and country level. These Country Technical Services Teams (CSTs) are located in Addis Ababa, Amman, Bangkok, Bratislava, Dakar, Harare, Kathmandu, Mexico City and Suva. The advisers specialize in reproductive health, HIV/AIDS, logistics and management of reproductive health commodities, gender, advocacy and other technical disciplines.

To implement the new human resources strategy, in 2003 UNFPA developed an organizational competency framework and implemented the country office typology, which defined staffing levels according to country programming needs. UNFPA also implemented many training activities, including an orientation workshop for Junior Professional Officers, an e-learning course on UN basic security in the field and training workshops on a system for resource planning.

EXPENDITURES BY COUNTRY GROUP*

IN MILLIONS OF US\$ AND AS A PERCENTAGE OF TOTAL



* Please refer to the map on pages 24-25 for Group Listings.

TRANSITION

UNFPA consolidated and built upon the change and realignment processes set into motion by an 18-month transition exercise that ended in December 2002. The transition exercise enhanced organizational effectiveness and the Fund's capacity for results-based management — changes that will serve to advance the Millennium Development Goals along with the ICPD Programme of Action.

Throughout 2003, UNFPA took steps to incorporate results-oriented approaches to human resources management, knowledge sharing, learning and training, and financial management. This effort included the development of planning tools and guidelines, staff training and renewed emphasis on systematic monitoring, evaluation and results-based reporting. UNFPA also prepared for the January 2004 launch of the Enterprise Resource Planning (ERP) system, named ATLAS, which is expected to increase organizational efficiency and effectiveness and enhance the Fund's ability to link resources to results.

UNFPA implemented 91 three-day training workshops to orient all staff members on the changes brought about by the transition exercise and the opportunities and responsibilities that resulted from it. The training significantly increased understanding of the transition and the Fund's strategic direction.

UNFPA INCOME AND EXPENDITURE 2003

IN MILLIONS OF US\$

INCOME

REGULAR RESOURCES	
Voluntary Contributions	288.5
Interest Income	2.6
Other Income	1.2
Total Regular Income	292.3
OTHER RESOURCES	
Trust Funds	62.1
Cost-sharing Programme Arrangements	27.8
Other Arrangements	13.7
Interest and Other Income	2.0
Total Other Resources Income	105.6
TOTAL INCOME	397.9

EXPENDITURE

REGULAR RESOURCES	
Project Expenditures	176.4
Technical Support Services	13.9
Administrative and Operational Support Services	5.0
Total Programme Expenditure	195.3
Total Other Expenditure, Including BSB *	75.5
Total Regular Expenditure	270.8
OTHER RESOURCES	
Project Expenditures	106.6
Technical Support Services	-
Administrative and Operational Support Services	1.7
Total Programme Expenditure	108.3
Total Other Expenditure	0.9
Total Other Resources Expenditure	109.2
TOTAL EXPENDITURE	380.0
INCOME OVER EXPENDITURE	17.9

* Biennial support budget

TOP 20 DONORS TO UNFPA IN 2003*

CONTRIBUTIONS IN US\$

DONOR	REGULAR FUNDS ¹ CONTRIBUTIONS	OTHER FUNDS ² CONTRIBUTIONS	TOTAL CONTRIBUTIONS
Netherlands	67,581,498	2,516,650	70,098,148
Japan	39,517,000	1,000,000	40,517,000
Norway	32,951,289	5,868,631	38,819,920
United Kingdom	30,221,465	7,529,028	37,750,493
Denmark	25,395,764	1,489,672	26,885,436
Sweden	23,998,702	2,824,542	26,823,244
Germany	16,037,871	1,928,508	17,966,379
Finland	13,940,226	2,406,874	16,347,100
Switzerland	9,259,258	359,712	9,618,970
Canada	9,027,356	2,441,462	11,468,818
Belgium	4,177,878	3,247,026	7,424,904
Ireland	2,727,175	—	2,727,175
Italy	2,628,571	347,828	2,976,399
France	1,436,985	—	1,436,985
Australia	1,376,543	84,516	1,461,059
New Zealand	1,003,320	424,322	1,427,642
Mars Trust	900,000	—	900,000
China	820,000	—	820,000
Luxembourg	782,885	1,742,909	2,525,794
Spain	632,839	—	632,839

* Contributions valued in US\$ at the time they were received using the United Nations Operational Rate of Exchange (arranged by descending order of regular resources).

¹ Contribution payments received in 2003.

² Payments received for other resources on trust funds and cost-sharing programme arrangements.

UNFPA EXPENDITURES FOR 2002 & 2003 BY REGION

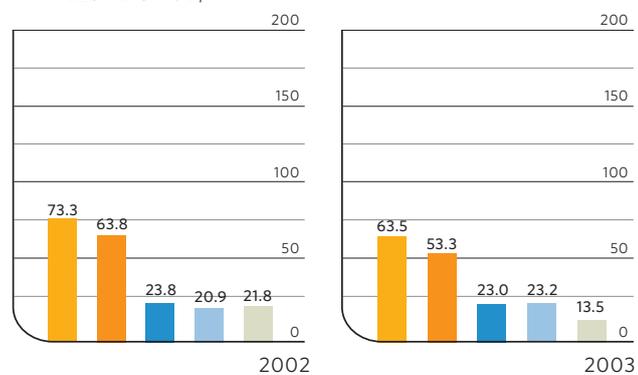
(PROVISIONAL FIGURES*)

REGION	IN MILLIONS US\$		% OF TOTAL PROG.	
	2002	2003	2002	2003
AFRICA (SUB-SAHARAN)				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	43.4	38.3	59.3	60.4
Population and Development Strategies	20.4	16.4	27.8	25.8
Advocacy	5.4	3.7	7.3	5.8
Multisector	4.1	5.1	5.6	8.0
Total	73.3	63.5	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	65.8	55.9	94.8	96.1
Group B	3.4	2.1	4.9	3.7
Group C	0.2	0.1	0.2	0.1
Other Countries	-	-	0.1	0.1
Total Country Activities	69.4	58.2	100.0	100.0
Country Activities	69.4	58.2	94.7	91.6
Regional Activities	3.9	5.3	5.3	8.4
Total Region	73.3	63.5	100.0	100.0
ARAB STATES & EUROPE				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	17.3	16.4	72.5	71.4
Population and Development Strategies	4.1	4.1	17.2	17.7
Advocacy	1.1	1.3	4.8	5.9
Multisector	1.3	1.2	5.5	5.0
Total	23.8	23.0	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	6.1	5.0	27.6	25.2
Group B	6.8	6.1	30.6	30.7
Group C	2.0	1.8	8.9	9.3
Economies in Transition	7.2	6.9	32.8	34.9
Other Countries	-	-	0.1	-0.1
Total Country Activities	22.1	19.8	100.0	100.0
Country Activities	22.1	19.8	92.9	86.3
Regional Activities	1.7	3.2	7.1	13.7
Total Region	23.8	23.0	100.0	100.0
ASIA AND THE PACIFIC				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	48.2	38.3	75.5	71.8
Population and Development Strategies	7.6	7.1	11.9	13.3
Advocacy	5.5	5.6	8.7	10.6
Multisector	2.5	2.3	3.9	4.3
Total	63.8	53.3	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	40.4	30.0	65.7	59.0
Group B	10.6	12.4	17.3	24.3
Group C	10.1	8.5	16.5	16.6
Other Countries	0.3	-	0.5	-
Total Country Activities	61.4	50.9	100.0	99.9
Country Activities	61.4	50.9	96.2	95.4
Regional Activities	2.4	2.4	3.8	4.6
Total Region	63.8	53.3	100.0	100.0
LATIN AMERICA AND THE CARIBBEAN				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	12.2	7.4	56.0	54.8
Population and Development Strategies	5.0	3.9	22.7	28.6
Advocacy	1.6	1.2	7.5	8.7
Multisector	3.0	1.1	13.8	8.0
Total	21.8	13.5	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
Group A	4.3	1.2	21.9	10.1
Group B	10.3	7.1	52.7	60.9
Group C	3.7	2.2	18.9	19.3
Other Countries	1.3	1.1	6.5	9.6
Total Country Activities	19.6	11.6	100.0	100.0
Country Activities	19.6	11.6	89.9	86.4
Regional Activities	2.2	1.8	10.1	13.6
Total Region	21.8	13.5	100.0	100.0
INTERREGIONAL AND GLOBAL				
BY MAJOR SECTOR				
Reproductive Health/Family Planning	8.1	8.0	38.9	34.5
Population and Development Strategies	2.7	3.5	13.1	15.0
Advocacy	9.7	9.6	46.3	41.3
Multisector	0.4	2.1	1.7	9.3
Total Interregional and Global	20.9	23.2	100.0	100.0

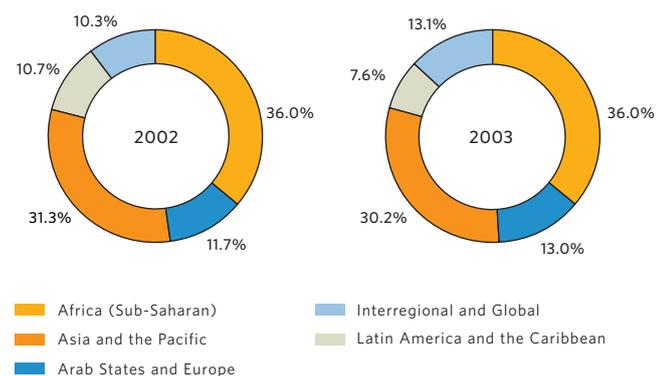
* Totals may not add up to 100 per cent due to rounding.

UNFPA ASSISTANCE BY GEOGRAPHICAL REGION

IN MILLIONS OF US\$



BY PERCENTAGE



DONOR PLEDGES AND PAYMENTS FOR 2003

CONTRIBUTIONS IN US\$

GOVERNMENT/DONOR	PLEDGES FOR CURRENT YEAR ¹	PAYMENT RECEIVED ²	GOVERNMENT/DONOR	PLEDGES FOR CURRENT YEAR ¹	PAYMENT RECEIVED ²
Afghanistan	100	100	Madagascar	2,008	4,558
Albania	200	—	Malawi	3,000	—
Algeria	10,000	10,000	Malaysia	15,000	15,000
Andorra	11,952	11,952	Maldives	3,000	3,000
Angola	1,000	—	Mali	4,774	—
Antigua and Barbuda	1,000	—	Malta	1,333	1,333
Armenia	1,000	1,000	Marshall Islands	2,000	—
Australia	1,376,543	1,376,543	Mauritania	1,498	—
Austria	371,367	370,000	Mauritius	3,463	3,738
Azerbaijan	1,018	1,018	Mexico	49,469	49,469
Bahamas	1,000	1,000	Micronesia, Federated States of	3,000	—
Bangladesh	28,008	3,008	Moldova	138	138
Barbados	4,000	4,000	Mongolia	4,000	4,000
Belgium	3,855,916	5,900,216	Morocco ³	10,393	10,393
Benin	3,500	6,926	Myanmar	64	80
Bhutan	5,650	—	Namibia	1,300	2,300
Bolivia	4,000	—	Nauru	500	—
Botswana	4,057	4,057	Nepal	4,952	9,904
Bulgaria	11,000	—	Netherlands	61,104,384	70,191,102
Burkina Faso	1,286	—	New Zealand	1,003,320	1,003,320
Burundi	945	—	Nicaragua	5,000	9,914
Cambodia	3,300	3,300	Niger	5,000	—
Canada	8,985,080	9,027,356	Nigeria	20,000	—
Cape Verde	7,000	—	Norway	32,951,289	32,951,289
Chile	5,000	10,000	Oman	26,042	—
China	820,000	820,000	Pakistan	511,429	1,011,691
Comoros	1,000	—	Palau	2,000	2,000
Congo, Democratic Republic of the	2,000	—	Panama	25,000	5,000
Cook Islands	588	—	Papua New Guinea	5,000	—
Costa Rica	6,044	6,044	Philippines	28,195	9,195
Côte d'Ivoire	15,000	71,170	Portugal	40,357	40,357
Croatia	1,000	1,000	Romania	10,000	—
Cuba	5,000	5,000	Russian Federation	150,000	150,000
Cyprus	1,500	965	Rwanda	500	—
Czech Republic	93,890	93,890	Samoa	5,000	10,000
Denmark	25,395,764	25,395,764	Sao Tome and Principe	2,174	—
Djibouti	1,000	4,000	Saudi Arabia	300,000	—
Dominica	200	400	Senegal	—	18,265
Egypt	95,238	—	Seychelles	1,000	—
El Salvador	1,000	1,000	Sierra Leone	8,130	—
Equatorial Guinea	177,821	177,821	Slovakia	4,760	5,760
Eritrea	1,250	1,250	Slovenia	—	1,160
Estonia	1,957	23,633	Solomon Islands	200	400
Ethiopia	3,488	7,081	Somalia	100	—
Fiji	2,427	2,427	South Africa	14,609	17,154
Finland	13,518,236	13,940,226	Spain	632,839	632,839
France	1,436,985	1,436,985	Sri Lanka	18,000	18,000
Gabon	8,692	—	Sudan	30,000	—
Gambia	2,174	1,786	Swaziland	10,000	—
Georgia	500	—	Sweden	23,998,702	23,998,702
Germany	15,714,599	16,037,871	Switzerland	9,615,385	9,259,259
Ghana	12,500	—	Syrian Arab Republic	2,913	—
Greece	6,000	6,000	Tajikistan	1,500	1,500
Guatemala	1,568	3,636	Tanzania, United Republic of	5,780	5,731
Guyana	100	100	Thailand	96,000	96,000
Haiti	5,000	—	Timor-Leste	500	—
Honduras	4,129	4,129	Togo	3,000	3,920
Hungary	25,000	25,000	Tokelau	400	—
Iceland	13,142	13,142	Tonga	1,000	1,000
India	188,758	194,805	Trinidad and Tobago	5,000	5,000
Indonesia	31,897	32,644	Tunisia	21,174	21,174
Iran (Islamic Republic of)	24,516	24,516	Turkey	108,000	108,000
Ireland	2,650,313	2,727,175	Tuvalu	3,000	3,000
Israel	25,000	25,000	Uganda	10,000	—
Italy	2,628,571	2,628,571	United Arab Emirates	5,000	5,000
Jamaica	—	2,367	United Kingdom of Great Britain and Northern Ireland	28,846,154	30,221,465
Japan	39,517,000	39,517,000	Uzbekistan	1,000	—
Jordan	50,141	50,141	Vanuatu	751	—
Kenya	4,622	4,951	Venezuela	5,000	—
Korea, Democratic People's Republic of	15,323	15,323	Viet Nam	3,986	8,512
Korea, Republic of	130,000	260,000	Yemen	10,000	10,000
Kuwait	20,000	—	Zambia	6,217	12,217
Lao People's Democratic Republic	1,500	—	Zimbabwe	579	—
Lebanon	2,000	—	Mars Trust	900,000	900,000
Lesotho	1,011	—	34 Million Friends Campaign	1,011,011	1,011,011
Liberia	2,500	—	SUBTOTAL	279,840,217	292,936,711
Liechtenstein	7,692	7,686	PLUS: GAIN ON FOREIGN EXCHANGE	8,689,454	
Luxembourg	782,885	782,885	TOTAL	288,529,671	292,936,711
Macedonia, the former Yugoslav Republic of	1,500	—			

² Actual payments received during 2003 as of 31 December 2003. Actual payments may include pledges for prior and future years.

¹ Official written pledges received as of 31 December 2003.

Some countries may have paid their 2003 pledge in prior years.

³ Net of government contribution to local office costs.



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