



# ANNUAL REPORT 2008



## Photos:

### Cover:

A young Guatemalan girl raising her hand during class. The girl, a student at a school in El Llano, is participating in a UNFPA-supported programme that aims to increase opportunities for adolescent indigenous girls.

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### Foreword:

Ban Ki-moon, Secretary-General of the United Nations.

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### From the Executive Director:

Thoraya Ahmed Obaid, Executive Director of UNFPA.

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### Reproductive Health and Safe Motherhood:

Clients waiting at a UNFPA-supported clinic in Panama. The clinic serves the indigenous Ngöbe-Buglé people, who are among the poorest in Latin America.

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### Culture, Gender and Human Rights:

A Bolivian father carrying his son.

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### Helping in Emergencies:

A young girl getting water at a UNFPA-assisted camp for internally displaced persons in Chad.

© Micah Albert

### Poverty, Population and Development:

A fisherman casts his net in the water along Wataboo beach in Baucau, Timor-Leste.

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### Building Support:

UNFPA Goodwill Ambassador Geri Halliwell in front of the United States Capitol building, where she met with members of Congress in February. The singer spoke with legislators about the serious health issues facing women and mothers worldwide.

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### Resources and Management:

A student couple receiving counselling on safe sex and family planning at a youth-friendly service centre located at the University Hospital in Ankara, Turkey. UNFPA provides equipment and supplies to the centre.

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# 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.*

## Foreword

Financial turmoil, climate change, threats to peace and other challenges underscore the interdependence of population, development and environment issues—and the importance of the United Nations Population Fund’s life-saving work.

As this report documents, UNFPA strives to ensure that pregnancies are wanted, that young people can protect themselves against HIV, and that women and girls are treated with respect. The Fund also helps to protect vulnerable groups from violence and discrimination, uphold reproductive rights, and empower people to fulfil their potential.

In 2008, UNFPA intensified its efforts to support countries in achieving Millennium Development Goal 5 on improving maternal health—work that is all the more critical given that progress on this Goal has been slower than on any other.

The Fund is also assisting many countries in preparing for the 2010 round of censuses. This exercise will yield important data that can help governments to craft effective policies and strategies for tackling poverty and providing social services and opportunities to vulnerable groups and people.

These activities make a tremendous difference in the lives of individuals: the youth who learns to avoid HIV infection; the mother who survives a difficult childbirth; the girl who is able stay in school. And collectively, they will benefit whole societies, helping in response to the global challenges of today while laying the groundwork for a more sustainable tomorrow.

This report details the important achievements of the Fund in 2008; I commend it to policymakers and all others concerned about the future of our world.



A handwritten signature in black ink that reads "Ki Moon Ban". The signature is written in a cursive, flowing style.

Ban Ki-moon  
*Secretary-General of the United Nations*

## From the Executive Director

**W**orld leaders now recognize that improving reproductive health, advancing gender equality and integrating population analysis into development planning can mean the difference between achieving—or missing—the Millennium Development Goals.

In 2008, UNFPA, the United Nations Population Fund, continued to support countries in carrying forward the Programme of Action of the International Conference on Population and Development. This agenda contributes substantially to the achievement of the Millennium Development Goals, particularly those that aim to end extreme poverty, promote gender equality, improve maternal health, reduce child mortality and combat HIV/AIDS.

By supporting countries to expand sexual and reproductive health services, UNFPA contributed to progress in achieving Millennium Development Goal 5 to improve maternal health. In 2008, UNFPA joined forces with UNICEF, the World Health Organization and the World Bank to accelerate action to reduce maternal deaths in 60 of the most-affected countries. To catalyse funding, UNFPA initiated a \$500 million Maternal Health Trust Fund, which is already helping improve the health of mothers and newborns in 11 countries. UNFPA stands by its belief that no woman should die giving life.

In 2008, the Campaign to End Fistula reached an important milestone when it announced that it had quadrupled in size. The Campaign now reaches more than 45 countries in Africa, Asia and the Arab States, compared to 12 countries when the Campaign was launched in 2003. Since it began, the Campaign has helped more than 12,000 women receive fistula treatment, and more than 20 countries have integrated fistula programmes into their national strategies, policies and plans.

To stop the spread of HIV/AIDS, particularly among women and youth, UNFPA continued to support countries to more fully integrate sexual and reproductive health and HIV prevention. UNFPA also moved forward to ensure reproductive health commodity security: 80 countries now have national budget lines for contraceptives and other reproductive health supplies.

To support countries in the 2010 census round, UNFPA provided technical and financial assistance. Support was provided to strengthen national capacity for collecting, analysing and using data to guide poverty-reduction programmes and measure progress in meeting internationally agreed development goals.

In 2008, UNFPA responded to humanitarian crises in 50 countries by providing medical supplies and equipment, and technical assistance to governments and partners to help vulnerable women, men and youth, many of whom were internally displaced or refugees.



As in previous years, most of UNFPA's work in 2008 benefited from our indispensable partnership with governments, non-governmental organizations and the private sector. I firmly believe that partnerships are the only way forward if our ideals of human rights are to become living realities for every man and woman, young and old.

I have worked with committed colleagues in UNFPA to institutionalize a culturally sensitive

approach, a "cultural lens," to our humanitarian and development work. We have done so based on the wisdom we have gained over the years—that sustainable social change must be deeply rooted. At the heart of our work lies a focus on human rights and human dignity. We believe that all individuals have inherent worth and a right to reach their full potential.

Culture was the focus of *The State of the World Population* report in 2008. One of the main messages is that change cannot be imposed from the outside; to be lasting, change must come from within. Our experience shows that cultural knowledge and awareness and working closely with local agents of change serve to promote and protect human rights, including the rights of women.

In 2008, UNFPA convened the first Global Forum of Faith-Based Organizations, which brought together more than 160 religious leaders and representatives of faith-based organizations, culminating in the launch of an Interfaith Network on Population and Development. Members of the Network agreed to work together on issues such as HIV/AIDS, maternal health and ending discrimination and violence against women.

As part of United Nations reform, UNFPA continued to improve accountability, oversight and management. To be closer to those we serve, we relocated regional offices from our New York headquarters to the respective regions. The move will improve connections with countries and foster more rapid response to their needs and also foster better monitoring and evaluation. A top priority is strengthening the capacity of national and regional institutions as networks of knowledge and expertise to support countries in carrying the International Conference on Population and Development agenda forward.

UNFPA takes pride in the progress we made in 2008. Looking forward, we will continue to support countries in maintaining and advancing development gains and protecting the well-being of the most vulnerable, especially women and children, as the financial crisis unwinds and concerted steps are taken towards recovery.

Thoraya Ahmed Obaid



## REPRODUCTIVE HEALTH AND SAFE MOTHERHOOD

Promoting the health of mothers and their children by reducing maternal deaths and injuries, preventing HIV and providing life-saving reproductive health supplies and services

Janice Banaag, 18, is a new mother. She resides in Tondo, a densely populated area of slums and industry in Manila in the Philippines. She, husband Joell and baby Janelle live in a small windowless room. They survive on Joell's earnings as a pedicab driver. While most births in Tondo take place at home without a skilled attendant, Janelle was born safely at a mother-child clinic run by the Zone One Tondo Organization, supported by UNFPA. The clinic also offers prenatal and post-natal exams and family planning services. After Janelle's birth, Janice returned to the clinic for an intrauterine device. Though she wants another child some day, she prefers to wait until she has saved more money.



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Reproductive health is essential to the overall well-being of women, children and families. Reproductive health incorporates the protection and promotion of reproductive rights for individuals and couples through access to comprehensive health services and information to meet sexual and reproductive needs, relating to both physical and mental health.

Reproductive ill-health accounts for about one sixth of the worldwide burden of illness and premature death, and one third of illness and premature death among women of reproductive age. Unintended pregnancies, maternal deaths and injuries and sexually transmitted infections, including HIV, continue to plague people—particularly the poor—everywhere.

One of the main goals of the UNFPA Strategic Plan for 2008–2011 is to improve quality of life through universal access to reproductive health by 2015 and universal access to comprehensive HIV prevention by 2010.

Improving reproductive health, particularly reducing maternal mortality and morbidity, requires reliable, functioning health-care systems and adequate human resource planning and policies. In 2008, UNFPA developed a reproductive rights and sexual and reproductive health framework to provide overall guidance and cohesive UNFPA action to implement the reproductive health and rights elements of the UNFPA Strategic Plan. The framework builds on the goals of the International Conference on Population and Development of 1994, the Millennium Summit and the Millennium Development Goals in 2000, the

2005 World Summit and the addition in 2007 of the goal of universal access to reproductive health to Millennium Development Goal 5, which aims to improve maternal health. These high-level international agreements call on the international community to make greater efforts to improve maternal and child health and to make universal access to reproductive health a reality. The agreements also frame UNFPA's response within the changing aid environment and within increased attention to and in the interest of strengthening health systems overall.

In 2008, UNFPA continued to support access to a package of sexual and reproductive health services through its integration into public policies, health plans and regulatory systems.

Because mental health has often been overlooked or marginalized in the field of reproductive health, UNFPA and the World Health Organization published a report, *Mental Health Aspects of Women's Reproductive Health: A Global Review of the Literature*. The report, aimed at helping inform health professionals, policy-makers and others about the links between mental and reproductive health, describes biological, psychological and social factors and explores options for an integrated approach to mental and reproductive health.

## **SAVING THE LIVES OF MOTHERS AND NEWBORNS**

More than 500,000 women die during pregnancy or childbirth each year, with many more suffering from pregnancy-related injuries. One million newborns die within their first 24 hours of life. Ninety-nine per cent



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A mother and her baby in Kathmandu, Nepal.

of maternal deaths occur in developing countries. Most maternal and newborn deaths can be prevented through strategic, life-saving and cost-effective interventions, such as family planning, emergency obstetric care and the presence of skilled birth attendants during deliveries. The global momentum to prevent these deaths is building.

UNFPA, to achieve the goals set out in the organization's Strategic Plan for 2008–2011, strives to increase access to and use of maternal health services to reduce maternal mortality and morbidity, and promotes a “continuum of maternal health care” as part of reproductive health and the right to health.

UNFPA is already helping countries upgrade clinics and hospitals that serve pregnant women, train midwives and other medical staff, provide family planning supplies and programmes to enable women to safely space their births, and promote local demand for reproductive health services and information. UNFPA also builds countries' capacities to develop and implement national plans and strategies for reducing maternal death and improving reproductive health for all women.

In September 2008, UNFPA united with the World Bank, the World Health Organization and the United Nations Children's Fund (UNICEF) to accelerate action to improve maternal and newborn health in 60 countries with the highest rates of maternal mortality. “We will support countries in strengthening their health systems to achieve the two Millennium

Development Goal 5 targets of reducing the maternal mortality ratio by 75 per cent and achieving universal access to reproductive health by 2015,” the organizations pledged in a statement issued jointly at the start of a high-level event on the Millennium Development Goals in New York. “Maternal mortality is the largest health inequity in the world,” the statement added. “Ninety-nine per cent of maternal deaths occur in developing countries—half of them in Africa.”

### Highlights

At its annual meeting, the Group of Eight industrialized nations renewed their endorsement of the Millennium Development Goals, with a particular commitment to improving maternal and reproductive health. The Group of Eight issued a joint statement vowing to make reproductive health “widely accessible” through actions such as improving access to health care and preventing mother-to-child transmission of HIV.

The Countdown to 2015 for Maternal, Newborn and Child Survival conference, in Cape Town, South Africa, concluded with a commitment by global health experts, policymakers and parliamentarians to increase investments to reduce maternal and child mortality. *Tracking Progress in Maternal, Newborn and Child Survival*, a report released at the conference, revealed that few of the 68 developing countries that account for 97 per cent of maternal and child deaths worldwide are making fast enough progress to prevent maternal, infant and child deaths. The UNFPA-backed report offered a wake-up call to governments and others, with information on the latest trends in life-saving interventions to reduce maternal and child deaths.

UNFPA and the International Confederation of Midwives launched a programme to increase the number of births attended by midwives in developing countries. The initiative will focus on developing a sustainable midwifery workforce and strengthening midwifery education and standards as part of broader efforts to strengthen health-care systems in 11 countries.

UNFPA launched its Thematic Fund for Maternal Health to raise nearly \$500 million to reduce maternal mortality and morbidity in 68 countries. In 2007 and 2008, the fund raised \$25 million in pledges and

contributions, including \$5 million for the midwifery programme. The fund began operating in 11 countries with rapid reviews of each country's plans for improving maternal and newborn health, identification of gaps and challenges, and consultations with national stakeholders to determine a course of action.

To strengthen national health systems, UNFPA, UNICEF and Columbia University's Averting Maternal Death and Disability Programme agreed to jointly establish a network of institutions and experts to build national and regional capacity in emergency obstetric and newborn care.

## **FAMILY PLANNING**

Family planning is a key component to reaching Millennium Development Goal 5 for the improvement of maternal health. Access to basic family planning can reduce maternal deaths by as much as one third and child deaths by as much as one fifth. Despite the critical need for family planning, funding for supplies has virtually stagnated since 2001, according to a UNFPA report issued in 2008: *Donor Support for Contraceptives and Condoms for STI/HIV Prevention 2007*. In addition, family planning is usually left out of the planning, budgeting and implementing of maternal health programmes.

Secretary-General Ban Ki-moon, in his statement on World Population Day 2008, urged the world to "focus on the critical importance of family planning if we are to successfully achieve the Millennium Development Goals."

In 2008, UNFPA continued efforts to ensure universal access to reproductive health and the right of all people to decide the number and timing of their children. UNFPA has family planning programmes in 140 countries and works with governments, civil society and United Nations partners to forecast needs, provide and coordinate the distribution of contraceptives and maternal health supplies and build each country's logistical capacities.

### **Highlights**

UNFPA provided family planning supplies and services in emergency situations, where access to such services is often compromised. UNFPA supported

refugees and internally displaced populations by providing nearly 7 million male condoms and 440,000 female condoms to 26 conflict or post-conflict countries through the Office of the United Nations High Commissioner for Refugees.

In Nicaragua, government funds covered 1 per cent of contraceptives used in 2006, about 10 per cent in 2007 and about 36 per cent in 2008.

*Reducing Unmet Need for Family Planning: Evidence-Based Strategies and Approaches* offered brief, clear suggestions that programme managers, policymakers and others may use to address the unmet need for family planning. The joint UNFPA-PATH publication draws on the latest scientific research and evidence on reproductive health programming.

## **REPRODUCTIVE HEALTH COMMODITIES**

Commodities, such as contraceptives and medicines for emergency obstetric care, prevent unintended pregnancies, facilitate reproductive health and avert the spread of HIV. Lack of access to affordable commodities has been one major obstacle to universal access to reproductive health and HIV prevention, according to the UNFPA Strategic Plan for 2008–2011. UNFPA is the lead United Nations agency working with the private and public sectors to ensure that the right quantities of commodities reach the right people, at affordable prices. UNFPA also chairs two of the three working groups of the Reproductive Health Supply Coalition, a global partnership of more than 70 multilateral and bilateral organizations, private foundations, national governments, civil society groups and private companies, to ensure that all people in low- and middle-income countries can access supplies. As of 2008, 80 countries had national budget lines for contraceptives and other reproductive health supplies.

In 2008, UNFPA continued to ensure that national commodity systems and plans were strengthened. To meet urgent reproductive health commodity needs and avoid supply "stock outs" in 2008, UNFPA provided technical assistance for logistics and information systems and about \$20 million of reproductive health commodities to some 60 countries. These commodities included about 196 million male condoms and

2.9 million female condoms, along with other contraceptives and drugs to protect maternal health.

### **Highlights**

Continued funding from the Global Programme to Enhance Reproductive Health Commodity Security enabled UNFPA to expand its support to governments to mainstream reproductive health commodity security into national health policies, programmes, budgets and plans in four more countries: Haiti, the Lao People's Democratic Republic, Madagascar and Niger. The programme acts as a catalyst for national action and the prioritization and mainstreaming of reproductive health commodity security into national health policies, programmes, budgets and plans.

In Ethiopia, Global Programme funds are covering reproductive health commodity security to complement a \$110 million, five-year Ministry of Health initiative to implement a new nationwide health commodity supply system. In Nicaragua, Global Programme funds were used to integrate reproductive health and commodity security into the Ministry of Health's National Sexual and Reproductive Health Strategy.

Global Programme funds are also helping build the capacity of regional institutions that can provide technical support for national reproductive health and commodity security.

UNFPA used its "RHCS Dashboard" tool to monitor and track global progress towards reproductive health commodity security, giving countries scores that measure their overall progress in six key categories. The Fund's Country Commodity Manager software, used in 89 countries, helps manage and report data on supplies at warehouses.

UNFPA worked with parliamentarians, regional communities and other key stakeholders to increase support for reproductive health commodity security. UNFPA and the Eastern Africa Community organized a meeting of the East Africa Inter-Parliamentary Forum on Health, Population and Development during which five countries developed detailed action plans.

At the global level, the Thematic Fund for Reproductive Health Commodity Security helped UNFPA work with national governments and development partners to promote reproductive health commodity security. In 2008, targeted advocacy work was carried out at the regional and country levels, leading to increased government funding of budget lines for reproductive health commodities. In Burkina Faso, for example, the national budget contribution for contraceptives rose to 32 per cent in 2007 and to 89 per cent in 2008.

### **LEADING THE FIGHT AGAINST FISTULA**

The Global Campaign to End Fistula, created by UNFPA and other partners, aspires to eliminate obstetric fistula by 2015. Obstetric fistula is a preventable and treatable childbearing injury that leaves women incontinent and often socially isolated. In 2008, the Campaign to End Fistula reached an important milestone when it announced that it had quadrupled in size. The campaign now reaches more than 45 countries in Africa, Asia and the Arab States, compared to 12 countries when it was launched in 2003. Since 2003, the campaign has helped more than 12,000 women receive fistula treatments, and more than 20 countries have integrated fistula into their national strategies, policies and plans. These efforts reinforce actions to achieve Millennium Development Goal 5 to improve maternal health.

In 2008, as a result of the campaign, about 4,000 women received fistula treatment with support from UNFPA; more than 2,000 professionals received training to provide fistula prevention, treatment and reintegration services; and the capacity to manage and treat fistula was strengthened in 104 health facilities in 20 countries.

The campaign's achievements were recognized in 2008 with an award from the United Nations Development Programme. The award cited the campaign's innovative and outstanding efforts to facilitate collaboration and the sharing of knowledge and expertise among developing countries.

### **Highlights**

Secretary-General Ban Ki-moon released the first-ever report by a Secretary-General on fistula. Issued in



AIDS Awareness Day in Tegucigalpa, Honduras. The event was sponsored by UNFPA.

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response to a General Assembly resolution, the report, which UNFPA contributed to, described efforts to end fistula worldwide. The report concluded with recommendations for intensifying efforts to make fistula obsolete, including the strengthening of health systems and increasing funding.

With support from UNFPA, fistula survivors spoke out to promote maternal health. Thirteen countries are now engaged in efforts to support fistula survivors as advocates for maternal health in communities and at the national level. UNFPA and the United Nations Foundation sponsored two fistula survivors to speak at events on Capitol Hill in Washington, D.C. The advocates outlined recommendations for improving maternal health and urged members of Congress to support a proposed resolution to reduce maternal mortality in the United States and globally. The day after these visits, the United States House of Representatives passed the resolution.

The campaign focused on addressing fistula in conflict and post-conflict settings through expanded programmes in Afghanistan, the Democratic Republic of the Congo, Liberia, Sudan and Somalia.

UNFPA and the Ministry of Health and Public Hygiene in Côte d'Ivoire held a subregional conference on obstetric fistula that resulted in the creation of the Africa Network for Fistula Elimination.

UNFPA and others partnered with Engel Entertainment to produce an award-winning film on fistula survivors. *A Walk to Beautiful* follows the journey of several women in Ethiopia who seek treatment for fistula.

## PROMOTING THE RIGHTS OF ADOLESCENTS AND YOUTH

About 1.5 billion people are between the ages of 10 and 25. Given young people's potential contribution as the future leaders of families, communities and nations, UNFPA prioritizes youth, including adolescents, in all of its programming and activities. UNFPA's *Framework for Action on Adolescents and Youth* guides its efforts to promote and protect the rights of young people by advocating for their issues within national development strategies, sexual and reproductive health and HIV prevention programmes. UNFPA pays close attention to the needs of adolescent girls and, in particular, those who are marginalized and may not be served by other development programmes. Investing in young people, especially adolescent girls, with regard to sexual and reproductive health, HIV prevention and social participation is essential to break the intergenerational transmission of poverty.

### Highlights

*Generation of Change: Youth and Culture*, the "Youth Supplement" to *The State of World Population 2008*, highlighted the value of young people to protecting the cultures in which they grew up. It also stated that young people can help transform their cultures and ready their societies to meet new challenges.

UNFPA supported activities that led seven countries to ratify the Ibero-American Convention on the Rights of Youth, the world's only legally binding instrument that recognizes young people's rights as citizens.

UNFPA, as co-chair of the United Nations Inter-agency Task Force on Adolescent Girls, promoted

the rights of adolescent girls and advocated for strategic investments for girls in national policies and programmes. The task force developed the first-ever United Nations joint programming framework targeting marginalized adolescent girls.

UNFPA organized a study tour of Ethiopia's programme to address child marriage. Participants included representatives from the Nike Foundation, the United Nations Foundation, the Government of Finland and the United Nations Educational, Scientific and Cultural Organization.

UNFPA country offices in Guatemala, Liberia and Malawi are leading an inter-agency process to draw attention to the needs of marginalized adolescent girls within national policies and programmes, focusing on their education, health, livelihoods and security.

UNFPA hosted its fifth Global Youth Advisory Panel in December. The panel, consisting of 21 youth from around the world, developed 14 recommendations for increasing youth participation in UNFPA programming at country and regional levels.

To facilitate an open dialogue with youth and to involve them in development, UNFPA continued to provide technical and financial support to 25 country-level Youth Advisory Panels. In 2008, Nepal became the latest country to launch a panel.

## PREVENTING HIV

In 2008, a report on the global AIDS epidemic released by UNAIDS, the Joint United Nations Programme on HIV/AIDS, contained more positive news than in previous years. However, it also revealed that while the number of new HIV infections had fallen in several countries, HIV infections continue to rise in many others. Research by UNAIDS shows that 33 million people were living with HIV as of 2007, with 2.7 million new infections occurring that year.

HIV/AIDS continues to spread, and the impact continues to intensify among women. This is due in part to deep underlying factors of gender inequality, persistent stigma and discrimination and a lack of empowerment to reduce vulnerabilities to infection.

Because the overwhelming majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding, UNFPA seeks an integrated approach to the delivery of sexual and reproductive health services and HIV/AIDS interventions. Strengthening these linkages is widely acknowledged to be critical to achieving Millennium Development Goals. UNFPA concentrates on preventing HIV infection, especially among women and young people. UNFPA also supports countries to ensure access to sexual and reproductive health services for those living with HIV.

As a co-sponsor of UNAIDS, UNFPA leads diverse, innovative initiatives to curb the spread of HIV.

A 2008 external review of UNFPA's efforts to support national responses to HIV/AIDS concluded that the scope, intensity and quality of UNFPA's contribution to HIV prevention had made a positive shift in the previous three years, resulting in greater credibility with national, international and United Nations partners.

UNFPA continued working with partners in 2008 to support the scaling-up of HIV-prevention programmes. UNFPA's support for institutional strengthening and technical capacity-building among United Nations country teams and in regional and national organizations in 2008 resulted in the recruitment of more than 120 national HIV focal points in 65 countries as well as regional and subregional advisers.

## Highlights

UNFPA played a key role in the 17th International AIDS Conference in Mexico City and the 15th International Conference on AIDS and Sexually Transmitted Diseases in Dakar. UNFPA Executive Director Thoraya Ahmed Obaid participated in several events, including a session on the links between gender-based violence and HIV/AIDS, and the first-ever meeting of Latin and Caribbean ministers of health and education to discuss the prevention of HIV and other sexually transmitted infections. UNFPA supported the participation of more than 600 young people from 41 countries in both conferences.

UNFPA encouraged world leaders attending the United Nations General Assembly High-Level Meeting on AIDS to increase their efforts to meet the needs of women and youth with HIV/AIDS and to more effectively integrate responses to AIDS and sexual reproductive health.

UNFPA provided support for the development, publication and dissemination of several materials and tools on the linkages between sexual and reproductive health and HIV. The *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide* has already been used to develop country-specific plans in Uruguay and countries of the Pacific Islands.

UNFPA contributed to *Linkages: Evidence Review and Recommendations*, a review of literature confirming the links between sexual and reproductive health and HIV/AIDS. UNFPA also helped develop *Linking Sexual and Reproductive Health and HIV: Gateways to Integration in Haiti and Kenya*. The study provided in-depth examples for linking sexual and reproductive health and HIV/AIDS prevention.

To better link sexual and reproductive health and HIV services and interventions, UNFPA and its partners reached 66 countries through five regional training workshops.

As part of its strategic response to HIV, UNFPA participated in several efforts to increase the global supply and demand for male and female condoms. The UNFPA-led Global Condom Initiative, an effort to prevent HIV and unintended pregnancies, continued its work in 55 countries. With UNFPA's assistance, 20 countries drafted National Condom Strategies.

For the third consecutive year, distribution of female condoms expanded, totalling 33 million in 2008. With UNFPA's help, Zimbabwe receives more female condoms per capita than any other country.

Under UNFPA's leadership, the Inter-Agency Task Team on HIV and Young People expanded its global role in HIV prevention and its membership beyond the United Nations to include selected youth networks or associations, bilateral and multilateral

donors, civil society and foundations. The task team also published seven Global Guidance Briefs on HIV and Young People, which outline specific actions for an effective response to HIV among young people in education, the workplace and humanitarian emergencies.

The Fund contributed to the publication of national report cards on HIV prevention for girls and young women. The report cards—25 of them so far—address the progress that has been made on meeting global commitments on HIV/AIDS and offer recommendations that stakeholders may use to enhance HIV prevention and services for young women and girls.

*For the third consecutive year, distribution of female condoms expanded, totalling 33 million in 2008.*

The Fund continued to support Y-PEER, the Youth Peer Education Network, which operates in 39 countries. An evaluation of Y-PEER in eight of these countries concluded that the project has successfully established youth networks to improve young people's knowledge of sexual and reproductive health issues and strengthen the capacity of country-level services for youth.

UNFPA's technical support helped scale up the implementation of the Global Strategy for Accelerating Prevention of Mother-to-Child Transmission of HIV, with a focus on a basic package of HIV/AIDS services in maternal health-care settings, sexual and reproductive health services for women living with HIV and links between maternal, sexual and reproductive health.

UNFPA organized workshops in 11 countries to help integrate better data collection, monitoring and evaluation into health care for the prevention of mother-to-child transmission.



# CULTURE, GENDER AND HUMAN RIGHTS

Empowering women, reducing poverty and realizing  
human rights

In Afghanistan, a faith-based initiative supported by UNFPA draws on Islamic teachings and Afghan cultural values to educate Afghan men and adolescent boys about women's health and rights. Mawlawi Saddiq Muslem, a senior Supreme Court official who collaborated with UNFPA to develop the project, says religious teachings can convince men to pay more attention to women's health: "Having a healthy mother and a healthy family is what it means to have a healthy marriage in Islam." Muslim clerics who participate in the programme receive life-saving information on reproductive health, gender-based violence and the benefits of spacing births.



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With the right opportunities, women have the capacity to exponentially improve the health and well-being of themselves, their families and their communities. However, long-standing discrimination and violence against women and girls and poor reproductive health minimize women's contributions.

UNFPA has long advocated for policy and legal reforms that enable women to live in dignity and freedom, without fear. UNFPA promotes women's rights, health and well-being through a culturally sensitive approach that emphasizes human rights and dignity. The Fund's programming on gender-based violence, for example, recognizes the need to work with cultural attitudes as well as to change laws and policies. In 2008, the Fund made important strides in mobilizing faith-based organizations, as part of the broader cultural constituency, to promote gender equality and human rights.

### **DRAWING ON CULTURE TO ACHIEVE GENDER EQUALITY**

UNFPA draws on the positive attributes that every culture possesses when devising strategies to end deep-rooted practices that violate the rights of women. UNFPA partners with a diverse range of actors, including women's organizations, human rights groups, parliamentarians, religious and traditional leaders, faith-based organizations and indigenous peoples, to realize the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals.

UNFPA's *State of World Population 2008, Reaching Common Ground: Culture, Gender and Human Rights*, focused on the need for development strategies that

place culture and cultural considerations on a par with political and economic factors. Advancing human rights, according to the report, requires an appreciation of the centrality of culture to sound policymaking. Culturally sensitive development strategies, the report states, can reduce harmful practices against women and promote human rights.

The "Youth Supplement" to UNFPA's *State of World Population 2008* showed how young people influence culture and are themselves shaped by it, in areas such as human rights, gender equality and development. The supplement advocated for development programmes that help youth maximize their opportunities.

### **Highlights**

UNFPA's consultations with faith-based organizations around the world led to the first Global Interfaith Network on Population and Development. The network was launched in Istanbul with the participation of more than 160 faith-based organizations and religious leaders from all major faiths and regions. Members of the network agreed to work together and with UNFPA to fulfil the promises of the International Conference on Population and Development and the Millennium Development Goals in areas such as HIV and AIDS, maternal health and the empowerment of women.

UNFPA convened the first meeting of an inter-agency working group on faith-based organizations. The group, comprising 10 United Nations bodies, discussed possible strategies for coordinating work with faith-based organizations. UNFPA also supported the participation of several representatives of faith-based organizations in a UNAIDS consultation, in which a broad strategy for engagement on HIV and

AIDS issues was elaborated and is now being piloted by UNAIDS.

UNFPA launched *Culture Matters: A Legacy of Engaging Faith-Based Organizations* at the Global Forum of Faith-Based Organizations. The publication shows how UNFPA country offices have engaged over 200 faith-based organizations over the course of decades on a range of population and development issues. It summarizes lessons learned and provides policy implications.

UNFPA developed the *Training Manual on Culturally Sensitive Approaches to Development Programming* to support capacity-building training on cultural sensitivity for United Nations country teams in Bangladesh, Brazil, Iraq, the Islamic Republic of Iran and Jordan.

In Latin America, representatives from health ministries in Bolivia, Ecuador, Guatemala, Honduras and Peru, and non-governmental organizations (NGOs) met with UNFPA staff to strengthen efforts to reduce maternal mortality among indigenous women.

## EMPOWERING WOMEN AND GIRLS

UNFPA regards gender equality as a vital concern for all organizations and governments. In line with its Strategic Plan for 2008–2011, UNFPA concentrates on supporting national capacity to implement policies and legal enforcement, with an emphasis on promoting and protecting reproductive rights and ending gender-based violence.

UNFPA is providing global leadership in the development of policies and programmes that will help achieve Millennium Development Goal 3, which aims for gender equality and women's empowerment. Given the connection between gender equality and development as a whole, UNFPA urges nations to keep gender issues high on the agenda as they devise strategies to reach the other seven Millennium Development Goals. UNFPA is also working with partners to promote sociocultural environments that are friendly to gender equality, women's empowerment and reproductive rights.

### Highlights

UNFPA participated in the Inter-Agency Network on Women and Gender Equality. The network, consisting of United Nations agencies, funds and

programmes, focuses on gender issues and promotes gender equality throughout the United Nations system. As co-chair of the Network's Violence Against Women Task Force, UNFPA initiated multisectoral joint programming on violence against women in 10 pilot countries, bringing together United Nations country teams, governments and civil society.

UNFPA's *Strategy and Framework of Action for Addressing Gender-Based Violence: 2008-2011* played a key role in guiding work related to this major health and human rights issue in 2008.

UNFPA continued to assess the progress that its country offices have made in addressing gender equality and women's empowerment. The Fund's work and progress in this regard have been reflected in the *Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011*, which sets the Fund's goals for empowering women and incorporating gender issues into programming. Country case studies of such progress are also reflected in the booklet, *Gender Snapshot: UNFPA Programming at Work*.

The UNFPA-UNICEF Joint Programme and Trust Fund, launched in 2008, influenced governments to pledge greater commitment and accountability in the accelerated abandonment of female genital mutilation/cutting within a generation. As a result, high-level government officials of Djibouti, Ethiopia, Guinea, Guinea-Bissau and Kenya launched the initiative in their respective countries. Other countries, such as Egypt, Senegal and Sudan, created or strengthened national mechanisms to support accelerated abandonment of these practices.

Also through the UNFPA-UNICEF Joint Programme and Trust Fund, networks of parliamentarians, religious leaders, NGOs, civil society and the media were created to advocate for the abandonment of female genital mutilation/cutting. As part of this initiative, 17 African countries will strive to reduce these practices by 40 per cent by 2012.

UNFPA participated in the 52nd Session of the Commission on the Status of Women, which focused on financing for gender equality and women's empowerment. UNFPA Executive Director Thoraya Ahmed

Obaid spoke at the launch of Secretary-General Ban Ki-moon's campaign, "Unite to End Violence Against Women." UNFPA also published the *Technical Report of Global Consultation on Female Genital Mutilation/Cutting*, which summarizes the deliberations of the global consultation on this issue and offers important lessons and approaches that could lead to the abandonment of the practice.

With the United Nations International Research and Training Institute for the Advancement of Women, UNFPA updated a distance-learning course, "Gender Mainstreaming: Taking Action, Getting Results." This course offers students an understanding of gender equality and the empowerment of women within a human rights framework. UNFPA partnered with UNICEF, the United Nations Development Fund for Women (UNIFEM) and the United Nations Development Programme to develop the "Inter-Agency E-Learning Course on Gender," the first of its kind to serve all four agencies.

As part of its Strategic Framework on Gender Mainstreaming and Women's Empowerment, UNFPA identified the engagement of men and boys as one of UNFPA's six strategic priorities. Experience has shown that men can play a positive role in building gender equality and improving men's and women's health.

The importance of engaging men and boys throughout UNFPA's gender equality programming is reflected in the Fund's membership in the Steering Committee of the MenEngage Alliance, a global partnership of NGOs and United Nations agencies that seeks to engage boys and men in efforts to achieve gender equality.

UNFPA Executive Director Thoraya Ahmed Obaid became one of more than 100 "Torch-Bearers" to promote Millennium Development Goal 3 on gender equality and women's empowerment. "MDG3 Champion Torch" recipients included officials from governments, the private sector and international organizations, and became part of the MDG3 Network, which aims to increase global attention to the goal and the importance of the economic empowerment of women.

## PROMOTING HUMAN RIGHTS

UNFPA strives to apply universally recognized human rights standards to all aspects of its work.



Courtesy of the Ministry of Foreign Affairs of Denmark

UNFPA Executive Director Thoraya Ahmed Obaid (left) receiving the MDG3 Champion Torch from Ulla Tørnæs, Minister for Development Cooperation of Denmark, in May. The Executive Director drew attention to the Fund's commitment to Millennium Development Goal 3, which promotes gender equality and the empowerment of women.

The International Conference on Population and Development's Programme of Action, which emphasizes the rights of individual women and men to enjoy equal rights and protection in population and development programmes, guides the Fund's work. To expand and enforce human rights to benefit women and girls, the Fund works with actors ranging from governments to grass-roots leaders.

## Highlights

UNFPA completed a comprehensive training package that will better enable the Fund to support governments and civil society in promoting human rights through its programming, a product of extensive collaboration with academia, human rights advocates and UNFPA country offices. The Fund worked with four regional human rights centres to facilitate the transfer of knowledge.

At a high-level panel on the 60th anniversary of the Universal Declaration of Human Rights, UNFPA launched *UNFPA at Work: Six Human Rights Case Studies*, which highlighted national initiatives to promote and protect human rights, particularly in the areas of gender, women's empowerment and culture.

UNFPA supported *Women on the Frontline*, a series of seven investigative documentaries on gender-based violence. The half-hour documentaries aired worldwide on BBC World for seven weeks, in multiple languages, reaching an estimated 220 million households.



## HELPING IN EMERGENCIES

Responding quickly to prevent the rise of sexual violence, the spread of HIV, unintended pregnancies and pregnancy-related deaths in emergency situations

In Port-au-Prince, Haiti, UNFPA enlisted the help of youth volunteers to assemble clean clothes, toothbrushes and other supplies for families housed in temporary shelters after Tropical Storm Fay and hurricanes Gustav, Hanna and Ike struck the country in 2008. Jocelyn, 20, was among the volunteers. “Others weren’t as fortunate as us, so we want to contribute where we can,” she says. Many of the other volunteers had lost their homes or family members as a result of the catastrophic weather. The initiative in Haiti was just one of UNFPA’s efforts worldwide to encourage young people to become advocates for positive change.



© UNFPA/Haiti

Young Haitians assembling essential supplies for families displaced from their homes by a series of devastating storms that hit their island in 2008. UNFPA collaborated with the Youth Ministry to mobilize youth in emergency response efforts.

In a heartbeat, an emergency—whether tsunami or war—can leave families without food, clean water, shelter and medical care.

When emergencies or crises strike, women and girls, men and boys are affected differently but all have needs that should not be overlooked or forgotten.

Women face special risks, and their needs often increase as situations worsen. Fewer family planning services lead to unintended pregnancies. Malnutrition, disease and the sudden loss of prenatal and obstetric care compound the normal risks of pregnancy and childbirth.

In line with the Strategic Plan for 2008–2011, UNFPA advocates and supports the institutionalization of sexual health in emergency preparedness, humanitarian response and during post-conflict recovery.

In 2008, UNFPA responded to humanitarian crises in 50 countries by providing medical supplies and equipment, and technical assistance to vulnerable women, men and youth, many of whom were internally displaced or refugees. UNFPA also worked with partners to ensure that the needs of women—particularly those who were pregnant and requiring emergency obstetric care or medical supplies and services for safe deliveries—were factored into the planning of all emergency assistance. Rape, which may increase during conflicts,

leaves deep psychological wounds and may result in unwanted pregnancies or sexually transmitted infections, including HIV. UNFPA helped ensure that temporary shelters for rape survivors were designed with the safety of women and girls in mind.

UNFPA’s responses benefited from partnerships with United Nations entities, such as the Office of the United Nations High Commissioner for Refugees, UNAIDS, and the Department of Peacekeeping Operations, as well as NGOs and ministries of health. UNFPA and UNICEF share responsibility for responding to gender-based violence in humanitarian crises within the United Nations “protection cluster.” The United Nations established the “cluster approach” in 2005 to ensure timely, effective and coordinated action in crisis situations. As a result of this cluster approach, there is a clear division of labour among various United Nations entities involved in responses to each major type of humanitarian crisis. The Fund’s work in the areas of reproductive health and gender-based violence in emergencies received substantially more funding from the United Nations Central Emergency Response Fund: \$9.3 million in 2008, compared with \$1.7 million in 2006.

## LEADERSHIP FOR REPRODUCTIVE HEALTH IN EMERGENCIES

UNFPA advocates for the inclusion of reproductive health programming into emergency responses

A young survivor of the October earthquake that devastated parts of southern Kyrgyzstan. Responding to the crisis, UNFPA provided clean delivery kits to allow women to deliver safely, antibiotics for obstetric complications and the treatment of sexually transmitted infections, and pregnancy tests.

© Alimjan Jorobaev/UNFPA Kyrgyzstan



worldwide. The Fund achieves this objective through training and capacity-building and by supporting better policies and practices. In 2008, UNFPA worked with entities as diverse as universities, governments, uniformed services and youth to improve the capacity of countries to address reproductive health needs in crisis situations. Some 250 UNFPA staff received training in integrating the principles of the International Conference on Population and Development into crisis response during regional workshops in Bangkok, Cairo, Dakar, Panama City, Suva and Tashkent.

### Highlights

UNFPA responded to sexual violence in Sudan, particularly in Darfur, by providing medical services and supplies, supporting the strengthening of the health-care system, and establishing referral systems and counseling services. From 2007-2008, UNFPA trained nearly 130 doctors, assistants, nurses and midwives on the clinical management of rape.

In Syria and Jordan, UNFPA continued to provide support for reproductive health and gender-based violence programming for Iraqi refugees.

In Kenya, UNFPA, in collaboration with UNIFEM, the Government of Kenya and NGOs, organized training to promote the integration of gender issues,

such as the prevention of gender-based violence, into emergency-response strategies.

UNFPA organized a five-day conference in Ukraine for 90 participants from 24 countries on working with uniformed services (armed forces, peacekeepers and police) to ensure that these groups address issues of reproductive health, HIV prevention and gender-based violence in their work in emergencies.

As a member of the United Nations Inter-Agency Working Group on Disarmament, Demobilization and Reintegration (DDR), UNFPA assumed leadership for a sub-working group on HIV and implemented joint programmes with the United Nations Development Programme, peacekeeping missions and national DDR commissions in Sudan, Côte d'Ivoire, Liberia and Niger. In collaboration with these partners, UNAIDS and others, UNFPA also provided training and peer education to police, the armed forces and demobilized soldiers to encourage them to become positive agents for change to prevent HIV infections and raise awareness about gender issues in Sudan and other countries.

As part of the Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations in East, Southeast Asia and the Pacific, UNFPA, with the International Planned Parenthood Federation and

other partners, conducted training on how to address sexual and reproductive health in emergency situations.

UNFPA supported events to increase local and regional capacity to respond to emergencies and improve “South-South” collaboration. These included a meeting in Egypt of the Inter-agency Working Group on Reproductive Health in Crisis Situations and a conference in Uganda on reproductive health in emergencies.

As part of an inter-agency initiative with the International Rescue Committee and the Office of the United Nations High Commissioner for Refugees, UNFPA developed and piloted the first-ever system to safely collect, store, share and analyse data on reported gender-based violence.

Within the United Nations “early recovery cluster,” UNFPA provided technical assistance for the design of census projects in Angola, the Democratic Republic of the Congo and Togo, and to support the implementation of census projects in Burundi, Chad, Djibouti, Liberia and Madagascar. Within the “protection cluster,” UNFPA collaborated with the Office of the United Nations High Commissioner for Refugees and other partners to finalize Internally Displaced Persons Profiling Guidelines and applied them in Chad and the Democratic Republic of the Congo. The guidelines were designed to help obtain a better picture of who and where displaced people are and how to compile accurate estimates to guide protection programming and advocacy.

UNFPA expanded its ability to deliver urgent and effective health care to women and families in the Pacific Islands through the Joint Country Presence Initiative, established jointly with UNICEF and the United Nations Development Programme.

UNFPA and the International Federation of Red Cross and Red Crescent Societies agreed to extend their worldwide partnership to provide advocacy, deliver services and develop capacity in disaster areas.

## REACTING TO DISASTERS

In 2008, UNFPA and its partners responded to more natural and climate-related disasters than ever.

UNFPA responses included the provision of health care, medicines and medical equipment. Where needs were not immediately known, UNFPA conducted emergency reproductive health assessments. UNFPA provided pregnant women with basic supplies needed for clean deliveries: soap, a plastic sheet and a razor blade to cut the umbilical cord. Others received hygiene supplies, including toothbrushes, soap and sanitary napkins. To lessen the impact of such disasters in the future, UNFPA helped countries develop emergency-preparedness plans.

### Highlights

After a deadly earthquake shook China’s Sichuan Province, UNFPA provided \$550,000 of its own funds and secured an additional \$114,000 from the United Nations Central Emergency Response Fund to protect maternal health through emergency obstetric services. UNFPA also distributed reproductive health supplies and services to displaced people.

Immediately following Cyclone Nargis, which displaced millions of people, including thousands of pregnant women in Myanmar, UNFPA provided basic maternity supplies to health facilities and distributed basic supplies for clean deliveries. The Fund sustained its support months after the crisis by opening four waiting homes close to hospitals. The homes enabled expectant mothers to reach services quickly and served as bases for mobile clinics.

A succession of hurricanes and tropical storms in Haiti displaced tens of thousands of people, including many pregnant women. UNFPA responded with supplies for clean deliveries and for personal hygiene. UNFPA funded and deployed health professionals to serve pregnant women, monitor cases of sexual violence and provide psychological support both in hospitals of the most affected areas and in temporary shelters.

In response to a massive earthquake in Pakistan’s Baluchistan province, UNFPA deployed four mobile clinics equipped with emergency medicines and provided emergency obstetric care and other services. The Fund also distributed reproductive health and hygiene supplies.

UNFPA worked with the Ministry of Health in Yemen, where devastating floods affected 700,000 people, to provide emergency health supplies, ensure that reproductive health services are included in future emergency plans and offer training on the needs of women and girls in crisis situations.

### MITIGATING THE IMPACT OF CONFLICT ON WOMEN AND GIRLS

During wars and other conflicts, humanitarian assistance often ignores the special needs of women and girls. In 2008, UNFPA filled critical gaps by providing equipment, supplies and other assistance, such as emergency obstetric care and medicines to treat sexually transmitted infections. UNFPA is a member of Stop Rape Now: UN Action to Stop Sexual Violence in Conflicts and works with partners to implement Security Council Resolution 1325 on women, peace and security. The Security Council in 2008 unanimously adopted Resolution 1820, which called for an immediate halt to all acts of sexual violence against women in conflict situations. UNFPA was one of 12 United Nations entities that advocated for the passage of this resolution and for including text to mandate services for survivors.

The Fund also led the way in offering treatments and counselling to survivors of sexual violence.

### Highlights

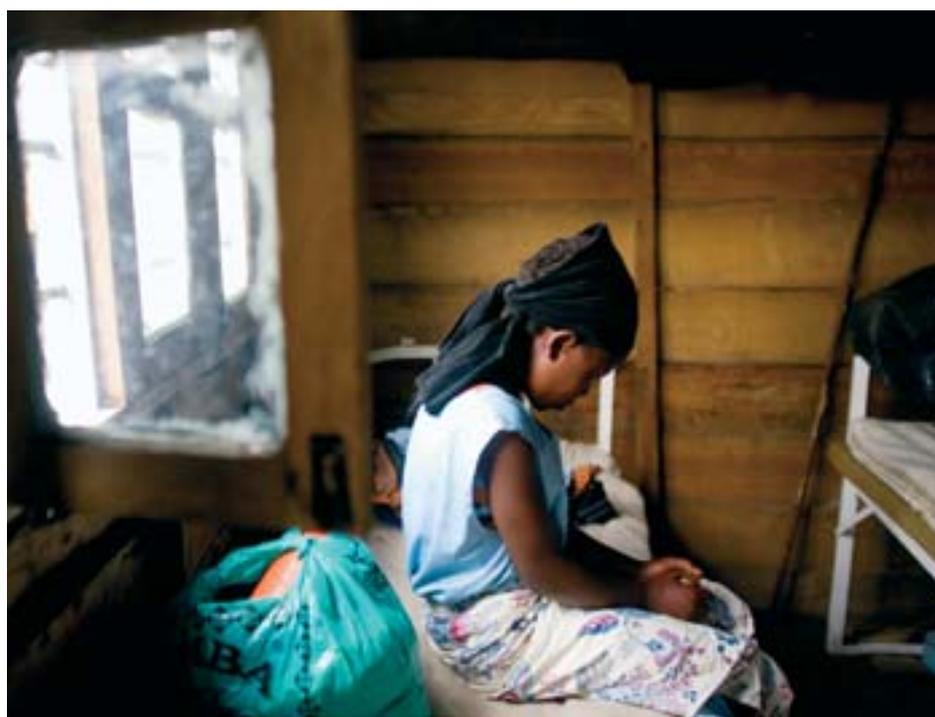
UNFPA collaborated with the Ministry of Health, other United Nations entities and local NGOs to provide supplies and services to survivors of sexual violence in the Democratic Republic of the Congo. UNFPA delivered 11 tons of emergency reproductive health and hygiene commodities for obstetric care and clinical management of rape in North Kivu.

UNFPA provided medical supplies and care as well as psychosocial and legal support to survivors of sexual violence in Kenya after the post-election crisis.

UNFPA provided personal hygiene supplies to people displaced or affected by the conflict in Georgia. The Fund also worked with UNIFEM, the Office of the United Nations High Commissioner for Refugees, the World Health Organization and others to prevent and respond to gender-based violence.

UNFPA provided supplies to ensure clean deliveries to expectant mothers in Chad and supported local health facilities in providing emergency obstetric care.

UNFPA intensified support for emergency obstetric care in crisis-affected hospitals in Zimbabwe. UNFPA provided essential supplies and offered financial



A woman from the Democratic Republic of the Congo waiting for treatment at a UNFPA-supported health centre that provides counselling and treatment to survivors of sexual violence.

© Lynsey Addario



A UNFPA-supported mobile clinic set up in the aftermath of Cyclone Nargis helped safeguard the reproductive health of displaced persons in Myanmar.

© William A. Ryan/UNFPA

assistance to underpaid health workers in maternity units to ensure a continuity of emergency service, especially to expectant mothers with complications.

UNFPA, with other United Nations partners, delivered medicines, intravenous fluids and medical supplies to hospitals in Gaza, where violence in late December compromised the health and safety of 1.5 million inhabitants, especially women and children.

UNFPA provided medical supplies, equipment, reproductive health kits and hygiene supplies to flood victims in Togo.

UNFPA and the Office of the United Nations High Commissioner for Refugees strengthened their combined efforts to respond to the sexual and reproductive health needs (with a focus on HIV prevention and care) of women and girls who engage in sex work to survive in the aftermath of disasters. The skills required of staff and partners in Eastern Europe and East Africa were developed to address these needs.



# POVERTY, POPULATION AND DEVELOPMENT

Using population data and gaining insights into population dynamics to make sustainable development a reality

Years of civil war left Liberia with much to rebuild, but too little reliable information to decide on priorities. UNFPA assisted with two demographic and health surveys, which contributed to national capacity to collect and analyse data and established a database for socio-economic development planning, in the lead-up to the country's first population and housing census in 24 years in March 2008. UNFPA helped the country plan and mobilize resources for this monumental event, which was kicked off by President Ellen Johnson-Sirleaf.

The official results of the census, expected in 2009, will enable Liberia to evaluate progress toward meeting the Millennium Development Goals and aid local, national and international development efforts.



© Courtesy of LISGIS

To eradicate poverty, governments must be able to design and implement policies and programmes based on reliable population data on changing age structures, geographic mobility, fertility and mortality. UNFPA uses data to help governments make sense of what is happening in their countries and to guide them in making better investments in the areas of reproductive health, education and gender equality.

UNFPA's mandate remains central to poverty reduction and the achievement of Millennium Development Goal 1, especially in view of the projected population growth in the developing world, where nine tenths of this growth will occur in the poorest of these countries.

One of the main goals of UNFPA's Strategic Plan for 2008–2011 is to make use of analyses of population dynamics to guide increased investments in gender equality, youth development, reproductive health and HIV/AIDS for improved quality of life and sustainable development and poverty reduction. UNFPA is already playing a critical role in helping the international community understand population trends and devise the best solutions for achieving sustainable development. But before trend analysis, data must be collected reliably, accurately and comprehensively. To this end, UNFPA began assisting countries in 2008 with preparations for 2010 censuses, which will include the gathering of data to assess progress in meeting the Millennium Development Goals as well as the goals of the 1994 International Conference on

Population and Development. In anticipation of the upcoming 15th anniversary of the conference, UNFPA convened a meeting of experts in 2008 to revise the cost estimates to implement the International Conference on Population and Development Programme of Action. The new estimates are included in a report of the Secretary-General to be presented at the Commission on Population and Development in 2009. The report points out that without political will, renewed commitment and sufficient resources to meet current needs, it will be impossible to achieve the goals of the International Conference on Population and Development or those declared at the Millennium Summit.

### **DRAWING ON POPULATION DATA TO SUPPORT DEVELOPMENT**

Governments need high-quality data to establish or refine national development plans and other policies to overcome poverty and address inequities. Using the latest tools and technology, UNFPA helps countries develop the capacity they need to collect, analyse and use data to improve people's lives.

#### **Highlights**

Under extremely challenging conditions, Sudan, with extensive help from UNFPA and stakeholders, successfully conducted "field enumeration" for its fifth population and housing census. Field enumeration refers to the actual collection of data from households. UNFPA played leadership and coordinating roles by offering technical support that ensured the

census met international standards and yielded complete and credible information.

The International Census Advisory Board, established by UNFPA to aid the census in Afghanistan, provided technical assistance in 2008 to aid the censuses in Mongolia and other countries.

UNFPA developed two instruments to contribute to the planning and mobilization of resources for 2010 censuses: a census-costing instrument to enable country census offices to develop budgets, and a census database to provide donors and technical assistance agencies with overviews of countries' census activities.

Malawi and Chad prepared effective resource mobilization strategies for their censuses, raising \$18 million and \$9 million, respectively.

## ADDRESSING URBANIZATION AND MIGRATION

The year 2008 marked the first time in history that more than half of the world's population lived in towns and cities. Urban growth is increasingly the result of internal growth, rather than the result of migration from rural areas, even though rural-to-urban migration is still an important force in some regions. Urban growth creates opportunities but also presents challenges, particularly for women and young people. Though urban growth has the potential to boost economic growth, most cities lack the capacity to take advantage of all the opportunities that new dwellers may offer. UNFPA works with cities and countries to tackle the challenges presented by urbanization and to realize the benefits that come with it. UNFPA encourages governments to consider urbanization an inevitable process and to develop policies in advance that will create opportunities for the urban poor. The Fund advocates for the inclusion of policies and programmes that take urbanization into consideration in the context of national and local development plans. By 2030, almost 5 billion people will inhabit cities.

International migration has important implications for demographic dynamics, gender and young people, and is therefore relevant to the core mandate of UNFPA. An increasing focus on interlinkages among migration, poverty reduction and development also has significant

implications for UNFPA programmes in social and economic development, gender, youth and human rights. UNFPA's work in this arena continued to focus in 2008 on improving data, research and institutional capacity for formulating, monitoring and evaluating migration policies and programmes; promoting policy dialogue on migration issues; and advocacy.

## Highlights

UNFPA prepared the Report of the Secretary-General on the Monitoring of Population Programmes Focusing on Population Distribution, Urbanization, Internal Migration and Development. The report examined the unprecedented transformation of world population from rural to urban brought about by migration from rural areas and by the natural increase of the urban population, as well as the reclassification of settlements that were previously considered rural. The report described UNFPA's assistance to countries in addressing the challenges of rapid urban growth.

UNFPA chaired the Global Migration Group from January to June 2008. Under UNFPA's leadership, all 14 member agencies of the group collaborated on a joint publication, *International Migration and Human Rights*. The report was presented to delegates attending the Global Forum on Migration and Development in October, and at a special event commemorating the 60th anniversary of the Universal Declaration of Human Rights during the 63rd Session of the General Assembly in December. In his foreword to the publication, Secretary-General Ban Ki-moon praised UNFPA for initiating the project. The report states that migrants have rights, which States have an obligation to protect even when they exercise their sovereign right to determine who enters and remains in their territories. Cooperation between governments in countries of origin, transit and destination and among NGOs, civil society and migrants themselves is essential to ensure that international human rights instruments are implemented and that migrants are aware of their rights and obligations.

## FACING THE CHALLENGES OF AGEING POPULATIONS

The world's population overall is growing more slowly than in previous years, but the share of the population that is 60 years or older is increasing faster than any other age segment. By 2050, there will be

## World Population Day: Making Family Planning a Reality

World Population Day in 2008, with its theme, "It's a right, let's make it real," called attention to the importance of family planning. "When a woman can plan her family, she can plan the rest of her life," UNFPA Executive Director Thoraya Ahmed Obaid said in her statement on the day. "Information and services for family planning allow individuals and couples to realize their right to determine the number, spacing and timing of their children." Despite its significance, many people, particularly those in developing countries, go without contraception and family planning information, mainly because of insufficient funding for programmes.



Nepal marked the day with a student song competition on the theme of family planning and an essay competition at the Asian College for Advance Studies. Guyana followed an official observance of the day with dissemination of information on the importance of family planning to marginalized communities. In Burkina Faso, Muslim leaders agreed to engage in a vast effort to promote family planning throughout the country.

two elderly people for every child in developed countries. The percentage of older people is expected to rise from 10 per cent in 2005 to 20 per cent by 2050 in developing countries. Many countries, however, lack the policies and resources to adequately respond to the needs of the growing numbers of older persons. UNFPA focuses on building national capacity and sharing knowledge that will facilitate the formulation of public policy to face the social, economic and health challenges of ageing populations. The Fund continued to promote the Madrid International Plan of Action on Ageing, a commitment made by governments in 2002 to address the needs of older persons.

### Highlights

UNFPA collaborated with the United Nations Programme on Ageing to enhance governmental capacity to design and monitor the implementation of the Madrid International Plan of Action on Ageing. The first of several planned regional training workshops on this topic was attended by more than 40 participants from 12 countries of the former Soviet Union.

UNFPA convened two special sessions at the World Ageing and Generations Congress in St. Gallen, Switzerland: one on women, health and emerging care-giving needs in developing countries, the other on building capacity to implement the Madrid International Plan of Action on Ageing.

### LINKING POPULATION ISSUES TO CLIMATE CHANGE

Without a sustainable environment, it will be impossible to achieve the Millennium Development Goals.

Population size and growth rates and population composition and distribution affect the amount of natural resources consumed and determine prospects for development. The problems that come with climate change often wreak the most havoc in developing countries, where large increases in population are generally accompanied by fragile environmental conditions. UNFPA helps governments better understand the links between population trends and dynamics and the environment. The Fund also assists governments in developing national strategies, particularly in the area of adaptation, to enable them to minimize the effects of climate change.

### Highlights

UNFPA contributed to *Acting on Climate Change: The UN Delivering as One*, the climate change action framework of the Chief Executives Board for Coordination. The framework was presented at the 14th Conference of the Parties to the United Nations Framework Convention on Climate Change in Poznań in December. As a result of UNFPA's efforts, the framework articulated the importance of incorporating census data collection and analysis into adaptation strategies for climate change.

As part of an effort to reduce its carbon footprint, UNFPA—for the first time—had all of its World Population Day resource materials printed locally. Country offices reduced paper and printing costs and greenhouse-gas emissions by printing only what was needed, and because materials did not have to be shipped long distances, less fuel was consumed.



## **BUILDING SUPPORT**

Forging alliances with governments, civil society, religious leaders and others to ensure that everyone counts

The 2008 United Nations Population Award honoured the work of Dame Billie Antoinette Miller of Barbados and of Family Care International, a New York-based NGO that makes pregnancy and childbirth safer. The annual award is given to individuals and institutions for outstanding work to improve individual health and welfare in the area of population. Dame Miller has promoted population and gender issues in many capacities, including as chair of the NGO Planning Committee for the International Conference on Population and Development in 1994. Family Care International is a global leader in fighting maternal mortality. Ann Starrs, President of Family Care International, accepted the award on behalf of her organization from Anders Lidén, chairman of the awards committee, at a ceremony at the United Nations.



© Paulo Figueiras/United Nations

UNFPA strives to spend resources efficiently and effectively with one goal in mind: to achieve measurable results. The Fund works with other United Nations entities, especially UNICEF, UNAIDS and the United Nations Development Programme, to make United Nations reform a reality. This involves careful coordination to create complementary programming, in line with each organization's comparative advantages, to reduce overlap and minimize bureaucracy.

To respond better to local needs, UNFPA increasingly devotes resources to country-level efforts. UNFPA support has resulted in the development of national plans and policies to empower women, expand access to reproductive health and account for population dynamics.

### **MAKING UNITED NATIONS REFORM A REALITY**

UNFPA is a leader in implementing United Nations reform. Through its strategic partnership programme, UNFPA works with other United Nations entities, such as the World Health Organization, UNICEF and UNIFEM, to promote coherent country-level operations and address health, gender and population issues. To improve its own accountability and effectiveness, UNFPA focuses on achieving measurable results and collecting data to gauge the success of programmes and initiatives. UNFPA's

management strives to ensure the strong stewardship of resources. In 2008, several countries established new international operations manager positions dedicated to such tasks. UNFPA also stresses activities that promote coordination among different divisions and offices, at all levels of its work, whether global, regional or national. To better serve countries in need, UNFPA has increased its responsiveness to its country offices and sought to build local capacity through the transference of skills and knowledge.

### **Highlights**

UNFPA continued to play a leading role in the implementation of the United Nations "Delivering as One" initiative. This initiative, underway in eight pilot countries, aims to achieve development results with lower transaction costs.

For its contribution to harmonization within the United Nations system, UNFPA received recognition through the 2008 Multilateral Organizations Performance Assessment Network Survey.

### **PROGRESS THROUGH PARTNERSHIPS**

Without strong alliances and partnerships, UNFPA could not hope to achieve its mission, which often challenges long-held social norms and customs regarding women, youth and other vulnerable people. Whenever possible, UNFPA forges diverse strategic

## *UNFPA's Goodwill Ambassadors call attention to reproductive health and family planning projects...*

partnerships, both within and outside the United Nations system, to achieve the objectives of the International Conference on Population and Development's Programme of Action and the Millennium Development Goals. In 2008:

UNFPA continued to participate in the International Health Partnership, which seeks to help low-income countries meet health-related Millennium Development Goals by strengthening national health plans and other actions; expanded its partnership with the International Federation of Red Cross and Red Crescent Societies to better serve those affected by emergencies; and established a partnership with the Office of the United Nations High Commissioner for Refugees to strengthen responses to the sexual and reproductive health needs of women and girls in the aftermath of disasters.

In the Democratic Republic of the Congo, UNFPA and Vodacom agreed to establish a telephone messaging system to provide victims of sexual violence with access to care services. UNFPA engaged private media houses in the United Republic of Tanzania to promote and advocate for issues related to the International Conference on Population and Development.

## **GENERATING GOODWILL, PROMPTING ACTION**

UNFPA's Goodwill Ambassadors call attention to reproductive health and family planning projects, make public appearances and give media interviews, participate in UNFPA campaigns, engage in dialogue with government officials or policymakers and discuss the needs of reproductive health care and family planning programmes in developing countries.

### **Highlights**

UNFPA Goodwill Ambassador Catarina Furtado spent one week in Guinea-Bissau launching and publicizing an initiative to improve emergency obstetric care in Oio and Gabu. Ms. Furtado, a well-known actress and



Courtesy of Virgin Unite

Natalie Imbruglia, spokesperson for the Campaign to End Fistula, at an auction held during a November fund-raising event in London. Proceeds from the event are benefiting a UNFPA-supported fistula prevention and treatment project in Nigeria.



© Ricardo de Freitas/Até ao Fim do Mundo

UNFPA Goodwill Ambassador Catarina Furtado (in white cap) laying the first brick for a new surgical unit in Guinea-Bissau. Helping her (in white tunic) is Eugenia Saldanha, Minister for Public Health of Guinea-Bissau.

television personality in Portugal, raised funds for a new medical-surgical facility and laid the first brick.

In February, UNFPA Goodwill Ambassador and Spice Girl singer Geri Halliwell promoted maternal health at meetings with United States legislators on Capitol Hill to call attention to the death and disability that can result from childbirth.

Natalie Imbruglia, singer and spokesperson for the Campaign to End Fistula, and British entrepreneur Richard Branson co-hosted a fund-raiser in London. Half of the event's proceeds benefited a UNFPA fistula prevention and treatment project in northern Nigeria. Celebrity attendees included the Duchess of York, Rita Marley and Kelly Rowland.

On the eve of World AIDS Day, UNFPA Goodwill Ambassador and Miss Universe 1999 Mpule Kwelagobe said, "there is reason to hope for change if we work collectively," at a commemoration at the Riverside Church of New York organized by UNFPA, UNAIDS and others.



## RESOURCES AND MANAGEMENT

## INCOME

Total regular and other income in 2008 was \$845.3 million, compared to \$752.2 million for 2007. Regular income totalled \$469.5 million in 2008, compared to the 2007 income of \$457.1 million. The 2008 total includes \$428.8 million in voluntary contributions from governments and private donors, \$14 million in interest income and \$26.7 million in other contributions. Regular resources provide reliable support for UNFPA country programmes in developing countries, primarily through governmental pledges. They also are used for programme support and management and administration of the organization.

Other contributions in 2008 totalled \$375.8 million, compared to \$295.1 million in 2007. The 2008 figure includes interest and other income of \$10.8 million. Income from other resources is earmarked for specific activities. It includes trust funds, cost-sharing programme arrangements and other restricted funds.

*All tables, charts and other financial information in this report are based on provisional figures.*

### INCOME AND EXPENDITURE 2008

IN MILLIONS OF US\$

#### INCOME

##### REGULAR RESOURCES

Voluntary Contributions	428.8
Interest Income	14.0
Other Contributions	26.7
<b>Total Regular Income</b>	<b>469.5</b>

##### OTHER RESOURCES

Trust Funds	316.5
Cost-sharing Programme Arrangements	6.2
Other Arrangements	42.3
Interest and Other Income	10.8
<b>Total Other Resources Income</b>	<b>375.8</b>

#### **TOTAL INCOME**

**845.3**

#### EXPENDITURE

##### REGULAR RESOURCES

Project Expenditures	340.4
Technical Advisory Programme	0.1
<b>Total Programme Expenditure</b>	<b>340.5</b>
<b>Total Other Expenditure, Including Biennial Support Budget</b>	<b>110.8</b>
<b>Total Regular Expenditure</b>	<b>451.3</b>

##### OTHER RESOURCES

<b>Total Project and Programme Expenditures</b>	<b>246.6</b>
<b>Total Other Expenditure</b>	<b>2.9</b>
<b>Total Other Resources Expenditure</b>	<b>249.5</b>

#### **TOTAL EXPENDITURE**

**700.8**

#### **INCOME OVER EXPENDITURE**

**144.5**

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2009 is based on preliminary data.

## EXPENDITURES

Project expenditures (regular resources) in 2008 totalled \$340.4 million, compared to \$273.6 million in 2007. The 2008 figure includes \$272.4 million for country programmes, compared to \$218 million in 2007; and \$68 million for intercountry (regional, interregional and headquarters) programmes, compared to \$55.6 million for 2007. Technical

### TOP DONORS TO UNFPA\*

CONTRIBUTIONS IN US\$

DONOR	REGULAR CONTRIBUTIONS <sup>1</sup>
Netherlands	75,728,331
Sweden	60,902,179
Denmark	48,016,701
Norway	47,564,470
United Kingdom	30,721,966
Japan	29,660,126
Germany	26,677,320
Finland	24,205,749
Spain	18,134,715
Canada	14,573,111
Switzerland	11,814,346
Ireland	6,807,867
Italy	5,899,705
Australia	5,684,400
Luxembourg	3,933,434
Belgium	3,886,010
France	3,698,225
New Zealand	3,471,300
Austria	1,832,316
China	900,000

DONOR	OTHER CONTRIBUTIONS <sup>2</sup>
Netherlands	42,273,188
European Commission	35,819,492
Spain	33,780,608
United Kingdom	22,792,778
Joint United Nations Programme on HIV/AIDS	16,356,663
United Nations Office for the Coordination of Humanitarian Affairs	15,994,726
Luxembourg	15,392,890
Norway	13,586,777
United Nations Development Programme	10,737,872
Canada	10,286,970
Japan	9,200,000
Sierra Leone	7,344,000
Finland	7,300,256
Denmark	6,339,024
United Nations Trust Fund for Human Security	5,792,195
Sweden	5,696,468
Ireland	5,548,800
Peru	4,418,758
Republic of Korea	4,235,697
Italy	3,630,560

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

1 Contribution payments received in 2008.

2 Payments received for co-financing resources.

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2009 is based on preliminary data.

## EXPENDITURES BY COUNTRY GROUP

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



Please refer to the map on pages 30-31 for Group Listings.

\* Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA.

support services amounted to \$85,000. The 2008 totals are based on provisional figures.

Of the total regular resource expenditures, UNFPA provided \$165.2 million in assistance for reproductive health, \$69.1 million for population and development, \$35.6 million for gender equality and women's empowerment, and \$79.5 million for programme coordination and assistance. These expenditures were authorized by the Executive Director to carry out recommendations approved by the UNFPA Executive Board.

## EXPENDITURES FOR 2008 BY REGION

REGULAR RESOURCES\*

REGION	IN MILLIONS US\$	% OF TOTAL PROGRAMME	REGION	IN MILLIONS US\$	% OF TOTAL PROGRAMME
<b>SUB-SAHARAN AFRICA</b>			<b>ASIA AND THE PACIFIC</b>		
<b>BY PROGRAMME AREA</b>			<b>BY PROGRAMME AREA</b>		
Reproductive Health	64.7	45.2	Reproductive Health	56.8	66.4
Population and Development	34.3	23.9	Population and Development	11.9	13.9
Gender Equality and Women's Empowerment	13.5	9.4	Gender Equality and Women's Empowerment	6.8	8.0
Programme Coordination and Assistance	30.8	21.5	Programme Coordination and Assistance	10.0	11.7
<b>Total</b>	<b>143.3</b>	<b>100.0</b>	<b>Total</b>	<b>85.5</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>			<b>COUNTRY ACTIVITIES BY GROUP</b>		
Group A	129.5	98.0	Group A	48.7	62.9
Group B	2.6	1.9	Group B	17.3	22.4
Group C	0.2	0.2	Group C	11.4	14.7
Other**	-	-	Other**	-	-
Total Country Activities	132.3	100.0	Total Country Activities	77.4	100.0
Country Activities	132.3	92.3	Country Activities	77.4	90.5
Regional Activities	11.0	7.7	Regional Activities	8.1	9.5
<b>Total Region</b>	<b>143.3</b>	<b>100.0</b>	<b>Total Region</b>	<b>85.5</b>	<b>100.0</b>
<b>ARAB STATES</b>			<b>LATIN AMERICA AND THE CARIBBEAN</b>		
<b>BY PROGRAMME AREA</b>			<b>BY PROGRAMME AREA</b>		
Reproductive Health	12.5	46.6	Reproductive Health	14.9	42.9
Population and Development	5.3	19.8	Population and Development	7.4	21.3
Gender Equality and Women's Empowerment	3.6	13.4	Gender Equality and Women's Empowerment	4.7	13.5
Programme Coordination and Assistance	5.4	20.1	Programme Coordination and Assistance	7.7	22.2
<b>Total</b>	<b>26.9</b>	<b>100.0</b>	<b>Total</b>	<b>34.7</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>			<b>COUNTRY ACTIVITIES BY GROUP</b>		
Group A	14.7	59.5	Group A	6.8	23.5
Group B	9.1	36.8	Group B	18.7	64.7
Group C	0.5	2.0	Group C	3.4	11.8
Other**	0.4	1.6	Other**	-	-
Total Country Activities	24.7	100.0	Total Country Activities	28.9	100.0
Country Activities	24.7	91.8	Country Activities	28.9	83.3
Regional Activities	2.2	8.2	Regional Activities	5.8	16.7
<b>Total Region</b>	<b>26.9</b>	<b>100.0</b>	<b>Total Region</b>	<b>34.7</b>	<b>100.0</b>
<b>EASTERN EUROPE AND CENTRAL ASIA</b>			<b>INTERREGIONAL AND HEADQUARTERS</b>		
<b>BY PROGRAMME AREA</b>			<b>BY PROGRAMME AREA</b>		
Reproductive Health	7.2	47.1	Reproductive Health	9.0	23.4
Population and Development	2.9	18.9	Population and Development	7.4	19.2
Gender Equality and Women's Empowerment	1.3	8.5	Gender Equality and Women's Empowerment	5.8	14.8
Programme Coordination and Assistance	3.9	25.5	Programme Coordination and Assistance	16.4	42.6
<b>Total</b>	<b>15.3</b>	<b>100.0</b>	<b>Total</b>	<b>38.6</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>			<b>COUNTRY ACTIVITIES BY GROUP</b>		
Group A	-	-	Group A	-	-
Group B	6.5	52.0	Group B	-	-
Group C	5.3	42.4	Group C	-	-
Other**	0.7	5.6	Other**	-	-
Total Country Activities	12.5	100.0	Total Country Activities	-	-
Country Activities	12.5	81.7	Country Activities	-	-
Regional Activities	2.8	18.3	Regional Activities	-	-
<b>Total Region</b>	<b>15.3</b>	<b>100.0</b>	<b>Total Region</b>	<b>38.6</b>	<b>100.0</b>

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

\*\* Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA.



© United Nations

UNFPA programmes help people, like this young woman from Burkina Faso, safeguard their reproductive health and enjoy a life of equal opportunity.

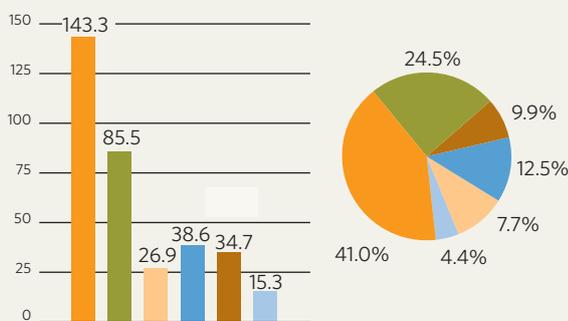
## REGIONAL SPENDING

In 2008, UNFPA provided support to 158 developing countries, areas and territories: 45 in sub-Saharan Africa, 14 in the Arab States, 21 in Eastern Europe and Central Asia, 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 \$143.3 million, followed by Asia and the Pacific at \$85.5 million, Latin America and the Caribbean at \$34.7 million, the Arab States at \$26.9 million and Eastern Europe and Central Asia at \$15.3 million. Interregional and headquarters assistance amounted to \$38.6 million.

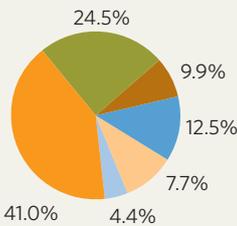
## MANAGEMENT

UNFPA began executing its Strategic Plan for 2008–2011. The goal of this plan is to accelerate progress towards realizing the Programme of Action of the International Conference on Population and Development and the Millennium Development Goals, focusing on three key areas: population and development, reproductive health

### UNFPA ASSISTANCE BY GEOGRAPHICAL REGION IN MILLIONS OF US\$

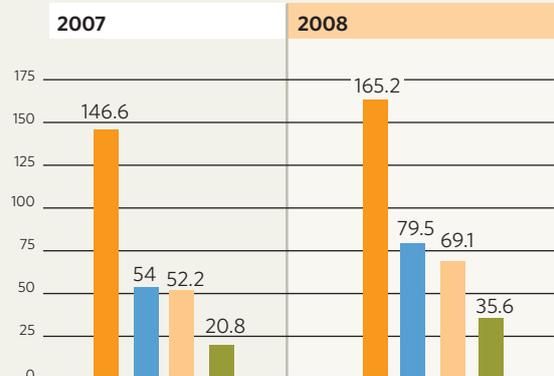


### BY PERCENTAGE

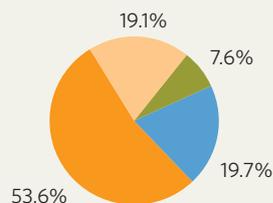


- Africa (Sub-Saharan)
- Asia and the Pacific
- Arab States
- Latin America and the Caribbean
- Interregional and Headquarters
- Eastern Europe and Central Asia

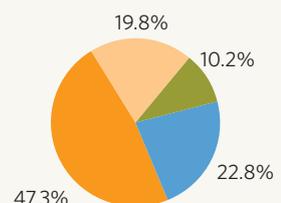
### UNFPA ASSISTANCE BY PROGRAMME AREA IN MILLIONS OF US\$



### BY PERCENTAGE 2007



### 2008



- Reproductive Health
- Programme Coordination and Assistance
- Population and Development
- Gender Equality and Women's Empowerment

# Where UNFPA Works

UNFPA worked in 158 countries, areas and territories in 2008 through its headquarters in New York and five regional, six subregional and 115 field offices worldwide. UNFPA also has liaison offices in Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C. UNFPA has decentralized its programmes to bring staff closer to clients. As a result, about three quarters of UNFPA's 1,119 staff members now work in regional, subregional or field offices.



## GROUP A

Countries and territories in most need of assistance to realize goals of the International Conference on Population and Development

### 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
- Gabon
- Gambia
- Ghana
- Guinea
- Guinea-Bissau
- Kenya

- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- Sao Tome and Principe
- Senegal
- Sierra Leone
- Swaziland
- Togo
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

### ARAB STATES

- 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 Island Countries\*
- Pakistan
- Papua New Guinea
- Timor-Leste

### LATIN AMERICA AND THE CARIBBEAN

- Guatemala
- Haiti
- Honduras

## GROUP B

Countries that have made considerable progress towards achieving goals of the International Conference on Population and Development

### SUB-SAHARAN AFRICA

- Botswana
- South Africa

### ARAB STATES

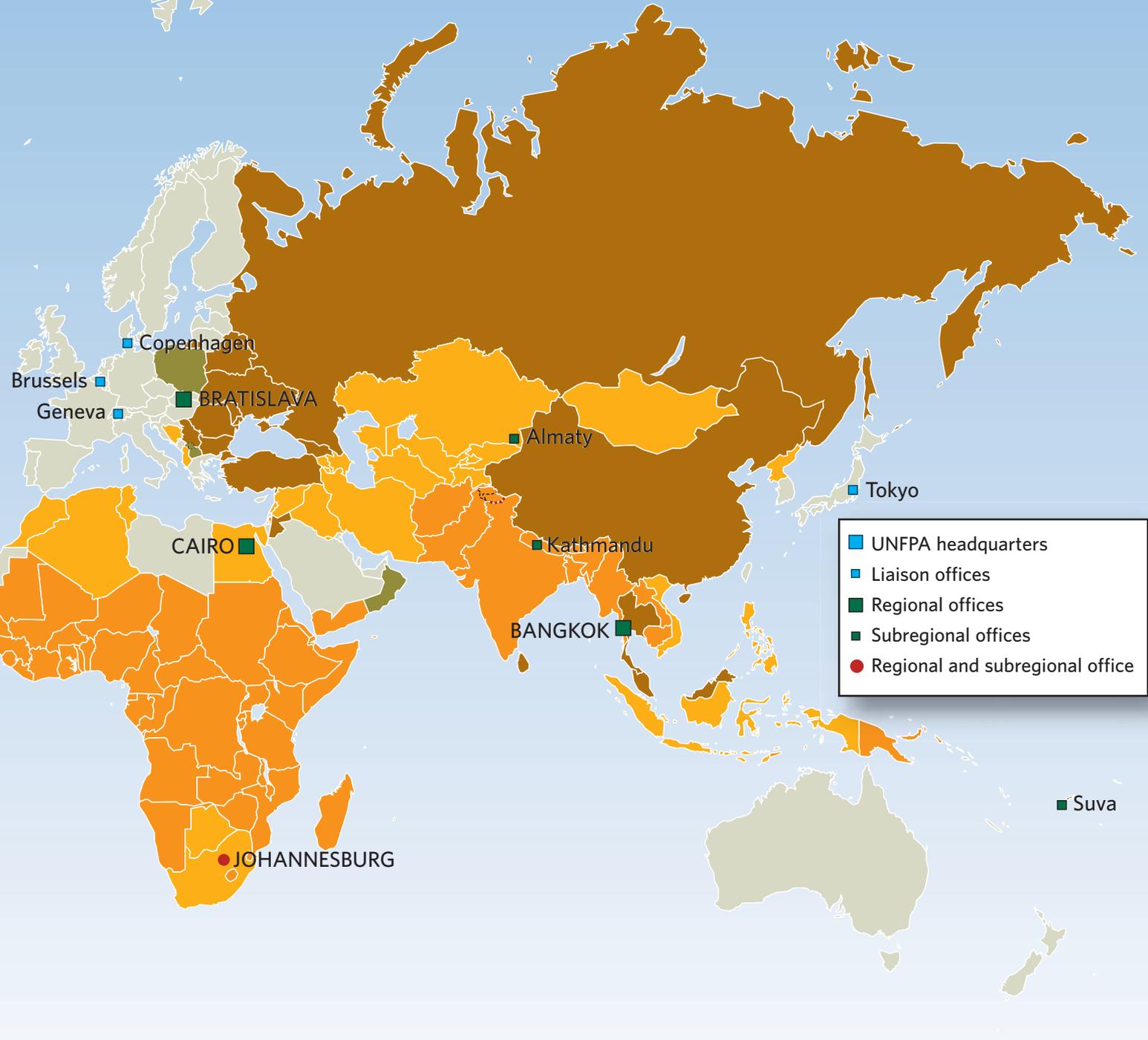
- Algeria
- Egypt
- Iraq
- Lebanon
- Morocco
- Syrian Arab Republic
- Tunisia

### EASTERN EUROPE AND CENTRAL ASIA

- Albania
- Armenia
- Azerbaijan
- Bosnia and Herzegovina
- Kazakhstan
- Kyrgyzstan
- Tajikistan
- Turkmenistan
- Uzbekistan

### ASIA AND THE PACIFIC

- Democratic People's Republic of Korea



Indonesia  
Iran, Islamic Republic of  
Mongolia  
Philippines  
Viet Nam

#### LATIN AMERICA AND THE CARIBBEAN

Bolivia  
Brazil  
Colombia  
Costa Rica  
Dominican Republic  
Ecuador  
El Salvador  
Nicaragua  
Panama  
Paraguay  
Peru  
Venezuela (Bolivarian Republic of)

#### GROUP C

Countries and territories that have demonstrated significant progress in achieving the goals of the International Conference on Population and Development

#### SUB-SAHARAN AFRICA

Mauritius  
Seychelles

#### ARAB STATES

Jordan

#### EASTERN EUROPE AND CENTRAL ASIA

Belarus  
Bulgaria  
Georgia  
Republic of Moldova  
Romania  
Russian Federation  
Serbia  
Turkey  
Ukraine

#### ASIA AND THE PACIFIC

China  
Malaysia  
Pacific Island Countries\*  
Sri Lanka  
Thailand

#### LATIN AMERICA AND THE CARIBBEAN

Argentina  
Caribbean, English- and Dutch-Speaking  
Chile  
Cuba  
Mexico  
Uruguay

#### OTHER

Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA

#### ARAB STATES

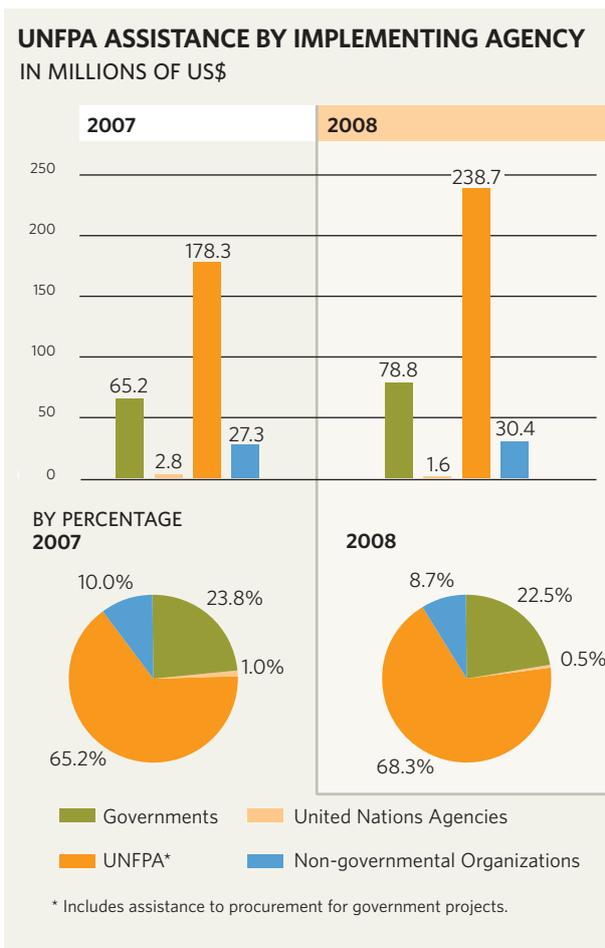
Oman

#### EASTERN EUROPE AND CENTRAL ASIA

Kosovo  
Poland  
The former Yugoslav Republic of Macedonia

\*Pacific Island Countries are listed twice because some fall under category A and others under category C. Kiribati, Samoa, Solomon Islands, Tuvalu and Vanuatu are in Group A, while Fiji, Cook Islands, Marshall Islands, Micronesia, Nauru, Niue, Palau, Tokelau and Tonga are in Group C.

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. The 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.



and rights and gender equality. The plan is results-based and specifies anticipated outcomes, along with indicators to measure results. The plan gives regional and country-level programmes the flexibility of choosing elements that best reflect their needs and priorities.

Significant measures were taken in 2008 to improve accountability. The UNFPA oversight policy aims at strengthening accountability, risk management and assurance processes. Recognizing that accountability is also about ethics and ethical standards, UNFPA established an Ethics Office in 2008 and introduced a mandatory ethics training course for staff.

UNFPA focused attention on ensuring stewardship and oversight of resources under UNFPA management. Central to this is the consistent application of an internal control framework and all elements of an internal oversight policy. UNFPA country offices also have reported several initiatives at the local level to improve the stewardship of resources.

## REGIONALIZATION

In 2008, UNFPA began implementing a new organizational structure designed to make the organization more field-focused. The new structure supports United Nations reform, which calls for more harmonization among United Nations agencies and emphasizes more action and efficiency in the field. The new regional offices, located in Bangkok, Bratislava, Cairo, Johannesburg and Panama City, will be supported by six subregional offices in Almaty, Dakar, Kathmandu, Johannesburg, Kingston and Suva. In addition, a new Programme Division and a Technical Division have been established at headquarters.

## HUMAN RESOURCES

Worldwide, UNFPA has 1,119 core staff in authorized budget posts. In 2008, women held 48 per cent of professional staff posts. About 74 per cent of UNFPA's approved core posts were in the field.

### Highlights

UNFPA focused on activities that facilitated reorganization and regionalization and provided training to staff to equip them to take up new assignments.

To develop the skills of future managers and supervisors, UNFPA launched the Learning Applied Management Programme.

Nearly 800 UNFPA staff members passed one of the six available courses in the Distance-Learning Programme on Population Issues. As part of the programme, four academics tutored UNFPA staff on population topics.

## PROJECT EXPENDITURES

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

### SUB-SAHARAN AFRICA

Angola	2,702
Benin	3,088
Botswana	1,716
Burkina Faso	5,163
Burundi	8,922
Cameroon	2,406
Cape Verde	1,437
Central African Republic	3,816
Chad	8,258
Comoros	866
Congo	2,587
Côte d'Ivoire	7,627
Democratic Republic of the Congo	12,689
Equatorial Guinea	1,708
Eritrea	2,113
Ethiopia	9,673
Gabon	991
Gambia	1,169
Ghana	3,922
Guinea	2,995
Guinea-Bissau	2,714
Kenya	6,933
Lesotho	1,272
Liberia	6,037
Madagascar	4,406
Malawi	14,333
Mali	3,697
Mauritania	3,774
Mauritius	83
Mozambique	13,904
Namibia	1,930
Niger	5,434
Nigeria	12,617
Rwanda	4,727
Sao Tome and Principe	653
Senegal	3,410
Seychelles	87
Sierra Leone	6,065
South Africa	1,603
Swaziland	1,267
Togo	1,708
Uganda	7,880
United Republic of Tanzania	5,068
Zambia	4,268
Zimbabwe	8,599
<i>Country and Territory Projects Total</i>	206,317
<i>Regional Projects</i>	13,562
<b>Sub-Saharan Africa Total</b>	<b>219,879</b>

### ASIA AND THE PACIFIC

Afghanistan	8,097
Bangladesh	8,483
Bhutan	1,138
Cambodia	6,461
China	6,765
Democratic People's Republic of Korea	3,703
India	9,162
Indonesia	5,465
Iran, Islamic Republic of	1,512
Lao People's Democratic Republic	1,571
Malaysia	408
Maldives	513
Mongolia	2,579
Myanmar	6,720
Nepal	6,708
Pacific Island Countries	2,569
Pakistan	7,719
Papua New Guinea	1,649
Philippines	5,014
Sri Lanka	1,742
Thailand	1,627
Timor-Leste	2,264
Viet Nam	7,378
<i>Country and Territory Projects Total</i>	99,247
<i>Regional Projects</i>	9,437
<b>Asia and the Pacific Total</b>	<b>108,684</b>

### ARAB STATES

Algeria	307
Djibouti	848
Egypt	2,859
Iraq	3,644
Jordan	509
Lebanon	1,462
Morocco	2,228
Occupied Palestinian Territory	5,010
Oman	845
Somalia	2,611
Sudan	30,684
Syrian Arab Republic	3,369
Tunisia	514
Yemen	3,718
<i>Country and Territory Projects Total</i>	58,608
<i>Regional Projects</i>	2,883
<b>Arab States Total</b>	<b>61,491</b>

### EASTERN EUROPE AND CENTRAL ASIA

Albania	740
Armenia	1,001
Azerbaijan	1,299
Belarus	453
Bulgaria	257
Bosnia and Herzegovina	474
Georgia	2,049
Kazakhstan	718
Kyrgyzstan	869
Kosovo	885
Poland	16
Republic of Moldova	672
Romania	478
Russian Federation	1,430
Serbia	158
Tajikistan	979
The former Yugoslav Republic of Macedonia	155
Turkey	4,517
Turkmenistan	797
Ukraine	2,180
Uzbekistan	1,162
<i>Country and Territory Projects Total</i>	21,289
<i>Regional Projects</i>	4,057
<b>Eastern Europe and Central Asia Total</b>	<b>25,346</b>

### LATIN AMERICA AND THE CARIBBEAN

Argentina	636
Bolivia	2,503
Brazil	2,745
Caribbean, English- and Dutch -Speaking	3,895
Chile	204
Colombia	3,707
Costa Rica	641
Cuba	1,023
Dominican Republic	1,711
Ecuador	1,362
El Salvador	1,447
Guatemala	4,402
Haiti	5,431
Honduras	2,711
Mexico	2,736
Nicaragua	5,229
Panama	955
Paraguay	1,560
Peru	8,744
Uruguay	1,676
Venezuela (Bolivarian Republic of)	1,180
<i>Country and Territory Projects Total</i>	54,498
<i>Regional Projects</i>	8,442
<b>Latin America and the Caribbean Total</b>	<b>62,940</b>

### TOTAL PROJECTS EXPENDITURES

Country Projects	439,959
Regional Projects	38,381
Interregional and Headquarters Projects	79,327
Technical Advisory Programme	85
Procurement Services, Junior Professional Officers and Other Programmes	32,994
<b>GRAND TOTAL</b>	<b>590,746</b>

ALL FIGURES ARE PROVISIONAL. Interim report prepared 30 March 2009 is based on preliminary data.

**DONOR PLEDGES AND PAYMENTS**  
CONTRIBUTIONS IN US\$

GOVERNMENT/DONOR	PLEDGES FOR		GOVERNMENT/DONOR	PLEDGES FOR		GOVERNMENT/DONOR	PLEDGES FOR	
	CURRENT YEAR <sup>1</sup>	PAYMENTS RECEIVED <sup>2</sup>		CURRENT YEAR <sup>1</sup>	PAYMENTS RECEIVED <sup>2</sup>		CURRENT YEAR <sup>1</sup>	PAYMENTS RECEIVED <sup>2</sup>
Afghanistan	100	100	Hungary	20,000	20,000	Saudi Arabia	500,000	800,000 <sup>5</sup>
Albania	100 <sup>3</sup>	-	Iceland	200,000	200,000	Senegal	20,001	-
Algeria	10,000	-	India	473,261	473,261	Serbia	100	-
Andorra	32,039	32,039	Indonesia	69,849	69,849	Seychelles	577	1,958 <sup>5</sup>
Angola	5,000	-	Iran (Islamic Republic of)	61,687	61,687	Sierra Leone	10,074	-
Antigua and Barbuda	1,000	-	Iraq	5,000	5,000	Singapore	5,000	5,000
Argentina	5,000	5,000	Ireland	6,656,805	6,807,867	Slovak Republic	6,468	6,468
Armenia	1,000	1,000	Israel	10,000	25,000 <sup>4</sup>	Slovenia	20,000	20,000
Australia	5,684,400	5,684,400	Italy	5,899,705 <sup>9</sup>	-	Solomon Islands	200	-
Austria	1,832,316	1,832,316	Jamaica	1,000	1,000	South Africa	22,222	22,222
Azerbaijan	3,547	-	Japan	29,660,126	29,660,126	Spain	18,867,925	18,134,715
Bahamas	1,000	1,000	Jordan	50,000	-	Sri Lanka	18,000	18,000
Bahrain	1,000	-	Kazakhstan	50,000	50,000	Suriname	2,000	-
Bangladesh	28,015	50,000 <sup>4</sup>	Kenya	9,984	9,984	Swaziland	10,000	-
Barbados	5,000	10,000 <sup>4</sup>	Kuwait	10,000	10,000	Sweden	60,902,179	60,902,180
Belgium	4,178,273	3,886,010	Kyrgyzstan	1,312	2,625 <sup>4</sup>	Switzerland	12,216,405	11,814,346
Belize	5,000	-	Lao People's Democratic Republic	1,500	-	Syrian Arab Republic	10,811	11,329
Benin	15,457	11,457	Latvia	2,000	2,000	Tajikistan	300	300
Bhutan	5,950	-	Lebanon	2,000	-	Thailand	96,000 <sup>3</sup>	84,747 <sup>5</sup>
Bolivia	100	-	Lesotho	2,774	5,381 <sup>10</sup>	The former Yugoslav Republic of Macedonia	2,000	5,500 <sup>8</sup>
Botswana	4,500	-	Liberia	10,000	10,000	Timor-Leste	1,000	1,000
Brazil	20,000	20,000	Liechtenstein	23,923	23,923	Togo	11,472	11,472
Bulgaria	2,000	2,000	Luxembourg	3,790,087	3,933,434	Tonga	1,000	1,000
Burkina Faso	1,975	-	Madagascar	12,420	12,420	Trinidad and Tobago	5,000	5,000
Burundi	844	844	Malawi	3,000	-	Tunisia	20,188	20,188
Cambodia	2,200	2,200	Malaysia	215,000	215,000	Turkey	150,000	150,000
Cameroon	21,232	-	Maldives	5,000	-	Tuvalu	3,000	3,000 <sup>7</sup>
Canada	15,137,615	14,573,111	Mali	6,667	-	Uganda	9,805	-
Cape Verde	1,182	-	Marshall Islands	100	-	Ukraine	1,000	-
Central African Republic	2,500	-	Mauritania	12,186 <sup>3</sup>	10,338	United Kingdom	30,721,966	30,721,966
Chad	30,000	-	Mauritius	3,623	3,623	United Republic of Tanzania	5,063	5,063
Chile	5,000	5,000	Mexico	84,561	84,561	Uruguay	3,000	3,000
China	900,000	900,000	Micronesia (Federated States of)	1,000	-	Uzbekistan	763	763
Colombia	36,905	36,905	Mongolia	4,000	-	Vanuatu	893	-
Comoros	500	-	Montenegro	300	300	Venezuela (Bolivarian Republic of)	10,000	-
Congo	51,850	11,848	Morocco	10,224	10,224	Viet Nam	4,256	-
Cook Islands	1,154	-	Mozambique	2,000	2,000	Yemen Arab Republic	15,000	15,000
Costa Rica	5,569	5,569	Myanmar	160	-	Zambia	5,980	5,980
Côte d'Ivoire	10,000	-	Namibia	1,000	2,000 <sup>4</sup>	<b>SUBTOTAL</b>	<b>432,532,027</b>	<b>422,079,553</b>
Croatia	22,000	22,000	Nepal	5,041	5,041	<b>LOSS ON FOREIGN EXCHANGE</b>	<b>(3,979,707)</b>	<b>-</b>
Cuba	5,000	-	Netherlands	78,892,183	75,728,331	<b>TOTAL</b>	<b>428,552,319</b>	<b>422,079,553</b>
Cyprus	1,500	-	New Zealand	3,471,300	3,471,300			
Czech Republic	227,311	227,311	Nicaragua	4,000	4,000			
Democratic Republic of the Congo	5,000	-	Niger	10,000	-			
Denmark	48,016,701	48,016,701	Nigeria	31,167	-			
Djibouti	1,000	-	Norway	47,564,470	47,564,470			
Dominican Republic	15,000	25,000 <sup>5</sup>	Occupied Palestinian Territory	1,000	-			
Ecuador	2,000	-	Oman	26,042	26,008 <sup>7</sup>			
Egypt	107,078	10,000	Pakistan	417,457	-			
El Salvador	1,000	1,000	Panama	10,000	10,000			
Equatorial Guinea	41,029	-	Papua New Guinea	3,774	-			
Eritrea	2,000	-	Paraguay	762	762			
Estonia	46,046 <sup>3</sup>	57,938 <sup>6</sup>	Peru	2,000	-			
Ethiopia	3,261	3,128 <sup>7</sup>	Philippines	60,125	-			
Fiji	3,268	3,268	Poland	10,000	10,000			
Finland	23,323,615	24,205,749	Portugal	200,000	200,000			
France	3,698,225	3,698,225	Qatar	30,000	-			
Gabon	11,855	11,855	Republic of Korea	100,000	100,000			
Gambia	19,088	28,561 <sup>4</sup>	Republic of Moldova	200	-			
Georgia	1,600	1,600	Romania	10,047	10,047			
Germany	26,677,320	26,677,320	Russian Federation	300,000	300,000			
Ghana	12,500	75,000 <sup>8</sup>	Rwanda	300	-			
Greece	8,000	8,000	Saint Kitts and Nevis	500	1,500 <sup>4</sup>			
Grenada	100	-	Saint Lucia	500	-			
Guatemala	5,003	5,003	Saint Vincent and the Grenadines	100	-			
Guinea	4,000	-	Samoa	1,000	1,000			
Guinea-Bissau	1,000	-	Sao Tome and Principe	3,448	3,448			
Guyana	500	-						
Haiti	10,000	10,000						
Honduras	3,386	3,386						

1 Official written pledges received as of 31 December 2008.

2 Actual payments received as of 31 December 2008.

3 Payment of 2008 pledge was received in prior years.

4 Includes payments for 2008 and future years.

5 Payment for 2008 and prior years.

6 Payment for 2009.

7 Payment for 2007.

8 Includes payments for 2008, prior and future years.

9 Payment for 2008 made in 2007.

10 Includes payments for 2007 and prior years.

Parentheses indicate a negative number.

ALL FIGURES ARE PROVISIONAL.

Interim report prepared 30 March 2009 is based on preliminary data.





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