



UNFPA ANNUAL REPORT

2007

The Mission of UNFPA

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UNFPA—because everyone counts.



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A mother and child at an AIDS Day celebration in San José, Costa Rica.

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Thoraya Ahmed Obaid, Executive Director, UNFPA

Reproductive Health and Safe Motherhood: © Carina Wint for UNFPA

A UNFPA-supported maternity clinic on the outskirts of Portoviejo, Ecuador.

Culture, Gender and Human Rights: © Don Hinrichsen/UNFPA

Women in front of a UNFPA-supported women's centre and shelter run by the Mauritanian Association for Mother and Child Health in Nouakchott, Mauritania.

Helping in Emergencies: © Sven Torfinn/Panos/UNFPA

A UNFPA-supported health clinic on the outskirts of a camp for internally displaced persons in Darfur, Sudan.

Poverty, Population and Development: © Dima Gavyrsh

Children jumping over a garbage-strewn puddle in Senegal.

Building Support: Photo courtesy of JOICFP

During her June 2007 visit to Pakistan, UNFPA Goodwill Ambassador Yuko Arimori visited participants in a UNFPA-supported poverty-alleviation project run by the Family Planning Association of Pakistan in Lahore. The women in this micro-credit scheme receive small loans to start their own businesses.

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Foreword



The United Nations Charter, the treaty that established the United Nations in 1945, proclaims the equal rights of men and women. Since then, the importance of empowering women has been reaffirmed in international agreements, including the Convention on the Elimination of All Forms of Discrimination against Women, the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals. Experience worldwide has taught us that we cannot achieve the goals for which the United Nations was founded, such as respect for human rights, peace and security and improved living standards, unless we invest in women.

And yet, women's potential remains compromised by gender-based violence, discrimination and high rates of maternal death. That is why the work of UNFPA, the United Nations Population Fund, is so vital. Every day, UNFPA provides leadership in the work to realize the rights of women worldwide. In close partnership with other United Nations organizations, the Fund addresses the need for better reproductive health and safe motherhood, protects and expands women's rights, and calls on world leaders to take population issues into account.

The year 2007 marked the halfway point for the Millennium Development Goals. So far, world progress towards meeting the goals has been uneven. UNFPA's contributions in the areas of reproductive health and rights, and to preventing violence against women, are critical to achieving these targets. In 2007 alone, UNFPA made significant progress towards raising awareness and motivating action on Millennium Development Goal 5, which aims to improve maternal health and stem the loss of women as they give birth. The ultimate goal of the United Nations is to build a world in which everyone has the opportunity and the means to be the best they can and want to be.

UNFPA exists because everyone counts. It works to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect. This report documents UNFPA's progress in these vital areas, and I recommend it to world leaders and individuals alike.

Ban Ki-moon
Secretary-General of the United Nations

Overview



UNFPA, the United Nations Population Fund, promotes the right of every individual to enjoy a life of health and equal opportunity. The Fund works to achieve this goal by supporting countries in their use of population data to formulate sound policies and programmes. We work to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

Our unique and vital mission, focused particularly on empowering women and young people, is more important than ever. Experience and analysis continue to demonstrate an undeniable link between sustainable development and population dynamics, reproductive health and gender equality.

In 2007, UNFPA assisted 159 developing and transition countries and territories to expand access to sexual and reproductive health services and supplies. Systematic efforts to promote gender equality and integrate population analysis into development plans and programmes yielded concrete results.

Donors worldwide continued to show their confidence in our performance and mission. In 2007, UNFPA received record contributions from a record number of countries, with 182 countries contributing a total of \$457.1 million.

In 2007, UNFPA continued to provide critical leadership to advance the Programme of Action of the International Conference on Population and Development (ICPD) and achieve the Millennium Development Goals (MDGs). UNFPA made a special year-long push to improve maternal and newborn health. A concrete step forward was taken with the addition of the target of universal access to reproductive health by 2015 in the MDG monitoring framework under MDG 5 to improve maternal health. This benchmark will hold our leaders accountable for the health of women.

Throughout the year, UNFPA promoted gender equality and reproductive rights and worked with partners to address violence against women. The Fund developed a new strategy, based on experience and evidence, for working with governments and partners to promote gender equality.

Throughout the year, UNFPA responded to humanitarian crises, from conflicts to natural disasters. We provided humanitarian support to 54 countries in 2007, with particular attention paid to promoting women's reproductive health, addressing gender-based violence and preventing HIV infection in emergency situations. As part of the Inter-Agency Standing Committee, UNFPA issued guidelines to ensure that mental health and psychosocial support reach those in crisis. The Fund also launched a three-year capacity-building strategy to integrate the ICPD principles of population, gender and reproductive health into crisis response and recovery efforts.

UNFPA continued to prioritize the needs of youth, especially adolescent girls. Nearly 30 countries have now established Youth Advisory Panels to promote dialogue with young people. A new alliance of United Nations organizations, mobilized by UNFPA, will increase investment in adolescent girls through government and civil society partnerships.

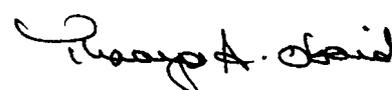
To ensure that social investments benefit the poor, UNFPA promoted the collection and use of data disaggregated by gender, age and income. In 2007, UNFPA secured resources to support the 2010 round of population and housing censuses in 63 countries, and provided direct financial support in 47 others. The Fund sought to include population analysis in development and poverty reduction plans. UNFPA's *State of the World Population 2007* report called attention to the challenges resulting from rapid urban growth, particularly in developing countries, and offered policy recommendations.

In October, the leadership role played by UNFPA at the Women Deliver Conference in London generated heightened commitment to improve maternal health. At the conference, the United Kingdom pledged 100 million pounds to UNFPA over the next five years to improve reproductive health commodity security. To boost global efforts to save women's lives, UNFPA established a new trust fund to mobilize resources to strengthen health systems and reduce maternal mortality. The Fund also joined a global partnership to accelerate and better coordinate action to meet the health-related Millennium Development Goals.

In line with United Nations reform efforts, UNFPA improved its accountability, oversight and management and sharpened its field focus on results. A new strategic plan, with goals and objectives closely linked to the ICPD and the MDGs, now charts the Fund's direction for 2008 through 2011 to support nationally led and owned development. The Fund also finalized a plan for reorganization to bring us closer to the countries and people we serve.

UNFPA is making progress, but much more remains to be done, especially at the country level and within communities. Despite tremendous scientific and technological advances and unprecedented global wealth, pregnancy and childbirth remain the leading cause of death and disability among women in developing countries. Despite increased funding and proven prevention methods, HIV infection rates continue to rise among women. In every region, widespread discrimination and gender-based violence prevent women from realizing their human rights and full potential. Without increased political will and additional resources to address these areas and greater focus placed on integrated community-based services, there will be no hope of achieving the targets set for the MDGs.

UNFPA is proud of our many accomplishments in 2007, and we remain committed to supporting country-led development and reaching people who are most in need.



Thoraya Ahmed Obaid
Executive Director, UNFPA



Chapter I

REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

Saving lives by preventing maternal deaths and HIV, providing reproductive health supplies and services and investing in young people.

The right to reproductive health is fundamental. Yet reproductive health problems are the leading cause of ill health and death for women of child-bearing age in less developed regions. In poor countries, women still suffer from unintended pregnancies, HIV and other sexually transmitted infections, and from maternal death and disability. Young people, the world's greatest resource for creating a better future, continue to face problems in accessing reproductive health care and services.

UNFPA envisions a world in which every child is wanted, every birth is safe, every young person is free of HIV and every girl and woman is treated with dignity and respect. High-level international agreements, such as the Programme of Action of the 1994 International Conference on Population and Development (ICPD) and the United Nations Millennium Declaration, call for action to improve maternal and reproductive health. World leaders widely acknowledge that progress in these areas will make a major contribution to economic, social and political development.



In the past few years, the number of Vietnamese women who die during childbirth has decreased. However, women of the country's ethnic minorities remain vulnerable, because they often live in remote areas that lack clinics and trained birth attendants. Tuong delivered her first two children at home, without family, friends or medical assistance. When delivering her third child, she was able to take advantage of a clinic supported by UNFPA and New Zealand's International Aid & Development Agency, which offers ethnic minority women routine check-ups and obstetric care, including assisted deliveries.

No Woman Should Die Giving Life

Despite global promises to improve maternal health and prevent maternal deaths, one woman dies every minute during pregnancy or childbirth. This is especially tragic since we know that access to family planning, skilled birth attendance and emergency obstetric care could save a significant number of these women.

Reproductive health and maternal health are at the core of the UNFPA mission. In close partnership with governments, other United Nations bodies and non-governmental organizations (NGOs), UNFPA supports activities to prevent maternal death in some 90 countries. The Fund provides technical and financial assistance to support family planning, advocate health reforms, upgrade health facilities, train midwives and doctors, mobilize communities and promote women's rights.

The year 2007 marked the midpoint of the Millennium Development Goals and the 20th Anniversary of the Safe Motherhood Initiative. UNFPA seized these occasions as opportunities to build the political backing and financial momentum needed to realize MDG 5, which aims to reduce maternal mortality by 75 per cent by 2015. The United Nations General Assembly formally included a new target, to achieve universal

access to reproductive health, in the monitoring and reporting framework of MDG 5. This target helps in holding countries accountable for their efforts to save women's lives.

An all-out worldwide push by UNFPA during 2007 resulted in other major achievements in the effort to prevent the deaths of mothers and newborns. UNFPA provided a much-needed global wake-up call by repeating the message, "No woman should die giving life".

- Led by its Executive Director, Thoraya Ahmed Obaid, UNFPA joined dozens of partner organizations to convene Women Deliver, a global conference held in London in October. More than 1,800 representatives from 109 countries participated in the conference to increase the political will and financial investments to save lives and improve the health of women, mothers and infants around the world. The conference yielded strong new pledges by donors, government officials, corporations, foundations and NGOs to invest in women's health.
- During Women Deliver, Japan committed to placing global health at the centre of the 2008 Group of Eight (G-8) Summit in Japan.
- UNFPA joined in launching the International Health Partnership, a renewed global push to meet the health-related targets of the MDGs. Ms. Obaid, Prime Minister Gordon Brown of the United

Kingdom, Prime Minister Jens Stoltenberg of Norway and leaders from major health organizations took part in the launch in London in September.

- UNFPA, in partnership with the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and the World Bank, released updated figures on maternal deaths in October. The statistics provided evidence of the persistence of maternal mortality globally, and of the need for urgent action to improve maternal health in order to prevent women from dying during pregnancy and childbirth.
- To boost global efforts to save women's lives, UNFPA established a new trust fund for maternal health. The fund encourages developed countries and private sponsors to contribute nearly \$500 million to reduce the number of women dying during pregnancy and childbirth in 75 countries.
- In June, UNFPA joined the United Kingdom, the European Commission, UNICEF and WHO in a new effort to save lives and improve the health and well-being of mothers and newborns in Bangladesh. The five-year project, supported with \$31.2 million from the United Kingdom's Department for International Development and the European Commission, will boost high-quality health services in a country where maternal and neonatal deaths remain high.
- A joint reproductive health initiative by UNFPA, the European Commission, and the African, Caribbean and Pacific Group of States has improved the lives of the poor and the underserved in eight African and two Caribbean countries by expanding their access to high-quality sexual and reproductive health care.
- To reduce maternal and child deaths in the Arab region, a new UNFPA initiative seeks to build the capacity of health planners and address the gender, cultural and other determinants of mortality and morbidity.

Family Planning that Saves Lives

Worldwide, about 200 million women say they want to delay or prevent pregnancy, but are not using effective contraception. They either have no access to it, fear its side effects, or their families object. This leads to thousands of unintended pregnancies, ill health and 150,000 maternal deaths each year.

By reducing unwanted pregnancies, family planning brings the most effective return on development

investments, particularly when associated with high-quality pregnancy and delivery care. Family planning can reduce the risk of death and morbidity associated with pregnancy and childbirth by one third. It can also prevent 2.7 million infant deaths a year, help to reduce poverty, and advance environmental sustainability by stabilizing population growth.

Despite the life-saving power of family planning services, its funding has drastically declined. According to the most recent statistics, the percentage of funds allocated to family planning in all population assistance dropped from 55 per cent in 1995 to 8 per cent in 2006 – a fall, in absolute dollar terms, from \$723 million in 1995 to \$551 million in 2006.

In 2007:

- In an effort to expand family planning programmes, 140 of UNFPA's country offices supported activities to improve the access to and quality of family planning services. They also widened the choice of available contraceptives by supplying implants, injectables and female condoms to a number of countries.
- UNFPA increased national capacity for developing and updating family planning protocols and integrating them into health systems. In Zambia, UNFPA contributed to the revision of family planning guidelines and protocols. In Georgia, the Fund supported the development and updating of guidelines and protocols for reproductive health services according to international standards.
- UNFPA, in collaboration with WHO, the United States Agency for International Development and other partners, contributed to *Family Planning: A Global Handbook for Providers*. Introduced in multiple languages in more than 40 countries, the handbook offers health-care professionals guidance on how to provide contraceptives.

Meeting the Demand for Reproductive Health Commodities

Reproductive health commodities, including contraceptives and medical supplies, are essential to preventing unintended pregnancies, reducing maternal deaths and fighting the spread of HIV. Making sure that high-quality reproductive health commodities reach people at affordable prices remains critical to fulfilling the ICPD goal of reproductive health for all by 2015 and to achieving the MDGs.



Thoraya Ahmed Obaid greets a patient in a UNFPA-provided prefabricated gynaecological ward during an April 2007 visit to Pakistan-administered Kashmir.

UNFPA plays a leadership role in ensuring that countries have the reproductive health supplies they need at the right time and the right place. Its advocacy efforts have resulted in the inclusion of reproductive health commodity issues in key regional policy frameworks, such as the Maputo Plan of Action in 2006 and the Africa Health Strategy in 2007, which translated into greater government commitments. Of 135 countries tracked over the past several years, about 74 currently have national budget lines for reproductive health commodities, 79 have national coordination committees on reproductive health commodity security and 121 include contraceptives on their essential drug lists. Several countries established these indicators in 2007.

UNFPA's Global Programme to Enhance Reproductive Health Commodity Security received a boost in 2007, when the United Kingdom announced at the Women Deliver conference that it would pledge £100 million to the programme over five years. The Governments of Ireland, the Netherlands and Spain also offered new and additional funding. Other achievements in 2007 include:

- Using UNFPA's Country Commodity Manager and CHANNEL software, countries are now better able to anticipate, prevent and mitigate contraceptive shortages, even in emergency situations. In 2007, no major commodity stock-outs were reported in public-sector distribution in the neediest countries. Anecdotal evidence and demographic and health surveys suggest that contraceptive prevalence rates have increased in some countries.
- UNFPA developed the reproductive health commodity security dashboard, a new global tool that

helps stakeholders in monitoring country progress in reproductive health commodity security. UNFPA also created a new forecasting model for estimating the need for essential obstetric drugs.

Taking Steps to Eliminate Fistula

Though practically obsolete in the developed world, obstetric fistula – a hole in the birth canal or rectum caused by obstructed and prolonged labour – remains all too common in the developing world. Often, women labour for days before losing their babies. Because the fistula leaves women leaking human waste, it often leads to social isolation, depression and deepening poverty. Left untreated, fistula can lead to chronic medical problems.

While almost entirely preventable, fistula afflicts at least 2 million of the world's poorest women. As many as 100,000 new cases occur each year. Affecting the most marginalized and powerless members of society, fistula touches on nearly every aspect of UNFPA's mandate, including reproductive health and rights, gender equality, poverty, and harmful traditional practices.

UNFPA leads the Campaign to End Fistula, which now works in some 44 countries in Africa, Asia and the Arab region to prevent and treat fistula and to rehabilitate and empower women after treatment. The goal of this campaign is to eliminate fistula entirely by 2015. Progress is being made towards this goal, as shown by some of the 2007 results:

- Thirty-six countries successfully assessed the extent of the problem and their ability to address it.
- Fifteen countries integrated fistula into relevant national health policies and plans.
- More than 3,300 women received fistula treatment with support from UNFPA and more than 500 professionals received training to provide fistula services.

The Campaign to End Fistula has secured more than \$28 million in contributions, raising more than \$10.5 million in 2007 alone. New donors included Ireland, the Republic of Korea, Norway and the Arab Gulf Programme for United Nations Development Organizations (AGFUND). In addition, advocacy activities and fund-raising events generated donations and pledges of more than \$1 million, with Virgin Unite and Johnson & Johnson continuing their generous support to the campaign.

Other accomplishments in 2007 include:

- A project in northern Nigeria, the result of a partnership with Virgin Unite, raised greater action and awareness of fistula in early 2007. Newly trained community educators identified more than 180 fistula patients and connected more than 300 pregnant women with local health centres. Women benefited from free fistula surgery and post-operative care, while more than 700 men received education on fistula.
- The United Nations General Assembly adopted a resolution in support of efforts to end obstetric fistula. The resolution, co-sponsored by 138 countries, was widely attributed to UNFPA's ongoing advocacy efforts.
- In Belgium, fistula gained greater attention from the public and members of the European Parliament after UNFPA launched a public awareness campaign in April. A partnership with *ELLE Belgium* and the advertising agency Young & Rubicam resulted in a month-long, countrywide advertising campaign on the issue. Efforts to end fistula gained political momentum after special sessions on fistula were held in the European Parliament and the Belgian Senate.
- In April, UNFPA opened new fistula treatment centres in both Afghanistan and Pakistan. Afghanistan's first fistula surgery ward was established at Kabul's Malalai Maternity Hospital, and a new fistula treatment centre was opened in Islamabad.
- UNFPA sponsored a delegation of fistula survivors who addressed the Women Deliver conference in London in October. Six African women bravely shared their harrowing experiences with fistula in media interviews, panel events and plenary meetings.
- UNFPA mobilized a new alliance of United Nations organizations to champion increased investment in adolescent girls, particularly those at risk of child marriage. The inter-agency group will partner with governments and civil society to include policies and programmes for marginalized adolescent girls in national development strategies.
- UNFPA launched its groundbreaking *Framework for Action on Adolescents and Youth*. Distributed worldwide, the framework guides core priorities of UNFPA's programmes and activities regarding young people. It emphasizes action in four key areas: population, poverty and policy; sexual and reproductive health services; life skills-based sexuality education; and youth participation.
- In November, UNFPA hosted its third annual Global Youth Advisory Panel, bringing together young representatives from across the world to advise the Fund on strategic opportunities to address adolescent and youth issues in all areas of its work.
- UNFPA continued to support country-level Youth Advisory Panels. Nearly 30 countries have now established these mechanisms for open dialogue with youth. The panels now serve as a model used by other United Nations country teams.
- UNFPA's Special Youth Programme recruited seven new youth fellows from Algeria, Botswana, Cambodia, Cameroon, Guyana, Serbia and Sierra Leone. These promising young people work with UNFPA country offices and partners to learn how to influence youth and development policies and programmes in their home countries.
- In Africa, UNFPA continued to support youth empowerment initiatives through the African Youth and Adolescent Network on Population and Development, which works with 40 national affiliates to offer youth opportunities to participate in advocacy, policy and programme implementation on national health and development.

Putting Youth First

Today, people under the age of 25 comprise half of the world's population. UNFPA has made it a priority to incorporate the needs of youth, especially adolescent girls, into all of its work. It helps to analyse population-based data on young people to be used for policy-making, and to incorporate youth issues into national poverty reduction plans. The Fund's initiatives also help protect young people's sexual and reproductive health, and to prevent HIV/AIDS and gender-based violence. At the heart of this work is giving youth an active voice by enabling their participation where it counts most. Successes in 2007 include:

- UNFPA and the Ministry of Social Affairs in Lebanon created a new website, www.lebteen.com, to raise awareness of reproductive and sexual health, particularly among young people.
- In Zimbabwe, UNFPA is supporting the Ministry of Health in implementing a comprehensive adolescent sexual and reproductive health initiative in 16 districts, including training nurses and peer educators on providing youth-friendly services. UNFPA has also worked with partners like UNICEF, WHO, the World Bank and others to form a countrywide task force that coordinates such services.



This schoolgirl, along with her classmates, receives advice on HIV prevention from members of the Haitian Olympic Committee through a UNFPA-supported project.

A Global Leader in Preventing HIV

Every day, over 6,800 people become infected with HIV, and over 5,700 die from AIDS, mostly because of inadequate access to HIV prevention and treatment services. However, 2007 data from UNAIDS, the Joint United Nations Programme on HIV/AIDS, gave new reason for optimism. HIV transmission among young people – where over half of new infections occur – had declined in Haiti and in eight hard-hit countries in Africa, with notable progress seen among young pregnant women. These trends pointed to the success of HIV prevention programmes, particularly those focused on youth.

Despite these gains, much work remains to be done. As one of 10 co-sponsors of UNAIDS, UNFPA is a global leader in supporting national strategies to prevent HIV, particularly among women and young people. Its efforts emphasize integrating HIV/AIDS prevention efforts with sexual and reproductive health. This is not only cost-effective, but also helps countries and communities meet their goal of providing universal access to HIV/AIDS prevention, treatment, care and support services by 2010. UNFPA emphasizes efforts to provide and encourage the use of both female and male condoms, tackles HIV prevention in sensitive areas such as sex work, and addresses the sexual and reproductive health of people living with HIV. In 2007:

- As part of the Interagency Task Team on Prevention of HIV Transmission in Pregnant Women, Mothers and their Children, UNFPA contributed to a groundbreaking global guidance on scaling up the prevention of mother-to-child transmission of HIV. The guidance supports a four-pronged United Nations approach: preventing HIV among women of childbearing age; preventing unintended pregnancies among women living with HIV;

preventing HIV transmission from women living with HIV to their infants; and providing treatment, care and support to women living with HIV and to their children and families.

- In order to strengthen HIV prevention efforts and build national capacity, UNFPA added 130 HIV prevention experts, the vast majority of whom are national staff members, to its offices worldwide.
- UNFPA made significant progress in creating awareness about and ensuring the supply of male and female condoms to prevent the spread of HIV. The Fund procured male condoms in 120 countries and female condoms in 50 countries.
- Twenty-eight countries participating in a UNFPA programme, the Female Condom Initiative, made remarkable progress in scaling up female condom programming. The efforts of UNFPA and its partners helped increase the distribution of the female condom from 13.9 million in 2005 to 25.9 million in 2007.
- A UNFPA-sponsored meeting in Malawi brought together more than 250 participants from 48 countries from sub-Saharan Africa, Latin America and the Caribbean to share knowledge and experience in sexual and reproductive health and HIV prevention for young people.
- Y-PEER, the Youth Peer Education Network, expanded its reach in the Arab States, Europe and Central Asia. In 2007, more than 100 young people from 35 countries in these regions were trained as peer educators for adolescent sexual and reproductive health.
- UNFPA contributed its technical expertise to the creation of the Southern African Development Community's HIV Prevention Strategic Plan, and to the development of national HIV/AIDS strategies in countries in Latin America and the Caribbean.
- In Brazil, where HIV infection rates among women increased by 44 per cent between 1996 and 2005, UNFPA, the Brazilian Government, the United Nations Development Fund for Women, UNICEF and other partners launched a pioneering plan to curb the feminization of HIV infections.
- To address the link between sex work and the transmission of HIV, UNFPA supported and participated in several meetings worldwide to stimulate dialogue and action on the issue. The Fund, in partnership with the Government of China, the World Health Organization, UNAIDS and others, hosted the International Consultation on HIV and Sex Work in April.



Chapter II

CULTURE, GENDER AND HUMAN RIGHTS

Working closely with communities to create strategies that empower women, reduce poverty and realize human rights.

Empowering women is essential to international progress. Yet, women worldwide continue to suffer from discrimination and gender-based violence, despite international agreements that call for their eradication. Using a human rights, culture and gender framework, UNFPA addresses the gender discrimination and inequities that prevent women from fully contributing to their families, communities and societies. The Fund listens to communities and individuals, from religious leaders to civil society, and works to devise culturally relevant strategies that inspire action.

Photo: Stella Akirso/UNFPA



In Nigeria, Chief J.O. Aderibigbe formerly performed a cutting ritual on the genitalia of baby girls in his community. Now, he is part of a growing movement aimed at eradicating the practice. This turnaround resulted from a multi-year effort led by UNFPA, the Osun State Ministry of Health and several local NGOs to end the practice of female genital mutilation/cutting. A UNFPA programme trains former practitioners of the procedure, like Chief Aderibigbe, to monitor pregnancies, encourage pregnant women to go to health clinics for prenatal care, and sell contraceptives and other medicines.

Culturally Sensitive Approaches – Key to Gender Equality

UNFPA supports communities in bringing about “change from within”. This involves drawing on positive cultural values and resources to promote and further human rights. UNFPA’s collaborations and partnerships with civil society, including faith-based organizations, religious and community leaders, and indigenous peoples, have created local support for the Programme of Action of the International Conference on Population and Development (ICPD) worldwide.

In 2007:

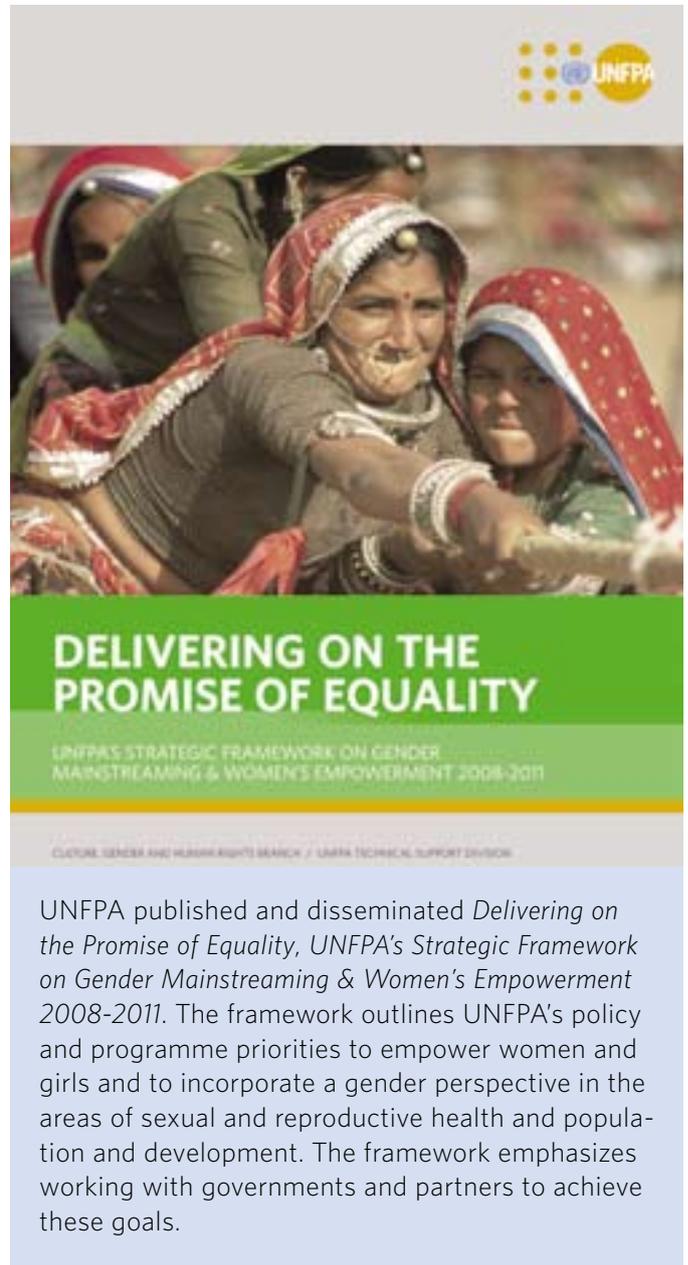
- UNFPA, in partnership with the office of the President of the General Assembly and other United Nations organizations, took a leading role in organizing the Civil Society Hearing of the High Level Dialogue on Interreligious and Intercultural Understanding for Peace at the United Nations in October, with the participation of four representatives from UNFPA-supported faith-based organizations from different continents. UNFPA also hosted a round-table event with diverse faith-based organizations, moderated by its Executive Director, Thoraya Ahmed Obaid, to discuss ways of building on the strengths of faith-based organizations in providing services to promote maternal health at the grass-roots level.

- UNFPA organized four training sessions on culturally sensitive programming for United Nations country teams in Bangladesh, Iran, Iraq and Jordan – the first time that such country teams were trained together to link culture, gender and human rights to their development programming.
- An Africa-wide regional consultation, organized by UNFPA and Religions for Peace South Africa, brought together around 60 diverse faith-based representatives from 18 countries, for the first time, to discuss ways to enhance partnerships between the faith-based communities and the United Nations. Participants agreed on a number of concrete recommendations to help UNFPA strengthen its partnerships and outreach to faith-based communities, particularly in the areas of HIV/AIDS and violence against women.
- UNFPA continued to work with indigenous communities throughout Latin American and the Caribbean. In Ecuador, UNFPA supported the development of a national statistics commission for indigenous people. In Bolivia, Guatemala and Panama, UNFPA provided technical assistance to indigenous communities and networks for strengthening access to sexual and reproductive health services.

Empowering Women, Advancing Development

Promoting gender equality and empowering women is one of the eight Millennium Development Goals (MDGs), and without its fulfilment, there will be little hope of meeting the other seven. When given the opportunity, women can not only improve their own health and productivity, but can also strengthen the well-being of their families, communities and nations. UNFPA advocates women's reproductive health and rights through the promotion of legal and policy reforms to end gender-based violence and discrimination, while also addressing sociocultural barriers. In 2007:

- UNFPA collaborated with UNICEF to establish a Joint Trust Fund on female genital mutilation/cutting, which aims to reduce the practice by 40 per cent in 17 countries by 2012.
- To complement other efforts that UNFPA is undertaking to end female genital mutilation/cutting, UNFPA convened a week-long global technical consultation, comprising 70 experts, to develop a global strategy to address this harmful practice.
- UNFPA published *A Holistic Approach to the Abandonment of Female Genital Mutilation/Cutting*, which describes UNFPA's tactics to eliminate the practice, including legal and policy reforms, national capacity-building, and working at the community level. The booklet draws on UNFPA's country-level experiences.
- Addressing violence against women is a priority for UNFPA. Through its leadership role in the Inter-Agency Network on Women and Gender Equality's Task Force on Violence against Women, the Fund is contributing to a United Nations-wide strategy to promote gender equality. UNFPA and the U.N. Division for the Advancement of Women developed action plans to address such violence in 10 countries.
- To showcase efforts taking place through UNFPA country offices, *Programming to Address Violence Against Women: Ten Case Studies*, published by the Fund, highlighted how carefully targeted and planned interventions can reduce gender-based violence, using examples from Bangladesh, Colombia, Ghana, Kenya, Mauritania, Mexico, Morocco, Romania, Sierra Leone and Turkey. The complementary handbook, *Ending Violence Against Women*, offers a culturally sensitive approach.



UNFPA published and disseminated *Delivering on the Promise of Equality, UNFPA's Strategic Framework on Gender Mainstreaming & Women's Empowerment 2008-2011*. The framework outlines UNFPA's policy and programme priorities to empower women and girls and to incorporate a gender perspective in the areas of sexual and reproductive health and population and development. The framework emphasizes working with governments and partners to achieve these goals.

- UNFPA partnered with the World Health Organization and the *Instituto Promundo* in Brazil to highlight the importance of engaging men and boys to improve the health and well-being of women, girls and themselves. UNFPA co-hosted a consultation in which 40 participants from diverse backgrounds discussed how men and boys can be more involved, particularly in the areas of sexual and reproductive health, maternal and child health, fatherhood, HIV and AIDS prevention and reducing gender-based violence.
- UNFPA played a key role in organizing a symposium on sex ratio imbalance at the 4th Asia and the Pacific Conference on Reproductive and Sexual Health and Rights. UNFPA-commissioned studies, presented at the conference, revealed the severe social consequences that prenatal sex selection was likely to have in several Asian countries in coming years. The studies highlighted promising

approaches to reduce son preference in China, India, Nepal and Viet Nam.

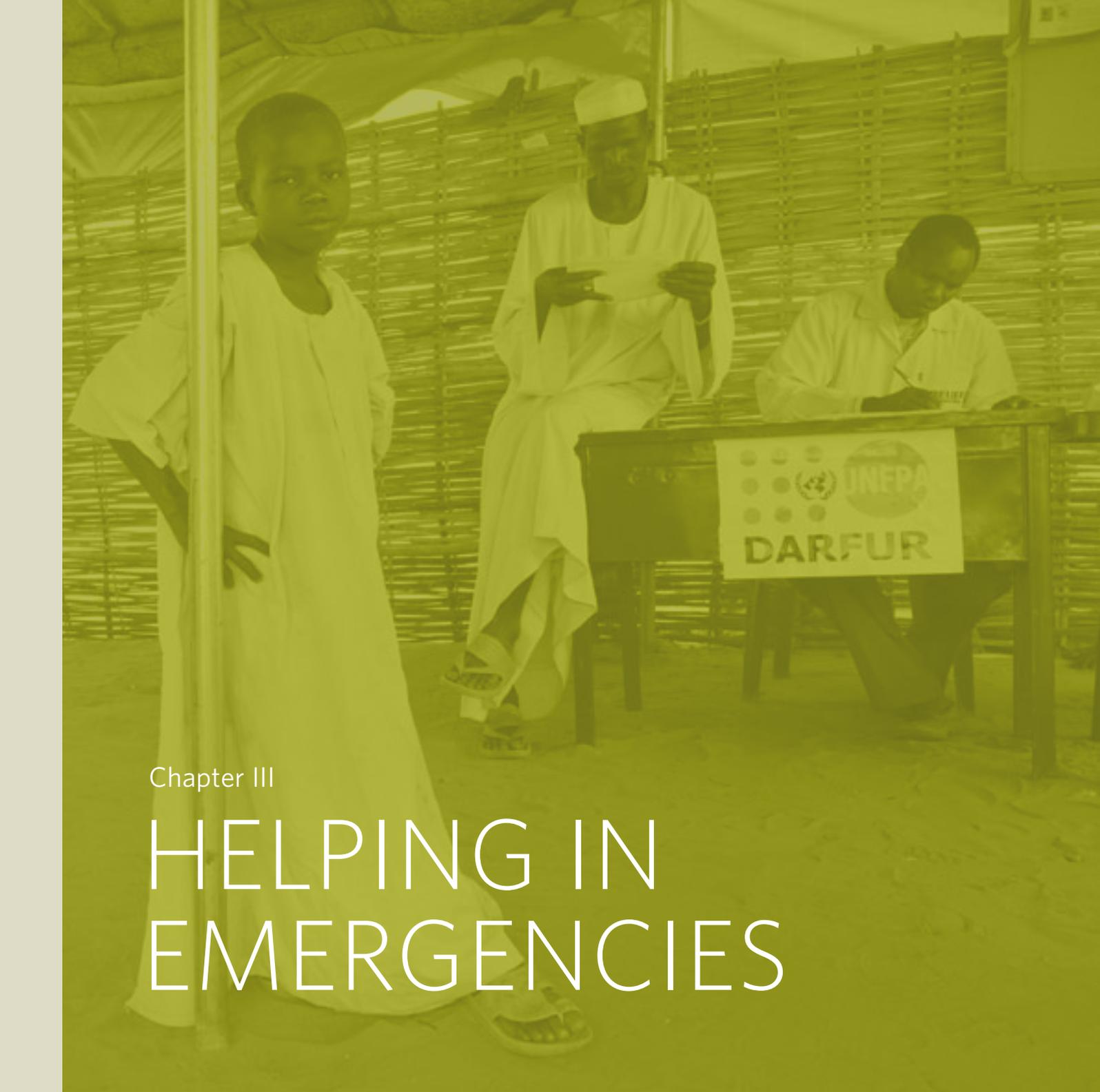
- UNFPA supported RAFAD (Research and Applications for Alternative Financing for Development), a research group based in Geneva, to undertake a survey and research study in 14 countries to analyse the impact of microcredit and other microfinance services on women's empowerment. The research offers evidence supporting the use of microcredit initiatives that incorporate health education into their services, as a tool for women's economic empowerment.
- UNFPA played a critical role at the 10th Regional Conference on Women of Latin America and the Caribbean. The conference adopted the Quito Consensus, which effectively integrates ICPD issues into the regional strategy to advance women's human rights.
- Among its activities at the country level, UNFPA worked with the Egyptian Centre for Women's Rights to launch an awareness-raising campaign on gender-based violence. In Morocco, UNFPA supported activities in which youth participated in raising awareness and in prevention efforts. In the Central African Republic, the Fund contributed to the extension of the law to protect women and girls from gender-based violence.

Building Capacities for Human Rights

A strong commitment to human rights informs every UNFPA action. The Fund's work in the area of human rights is guided by two frameworks: the ICPD Programme of Action, which called for the application of universally recognized human rights standards in population and development programmes, and international human rights instruments, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). UNFPA works closely with governments, parliamentarians, civil society organizations, religious leaders and other decision makers to enforce and expand the rights of women and adolescent girls worldwide. In 2007:

- UNFPA made progress worldwide in supporting governmental initiatives on law reform and implementation that address the reproductive rights of women and adolescent girls. The Fund assisted the Governments of Comoros, Côte d'Ivoire, Mali and Rwanda in drafting or revising their laws and policies to include aspects of reproductive health rights that would improve the lives of women and girls. In Ghana and Zimbabwe, UNFPA supported the passage of acts addressing domestic violence.

- UNFPA worked closely with parliamentarians and other decision makers in several countries to strengthen reproductive rights and further the implementation of the ICPD Programme of Action. The Fund worked with the Government of the Democratic Republic of the Congo to design mechanisms to protect reproductive rights and respond to gender-based violence. In Madagascar, UNFPA played an important role in revising discriminatory laws against women, including those related to marriage. In the Bolivarian Republic of Venezuela, the Fund supported research on gender-based violence and how well sexual and reproductive rights are addressed in national-level primary health care facilities.
- UNFPA partnered with Harvard University's School of Public Health to produce a training package that would improve the Fund's capacity to support governments and civil society organizations in promoting and protecting human rights. The training modules address many areas of UNFPA's mandate, including population and development, sexual and reproductive health, gender equality, emergency response and youth.
- UNFPA joined with UNICEF to develop a package of training and advocacy materials that will assist the staff of both agencies, and, more generally, United Nations country teams, in linking the Convention of the Rights of the Child and CEDAW to improve country-level programming for women and girls. The package covers topics such as child marriage, HIV/AIDS, maternal death and the human rights of the adolescent girl.
- In collaboration with the Office of the High Commissioner for Human Rights, UNFPA organized an expert meeting to promote and mainstream the ICPD Programme of Action. The workshop brought together United Nations treaty body representatives, specialized agencies and local and international NGOs and international experts to discuss experiences of working on realizing the goals of the ICPD as well as future strategies for mainstreaming these issues further into their work.
- UNFPA organized a meeting with members of the United Nations Permanent Forum on Indigenous Issues on how to improve UNFPA's work with indigenous peoples.
- In partnership with WHO, UNFPA convened experts from around the world to discuss ways to promote the Convention on the Rights of Persons with Disabilities that was adopted by the United Nations General Assembly in 2006.



Chapter III

HELPING IN EMERGENCIES

When crisis strikes, reacting quickly to prevent pregnancy-related deaths, unintended pregnancies, sexual violence and HIV infection.

Disasters, whether man-made or natural, wreak havoc on the well-being of communities. Without notice, families and individuals can find themselves lacking shelter and basic necessities like food, clothing, water, health care and maternal health products. Amidst the chaos and uncertainty, prenatal and obstetric care and other reproductive health services can be scarce. Women may face unwanted pregnancies due to lost access to family planning services and, in the worst cases, may die from preventable pregnancy-related causes.

In 2007, UNFPA responded to humanitarian crises in 54 countries. The Fund's actions, facilitated by diverse partnerships with the Office for the Coordination of Humanitarian Affairs, the United Nations High Commissioner for Refugees (UNHCR), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Children's Fund (UNICEF) and a number of non-governmental organizations (NGOs), contributed to a powerful United Nations response.

The year 2007 also marked the launch of a three-year strategy to build up the capacity of UNFPA's country offices and other parts of the humanitarian system to integrate the principles of the International Conference on Population and Development (ICPD) into all aspects of crisis preparedness, response and recovery. In October, UNFPA took an important step towards meeting the goals of this strategy by organizing the first in a series of regional workshops covering all aspects of emergency preparedness and response - from mobilizing resources to advocacy and programming. The workshop, held in Nairobi, Kenya, brought together participants from 17 countries in Anglophone Africa and the Arab region.



Photo: Natalia Costas

For Lilia Acatrinei, 36, relief from UNFPA came just in time. The pregnant mother of four, then expecting twins, could not imagine how she and her family would make it through the winter after a severe drought hit Moldova in 2007. The drought ruined the family's crops and killed many of their animals, leaving them with little money to pay for food, clothes and other necessities. UNFPA-provided food packages, containing sugar, rice, oil, flour and beans, helped to meet the special nutritional needs of Lilia and other pregnant and nursing women in drought-affected areas.

Providing Vital Leadership During Emergencies

Whether advocating better policies and practices or providing technical expertise, UNFPA ensures that worldwide emergency strategies take gender and age issues into account. In 2007, UNFPA continued to play a leading role in the Inter-Agency Standing Committee, the primary forum of key United Nations and other partners that coordinates humanitarian assistance. In partnership with the Committee, UNFPA issued guidelines to ensure that mental health and psychosocial support reach people in emergencies. UNFPA also contributed to a newly published gender handbook that offers a sector-by-sector guide to ensuring gender equality programming in humanitarian situations. Other examples of UNFPA's leadership in 2007 include:

- UNFPA became the co-secretariat and key facilitator of a newly formed initiative, UN Action against Sexual Violence. Comprising 12 agencies, the initiative aims to address sexual violence in crisis settings.
- The Fund offered training on the clinical management of the consequences of rape to hundreds of field-based partners working in a variety of crisis settings.
- UNFPA funded a report that explores the humanitarian community's current policies and practices in responding to the needs of old people affected by disaster.
- UNFPA conducted a household survey in northern Liberia to highlight the experiences of women during and after the country's conflict. The survey is one of the few available quantitative data collection exercises on reproductive health and violence against women in conflict or post-conflict situations.
- The Fund helped establish a two-year pilot initiative to deploy a pool of senior-level gender experts to humanitarian crises on short notice and ensure that services put into place meet the needs of women, girls, boys and men equally.

Responding to the Particular Needs of Women and Girls Affected by Conflict

War and other conflicts often leave lifelong physical and psychological scars on the women who endure them. The risks associated with pregnancy and childbirth increase dramatically due to limited access to prenatal or obstetric care. Rape, a weapon used to terrify and humiliate, increases women's exposure to sexually transmitted infections, including HIV. All too often, humanitarian assistance fails to take into account the needs of women and girls made vulnerable by conflict. In even the most challenging of emergencies, UNFPA can be counted upon to react quickly to safeguard maternal health, provide emergency supplies and equipment, including contraceptives, and prevent HIV infection and sexual violence. Special consideration is given to refugees and internally displaced persons. UNFPA's continuous presence in countries long after an emergency has passed ensures that reconstruction and rehabilitation plans incorporate the needs of women and girls.

Some examples of the Fund's work in conflict areas in 2007 include:

- As part of an aid package to Darfur Sudan, in 2006 and 2007, UNFPA distributed more than 5,000 reproductive emergency health kits to help ensure clean and safe deliveries and to provide care for rape victims. Pregnant women's packages contained soap, a new razor blade, clean string for tying the umbilical cord, sterile gloves, a plastic sheet and cotton cloth to be used to absorb and stop bleeding following the delivery. UNFPA also worked with the Sudanese Government to assess the South Darfur region's needs for reproductive health commodities and services.
- More than 2,000 women benefited from UNFPA-supported women's centres at camps in South Darfur. The centres, which helped alleviate the severe stresses of camp life, offered mathematical, reading and Arabic instruction to women, most of whom had never had the opportunity to go to school. Women who met at the centres received information on women's health and rights.
- UNFPA helped care for Iraqi refugees in Jordan and Syria. The Fund set up four mobile health clinics equipped with the necessary basic supplies to ensure that reproductive health services were available for women and girls in need.



With UNFPA assistance, clean delivery kits were distributed to pregnant women in a camp for internally displaced persons in Somalia.

- In partnership with UNHCR, UNFPA contributed to HIV prevention efforts by providing condoms to refugees in more than 25 conflict-affected countries.
- Despite the sensitivity of the current political situation, UNFPA played a critical role in helping to conduct a census of the Palestinian population. The census provided essential data to assist in development planning and local government administration.
- In the Central African Republic, UNFPA procured essential equipment to manage complicated deliveries and provided sanitary supplies to survivors of gender-based violence. The Fund also initiated a revision of manuals used to train youth and members of uniformed services so they can educate their peers on issues related to HIV/AIDS and gender-based violence.

Responding to Disasters and the Impacts of Climate Change

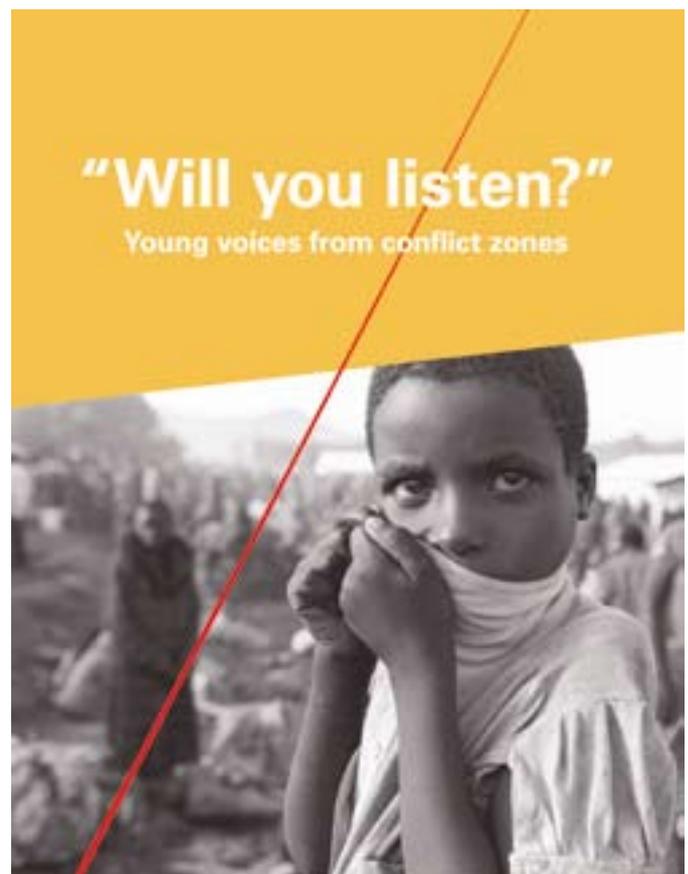
Natural disasters can exacerbate already challenging living conditions in many parts of the world. Women, particularly those who are pregnant or nursing, are vulnerable due to a lack of access to food, proper hygiene and reproductive health care. When such disasters strike, UNFPA responds quickly with emergency supplies of food, health services and medical equipment. The Fund also helps to assess immediate reproductive health needs and to develop emergency-preparedness plans to reduce future human loss. In 2007:

- UNFPA provided 6,000 emergency hygiene kits to the Cañete province following an earthquake in Peru that measured 7.9 on the Richter scale. The Fund also helped to carry out an emergency census of the affected population. This information helped to identify and register individuals, measure the losses suffered by each household and assess the availability of basic services.
- By sending emergency supplies and equipment to the Solomon Islands, UNFPA helped to ensure that expectant mothers affected by the earthquake and tsunami could deliver their babies in a safe, clean environment.

With the number and intensity of climate-related disasters increasing, UNFPA plays a more critical role than ever in responding quickly with life-saving emergency health supplies and equipment. As the world takes notice of climate change and seeks to alleviate its impact, the Fund makes sure that gender issues receive consideration during global discussions. Examples from 2007 include:

- UNFPA sent 4,700 boxes of food packages to ensure that pregnant women and nursing mothers affected by severe drought in Moldova received adequate nutrition. This effort to reduce maternal death, birth defects, childhood mortality and various illnesses represented UNFPA's contribution to the Relief and Technical Assistance Response to the Drought in Moldova, a \$6 million joint United Nations project.
- When a powerful cyclone hit Bangladesh, UNFPA distributed delivery kits to 40 health facilities to prevent maternal deaths and disabilities.
- UNFPA offered emergency assistance to those devastated by Tropical Storm Noel in the Caribbean. In the Dominican Republic, UNFPA focused on raising awareness of the needs of women, children and adolescents and safeguarding the health of mothers. UNFPA's work in Haiti focused on advocating measures to protect women and girls from violence in displaced camps. In the Mexican State of Tabasco, UNFPA worked with other United Nations agencies and the Government of Mexico to assess the region's reproductive health needs and provided reproductive health kits.

- As soon as the flood disaster hit Uruguay in May 2007, UNFPA responded by supplying food, clothes, mattresses and blankets to populations in need. UNFPA helped displaced persons by providing sanitary supplies, bars of soap, shampoo, toothbrushes and toothpaste, among other hygiene essentials. UNFPA also financed and coordinated the provision of psychosocial support to affected families, including local capacity-building.



The voices of young people from Afghanistan, Angola, Burundi, Colombia, Haiti, Iraq, Liberia, Nepal, the Occupied Palestinian Territory, Rwanda, Somalia, Sudan and many other countries affected by war were brought together in a new report, *Will You Listen? Young Voices from Conflict Zones*. It was compiled from the views and recommendations of some 1,700 children and young people in 92 countries, collected through a series of focus groups and an online questionnaire. The report, published by UNFPA, UNICEF and other partners, is a companion to *Children and Conflict in a Changing World*, the 10-year strategic review of the landmark United Nations report, *The Impact of Armed Conflict on Children*, widely known as the Graca Machel study.



Chapter IV

POVERTY, POPULATION AND DEVELOPMENT

Reducing poverty worldwide by improving the use of population data and addressing population dynamics.

Without a solid understanding of demographic trends and population dynamics, and how they link to development processes, governments cannot make good decisions, nor can the world achieve the Millennium Development Goals (MDGs).

Drawing on high-quality data and statistics, UNFPA helps governments and decision makers make sense of global trends, such as urbanization, making them aware of the need to develop and implement evidence-based policies. The Fund promotes the collection and use of data disaggregated by sex, age and other key variables, which allows governments to respond to the needs of the poor and marginalized.

UNFPA seeks to include population issues in national and international policies and plans, especially those addressing poverty. The Fund also supports national capacity for censuses, surveys, and needs assessments. A key area of focus is the 2010 round of censuses, the results of which will be critical to assessing the progress that has been made in meeting the MDGs. In 2007, UNFPA secured the resources to support censuses in 63 countries and provided direct financial support in 47 others. In 78 countries, UNFPA provided technical support to strengthen national capacity in cartography, data collection and processing.



Photo: Teun Voeten/Panos Pictures

Feryal El Sayed, 62, lives in Ezbet El Haggana, a sprawling slum next to Cairo, a city whose population has nearly doubled in the last 30 years. She is sick, lives alone and has no one to support her. With more than 1 million inhabitants, Ezbet El Haggana is among the few places where Egypt's poorest, like Ms. El Sayed, can afford housing. She and her neighbours face constant risks: high-voltage cables humming over their heads, sewage water seeping under their feet and the fumes of burning garbage filling their lungs. Assistance from the Al-Shehab Institution for Comprehensive Development, a UNFPA-supported local organization, is making the neighbourhood safer for Ms. El Sayed and others by providing basic necessities, such as reliable roofs and indoor plumbing.

Using Population Data to Maximize Social Investments

UNFPA ensures that governments use high-quality data to design policies that tackle inequities and benefit the poor. In 2007:

- *World Population Prospects: The 2006 Revision*, issued by the United Nations Population Division in March, projected that the world's population would rise by 2.5 billion people, from today's 6.7 billion to 9.2 billion in 2050, but only if fertility rates continue to fall in developing countries. If birth rates stay at current levels, the world will add about 5 billion people by 2050, mostly in developing countries. UNFPA highlighted the report's findings as a wake-up call to the urgency of giving individuals and couples the means to exercise their human right to freely determine the size of their families.
- UNFPA offered assistance to prepare for or conduct the censuses in Afghanistan, Iraq, the Occupied Palestinian Territory and Sudan
- conflict areas where this process is often complex, dangerous and difficult to fund. Despite the problematic political situation in the Occupied Palestinian Territory, preliminary results show that about 3.67 million individuals were counted. In Sudan, a presidential ordinance announced that the census would take place in April 2008, while significant progress occurred in the mapping of the country. In preparation for Afghanistan's first nationwide population census in 2008, UNFPA helped in conducting a pilot census and assisted in developing a questionnaire and maps.
- In Haiti, UNFPA provided strong support for the analysis and use of the results of the 2006 census – which was the first to be conducted in 24 years – and to the integration of these results into policy formulation.
- To prepare countries in Africa for their censuses, UNFPA offered a range of support, both with technical issues and resource mobilization,

to a number of countries, including Liberia, Mozambique, Mauritania and Togo.

- In Asia and the Pacific, UNFPA helped several countries prepare to take their censuses. In Laos and Nepal, where a tabulation and analysis of results were already under way, the Fund provided technical assistance and support in resource mobilization.

Helping Countries Realize the Benefits of Urbanization and Migration

The population of cities in the developing world is expected to double in a generation. Migration of people from rural to urban areas, the reclassification of small towns as cities, as well as natural growth, have contributed to the explosive growth of cities around the globe and introduced new challenges, particularly for women, who make up nearly half of the international migrant population. Urbanization is an inevitable process. UNFPA seeks to raise awareness of the impacts, both positive and negative, of urbanization and migration, and advocates their inclusion in national development plans.

UNFPA's *State of the World Population 2007* report, titled *Unleashing the Potential of Urban Growth*, revealed a stunning fact: the population of African and Asian cities will grow by 1.7 billion people over the next 30 years – more than the populations of China and the United States combined. It called attention to the challenges, such as poverty, gender-based violence, and the lack of reproductive

health care, which have emerged as a result of the rapid growth of urban areas, particularly in developing countries. To mitigate these problems and unleash the potential of urban dwellers to contribute to economic growth, the report urged governments to create solutions to meet the needs of new urban residents, the majority of whom are young and poor.

- The Youth Supplement of UNFPA's *State of the World Population 2007* report told the story of 10 young people who have migrated to or are growing up in cities. Globally, half of the urban population is under the age of 25. The supplement called attention to the special needs of young people – from education to employment to protection from violence – and advocated helping young people permanently escape poverty.
- In July, UNFPA, working with the International Organization for Migration and several other partners, supported a round table on regional migration and development at the first Global Forum on International Migration and Development in Brussels.

Taking Action on Ageing

According to the United Nations Population Division, during the next 45 years, the number of persons in the world aged 60 years or older is expected to almost triple. Few countries, however, have developed policies to adequately confront all the challenges presented by a rapidly ageing population. Older persons, a majority of whom are women, often live in poverty, without access to medical services, and are vulnerable to violence and exploitation. UNFPA has strengthened its involvement in issues relating to older persons in compliance with the fifth-year review of the Madrid International Plan of Action on Ageing, a 2002 commitment by governments to meet the needs of the ageing. In 2007:

- UNFPA organized several meetings for both international experts and country-level participants to promote greater understanding of ageing. One meeting focused on ageing and the Millennium Development Goals. Another focused on reviewing the progress that has been made in meeting the goals of the Madrid International Plan of Action over the last five years. UNFPA has also



An elderly man at Patan Durbar Square, in Kathmandu, Nepal. In 2007, UNFPA supported research, publications and policy dialogues on ageing.

been instrumental in supporting efforts to review and appraise the Plan of Action in several regions.

- UNFPA and the World Health Organization launched *Women, Ageing and Health: A Framework for Action*, a report that summarized the evidence about these important issues.
- UNFPA took action on the issue of ageing by supporting research, analysis or policy dialogue in India, Jordan and Senegal.

Calling Attention to the Impact of Population Growth on the Environment

Changes in population size, growth rates and distribution affect not only people, but also the environment. In the poorest countries, which have limited resources to address their challenges, population increases and fragile environmental conditions often go hand-in-hand. Good development plans cannot be made without considering the environment, nor can countries reach the Millennium Development Goals, especially those regarding poverty reduction, without considering

environmental sustainability. UNFPA promotes national poverty reduction strategies that incorporate environmental planning and management. It also raises awareness and promotes a deeper understanding among policymakers of the relationships between population, environment and development. Examples of UNFPA's work in 2007 include:

- As a result of UNFPA's advocacy activities, population issues were included in the report of Secretary-General Ban Ki-moon on climate change, which informed the landmark United Nations Climate Change Conference in Bali, Indonesia. The conference, which included 187 countries, resulted in an agreement to strengthen international efforts on global warming.
- In Colombia, UNFPA assisted in developing a new approach on the linkages between population and environmental, social and economic issues in urban and regional planning.
- In nine cities in the Asia and Pacific region, UNFPA held training workshops on population and water management for senior water and sanitation officials.



MEN AT WORK

Support pregnant wife



www.unfpa.org



MEN AT WORK

Care for baby



www.unfpa.org



MEN AT WORK

Educate daughters



www.unfpa.org



MEN AT WORK

Share parenting



www.unfpa.org

World Population Day 2007 Puts Men in the Spotlight

The 2007 theme for World Population Day, "Men as Partners in Maternal Health", prompted UNFPA and its national partners to organize events worldwide to call on men to support and promote women's reproductive health. In Eritrea, UNFPA representatives met with local leaders to discuss the importance of men's participation in maternal health and other gender issues. In Jordan, UNFPA and the Queen Zein Al Sharaf Institute for Development held a festival that highlighted the importance of men in protecting women's health. Celebrations in Mexico were held by a number of state governments and non-governmental organizations (NGOs) throughout the country, with events focusing on the role of men in promoting reproductive health. Men from the Government, NGOs, academia, the business sector and the armed forces in the Philippines attended a Men's Congress that produced a pledge to support and promote women's health and to respect women's participation in all decisions that affect the well-being of their families and communities.



Chapter V

BUILDING SUPPORT

Partnering with United Nations agencies, governments and organizations to promote the right of every woman, man and child to enjoy a life of health and equal opportunity.

UNFPA is a results-based organization. It works hand-in-hand with governments to develop national development plans and strategies that respond to diverse local needs. In the spirit of United Nations reform, UNFPA collaborates with United Nations agencies and other international partners whenever possible to contribute its knowledge, resources and expertise where it is most strategically advantageous.

UNFPA offers assistance with technical issues and capacity-building and helps countries engage in more effective advocacy activities. In 2007, UNFPA focused on the areas of population and development, reproductive health and rights and gender equality. As a result, more national policies were reported to promote gender equality and the empowerment of women, and an increasing number of national development plans integrated population factors into their national frameworks.

The world has taken notice of the effectiveness of UNFPA's work. In 2007, 182 United Nations Member States contributed \$457.1 million to UNFPA's regular resources. This represented the highest number of donor nations and the largest amount of contributions to the Fund since it began operations in 1969.



UNFPA received more than €253,000 from its Goodwill Ambassador in Portugal, Catarina Furtado – the largest donation ever received from Portugal. The funds were raised during a 12-hour televised dance marathon hosted in December by Ms. Furtado (left), one of Portugal's best-known actresses and television personalities. UNFPA received the funds at a ceremony attended by its Executive Director, Thoraya Ahmed Obaid (centre), and João Gomes Cravinho, Portugal's Secretary of State for Foreign Affairs and Cooperation.

Implementing United Nations Reform

UNFPA has been at the forefront of the United Nations reform process. In addition to improving the organization's efficiency and effectiveness, the process has increased the responsiveness of the United Nations to countries in need of assistance. Moreover, the reform process has allowed UNFPA to better integrate the ICPD agenda into the work of all United Nations partners. Working within the framework of the UNFPA strategic partnerships programme, the Fund has strengthened its cooperation with other United Nations organizations, including the World Bank, WHO, UNICEF, the United Nations Development Fund for Women and others on issues related to population, health and gender – particularly sexual and reproductive health. In 2007:

- UNFPA was a principal participant and leader in major United Nations reform initiatives, particularly the implementation of the United Nations "Delivering as One" initiative in Albania, Cape Verde, Mozambique, Pakistan, Rwanda, the United Republic of Tanzania and Viet Nam. The initiative helps increase the contribution of the

United Nations system to the achievement of development results, while lowering transaction costs for programme countries.

Strengthening Relations with Governments and International Partners

In 2007, UNFPA continued its involvement in various activities and meetings with governments, parliamentarians and non-governmental organizations to build understanding of, and to generate support for, the linkages between the ICPD and the Millennium Development Goals (MDGs).

- UNFPA joined the International Health Partnership that was established in September by the Prime Minister of the United Kingdom. The initiative, involving the World Health Organization, the World Bank, UNAIDS, UNFPA, the GAVI Alliance, UNICEF, the Gates Foundation and donor countries such as France, Germany, Norway and the United Kingdom, seeks to meet the health-related MDGs and highlight the benefits of a collective response, taking country perspectives into account. The initial seven "first wave" countries covered by

the initiative are Burundi, Cambodia, Ethiopia, Kenya, Mozambique, Nepal and Zambia.

- The Millennium Development Goals and the devastating AIDS epidemic were on top of the agenda for a group of Nordic parliamentarians who toured Mozambique in January. Organized by the four founding agencies of the United Nations Development Group, including UNFPA, UNDP, UNICEF and the World Food Programme, the tour gave the parliamentarians first-hand experience of United Nations cooperation at the country level. The eight parliamentarians represented both government and opposition parties from Denmark, Iceland, Finland, Norway and Sweden.
- The regional directors of UNFPA, the World Health Organization, UNICEF, the World Bank and the African Development Bank committed to work together to increase progress towards achieving the MDGs through the Harmonization for Health in Africa initiative.
- UNFPA established new partnerships with SOAIDS, the main Dutch NGO working with HIV and sex work, and the Global Network of People Living with HIV. The partnerships will provide a stronger response to the challenge of addressing HIV in Europe, Central Asia and

the Arab States. The collaboration has encouraged creative strategies to prevent HIV/AIDS and increased efforts to respond to the needs of communities and populations at risk with programmes that encourage greater ownership by local communities.

- A number of meetings hosted by the various parliamentary groups and UNFPA during 2007 included a high-level advocacy and policy meeting of the East African Community in September in Tanzania; the Afro-Asian Parliamentarians' Dialogue on Population, Health and Community Capacity Building for Sustainable Development toward the Tokyo International Conference on African Development (TICAD) IV and the Group of Eight (G-8) Summit in 2008; and the G-8 International Parliamentarians' Conference held in August in Germany.

Generating Goodwill to Increase Action on Reproductive Health and Rights

- UNFPA's Goodwill Ambassador in Japan, Yuko Arimori, visited Pakistan to see the work of UNFPA and to talk to women trying to improve their health, in order to relay their messages to their counterparts in Japan. The Japanese

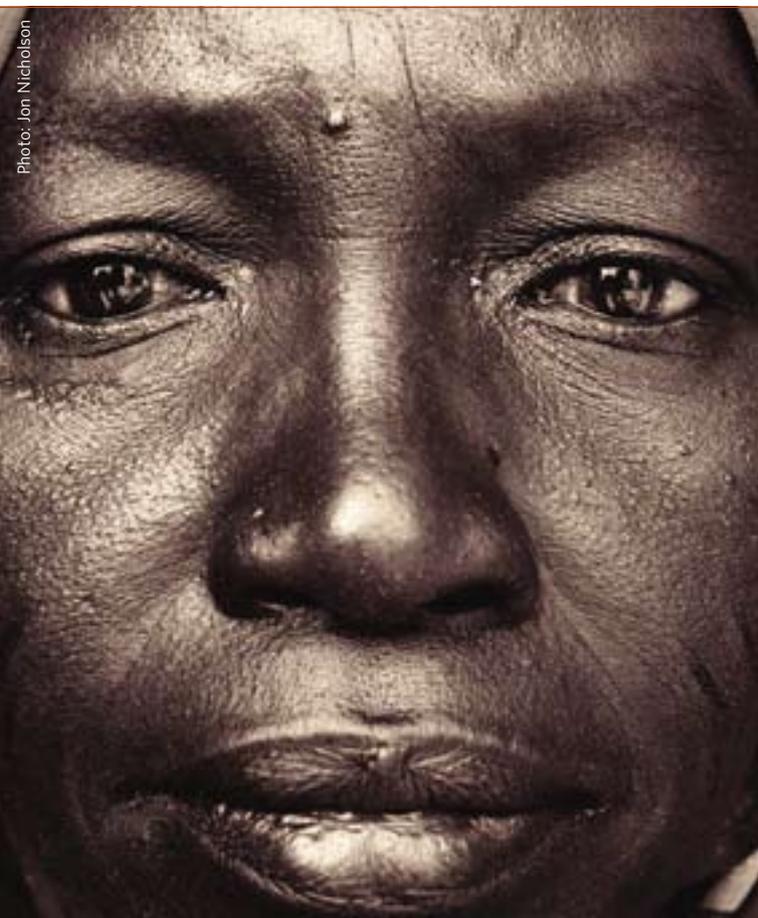


Photo Exhibit Raises Awareness of Women's Plight in Darfur

A powerful touring photo exhibit, which first opened in London, features images of women in the Darfur region of Sudan. The photos, taken by renowned international photographer Jon Nicholson during a trip with UNFPA in 2007, highlight the often-ignored struggles of women in the war-torn region. Since the conflict began in Darfur in 2003, thousands of women have routinely endured rape and other targeted violence against civilians. The photos emphasize the invaluable work of women to preserve their families and communities and call attention to UNFPA's efforts to defend their safety, health and dignity.



Singer and actress Natalie Imbruglia is surrounded by children and educators in Kankara during her December visit to Nigeria as spokesperson for the UNFPA-supported Campaign to End Fistula.

Olympic medalist visited UNFPA-supported projects in Mansehra and Muzaffarabad, where reproductive health services were being provided to the earthquake-affected people. These government projects are jointly supported by UNFPA, the Japanese Government and some national non-governmental organizations.

- Singer/actress Natalie Imbruglia paid a third visit to Nigeria, in her role as spokesperson

for the Campaign to End Fistula, to inspect a newly launched UNFPA project to prevent and treat obstetric fistula. Together with Virgin Unite, the not-for-profit entrepreneurial foundation of the Virgin Group, Ms. Imbruglia has mobilized more than \$1 million for the fistula prevention and treatment project in northern Nigeria. Belgian TV personality and UNFPA Goodwill Ambassador, Goedele Liekens, joined Ms. Imbruglia on the mission.

- A celebrity bowling event in London, hosted by Ms. Imbruglia and Virgin Unite, raised more than \$140,000 for the Campaign to End Fistula. The weekly British magazine, *Hello!*, featured a long article on the event, which was attended by Virgin Group co-founder Richard Branson, UNFPA Goodwill Ambassador and “Spice Girl” Geri Halliwell, British football star Jamie Redknapp, Australian singer Kylie Minogue and other celebrities. Ms. Imbruglia also teamed with Ms. Liekens at an event in Brussels, attended by high-level policymakers and individuals from the Belgian fashion and media scenes, to launch a public awareness campaign on obstetric fistula.



Every year, the Committee for the United Nations Population Award recognizes individuals and institutions for their outstanding contributions to raising awareness of population questions, and to their answers. In 2007, the Award went to four laureates – a first since its establishment in 1981. These laureates, chosen from among 29 international nominees, included Dr. Allan Rosenfield of Columbia University and Dr. Hossein Malek Afzali of Iran’s Ministry of Health and Medical Education, along with Malaysia’s National Population and Family Development Board and Algeria’s National Population Committee. Deputy Secretary-General Asha-Rose Migiro (right) presented the awards during a ceremony held at the United Nations. UNFPA serves as the Committee’s secretariat.

Chapter VI

Resources and Management

Where UNFPA Works

MEXICO CITY

DAKAR

UNFPA at a Glance: 2007

UNFPA worked in 159 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: 1,031

Posts located in the field: 77 per cent

GROUP A

Countries in most need of assistance to realize ICPD goals

SUB-SAHARAN AFRICA

- Angola
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Comoros
- Congo
- Côte d'Ivoire
- Democratic Republic of the Congo
- 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
- Togo
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

ARAB STATES, EUROPE AND CENTRAL ASIA

- Djibouti
- Occupied Palestinian Territory
- Somalia
- Sudan
- Yemen

ASIA AND THE PACIFIC

- Afghanistan
- Bangladesh
- Bhutan
- Cambodia
- India
- Lao People's Democratic Republic
- Maldives
- Myanmar
- Nepal
- Pacific Multi Islands
- Pakistan
- Papua New Guinea
- Timor-Leste

LATIN AMERICA AND THE CARIBBEAN

- Bolivia
- Haiti
- Nicaragua

GROUP B

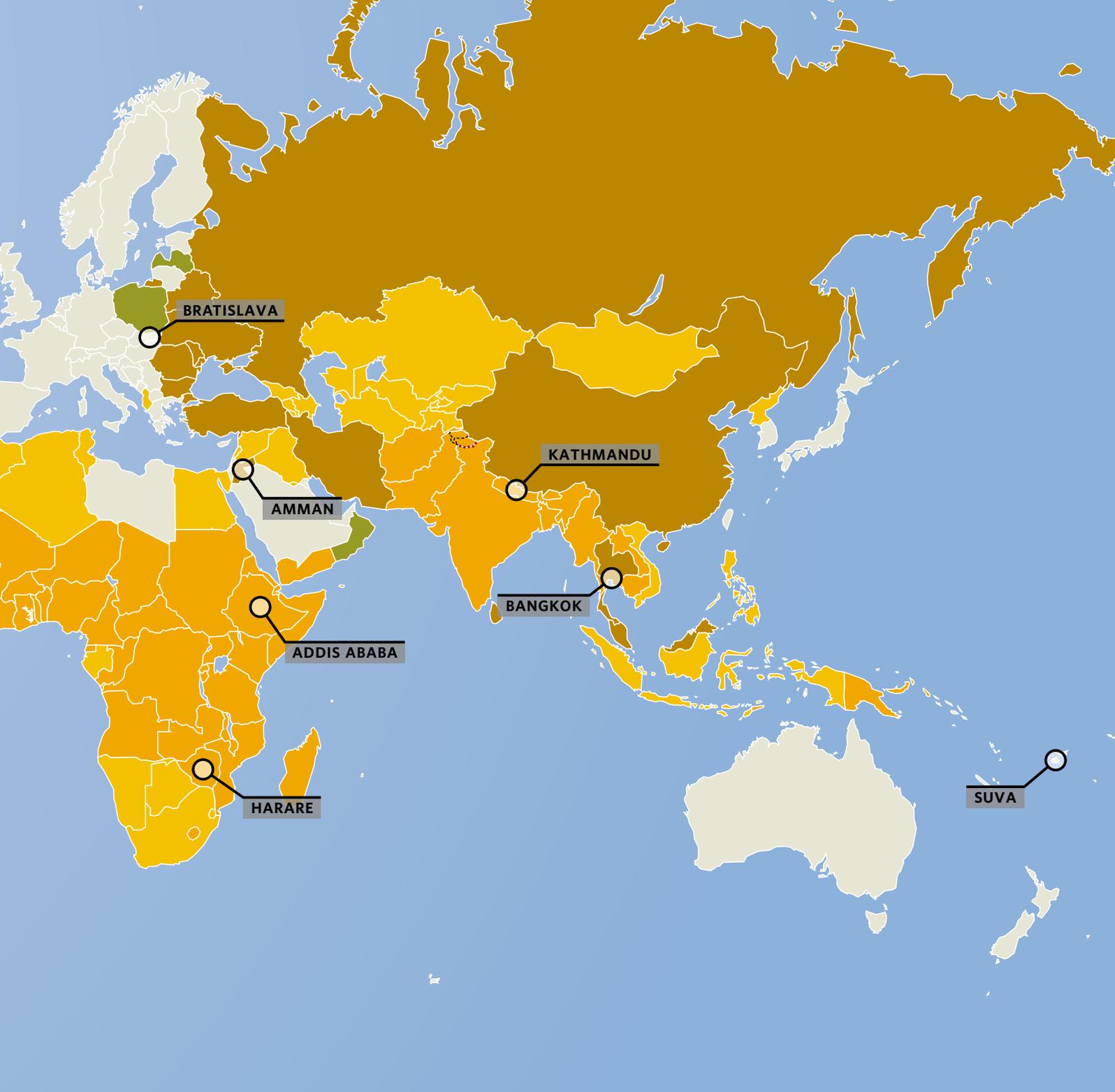
Countries that have made considerable progress towards achieving ICPD goals.

AFRICA

- Botswana
- Gabon
- Namibia
- South Africa
- Swaziland

ARAB STATES, EUROPE AND CENTRAL ASIA

- Albania
- Algeria
- Armenia
- Azerbaijan
- Bosnia and Herzegovina
- Egypt
- Georgia
- Iraq
- Jordan
- Kazakhstan
- Kyrgyzstan
- Lebanon
- Morocco



Syrian Arab Republic
Tajikistan
Tunisia
Turkmenistan
Uzbekistan

ASIA AND THE PACIFIC
Democratic People's Republic of Korea
Indonesia
Mongolia
Philippines
Viet Nam

LATIN AMERICA AND THE CARIBBEAN
Brazil
Caribbean, English- and Dutch-Speaking
Colombia
Costa Rica
Dominican Republic
Ecuador
El Salvador
Guatemala
Honduras
Panama

Paraguay
Peru
Uruguay
Venezuela (Bolivarian Republic of)

GROUP C
Countries that have demonstrated significant progress in achieving ICPD goals.

SUB-SAHARAN AFRICA
Mauritius

ARAB STATES, EUROPE AND CENTRAL ASIA
Belarus
Bulgaria
Republic of Moldova
Romania
Russian Federation
Turkey
Ukraine

ASIA AND THE PACIFIC
China
Iran (Islamic Republic of)

Malaysia
Pacific Multi Islands
Sri Lanka
Thailand

LATIN AMERICA AND THE CARIBBEAN
Argentina
Chile
Cuba
Mexico

GROUP O
Other Countries and Territories

SUB-SAHARAN AFRICA
Seychelles

ARAB STATES, EUROPE AND CENTRAL ASIA
Kosovo (Serbia)
Latvia
Oman
Poland
The former Yugoslav Republic of Macedonia

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.

In 2007, 182 countries around the world contributed a total of \$457.1 million to UNFPA's regular resources. This was the highest number of donor nations and the largest amount of contributions to UNFPA since the organization began its operations in 1969. In 2007, universal access to reproductive health care, including family planning, was adopted as a benchmark for Millennium Development Goal 5 (improving maternal health). This placed the Fund's highest priority squarely at the centre of the global development agenda. UNFPA is the world's largest multilateral source of population assistance to developing countries.

INCOME

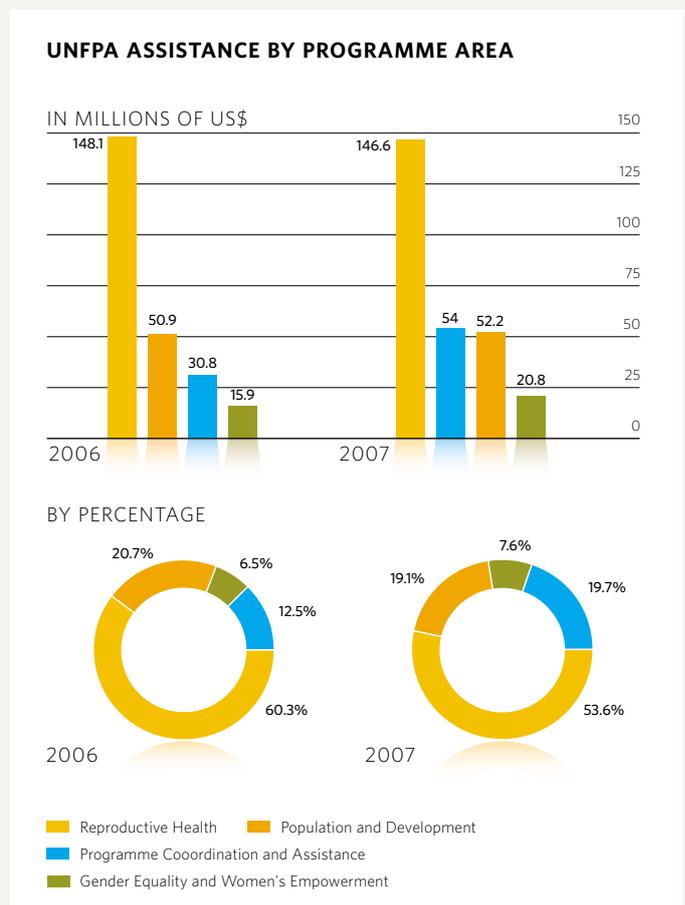
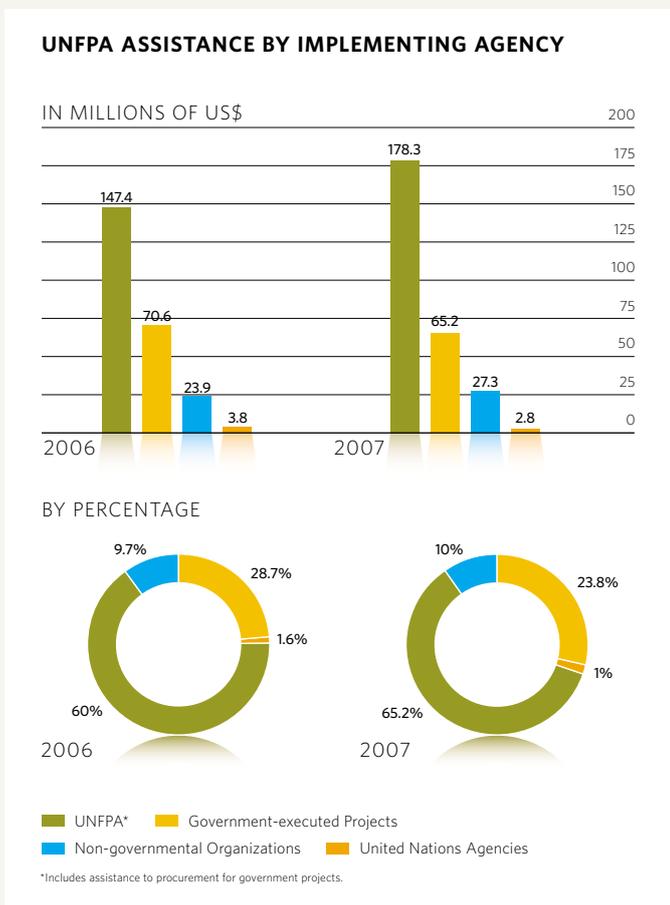
Total regular and other income in 2007 was \$752.2 million, compared to \$605.5 million for 2006.

Regular income in 2007 totaled \$457.1 million, an increase of 17.4 per cent compared to the 2006 income of \$389.3 million. This includes \$419 million in voluntary contributions from governments and private donors, \$18.3 million in interest income, and \$19.8 million in other income. Regular resources provide reliable support for UNFPA country programmes in developing countries, primarily through governmental pledges. They are also used for programme support and management and administration of the organization.

Other contributions in 2007 totaled \$295.1 million, an increase of 36.4 per cent compared to \$216.2 million in 2006. The 2007 figure includes interest and other income of \$8.9 million. Income from other resources is earmarked for specific activities. It includes trust funds, cost-sharing programme arrangements and other restricted funds.

EXPENDITURES

Project expenditures (regular resources) in 2007 totaled \$273.6 million, compared to \$245.7 million in 2006. The 2007 figure includes \$218 million for country programmes, compared to \$197.7 million in 2006; and \$55.6 million for intercountry (regional, inter-regional and headquarters) programmes, compared



to \$48 million for 2006. Technical support services amounted to \$18.6 million.

Of the total regular resourced expenditures, UNFPA provided \$146.6 million in assistance for reproductive health; \$52.2 million for population and development; \$20.8 million for gender equality and women's empowerment; and \$54 million for programme coordination and assistance. These expenditures were authorized by the Executive Director to carry out recommendations approved by the UNFPA Executive Board.

REGIONAL SPENDING

In 2007, UNFPA provided support to 159 developing countries, areas and territories and countries with economies in transition: 45 in sub-Saharan Africa, 36 in the Arab States, Europe and Central Asia region, 42 in Latin America and the Caribbean, and 36 in Asia and the Pacific. Sub-Saharan Africa received the largest percentage of UNFPA assistance at \$95.3 million, followed by Asia and the Pacific at \$79.5 million, the Arab States, Europe and Central Asia region at \$34.3 million and Latin America and the Caribbean at \$25.4 million. Interregional and headquarters assistance amounted to \$39.1 million.

MANAGEMENT

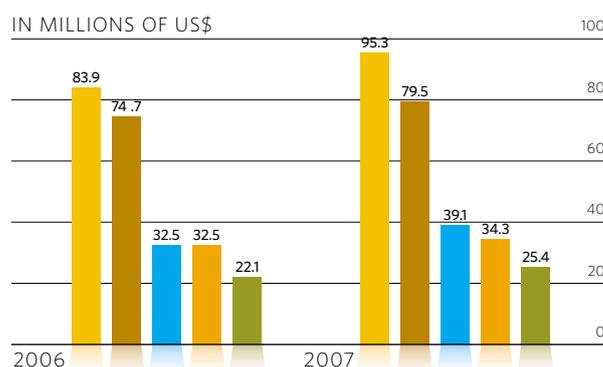
To strengthen UNFPA's results and effectiveness, UNFPA developed and adopted a strategic "master plan" to guide the Fund's actions from 2008-2011. The plan focuses on goals related to three major areas: population and development, reproductive health and rights, and gender equality. These areas are closely linked to the goals and objectives of the ICPD and the Millennium Development Goals.

The plan explicitly maps anticipated outcomes, along with indicators that will offer a tool to measure results. The plan will be implemented through the country, regional and global programmes, with flexibility given to regional and country-level programmes so that they can choose the development frameworks that best reflect their priorities.

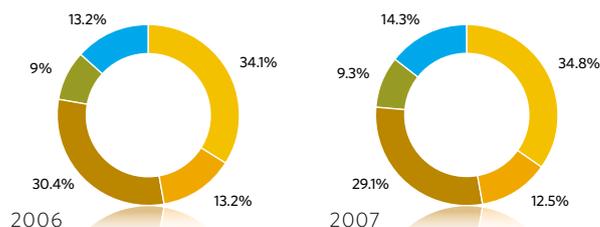
REGIONALIZATION

During the second regular session of the UNFPA Executive Board in September 2007, Member States formally approved UNFPA's organizational structure, designed to make UNFPA a stronger field-centred, more efficient organization and a strategic and key partner for the countries it serves. The new structure is expected to better support UNFPA's strategic vision, goals and outcomes towards the achievement of the ICPD Programme of Action and the Millennium Development Goals. It also supports United Nations reform by promoting better harmonization and coordination among United Nations agencies. The new structure would also allow UNFPA to strengthen its country offices and further promote its commitment to South-South cooperation. UNFPA's new regional offices will be located

UNFPA ASSISTANCE BY GEOGRAPHICAL REGION



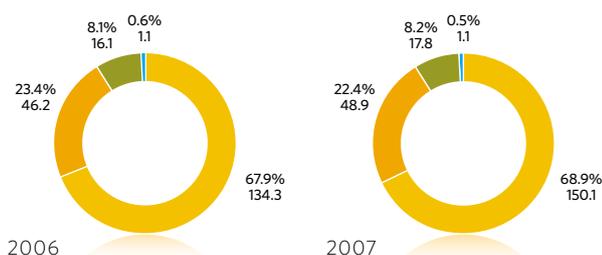
BY PERCENTAGE



■ Africa (Sub-Saharan) ■ Asia and the Pacific
■ Interregional and Headquarters ■ Arab States, Europe and Central Asia
■ Latin America and the Caribbean

EXPENDITURES BY COUNTRY GROUP*

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



■ Group A ■ Group B ■ Group C ■ Other Countries

*Please refer to the map on pages 23-24 for Group Listings.

in Bangkok, Bratislava¹, Cairo, Johannesburg and Panama City. These offices will be supported by six subregional offices. In addition, a new Programme Division and a restructured Technical Division will be established at Headquarters.

HUMAN RESOURCES

Worldwide, UNFPA has 1,031 core staff in authorized budget posts. Forty-six per cent of professional staff members in 2007 were women – one of the highest percentages among United Nations organizations. Seventy-seven per cent of UNFPA’s approved core posts were in the field. In 2007:

- A Global Meeting of more than 300 staff members from country offices and headquarters took place in Princeton, New Jersey, in November. The week-long meeting addressed three key focus areas: United Nations reform and the new aid environment, UNFPA’s mandate and programme delivery, and performance management and accountability. Plenary discussions surrounding these core areas were further supplemented by guest speakers, knowledge-sharing sessions, a learning interlude, and cutting-edge communications programming. The meeting reinforced UNFPA’s commitment to achieving the Millennium Development Goals and implementing the objectives of the ICPD, while highlighting field-focused results and reorganization.
- UNFPA staff continued to enhance their skills through professional development activities. In 2007, “learning days” for UNFPA staff members reached a peak of 6,478, compared to 4,802 days in 2006 and 2,013 days in 2005. On average, each staff member participated in 3.92 learning days.
- A total of 772 UNFPA staff members passed one of six available courses in the Distance-Learning Programme on Population Issues. Every staff member who passes all six available courses now receives an official certificate from Costa Rica University, the programme’s administrator. Several staff participated in “E-Learning” on United Nations security issues and other topics. Others improved their ability to communicate in languages other than their own. More than 300 licenses were distributed to staff members in one of the six official United Nations languages.

All figures for 2007 used in both the text and the tables in this report are provisional.

| UNFPA INCOME AND EXPENDITURE 2007 | |
|--|--------------|
| IN MILLIONS OF US\$ | |
| INCOME | |
| REGULAR RESOURCES | |
| Voluntary Contributions | 419.0 |
| Interest Income | 18.3 |
| Other Contributions | 19.8 |
| Total Regular Income | 457.1 |
| OTHER RESOURCES | |
| Trust Funds | 235.8 |
| Cost-sharing Programme Arrangements | 14.0 |
| Other Arrangements | 36.4 |
| Interest and Other Income | 8.9 |
| Total Other Resources Income | 295.1 |
| TOTAL INCOME | 752.2 |
| EXPENDITURE | |
| REGULAR RESOURCES | |
| Project Expenditures | 273.6 |
| Technical Advisory Programme | 18.6 |
| Total Programme Expenditure | 292.2 |
| Total Other Expenditure, Including Biennial Support Budget | 93.2 |
| Total Regular Expenditure | 385.4 |
| OTHER RESOURCES | |
| Project Expenditures | 243.6 |
| Total Programme Expenditure | 243.6 |
| Total Other Expenditure | 0.0 |
| Total Other Resources Expenditure | 243.6 |
| TOTAL EXPENDITURE | 629.0 |
| INCOME OVER EXPENDITURE | 123.2 |

¹ The question of regional co-location for the United Nations system in Eastern Europe and Central Asia is under discussion in the United Nations Development Group (UNDG).

UNFPA EXPENDITURES FOR 2006 AND 2007 BY REGION
REGULAR RESOURCES*

| REGION | IN MILLIONS US\$ | | % of TOTAL PROG. | |
|---|------------------|-------------|------------------|--------------|
| | 2006 | 2007 | 2006 | 2007 |
| AFRICA (SUB-SAHARAN) | | | | |
| BY PROGRAMME AREA | | | | |
| Reproductive Health | 44.0 | 42.2 | 52.5 | 44.3 |
| Population & Development | 20.6 | 23.4 | 24.6 | 24.5 |
| Gender Equality & Women's Empowerment | 6.7 | 8.4 | 8.0 | 8.8 |
| Programme Coordination & Assistance | 12.6 | 21.3 | 15.0 | 22.4 |
| Total | 83.9 | 95.3 | 100.0 | 100.0 |
| COUNTRY ACTIVITIES BY GROUP | | | | |
| GROUP A | 74.3 | 84.9 | 96.0 | 95.6 |
| GROUP B | 2.9 | 3.8 | 3.8 | 4.3 |
| GROUP C | 0.1 | 0.1 | 0.2 | 0.1 |
| Other Countries | - | - | 0.1 | - |
| Total Country Activities | 77.4 | 88.8 | 100.0 | 100.0 |
| Country Activities | 77.4 | 88.8 | 92.3 | 93.2 |
| Regional Activities | 6.5 | 6.5 | 7.7 | 6.8 |
| Total Region | 83.9 | 95.3 | 100.0 | 100.0 |
| ARAB STATES, EUROPE AND CENTRAL ASIA | | | | |
| BY PROGRAMME AREA | | | | |
| Reproductive Health | 20.8 | 18.0 | 64.0 | 52.5 |
| Population & Development | 6.0 | 7.0 | 18.5 | 20.4 |
| Gender Equality & Women's Empowerment | 2.0 | 1.7 | 6.2 | 5.0 |
| Programme Coordination & Assistance | 3.7 | 7.6 | 11.3 | 22.1 |
| Total | 32.5 | 34.3 | 100.0 | 100.0 |
| COUNTRY ACTIVITIES BY GROUP | | | | |
| GROUP A | 9.4 | 12.7 | 31.6 | 39.4 |
| GROUP B | 16.1 | 14.1 | 54.0 | 43.8 |
| GROUP C | 3.8 | 4.6 | 12.7 | 14.3 |
| Other Countries | 0.5 | 0.8 | 1.8 | 2.5 |
| Total Country Activities | 29.7 | 32.2 | 100.0 | 100.0 |
| Country Activities | 29.7 | 32.2 | 91.5 | 94.9 |
| Regional Activities | 2.8 | 2.1 | 8.5 | 6.1 |
| Total Region | 32.5 | 34.3 | 100.0 | 100.0 |
| ASIA AND THE PACIFIC | | | | |
| BY PROGRAMME AREA | | | | |
| Reproductive Health | 53.0 | 52.5 | 70.9 | 66.0 |
| Population & Development | 12.8 | 11.5 | 17.1 | 14.5 |
| Gender Equality & Women's Empowerment | 3.4 | 4.5 | 4.5 | 5.7 |
| Programme Coordination & Assistance | 5.6 | 11.0 | 7.5 | 13.8 |
| Total | 74.7 | 79.5 | 100.0 | 100.0 |
| COUNTRY ACTIVITIES BY GROUP | | | | |
| GROUP A | 46.0 | 49.1 | 64.4 | 65.3 |
| GROUP B | 15.1 | 16.9 | 21.1 | 22.5 |
| GROUP C | 9.8 | 9.2 | 13.7 | 12.2 |
| Other Countries | 0.6 | - | 0.8 | - |
| Total Country Activities | 71.4 | 75.2 | 100.0 | 100.0 |
| Country Activities | 71.4 | 75.2 | 95.5 | 94.6 |
| Regional Activities | 3.4 | 4.2 | 4.5 | 5.3 |
| Total Region | 74.7 | 79.5 | 100.0 | 100.0 |
| LATIN AMERICA AND THE CARIBBEAN | | | | |
| BY PROGRAMME AREA | | | | |
| Reproductive Health | 9.8 | 10.0 | 44.3 | 39.4 |
| Population & Development | 6.1 | 6.2 | 27.8 | 24.4 |
| Gender Equality & Women's Empowerment | 3.3 | 4.4 | 14.8 | 17.3 |
| Programme Coordination & Assistance | 2.9 | 4.8 | 13.1 | 18.9 |
| Total | 22.1 | 25.4 | 100.0 | 100.0 |
| COUNTRY ACTIVITIES BY GROUP | | | | |
| GROUP A | 4.6 | 5.2 | 24.0 | 23.9 |
| GROUP B | 12.2 | 14.1 | 63.3 | 64.7 |
| GROUP C | 2.4 | 2.5 | 12.6 | 11.5 |
| Other Countries | - | - | - | - |
| Total Country Activities | 19.2 | 21.8 | 100.0 | 100.0 |
| Country Activities | 19.2 | 21.8 | 87.0 | 85.8 |
| Regional Activities | 2.9 | 3.6 | 13.0 | 14.1 |
| Total Region | 22.1 | 25.4 | 100.0 | 100.0 |
| INTERREGIONAL AND HEADQUARTERS | | | | |
| BY PROGRAMME AREA | | | | |
| Reproductive Health | 20.5 | 24.0 | 63.1 | 61.4 |
| Population & Development | 5.4 | 4.0 | 16.6 | 10.2 |
| Gender Equality & Women's Empowerment | 0.6 | 1.9 | 1.8 | 4.8 |
| Programme Coordination & Assistance | 6.0 | 9.3 | 18.5 | 23.7 |
| Total Interregional and Headquarters | 32.5 | 39.1 | 100.0 | 100.0 |

* All data used throughout these tables are provisional. Totals may not add up due to rounding.

TOP DONORS TO UNFPA IN 2007*
CONTRIBUTIONS IN US\$

| DONOR | REGULAR FUNDS ¹ CONTRIBUTIONS | DONOR | OTHER FUNDS ² CONTRIBUTIONS |
|--------------------------------------|--|---|--|
| Netherlands | 79,969,945 | European Commission ³ | 41,842,818 |
| Sweden | 60,715,890 | United Kingdom | 24,357,554 |
| Norway | 58,689,262 | World Bank | 22,158,402 |
| United Kingdom | 40,307,522 | Spain ⁴ | 19,482,147 |
| Japan | 33,257,124 | Luxembourg | 16,184,092 |
| Denmark | 32,553,561 | United Nations Office for the Coordination of Humanitarian Affairs ⁵ | 14,299,258 |
| Germany | 25,298,320 | Norway | 14,044,565 |
| Finland | 20,561,652 | Canada ⁷ | 11,546,555 |
| Private endowment trust ⁶ | 18,302,699 | Joint United Nations Programme on HIV/AIDS | 10,637,371 |
| Spain | 13,904,188 | Netherlands | 8,742,055 |
| Canada | 12,801,724 | Peru | 8,146,134 |
| Switzerland | 10,245,902 | Sweden | 7,794,199 |
| Ireland | 6,000,000 | United Nations Development Programme ⁸ | 6,591,345 |
| Belgium | 4,103,967 | Ireland | 5,480,966 |
| Australia | 3,571,429 | Denmark | 4,306,232 |
| France | 3,285,444 | Japan | 3,447,191 |
| New Zealand | 2,765,578 | Finland | 3,003,561 |
| Italy | 2,702,703 | New Zealand | 2,434,908 |
| Luxembourg | 1,721,854 | Germany ⁹ | 2,369,155 |
| Austria | 1,277,053 | Australia | 2,102,346 |

* 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). Provisional figures as of 31 December 2007.

- 1 Contribution payments received in 2007.
- 2 Payments received for co-financing resources.
- 3 Includes contribution from the European Commission's Humanitarian Aid Office.
- 4 Includes contribution from the Government of Catalonia.
- 5 Includes contribution from the Central Emergency Response Fund, Common Humanitarian Fund and the United Nations Humanitarian Coordinator.
- 6 Contribution is channelled through Americans for UNFPA.
- 7 Includes contribution to joint programming in the Democratic Republic of the Congo, which is for distribution to participating agencies in 2008.
- 8 Includes contribution from the United Nations Peacebuilding Fund and Common Funding Mechanism in Zimbabwe.
- 9 Includes contribution from GTZ, the German Agency for Technical Cooperation.

"We are extremely proud of the unprecedented financial backing we received from the world community in 2007, which underlines a firm appreciation for UNFPA's mandate and work. It also exhibits a keen global understanding of the centrality of population issues, including sexual and reproductive health, for achieving sustainable development."

— *Thoraya Ahmed Obaid, Executive Director, UNFPA*

PROJECT EXPENDITURES IN 2007

IN THOUSANDS OF US\$ (INCLUDES REGULAR AND OTHER RESOURCES)

| GROUP ¹ | SUB-SAHARAN AFRICA | US\$ |
|--------------------|------------------------------------|----------------|
| A | Angola | 2,591 |
| A | Benin | 2,068 |
| B | Botswana | 1,364 |
| A | Burkina Faso | 5,057 |
| A | Burundi | 2,624 |
| A | Cameroon | 3,121 |
| A | Cape Verde | 995 |
| A | Central African Republic | 2,857 |
| A | Chad | 2,923 |
| A | Comoros | 553 |
| A | Congo | 1,792 |
| A | Côte d'Ivoire | 6,483 |
| A | Democratic Republic of the Congo | 13,938 |
| A | Equatorial Guinea | 1,582 |
| A | Eritrea | 1,879 |
| A | Ethiopia | 11,887 |
| B | Gabon | 449 |
| A | Gambia | 711 |
| A | Ghana | 2,755 |
| A | Guinea | 1,440 |
| A | Guinea-Bissau | 1,502 |
| A | Kenya | 3,095 |
| A | Lesotho | 1,348 |
| A | Liberia | 4,815 |
| A | Madagascar | 3,173 |
| A | Malawi | 2,870 |
| A | Mali | 2,974 |
| A | Mauritania | 2,303 |
| C | Mauritius | 123 |
| A | Mozambique | 27,032 |
| B | Namibia | 2,047 |
| A | Niger | 4,054 |
| A | Nigeria | 9,825 |
| A | Rwanda | 2,436 |
| A | Sao Tome & Principe | 434 |
| A | Senegal | 2,762 |
| O | Seychelles | 35 |
| A | Sierra Leone | 2,658 |
| B | South Africa | 1,257 |
| B | Swaziland | 877 |
| A | Togo | 1,240 |
| A | Uganda | 5,827 |
| A | United Republic of Tanzania | 3,563 |
| A | Zambia | 2,349 |
| A | Zimbabwe | 4,834 |
| | Country & Territory Projects Total | 160,502 |
| | Regional Projects | 9,930 |
| | Sub-Saharan Africa Total | 170,432 |

| GROUP ¹ | ASIA AND THE PACIFIC | US\$ |
|--------------------|---------------------------------------|----------------|
| A | Afghanistan | 10,629 |
| A | Bangladesh | 7,795 |
| A | Bhutan | 1,106 |
| A | Cambodia | 3,346 |
| C | China | 4,139 |
| B | Democratic People's Republic of Korea | 1,956 |
| A | India | 13,478 |
| B | Indonesia | 5,814 |
| C | Iran, Islamic Republic of | 1,365 |
| A | Lao People's Democratic Republic | 1,531 |
| C | Malaysia | 613 |
| A | Maldives | 639 |
| B | Mongolia | 3,174 |
| A | Myanmar | 3,900 |
| A | Nepal | 4,980 |
| C | Pacific Multi Islands | 1,363 |
| A | Pacific Multi Islands | 2,045 |
| A | Pakistan | 8,993 |
| A | Papua New Guinea | 1,874 |
| B | Philippines | 5,649 |
| C | Sri Lanka | 3,508 |
| C | Thailand | 1,176 |
| A | Timor-Leste | 2,011 |
| B | Viet Nam | 5,239 |
| | Country & Territory Projects Total | 96,323 |
| | Regional Projects | 7,560 |
| | Asia and the Pacific Total | 103,883 |

| GROUP ¹ | ARAB STATES, EUROPE AND CENTRAL ASIA | US\$ |
|--------------------|---|---------------|
| B | Albania | 664 |
| B | Algeria | 249 |
| B | Armenia | 644 |
| B | Azerbaijan | 861 |
| C | Belarus | 404 |
| B | Bosnia and Herzegovina | 446 |
| C | Bulgaria | 378 |
| A | Djibouti | 754 |
| B | Egypt | 2,572 |
| B | Georgia | 1,497 |
| B | Iraq | 2,280 |
| B | Jordan | 687 |
| B | Kazakhstan | 593 |
| O | Kosovo (Serbia) | 1,199 |
| B | Kyrgyzstan | 570 |
| O | Latvia ² | (2) |
| B | Lebanon | 1,774 |
| C | Moldova | 499 |
| B | Morocco | 2,219 |
| A | Occupied Palestinian Territory | 5,420 |
| O | Oman | 815 |
| O | Poland | 4 |
| C | Romania | 733 |
| C | Russian Federation | 699 |
| A | Somalia | 4,135 |
| A | Sudan | 21,589 |
| B | Syrian Arab Republic | 2,777 |
| B | Tajikistan | 667 |
| O | The former Yugoslav Republic of Macedonia | 134 |
| B | Tunisia | 266 |
| C | Turkey | 3,243 |
| B | Turkmenistan | 766 |
| C | Ukraine | 3,001 |
| B | Uzbekistan | 867 |
| A | Yemen | 1,444 |
| | Country and Territory Projects Total | 64,848 |
| | Regional Projects | 4,091 |
| | Arab States, Europe and Central Asia Total | 68,939 |

| GROUP ¹ | LATIN AMERICA AND THE CARIBBEAN | US\$ |
|--------------------|--|---------------|
| C | Argentina | 617 |
| A | Bolivia | 2,151 |
| B | Brazil | 1,491 |
| B | Caribbean, English- and Dutch-Speaking | 2,483 |
| C | Chile | 195 |
| B | Colombia | 2,736 |
| B | Costa Rica | 523 |
| C | Cuba | 589 |
| B | Dominican Republic | 1,059 |
| B | Ecuador | 1,066 |
| B | El Salvador | 1,427 |
| B | Guatemala | 4,102 |
| A | Haiti | 4,238 |
| B | Honduras | 1,931 |
| C | Mexico | 2,134 |
| A | Nicaragua | 4,197 |
| B | Panama | 695 |
| B | Paraguay | 907 |
| B | Peru | 12,852 |
| B | Uruguay | 1,238 |
| B | Venezuela (Bolivarian Republic of) | 1,726 |
| | Country and Territory Projects Total | 48,357 |
| | Regional Projects | 4,655 |
| | Latin America and the Caribbean Total | 53,012 |

| TOTAL PROJECT EXPENDITURES | US\$ |
|--|----------------|
| Country Projects | 370,030 |
| Regional Projects | 26,236 |
| Interregional and Headquarters Projects | 81,452 |
| Procurement Services, Junior Professional Officers and Other Programmes | 39,400 |
| GRAND TOTAL | 517,118 |

- 1 Please refer to the map on pages 23-24 for Group Listings.
- 2 Parentheses are negative numbers, indicating adjustments or credits to project expenditures.

DONOR PLEDGES AND PAYMENTS FOR 2007
CONTRIBUTIONS IN US\$

| GOVERNMENT/DONOR | PLEDGES FOR CURRENT YEAR ¹ | PAYMENTS RECEIVED ² | GOVERNMENT/DONOR | PLEDGES FOR CURRENT YEAR ¹ | PAYMENTS RECEIVED ² |
|---------------------------------------|---------------------------------------|--------------------------------|---|---------------------------------------|--------------------------------|
| Afghanistan | 500 | 500 | Malawi | 3,000 | - |
| Albania | 100 | - | Malaysia | 215,000 | 245,000 ⁴ |
| Algeria | 10,000 | 10,000 ³ | Maldives | 5,000 | 5,000 |
| Andorra | 28,384 | 28,384 | Mali | 7,021 | - |
| Angola | 5,000 | - | Malta | 1,000 | 1,000 |
| Antigua and Barbuda | 1,000 | 1,000 | Marshall Islands | 2,000 ⁷ | - |
| Argentina | 3,000 | 5,000 ⁴ | Mauritania | 1,848 | 9,238 ⁴ |
| Armenia | 1,000 | 1,000 | Mauritius | 3,107 | 3,107 |
| Australia | 3,488,372 | 3,571,429 | Mexico | 50,301 | 50,301 |
| Austria | 1,277,053 | 1,277,053 | Micronesia (Federated States of) | 1,000 | 3,000 ⁵ |
| Azerbaijan | 3,441 | - | Moldova | 200 ⁷ | - |
| Bahamas | 1,000 | - | Monaco | 6,824 | 6,824 |
| Bahrain | 7,500 | 7,500 | Mongolia | 4,000 | 8,000 ⁴ |
| Bangladesh | 28,063 | 31,079 ⁵ | Montenegro | 300 | 300 |
| Barbados | 5,000 | 5,000 | Morocco | 10,349 | 10,349 |
| Belgium | 3,947,368 | 4,103,967 | Mozambique | 2,000 | 2,000 |
| Belize | 4,984 | 4,984 | Myanmar | 158 | - |
| Benin | 4,353 | 8,353 ⁴ | Namibia | 1,000 | 2,000 ⁵ |
| Bhutan | 5,650 | 5,650 | Nepal | 5,610 | 6,202 |
| Bolivia | 4,086 | 3,986 | Netherlands | 77,023,684 | 79,969,945 |
| Bosnia and Herzegovina | 1,500 | 1,500 | New Zealand | 2,765,578 | 2,765,578 |
| Botswana | 4,500 | - | Nicaragua | 3,164 | 3,164 |
| Brazil | 11,000 | - | Niger | 10,000 | 6,246 ⁶ |
| Bulgaria | 2,000 | 2,000 | Nigeria | 31,167 ⁷ | - |
| Burkina Faso | 1,857 | - | Norway | 52,950,558 | 58,689,262 |
| Burundi | 881 | 2,816 ⁴ | Occupied Palestinian Territory | 1,000 | 1,000 |
| Cambodia | 3,500 | 3,500 | Oman | 26,008 | 26,008 |
| Cameroon | 20,059 | 19,569 ⁶ | Pakistan | 502,407 | 502,407 |
| Canada | 12,801,724 | 12,801,724 | Palau | 50 | - |
| Cape Verde | 1,182 ⁷ | - | Panama | 12,000 | 12,000 |
| Central African Republic | 2,500 | 1,413 ⁶ | Papua New Guinea | 3,676 | 3,650 |
| Chad | 25,000 | 105,610 ⁸ | Paraguay | 300 | 300 |
| Chile | 5,000 | 5,000 | Peru | 2,000 | - |
| China | 900,000 | 900,000 | Philippines | 44,643 | 29,505 ⁶ |
| Colombia | 40,285 | 40,285 | Poland | 10,000 | 10,000 |
| Comoros | 500 | - | Portugal | 200,000 | 200,000 |
| Congo | 48,142 | 12,035 ⁶ | Qatar | 30,000 | 30,000 |
| Cook Islands | 1,056 | - | Republic of Korea | 130,000 | 130,000 |
| Costa Rica | 10,020 | 10,020 | Romania | 10,421 | 10,421 |
| Côte d'Ivoire | 10,000 | - | Russian Federation | 300,000 | 300,000 |
| Croatia | 20,000 | 20,000 | Rwanda | 300 | - |
| Cuba | 5,000 | 5,000 | Saint Kitts and Nevis | 500 ⁷ | - |
| Cyprus | 1,500 | - | Saint Lucia | 500 | - |
| Czech Republic | 121,454 | 121,454 | Samoa | 1,000 | 1,000 |
| Democratic People's Republic of Korea | 1,439 | - | San Marino | 1,028 | 1,028 |
| Democratic Republic of the Congo | 5,000 | - | Sao Tome and Principe | 3,014 | 3,014 |
| Denmark | 31,971,581 | 32,553,561 | Saudi Arabia | 500,000 | 300,000 |
| Dominica | 200 | 200 | Senegal | 18,053 | - |
| Dominican Republic | 10,000 | - | Serbia | 100 | - |
| Ecuador | 2,000 | 2,000 | Seychelles | 1,947 | - |
| Egypt | 98,074 | 262,697 ⁹ | Sierra Leone | 10,017 | - |
| El Salvador | 1,000 | 1,000 | Slovak Republic | 6,579 | 6,579 |
| Equatorial Guinea | 41,029 | 209,469 ⁵ | Slovenia | 10,000 | 20,000 ⁵ |
| Eritrea | 2,000 | 2,000 | Solomon Islands | 200 | - |
| Estonia | 25,262 | 46,046 ¹⁰ | Somalia | 100 | - |
| Ethiopia | 3,375 | - | South Africa | 23,143 | 23,143 |
| Fiji | 1,471 ⁷ | - | Spain | 13,513,514 | 13,904,188 |
| Finland | 20,294,985 | 20,561,652 | Sri Lanka | 18,000 | 18,000 |
| France | 3,285,444 | 3,285,444 | Sudan | 32,564 | 53,819 ⁴ |
| Gabon | 19,349 | - | Suriname | 2,000 | 2,000 |
| Gambia | 9,556 | 19,172 ⁴ | Swaziland | 10,000 ⁷ | - |
| Georgia | 1,656 | 1,656 | Sweden | 58,526,012 | 60,715,890 |
| Germany | 25,298,320 | 25,298,320 | Switzerland | 10,245,902 | 10,245,902 |
| Ghana | 12,500 | - | Syrian Arab Republic | 10,328 | 10,328 |
| Greece | 10,000 | 10,000 | Tajikistan | 203 | 203 |
| Grenada | 100 | 100 | Thailand | 96,000 | 192,000 ⁵ |
| Guatemala | 5,035 | 5,035 | The former Yugoslav Republic of Macedonia | 1,500 | - |
| Guinea | 4,000 | - | Timor-Leste | 500 | 500 |
| Guinea-Bissau | 50 | 150 ⁴ | Togo | 6,018 | 12,838 ⁴ |
| Guyana | 500 | - | Tonga | 1,000 | - |
| Haiti | 10,000 | 20,000 ⁴ | Trinidad and Tobago | 5,000 | 5,000 |
| Honduras | 3,386 | 3,386 | Tunisia | 19,752 | 19,752 |
| Hungary | 8,000 | 10,000 ⁴ | Turkey | 140,000 | 140,000 |
| Iceland | 200,000 | 200,000 | Turkmenistan | 2,000 | 2,000 |
| India | 222,222 | 222,222 | Tuvalu | 3,000 | - |
| Indonesia | 35,776 | 35,776 | Uganda | 10,000 | 29,805 ⁵ |
| Iran (Islamic Republic of) | 60,000 | 50,000 ⁶ | Ukraine | 1,000 | - |
| Iraq | 250 | 250 | United Kingdom | 39,138,943 | 40,307,522 |
| Ireland | 6,000,000 | 6,000,000 | United Republic of Tanzania | 5,582 | - |
| Israel | 10,000 | 5,000 | Uruguay | 5,000 | 5,000 |
| Italy | 2,666,667 | 8,602,408 ⁵ | Uzbekistan | 1,603 | 1,603 |
| Jamaica | 1,000 | 1,000 | Vanuatu | 892 ⁷ | - |
| Japan | 33,257,124 | 33,257,124 | Venezuela (Bolivarian Republic of) | 10,000 | 10,000 |
| Jordan | 50,071 | 50,071 | Viet Nam | 4,256 | 4,256 |
| Kazakhstan | 45,000 | 50,000 ⁴ | Yemen Arab Republic | 15,000 | 15,000 |
| Kenya | 9,915 | 10,286 | Zambia | 5,963 | 6,355 |
| Kuwait | 10,000 | 20,000 ⁴ | Zimbabwe | 685 | 1,042 ⁴ |
| Lao People's Democratic Republic | 1,500 | 3,000 ⁴ | Private Contributions | 298,727 | 298,727 |
| Latvia | 1,000 | 1,000 | | | |
| Lebanon | 2,000 | - | SUBTOTAL | 405,385,576 | 425,046,258 |
| Lesotho | 2,542 | - | ADD: GAIN ON FOREIGN EXCHANGE | 13,592,518 | |
| Liberia | 10,000 ⁷ | - | TOTAL | 418,978,094 | 425,046,258 |
| Liechtenstein | 8,019 | 8,019 | PRIVATE ENDOWMENT TRUST¹¹ | 18,302,699 | 18,302,699 |
| Luxembourg | 1,710,526 | 1,721,854 | GRAND TOTAL | 437,280,793 | 443,348,958 |
| Madagascar | 8,342 | 1,250 ⁶ | | | |

1 Official written pledges received as of 31 December 2007.
2 Actual payments received as of 31 December 2007.
3 Payment for 2007 made in 2006.
4 Payments for 2007 and prior years.

5 Includes payments for 2007 and future years.
6 Payment for 2006.
7 Payment of 2007 pledge was received in prior years.
8 Includes payments for 2007, prior and future years.

9 Includes payments for 2006 and prior years.
10 Payment for 2008.
11 Payment is channelled through Americans for UNFPA.



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