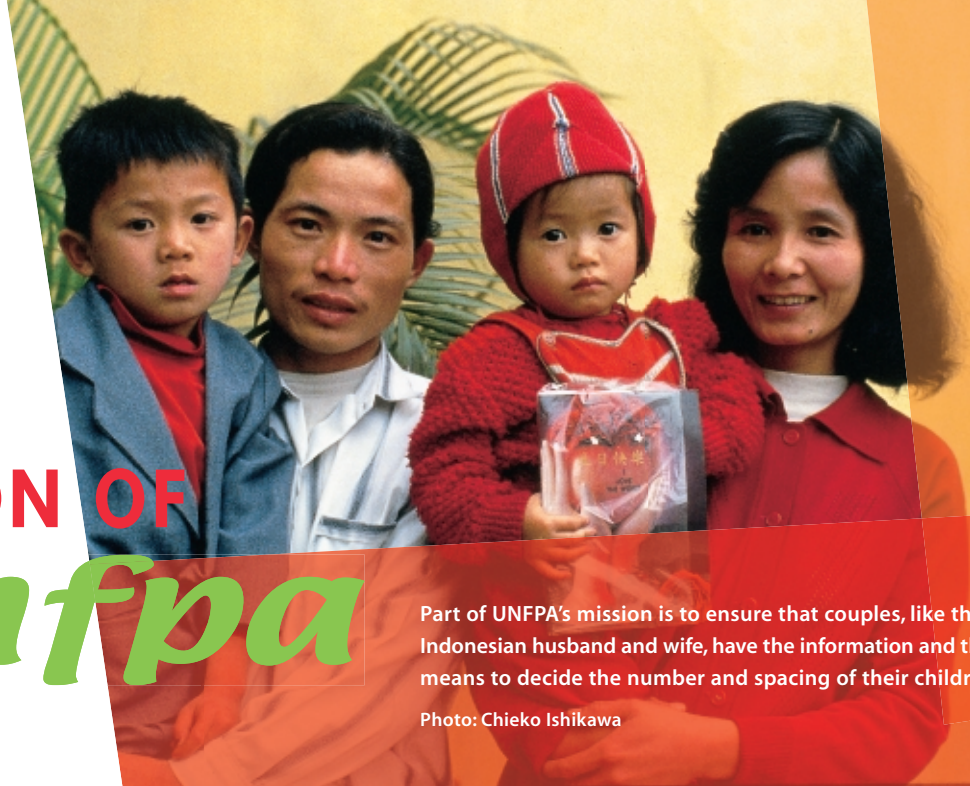


# UNFPA 2000

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# THE MISSION OF *unfpa*

Part of UNFPA's mission is to ensure that couples, like this Indonesian husband and wife, have the information and the means to decide the number and spacing of their children.

Photo: Chieko Ishikawa

The United Nations Population Fund (UNFPA) extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries, as it has since its inception.

UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues, and to advocate for the mobilization of the resources and political will necessary to accomplish its area of work.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the 1994 International Conference on Population and Development (ICPD). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that promoting and safeguarding these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. All couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so.

UNFPA is convinced that meeting these goals will contribute to improving people's quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on the Elimination of All Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women, and in other internationally agreed instruments.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, non-governmental organizations (NGOs) and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries, following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met. ■

# foreword

For more than 30 years, the United Nations Population Fund has sought to improve reproductive health and family planning in the developing world and to help all countries find an equitable, sustainable balance between population and development. In the year 2000, UNFPA provided assistance to 142 developing nations, with special emphasis on increasing the quality of reproductive health services, ending gender discrimination and violence, formulating effective population policies and reducing the spread of HIV/AIDS.

The impact of AIDS in particular illustrated the need for greater investments in public health. Such investments are crucial if we are to break the debilitating cycle of ill health and poverty. And to make the most of such investments, we must give priority to women and make sure they have the freedom, knowledge and power to make healthy decisions. When women have no say, they cannot protect themselves from HIV infection or plan their families and futures. But when women are empowered through better education and health care, the benefits are immediate: families are healthier, and so are countries.

This annual report documents UNFPA's diverse efforts as the world's largest multilateral source of population funding and largest supplier of condoms and other reproductive health commodities. By helping people make informed, responsible and free choices about their reproductive health, UNFPA brings us closer each day to achieving the population and development goals we have set for ourselves and our planet.



Kofi A. Annan  
Secretary-General  
of the United Nations

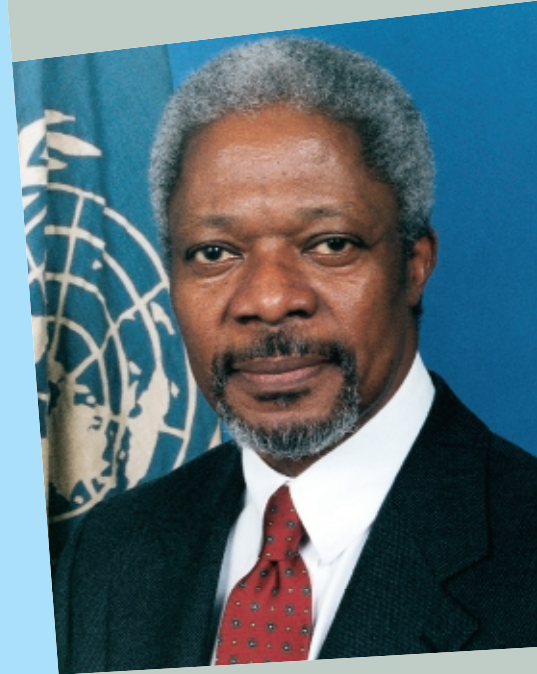


Photo: UN/DPI / Milton Grant



**Thoraya Ahmed Obaid, UNFPA's new Executive Director, assumed office in January 2001.**

Photo: United Nations

In this era of HIV/AIDS, individual reproductive health is more important than ever. For many people it is a matter of life and death. While we have made great progress, every day reminds us how far we have to go.

The United Nations Population Fund has a clear vision and commitment to improve reproductive health and to advance the empowerment of women. One of our greatest challenges is to forge a global network of alliances to ensure that people have the information, services and supplies they need to make informed, responsible and free choices about their sexual and reproductive health. Also critical is advocacy for better, more equitable laws and policies.

In 2000, UNFPA continued to support countries in the development of population and development strategies, and data collection, analysis and policy formulation. We helped launch 10 new country programmes in Azerbaijan, the Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Pakistan, the Philippines, Tajikistan, Turkmenistan, Uzbekistan and Zimbabwe. We developed a new system to track progress in reproductive health and other key national population indicators to better measure progress in meeting the international goals agreed at the International Conference on Population and Development (ICPD) and the benchmarks established at the special session of the General Assembly on ICPD+5.

To address the challenges of HIV/AIDS, we mobilized resources to safeguard youth and intensified efforts to integrate AIDS prevention into reproductive health and family planning programmes. A \$57 million partner grant from the Bill & Melinda Gates Foundation helps us protect youth through scaled-up projects in four hard-hit African countries. The five-year initiative will serve as a model for other national programmes worldwide.

# overview

A top priority in 2000 was the development of a new global strategy for reproductive health commodity security. Without adequate supplies, we cannot meet the international goal of universal access to reproductive health care by 2015 and cannot prevent HIV infection and unwanted pregnancies. In response to the new strategy, the Fund received nearly \$80 million in contributions from the Netherlands and the United Kingdom to meet the needs of developing countries for reproductive health commodities.

To help millions of people fleeing armed conflict and natural disaster, UNFPA strengthened emergency reproductive health services. We sent safe delivery kits to flood victims in Venezuela, safe motherhood supplies to cyclone victims in Zimbabwe, and reproductive health commodities to Eritrean refugees in Sudan. In all, UNFPA dispatched emergency reproductive health supplies to an unprecedented 30 crisis sites in 20 countries.

To protect the health of mothers and decrease maternal mortality, UNFPA joined with Columbia University and other partners in 2000 to expand the availability and use of emergency obstetric care for complications of pregnancy and childbirth. We mounted new initiatives in Asia, Africa and Latin America to promote skilled birth attendance at delivery and to make safe motherhood a reality.

All our efforts continue to build on the momentum created by the 1994 International Conference on Population and Development, the legacy of my predecessor, Dr. Nafis Sadik. We are mobilizing human and financial resources to provide universal access to primary education and reproductive health care. We are working with both men and women to break the vicious cycle of discrimination and gender-based violence. Many of our projects focus on young people, who need better information and services.

I begin my term as UNFPA's Executive Director determined to strengthen existing partnerships and build new alliances so we can achieve the goals we have set for ourselves. We must work together for a world where human needs are met, well-being is ensured and the natural resources on which all life depends are protected.

Thoraya Ahmed Obaid  
Executive Director  
United Nations Population Fund



At a community centre in a small Quechua-speaking village in Ecuador, Dr. Mercedes Muenala, communications officer with the clinic Jambi Huasi (Health House), demonstrates how the female reproductive tract works. Photo: UNFPA/Don Hinrichsen

# REPRODUCTIVE HEALTH: *meeting people's needs*

Reproductive health programmes provide people with the information and services they need to protect their health and the health of their families. But in many developing countries such services are severely limited, and the consequences are tragic. Over 52 million women in Africa, Asia and Latin America deliver their babies each year without a nurse, midwife or doctor present. Some 514,000 women die during or after pregnancy because they did not receive prompt treatment, and at least 7 million women suffer infection or injury. More than 330 million people acquire a sexually transmitted disease each year. Over 350 million women do not have access to a range of safe and effective contraceptive methods. Up to half of the nearly 175 million pregnancies each year are unwanted or ill-timed. Half of all new HIV infections occur in young people under age 25.

## EVERY MINUTE

- 380 women become pregnant: half of them did not plan or wish the pregnancy;
- 110 women experience a pregnancy-related complication;
- 100 women have an abortion, of which 40 are unsafe;
- 11 people are newly infected with HIV/AIDS;
- 1 woman dies from a pregnancy-related cause.

The United Nations Population Fund works around the world to provide reproductive health services so people can stay healthy and plan their families and futures. Such care includes family planning, care during pregnancy and birth, counselling and prevention of infertility, prevention and treatment of reproductive tract infections and sexually transmitted diseases (including HIV/AIDS), and dealing with the health consequences of unsafe abortion. In many countries, our programmes focus on meeting the needs of young people and hard to reach and marginalized populations who are not targeted by other projects.

## ADOLESCENT REPRODUCTIVE HEALTH

There are over 1 billion youth aged 15 to 24, and they need information and services to protect themselves from unwanted pregnancy, HIV/AIDS and other sexually transmitted diseases. UNFPA works with partners to develop effective, youth-friendly, gender-sensitive services and programmes for young people. Because adolescent reproductive and sexual health is a taboo topic in many cultures, the support of parents, teachers, local leaders and health service providers is essential. But our most important partners are young people themselves. Their involvement in project planning, implementation and evaluation is critical to success.



**Secondary school girls in Mongolia reading *Love*, a UNFPA-supported magazine focusing on careers, dating, family relationships, and reproductive health. With a circulation of 150,000, it's the most popular magazine among adolescents in Mongolia.**

Photo: UNFPA/Don Hinrichsen

- In Sri Lanka, a survey found that only half of 15- to 29-year-olds were aware that condoms protected against HIV/AIDS and other diseases. A UNFPA-funded project that began in October 1998 has provided more than 100,000 young people with reproductive health information, and 32,000 have received specific counselling. Services are provided by 1,248 peer educators, 234 trained part-time counsellors, and 52 medical doctors.
- In Sudan, where armed conflict has forced thousands of young people from their homes, the “In-and-Out of School Youth” project has educated youth about reproductive health issues through a mobile exhibit that has travelled to youth camps in over 12 states.
- In Iran, 12- to 14-year-old girls in 14 provinces were trained in adolescent reproductive health, with the involvement of parents and community and religious leaders.
- In Ecuador, indigenous youth are being reached for the first time through the UNFPA-funded Jambi Huasi clinic, which combines traditional and Western medicine.
- In Nairobi, Kenya, a UNFPA-supported project turned 11 health clinics into “youth-friendly” facilities by expanding working hours and providing separate rooms for youth counselling. Twenty-one educators and 206 service providers were trained in 2000 in adolescent reproductive health.

- In Angola, the JIRO youth project conducted an awareness campaign about condoms, sexually transmitted diseases (STDs), and other reproductive health issues. Eight youth-friendly health centres were established and over 100 peer counsellors were trained. Over 42,000 adolescents sought guidance on prenatal care, family planning and the diagnosis of STDs.
- In Guyana, 323 health staff, teachers/community workers, peer helpers and parents were trained in adolescent reproductive health.
- In Nepal, where close to a third of the population is between the ages of 10 and 24, reproductive and sexual health services designed specifically for young people were initiated for the first time in September 2000. Peer groups have been formed in 72 villages, and youth-friendly information centres have been established with the support and assistance of the community.
- In Viet Nam, where HIV/AIDS and abortion rates are high among youth, a UNFPA-supported project in Hanoi and Ninh Binh renovated and equipped 18 community health centres in 2000 and distributed over 8,000 “parent bags” with “It’s no secret” materials to encourage better communication between parents and adolescents about reproductive health.
- In Kampala, Uganda, over 2,000 adolescents were counselled on reproductive health issues at the UNFPA-funded Nagura Health Centre and another 1,000 were treated for sexually transmitted diseases.

## **YOUTH CHART REPRODUCTIVE HEALTH PLAN FOR EAST AND SOUTHEAST ASIA**

**In East and South-east Asia, one in five persons is an adolescent. They need reproductive health programmes that address their needs. At the end of May 2000, 24 young people from 12 countries in the region attended a workshop in Pattaya, Thailand, to share their views about what needs to be done. They came up with a programme of action to promote adolescent reproductive health that was adopted by senior policy makers, programme managers and representatives of UNFPA and other UN agencies and NGOs. The workshop was organized by the UNFPA technical support team in the region, with financial assistance from UNFPA, AusAID, UNESCO and UNAIDS.**

**FAMILY PLANNING** encourages better reproductive health and broader choices in life. But 20 to 25 per cent of couples in developing countries need better access to contraceptives. There are still 120 million couples who want to space the births of their children or stop having children but are not using contraception, and this number does not include unmarried individuals. In addition to efforts aimed at women, UNFPA undertakes many innovative projects with men to increase male responsibility for family planning and improve women's status and health.

- In Iran, 100 religious leaders, merchants and teachers received training in 2000 to remove cultural barriers to the use of reproductive health and family planning services.
- In Uganda, a mass media campaign was launched to improve male involvement in family planning and maternal health, which sparked public interest and debate.
- In Bangladesh, UNFPA cosponsored the first international seminar and training on non-scalpel vasectomy, which was attended by representatives from seven Asian countries.
- In Ecuador, UNFPA supported the drafting and introduction of new national reproductive health care norms and protocols in 2000.

We also work to improve the quality of care. In 2000, UNFPA collaborated on the publication of a new reference manual that contains medical eligibility criteria for different types of contraceptives to help determine which type is the safest and most appropriate for each person. The manual is based on the latest clinical and epidemiological data and is published by the World Health Organization.

Contraceptive use has increased dramatically in the past four decades, from around 10 per cent in 1960 to almost 60 per cent today. Demand is expected to increase by a further 40 per cent over the next 15 years. But donor support for contraceptives has been declining since 1996, resulting in contraceptive shortfalls in every region. The most severe shortages are in sub-Saharan Africa, where condoms are urgently needed to prevent the further spread of AIDS.



Improving the status of women and girls is a top priority for UNFPA. In 2000, we produced this advocacy booklet to raise awareness among policy makers and health care professionals of the crucial link between women's empowerment and reproductive health.



UNFPA is working in many countries to increase the number of births attended by skilled health care personnel. Here, a woman receives prenatal care from a midwife in Rajasthan, India.

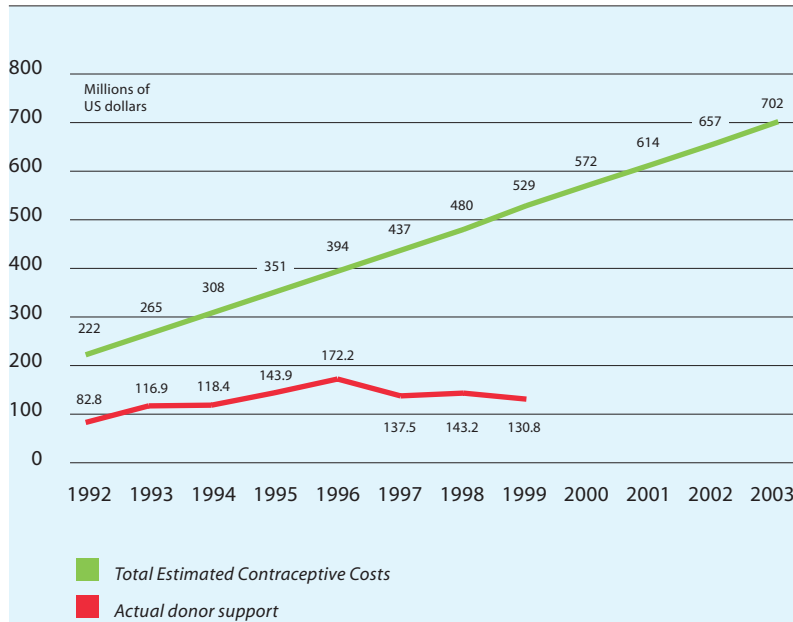
Photo: Viviane Moos

**COMMODITY SECURITY** is a top priority for UNFPA. Contraceptive and reproductive health supplies are crucial to enable people to avoid HIV infection and plan their families, and for countries to meet their population and development goals. UNFPA is the world's largest distributor of condoms. In September 2000, UNFPA launched a new global strategy for reproductive health commodity security, which quickly brought close to \$80 million in support from the Netherlands and the United Kingdom. The strategy is designed to build national capacity and sustainable approaches to contraceptive supply and delivery through public, private and non-governmental partnerships. A new unit at UNFPA Headquarters is guiding the effort in cooperation with the Procurement Section, and field offices are working to ensure strategic coordination at the national level.

**SAFE MOTHERHOOD** is high on UNFPA's agenda. Today some 514,000 women die each year from complications of pregnancy and childbirth, and most of the deaths could be prevented through prompt treatment. The risk of dying in childbirth in developing countries is one in 48, compared to one in 1,800 in developed countries.

UNFPA supports a variety of measures in over 100 countries to reduce high rates of maternal mortality – from educating communities on safe motherhood to training health care providers in emergency obstetrics and equipping health facilities with proper supplies. We cooperate closely with WHO,

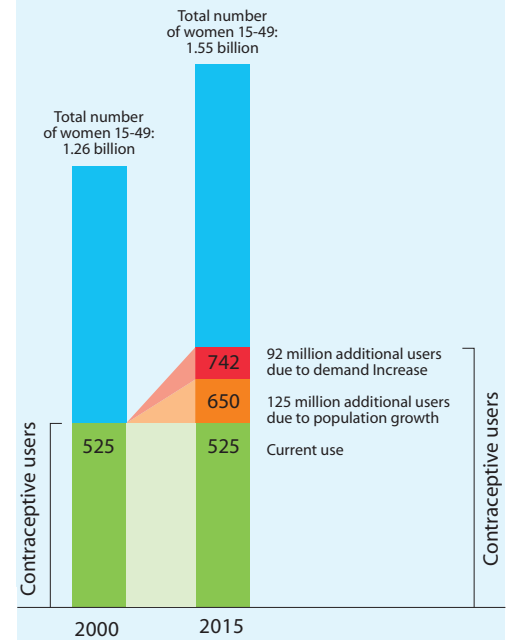
## DONOR SUPPORT FOR CONTRACEPTIVES COMPARED WITH ESTIMATED REQUIREMENTS (1992 - 2003)



Support from international donors for contraceptives and for condoms to prevent HIV/AIDS is far less than developing countries need. Every \$1 million shortfall in contraceptive commodities results in approximately 360,000 unwanted pregnancies, 150,000 abortions, more than 800 maternal deaths and 11,000 infant deaths.

## FAMILY PLANNING NEEDS WILL GROW AS BOTH POPULATION AND DEMAND INCREASE

Projected Increase in Contraceptive Users, 2000-2015 (millions of women aged 15-49, developing countries)



Sources: United Nations Population Division, World Population Prospects: The 1998 Revision; and UNFPA draft report.

## THE SAFE MOTHERHOOD INITIATIVE

For 13 years the Safe Motherhood Initiative has been working to improve the health of mothers in developing countries. It is an example of effective collaboration between UNFPA, the World Health Organization, UNICEF, the World Bank, the Population Council, the Regional Prevention of Maternal Mortality Programme in Africa, the Safe Motherhood Network in Nepal, Family Care International, the International Planned Parenthood Federation, the International Federation of Gynecology and Obstetrics, and the International Confederation of Midwives.

Improving maternal health calls for better health facilities, logistics systems and training to ensure appropriate and effective care. Community-based services are often the most effective. In Nepal, where only 6 per cent of births are assisted by trained birth attendants and one in 10 pregnant women go through childbirth alone, UNFPA is working with local mothers' groups to improve

maternal care. In 2000, over 24,000 mothers were trained by volunteers in reproductive health. The mothers, in turn, spoke to other women in their communities and distributed family planning supplies and information. They also mobilized locally to create revolving funds for emergency obstetric care so women facing life-threatening complications during birth can get help when they need it most.

UNFPA is working in all regions to increase skilled attendance at birth. The assistance of health professionals at delivery significantly reduces deaths, illness and disability. In Bangladesh, 18 maternal and child welfare centres were renovated and upgraded in 2000 to provide comprehensive services, most notably emergency obstetric care, and 30 doctors completed a one-year training programme in obstetric care and anaesthesiology. Over the last three years, skilled attendance at birth has risen from 8 to 13 per cent.



UNICEF and the World Bank. UNFPA is a key member of the Safe Motherhood Initiative, which has been working since 1987 to develop policies and programmes to protect women during pregnancy and childbirth. We are also a member of the Inter-Agency Group on Safe Motherhood.

In April 2000, the Inter-Agency Group convened a meeting with leading experts on maternal mortality to develop key strategies to provide skilled attendance at delivery. In November, the Group organized an international conference in Tunisia, "Saving Lives: Skilled Attendance at Childbirth", which brought together country teams from sub-Saharan Africa and South Asia to share experiences and develop national strategies. Four countries – Botswana, Malaysia, Sri Lanka and Tunisia – shared their experiences in securing higher rates of skilled attendance at delivery, and seven countries – Bangladesh, Burkina Faso, Mozambique, Nepal, Nigeria, Senegal, and Uganda – gained invaluable insight from which to plan their own national strategies.

#### **UNFPA AND COLUMBIA UNIVERSITY SIGN PACT FOR SAFE MOTHERHOOD**

To increase the availability and use of emergency obstetric care, UNFPA joined forces in 2000 with Columbia University in New York. The four-year agreement enables UNFPA to carry out its \$9 million "Making 'Safe Motherhood' a Reality" project to make existing hospitals and health centres capable of providing such care. Often, small investments in equipment and training are sufficient to ensure that vital care is available to women in labour. As part of the agreement, UNFPA is helping improve the availability of emergency obstetric care in four countries: India, Morocco, Mozambique and Nicaragua. Needs assessment missions were also carried out in nine African and Central American countries: Cameroon, Côte d'Ivoire, El Salvador, Guatemala, Honduras, Mauritania, Nicaragua, Niger and Senegal.

#### **SAVE THE MOTHERS FUND**

In 2000, women in eight developing countries received emergency obstetric care through the Save the Mothers Fund with funding from UNFPA, the Pharmacia Corporation and the World Bank. Started by the International Federation of Gynecology and Obstetrics (FIGO), Save the Mothers Fund is an innovative partnership through which professional societies in industrialized countries provide training and donate basic equipment to developing countries to improve emergency obstetric care. The partner countries are: Canada and Uganda; Italy and Mozambique; Sweden and Ethiopia; United Kingdom and Pakistan; and the United States and Guatemala, Honduras, Nicaragua and El Salvador. ■



#### **SAFE MOTHERHOOD IN MOROCCO**

In 2000, UNFPA launched a new project in Morocco to reduce maternal mortality rates. A substantial number of deaths occur because women with obstetric complications do not receive appropriate care soon enough to save their lives. The project, carried out in cooperation with Columbia University's Averting Maternal Death and Disability Program, is conducting a national assessment to determine the country's needs for maternal health. So far, doctors and nurses have been trained in 13 provinces in life-saving skills, and five health facilities were upgraded with the necessary surgical and sterilization instruments to enable them to administer antibiotics and anti-convulsants, assist in delivery, and perform caesarean sections and blood transfusions when needed.

Photo: UNFPA

# DISCRIMINATION: *building equality*

Women's second-class status carries a financial, social and personal cost. Without education and decent health care, girls and women face limited opportunities and unfulfilled dreams. When women have no say in sexual matters, they cannot prevent unwanted pregnancies or avoid becoming infected with HIV/AIDS. There is also a larger dimension: failure to invest in women and girls slows economic and social progress.

Discrimination has already condemned far too many women to lives of drudgery and despair, some to death. The situation is unacceptable – an affront to human dignity, an obstacle to advancement, and a mar on our collective conscience.

## **POVERTY AND POWERLESSNESS: BREAKING THE CHAINS**

All over the world, UNFPA supports activities and advocacy to improve the status of women and girls. The benefits are enormous – better health, increased incomes – in short, a better future. We work with a wide variety of partners – locally, nationally and internationally – to raise awareness about discrimination's effects, improve laws and policies, change harmful attitudes and behaviour, and empower women by working to improve their access to health services, education and employment opportunities.

Highlighting gender concerns in every aspect of our programmes, UNFPA works with partners worldwide to bring about better legal protection for women and stricter enforcement of existing laws. In 2000, we cooperated with the Center for Reproductive Law and Policy to strengthen national legal and policy advocacy to improve access to reproductive health care. The Center worked with national non-governmental organizations in 51 countries and issued an international report documenting trends in the institutionalization of women's reproductive rights. UNFPA also supports programmes in schools, youth clubs, workplaces, trade associations, police forces, and other organizations that encourage boys and men to accept and promote equality.

- In Kenya, UNFPA-funded advocacy efforts by the Federation of Women Lawyers promoted a series of gender-related bills on equality, affirmative action and family protection.
- In Zimbabwe, a UNFPA-funded project is sensitizing men about sexual harassment and discrimination in the work-



Fawzia Um Muhammad, a 46-year-old Jordanian woman, has 11 children and a disabled husband. She began an income-generation project with funds provided by the Noor Al Hussein Foundation through a grant from UNFPA. She grows oregano, mint, and medicinal herbs using drip irrigation techniques. She earns 140 Jordanian dinars a month from her gardening activities.

Photo: UNFPA/Don Hinrichsen

place. So far 120 chief executives, 150 commanders and senior officers from police forces, 28 members of district health teams and 100 union leaders have taken part.

- UNFPA funded the International Women's Health Coalition to provide support to NGO advocacy in the Beijing+5 meeting to protect sexual and reproductive rights on the international agenda.
- In Nepal, UNFPA supported a project to improve reproductive health among people living in slums around Kathmandu and Patan. The project taught the most marginalized women how to read and write basic words. The women are now capable of discussing and exchanging information on reproductive health with their neighbours.

## **STOPPING THE VIOLENCE**

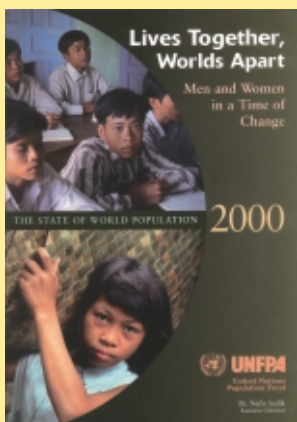
At least one in three women has been beaten, coerced into sex, or abused in some other way. Violence against women and girls, the cruelest form of discrimination, is firmly rooted in the low status of women. UNFPA has a clear policy on gender-based violence: zero tolerance. We work to improve laws and

policies and to raise awareness among women and men, boys and girls, about gender-based violence as a violation of human rights and a threat to public health. We support the training of health workers on how to help victims of violence, and training for police and judges to enforce relevant laws. Our projects involve men to generate greater awareness and promote positive behavioural change. We also support counselling and campaigns for the eradication of harmful traditional practices, such as female genital mutilation.

- In Bangladesh, UNFPA joined with the Home Ministry to raise awareness of reproductive health and gender issues among nearly 4 million defense and police officers. The project is part of an overall effort to sensitize law enforcement personnel about women's rights and decrease violence against women and girls.
- In Indonesia, UNFPA supported the development of a national plan of action on the elimination of violence against women, which was launched on 24 November 2000.
- In Kenya, advocacy efforts have encouraged girls to avoid female genital mutilation and men to accept uncircumcised girls for marriage. New efforts are aimed at helping girls who have been disowned or have run away from home because they did not want to be circumcised.

#### HELPING WOMEN TO TALK AND HEAL

Women's lives can start to change when they speak up on the violence in their lives and receive sensitive care. To help break the silence, the Fund embarked on a new initiative in 2000 to integrate the assessment and treatment of violence into reproductive health services. In collaboration with the United Nations Development Fund for Women (UNIFEM) and WHO, we prepared a new manual, *A Practical Approach to Gender-Based Violence: A Programme Guide for Health Care Providers and Managers*, which offers step-by-step guidance on how to address violence against women and girls in health care settings. The guide focuses on childhood sexual abuse, domestic violence, and rape or sexual assault, and will be field tested in 2001. ■



*The State of World Population 2000* report focused attention on the damage done by gender inequality and the need to improve the status of women. The report, launched each September through special events around the world, receives widespread media coverage. The 2000 report was the lead story on the CNN web site and among the top stories in influential newspapers worldwide.

#### BOLIVIA INCREASES LITERACY

In the highlands of southern Bolivia, rates of infant and maternal death and female illiteracy are among the highest in the country. In 1998, UNFPA joined the Ministry of Education and other partners to launch a four-year Quechua/Spanish literacy project to empower local women and increase their access to health care and economic opportunities. In September 2000, the project won one of five International Literacy Prizes from the Paris-based United Nations Educational, Scientific and Cultural Organization (UNESCO). So far about 40,000 people have learned to read and write and have become more aware of their sexual and reproductive health and rights. The project has increased the use of health services and saved mothers' lives. In the province of Chuquisaca, maternal mortality rates dropped 70 per cent in one year, from 13 deaths in 1998 to four in 1999.



A distraught Albanian woman, displaced from her home, speaks to a UNFPA consultant participating in a needs assessment mission on sexual and gender-based violence.

Photo: Marie Dorigny

# AIDS: *facing the challenge*

Photo: UNFPA/Alvaro Serrano

AIDS is an unprecedented emergency demanding urgent attention. In sub-Saharan Africa, where three quarters of all HIV-positive people live, the disease is a catastrophe. Depleting the resources of governments and extended families, AIDS is killing adults in their prime, robbing schools of teachers, leaving children without parents, and pushing back hard-won gains in health and education. While other parts of the world have so far escaped Africa's high infection rates, the number of cases continues to rise in parts of Asia, Eastern Europe and the former Soviet Union, and Latin America and the Caribbean.

By the end of 2000, 36.1 million men, women and children around the world were living with HIV or AIDS and 21.8 million had died from the disease, 4.3 million of them children. In 2000 alone, over 5 million people were newly infected and 3 million people died, the most in a single year.

## POWER OF PREVENTION

UNFPA plays a leading role in efforts to prevent the further spread of HIV/AIDS. As the largest international provider of condoms and population assistance, our goal is to integrate HIV prevention into all reproductive health and family planning services. Key to all prevention efforts are:

- Empowering women and girls to refuse unsafe sex or to abstain from sexual relations.
- Changing men's attitudes and behaviour towards women.
- Ensuring access to condoms and other reproductive health commodities, through quality health services.

- Combatting other sexually transmitted infections, which assist the transmission of HIV.
- Recognizing the part played by poverty and deprivation in spreading infection.
- Ending the shame, stigma and silence surrounding HIV/AIDS.
- Ensuring that young people know how to protect themselves, and including them in decisions that affect their lives.

In 2000, we focused on raising awareness of the disease among officials and the public, increasing resources to fight AIDS, training health care providers and counsellors, and promoting access to testing, counselling and treatment. We expanded programmes to prevent HIV infection, especially among young people and pregnant women, and supported campaigns promoting condom use among sexually active individuals. We promoted gender equality in our programmes and challenged discriminatory practices that help spread HIV infection. In conjunction with other United Nations agencies, UNFPA urged pharmaceutical companies to provide essential medicines at preferential prices to developing countries.

UNFPA is a key member of the Joint United Nations Programme on HIV/AIDS (UNAIDS), a leading global force in the fight against AIDS. As a cosponsor of UNAIDS, we have been allocated \$3.65 million of the programme's common funds in 2000-2001 to prevent HIV infection. We also cooperate with other United Nations agencies in the United Nations Development Assistance Framework (UNDAF).

In 2000, UNFPA, in collaboration with UNAIDS, took the lead in developing an inter-agency initiative to strengthen political commitment and financial support from African leaders to combat AIDS. From July-August, UNFPA conducted needs assessment missions in six countries – Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Malawi and the United Republic of Tanzania – that are being used to design model advocacy programmes throughout Africa.

### AFRICAN YOUTH ALLIANCE

One of the greatest challenges is preventing HIV infection in youth. Of all age groups, young people under 25 are the most likely to contract HIV; every minute six young people are newly infected. In 2000, UNFPA helped raise \$57 million from the Bill & Melinda Gates Foundation to protect youth against HIV/AIDS in four hard-hit African countries: Botswana, Ghana, the United Republic of Tanzania and Uganda.

The five-year project is being carried out by the African Youth Alliance, a new partnership between UNFPA and the non-governmental organizations PATH (Program for Appropriate Technology in Health) and Pathfinder International. While efforts vary in each country according to local conditions, all include education programmes in both urban and rural areas, peer counselling for young people in and out of school, accessible reproductive health services (provided in youth centres, for example) and job training for disadvantaged youth.

### EDUCATION AND ADVOCACY

Information, especially for young people, is crucial to prevent HIV/AIDS. Surveys show that millions of youth, especially girls, in developing countries do not know how to protect themselves from HIV infection. UNFPA supports many efforts to increase HIV/AIDS awareness, knowledge and action. We help

### QUESTIONS FREQUENTLY ASKED BY INDONESIAN YOUTH:

- Does petting destroy virginity?
- Does kissing cause pregnancy?
- Does sexual intercourse result in pregnancy?
- Does sexual intercourse destroy virginity?
- If I jump after making love, will it flush out the semen?
- How can I say "no" to my boyfriend's demands for sex?
- Does using condoms prevent pregnancy?

Young people cannot make informed decisions without reliable information. UNFPA supports culturally sensitive reproductive health information and education programmes for young people in all regions.

provide information – both in and out of school – that addresses underlying attitudes, values and skills to promote safe, responsible behaviour.

Over the years, we have learned much about how to reach people to improve reproductive health. Our information and education materials are tailored to specific audiences and more responsive to their needs. They focus less on dry knowledge and facts and more on dynamic information that will change behaviour. Today, most school-based educational programmes include elements such as gender issues, violence and communication, relationship skills and self-esteem, sexuality education and life skills.



Schoolchildren in Botswana play in front of a mural warning about the deadly consequences of HIV/AIDS.

Photo: Mark Edwards / Still Pictures

### BOTSWANA BATTLES HIV/AIDS

Botswana has the highest rate of HIV/AIDS in the world. About one in every three adults is infected. Life expectancy has dropped from 60 years in 1990 to 44 years in 2000, and is projected to fall to 36 years by 2005. The group most at risk is young people, especially girls. UNFPA is working with the Government of Botswana and other partners to protect the country's youth and prevent further infections. The effort is part of a five-year, four-country project that received \$57 million in funding from the Bill & Melinda Gates Foundation in April 2000. The initiative focuses on promoting abstinence or delay in sexual activity, introducing and improving youth-friendly services, reducing unwanted pregnancies, promoting gender equality and female empowerment, and building self-esteem and life skills.



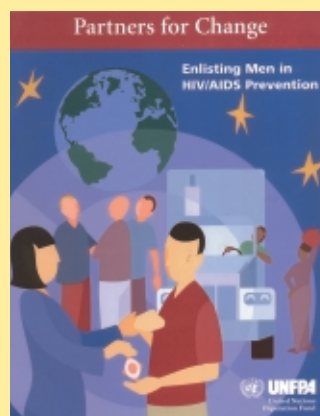
An AIDS education banner at Nicaragua's Central American University (above), part of a UNFPA-supported information campaign aimed at preventing the spread of the deadly disease. Information on HIV/AIDS and other sexually transmitted diseases is also conveyed via the campus radio station, which the Fund assists (see photo on page 12).

Photo: UNFPA/Alvaro Serrano

- In Cambodia, where HIV infection is rising, UNFPA, in collaboration with UNESCO and the Ministry of Health, developed the first HIV/AIDS manual for the nation's schools. In 2000, the manual was distributed to all secondary schools, and 1,385 teachers were trained to teach the new material.
- In Ghana, UNFPA-supported education programmes teach vulnerable groups such as lorry drivers, market women and porters how to protect themselves against AIDS. Lorry drivers wear T-shirts that say "NO TO CASUAL SEX" to encourage responsible sexual behaviour.
- A radio information programme on adolescent reproductive health and sexuality is carried out by the Voice of Vietnam, with technical assistance from the BBC and financial support from UNFPA. Broadcast every Sunday morning, the call-in programme involves a panel of experts who answer questions on adolescent reproductive health, sexuality, gender discrimination and related topics.
- In Uganda, the Programme for Enhancing Adolescent Reproductive Life (PEARL) provides HIV/AIDS information and services to young people through the media, community meetings, health services, recreational facilities, schools and churches. PEARL teaches young people how to negotiate in relationships and make informed decisions.

- In Maldives, Friday sermons, which are broadcast live on the radio, are powerful channels for reproductive health and advocacy. Radio and television spots dealing with family planning, adolescent health, HIV/AIDS prevention, underage brides, and early pregnancy have also become common in Maldives, Bangladesh, Mongolia, Cambodia, Philippines, Thailand and other countries.

No one initiative holds all the answers, but together they are helping develop positive attitudes and life-saving behaviours. Encouraging results have been achieved in a number of countries that mounted multi-pronged prevention campaigns, including Senegal, Thailand, and Uganda. ■



Enlisting men to prevent HIV infection can help change the course of the epidemic. In 2000, UNFPA produced and distributed this advocacy booklet as part of our overall effort to encourage responsible male behaviour and prevent the further spread of HIV/AIDS.



A woman wears a 'No to Casual Sex' T-shirt in a Ghanaian marketplace, where a UNFPA-funded initiative is educating people – including drivers from the neighbouring bus terminal – about behaviours that increase the risk of contracting HIV/AIDS.

Photo: UNFPA

# EMERGENCY: *providing services*

Uprooted and adrift, often with nothing but the belongings they can carry, women and children make up 80 per cent of the world's displaced persons and refugees. Whether fleeing armed conflict or chest-high floods, these women and children need help, and they need it fast. Food, water, shelter and health care, including reproductive health care, are priorities. In the midst of conflict or disaster, women need prenatal, post-natal and delivery care. Without skilled help and basic equipment, giving birth can be a matter of life and death.

Displaced pregnant women are at risk of malnourishment, violence and infectious disease, and face hazardous conditions. Another threat is sexual violence – women and girls who are forced from their homes face much higher risks of sexual violence and exploitation. HIV/AIDS and other sexually transmitted diseases present yet another danger because they spread quickly through the corridors of conflict and chaos.

## LIFE-SAVING SUPPLIES AND EQUIPMENT

Since 1994, UNFPA has supported emergency reproductive health projects in more than 30 countries. UNFPA is a founding member of the Inter-Agency Working Group on Reproductive Health for Refugees, which developed standards for a minimal initial service package (MISP) for meeting basic needs in emergency situations and then created pre-packaged sets of equipment, supplies and medicines to meet those needs. UNFPA stocks and manages these emergency reproductive health kits, which are stored in a warehouse in Amsterdam for quickest dispatch. Separate kits include the equipment and supplies needed to prevent and manage the consequences of sexual violence, reduce HIV transmission, provide safe deliveries, treat miscarriages and unsafe abortions, provide safe blood transfusions and support family planning. Some kits have enough supplies to serve 10,000 people for three months while others can contain goods to support clinical services for up to 150,000 people for six months.

## RELIEF ON THE GROUND

UNFPA dispatched an unprecedented 35 shipments of emergency reproductive health kits in 2000 to 20 countries and territories. When devastating floods and mudslides hit Venezuela,



UNFPA sends emergency supplies to Kosovo, which has the highest rates of infant and maternal mortality in Europe. Such aid helps families like this one – a pregnant woman, her husband, and her young child, displaced from their home in Kosovo.

Photo: Peter Bussian

UNFPA sent safe delivery and family planning kits to help 150,000 people. When Cyclone Eline struck Zimbabwe, we dispatched more than six tons of life-saving supplies to assist some 200,000 people. In the Democratic Republic of the Congo and Angola, where maternal mortality rates are the highest in the world, we provided support to save lives, treat victims of sexual violence and fight the spread of HIV/AIDS. In East Timor, where virtually every single medical facility had been damaged or destroyed, we worked with NGOs to distribute individual kits for safe home delivery to pregnant women and also equipment and supplies for clinical delivery support in each province.



This Ocussi hospital, like virtually every medical facility in East Timor, was heavily damaged. The devastation of the nation's health care infrastructure prompted UNFPA to provide equipment, supplies and medicines to serve the basic reproductive health needs of the population in 2000.

Photo: UNFPA / Pamela DeLargy



UNFPA delivers tons of live-saving reproductive health supplies to people in emergency situations, like this Eritrean mother and child, who fled their home to escape the fighting between their country and Ethiopia.

Photo: UNFPA / William A. Ryan

## EMERGENCY IN ERITREA

In Eritrea, the devastating effects of conflict and drought have forced over 1 million people to flee their homes. In June 2000, UNFPA airlifted about 10 metric tons of life-saving reproductive health supplies to help Eritreans who were internally displaced by fighting between their country and Ethiopia. The shipment included home delivery kits that provide the most basic supplies needed to perform a clean, safe delivery at home. These include soap, plastic sheeting, razor blades for cutting umbilical cords, instruction sheets with pictures, gloves and aprons, and cotton cloths to wrap newborn babies. UNFPA also provided reproductive health kits for nearly 70,000 Eritrean refugees who had fled to Sudan.

In 2000, UNFPA collaborated with the United Nations High Commissioner for Refugees (UNHCR) and the Reproductive Health for Refugees Consortium – a group of six prominent international NGOs – to strengthen emergency reproductive health services worldwide. Together with local partners, we are working to integrate such care into emergency relief operations. We conducted a regional advocacy workshop in Nepal in March 2000 to raise awareness of the need for emergency reproductive health care and to consolidate support for such services.

## ASSESSING NEED

In 2000, UNFPA supported initial assessments of reproductive health conditions and needs in Angola, the Northern Caucasus, Serbia, Ethiopia, Eritrea, southern Sudan, and Colombia. The assessment of Ethiopia and Eritrea, done jointly with UNAIDS, concentrated on the HIV implications of the conflict between the two countries. Mission members met with government, military and civilian leaders in each country, as well as with donors, United Nations officials and leaders of the United Nations peacekeeping mission along the border to raise awareness of the rapid increase in HIV transmission and to encourage urgent prevention and care programmes. In Angola, we did a comprehensive survey of conditions among internally displaced persons and subsequently developed targeted programmes for reproductive health services and the prevention of gender violence.

## RAPID RESPONSE

UNFPA established a rapid-response fund of \$1 million a year in 2000 to enable quicker response to emergencies, especially in the initial stages. In recognition of our leading role in emergency reproductive health, UNFPA was accorded full membership in the United Nations Inter-Agency Standing Committee for Humanitarian Affairs in April 2000.

## TRAINING FOR REPRODUCTIVE HEALTH IN EMERGENCY SITUATIONS

To improve the provision of high quality reproductive health services to refugees and displaced persons, UNFPA conducted two regional training sessions in 2000. In September/October, we organized a training session in Nairobi, Kenya for Africa, and in November, we held a training session in Baku, Azerbaijan, for the Eastern European and Central Asian area. Training provides international and national health workers with a clear understanding of reproductive health needs and gives them appropriate skills to assess needs, plan and carry out interventions, and monitor and evaluate projects. ■



UNFPA "Clean Delivery Kits" help mothers deliver safely in emergency situations worldwide.

Photo: Peter Bussian



This CD-ROM, produced by UNFPA, helps relief workers and coordinators to fully utilize the reproductive health kits that are sent to emergency sites worldwide.



# partnerships and fund-raising



Ted Turner (left), shown here with United Nations Secretary-General Kofi Annan, supports UNFPA's work through the United Nations Foundation.

Photo: UN/Evan Schneider

The work of UNFPA is supported by governments and by ever-expanding alliances with individuals, NGOs, foundations and corporations. Networks and alliances of civil society organizations have become increasingly important since the International Conference on Population and Development in Cairo. To advance ICPD goals, groups have built broad alliances to overcome challenges to reproductive choice and freedom. UNFPA works with religious leaders to gain their support for reproductive health and women's rights, and with Parliamentarians to ensure national support.

## NON-GOVERNMENTAL ORGANIZATIONS

UNFPA works with local, national and international NGOs to plan, deliver, manage, monitor and evaluate programmes in every region. In 2000, we signed an agreement with Rotary International to increase cooperation. We also agreed to extend for another two years the highly successful European Commission/UNFPA Initiative for Reproductive Health in Asia (RHI). This innovative partnership, which began in 1997 and is managed by UNFPA, has 42 projects in seven countries. The projects are executed by 19 European NGOs in close partnership with over 60 local NGOs and non-profit institutions. In addition to improving reproductive health across the Asian continent, the partnership between Asian and European NGOs has enabled the sharing of technical and practical experience and the strengthening of national capacities. The extensive information and communication network linking project partners is coordinated by the German Foundation for World Population (DSW).

## FOUNDATION SUPPORT

Support from private foundations is increasing every year. In 2000, UNFPA received substantial amounts from the Bill & Melinda Gates Foundation and the United Nations Foundation (UNF), which is supported by U.S. business leader Ted Turner. During the year, we developed and received approval for 23 new projects totalling some \$21 million from the United Nations Foundation. Actual income to UNFPA in 2000 from UNF amounted to a record \$9.5 million. The Bill & Melinda Gates Foundation contributed \$500,000 directly to UNFPA and a partner grant of \$57 million to fight HIV/AIDS in four African countries. The Hewlett Foundation contributed \$1 million for advocacy. The Ford Foundation contributed \$70,000 for a project that focuses on emerging issues in reproductive health including sexuality, gender-based violence and ethics/religious issues. We also received a \$2 million contribution from the Mars Trust and \$410,000 from the Packard Foundation.



Bill Gates, whose foundation is helping UNFPA fight HIV/AIDS in Africa.

Photo: Bill & Melinda Gates Foundation



Mikko Kuustonen, Face to Face Campaign Spokesperson for Finland, produced a television documentary on reproductive health and women's rights. Mr. Kuustonen, a singer and songwriter, is also a UNFPA Goodwill Ambassador.

Photo: United Nations

## ACADEMIC COLLABORATION

The work of UNFPA benefits greatly from academic analysis, technical assistance and collaboration. We work with hundreds of universities worldwide to explore reproductive health issues, conduct research and project implementation, train individuals, and formulate academic programmes to build national capacity in the field of population and development. Some of the highlights in 2000 include a new partnership with Columbia University to reduce maternal mortality; collaboration with the London School of Hygiene and Tropical Medicine in project monitoring and evaluation; reproductive health fellowships by Berkeley, Cardiff, Cambridge and other universities; and the inauguration of new graduate programmes to equip young people with professional and technical skills in the field of population and development. In 2000, Bangladesh started the country's first graduate programme in Population Sciences, at Dhaka University; and Angola initiated its first post-graduate programme in Demography and Statistics at Agostinho Neto University.

## UNFPA AND THE PRIVATE SECTOR

In 2000, UNFPA launched a worldwide private sector initiative to ensure affordable, adequate supplies of condoms and other contraceptives. We brokered meetings between contraceptive suppliers, governments, and technical experts in the Philippines, Indonesia and Turkey to enhance cooperation and negotiation. In many countries, the private sector contributed to UNFPA projects. In Jamaica, businesses donated \$30,000 worth of medicine, contraceptives, computers, sports equipment and paid internships for a UNFPA-funded youth project. The global consulting firm Macro International provided funding for demographic and health surveys in Guinea and Turkmenistan. Chevron contributed funding for reproductive health services for war-affected women in Angola. And the pharmaceutical company Pharmacia donated funds to safe motherhood projects in eight countries that received UNFPA support through the Save the Mothers Fund.

## U.S. COMMITTEE FOR UNFPA

Since 1998, the United States Committee for UNFPA has been educating the American public, media and U.S. policy makers about UNFPA and its critical role in strengthening the quality of life for people in developing countries. Based in New York with a representative in Washington D.C., the U.S. Committee conducts speaking engagements, editorial board meetings and overseas trips to UNFPA project sites to raise awareness and funds for UNFPA and has a web site ([www.uscommittee.org](http://www.uscommittee.org)) where individuals can make on-line donations. In 2000, the Committee helped restore U.S. funding to UNFPA and raised \$3.1 million from individuals, foundations and schools for UNFPA activities worldwide. The Committee led a group of U.S. elected officials to Malawi and South Africa to increase their understanding of UNFPA's work to prevent HIV/AIDS and



## GOODWILL AMBASSADOR PARACHUTES TO PALAIS DES NATIONS

UNFPA Goodwill Ambassador Bertrand Piccard, famous for his round-the-world hot-air ballooning, delighted participants at a reception in Geneva during the United Nations special session on the World Social Summit by parachuting to the ground from a blimp and speaking about social development. At the reception, Dr. Piccard chatted with Prince Albert of Monaco and was honoured by United Nations General Assembly President Theo-Ben Gurirab for his aviation accomplishments and his work to promote UNFPA.

Photo: Face to Face International, Inc.

care for AIDS orphans, and took a group of journalists to Nicaragua to view UNFPA-funded projects to protect the health of mothers.

### FACE TO FACE CAMPAIGN

The Face to Face (F2F) Campaign works closely with UNFPA and 22 NGO partners throughout Western Europe to increase global awareness and financial support for women's rights and reproductive health. Many of the Face to Face Campaign Spokespersons are also UNFPA Goodwill Ambassadors. They are outspoken advocates who use their celebrity status to raise awareness and funding for UNFPA. Since 1997, the Face to Face Campaign has provided partner grants totalling \$864,000 for women's health and empowerment projects.

### CELEBRITY SUPPORTERS

Travelling around the world visiting and publicizing UNFPA programmes, celebrity advocates – Goodwill Ambassadors and Face to Face Campaign Spokespersons – contribute enormously to the goals of global reproductive health and female empowerment by devoting their time and efforts to furthering the work of UNFPA. Three new UNFPA Goodwill Ambassadors were appointed in 2000: German television host Alfred Biolek, 1999 Miss Universe Mpule Kwelagobe of Botswana, and Alexander Sanger of the United States, an international advocate for reproductive rights. In June, 21 UNFPA Goodwill Ambassadors and F2F Spokespersons met in Geneva, at the invitation of the International Foundation for Population and Development, for the first UNFPA Goodwill Ambassador Conference.

### IN 2000, THERE WERE MANY HIGHLIGHTS:

- UNFPA Goodwill Ambassador Ashi Sangay Choden Wangchuck, the Queen of Bhutan, undertook a national campaign to increase male responsibility among the armed forces, which resulted in increased contraceptive use among soldiers, from 29 per cent in 1997 to 50 per cent in 2000.
- In Botswana, Mpule Kwelagobe went on two trips, one in April and one in November, as part of a nationwide campaign for HIV/AIDS prevention. The trips helped sensitize leaders on the need for youth-friendly services, gave young people hope, and raised funds for prevention efforts.
- Goodwill Ambassadors Kattis Ahlstrom (Sweden), Mikko Kuustonen (Finland) and Goedele Liekens (Belgium) produced Face to Face television documentaries.
- UNFPA Goodwill Ambassador and F2F Campaign Chairperson Linda Gray addressed U.S. legislators and urged them to support reproductive health programmes worldwide.
- Xavier Sarda, TV and radio presenter (Spain), educated millions of Spaniards on population issues through on-air commentaries during his weekly TV variety show, *Martian Chronicles*.



In November 2000, UNFPA Goodwill Ambassador 1999 Miss Universe Mpule Kwelagobe led a two-week campaign for HIV/AIDS prevention in her home country, Botswana. One of the highlights was a dinner in the capital, Gaborone, attended by former South African President Nelson Mandela and his wife, Graca Machel. Proceeds from the dinner went to the "Keep Hope Alive" campaign and the Mpule Kwelagobe Trust Fund, which sponsors HIV/AIDS projects in Botswana. Above, President Mandela and Ms. Kwelagobe at the dinner.

Photo: UNFPA

- Irish politician Mary Banotti supported a successful campaign by the Irish Family Planning Association to increase Ireland's official development assistance for reproductive health.
- All United Nations Goodwill Ambassadors and Messengers of Peace were invited to a meeting with United Nations Secretary-General Kofi Annan in October and a public forum to discuss their work: 18 UNFPA Goodwill Ambassadors took part.

### 2000 UN POPULATION AWARD

Ismail Awadallah Sallam, the Minister of Health and Population of Egypt, and the Mexican family planning organization, Fundacion Mexicana para la Planificacion Familiar (MEX-FAM), were awarded the 2000 United Nations Population Award. The award is presented annually by the Committee for the United Nations Population Award to individuals and institutions that have made outstanding contributions to increasing the awareness of population problems and to their solutions.



**Eighteen UNFPA Goodwill Ambassadors were among the 48 UN Ambassadors and Messengers of Peace participating in an October forum, "The United Nations and Celebrity in an Age of Cynicism".**

Photo: UN/Milton Grant

Bertrand Piccard, Scientist-adventurer and aeronaut, UNFPA Goodwill Ambassador for Switzerland

Alexander Sanger, UNFPA Goodwill Ambassador, grandson of American family planning pioneer Margaret Sanger and a champion of reproductive rights.

Xavier Sarda, Radio and television presenter, UNFPA Goodwill Ambassador for Spain

Rosy Senanayake, Mrs. World 1984, Women's health and rights activist, UNFPA Goodwill Ambassador for Sri Lanka

Jamal Soliman, Stage and television actor, UNFPA Goodwill Ambassador for Syria

Ashi Sangay Choden Wangchuck, Queen of Bhutan, UNFPA Goodwill Ambassador for Bhutan

Elsa Zylberstein, Film actress, UNFPA Goodwill Ambassador for France ■

## CELEBRITY SPOKESPERSONS

Chinua Achebe, Author, *Things Fall Apart* and *No Longer At Ease*, UNFPA Goodwill Ambassador for Nigeria

Kattis Ahlstrom, Journalist, television presenter, UNFPA Goodwill Ambassador for Sweden

Shabana Azmi, Member of Indian Parliament, film actress, UNFPA Goodwill Ambassador for India

Mary Banotti, Member of European Parliament, UNFPA Goodwill Ambassador for Ireland

Nicolaas Biegman, Diplomat, UNFPA Goodwill Ambassador for the Netherlands

Alfred Biolek, Television producer and host, UNFPA Goodwill Ambassador for Germany

Magenta Devine, Radio and television personality, UNFPA Goodwill Ambassador for the United Kingdom

Waris Dirie, Activist, model, UNFPA Special Ambassador for the Elimination of female genital mutilation

Safia El-Emary, Actress, UNFPA Goodwill Ambassador for Egypt

Catarina Furtado, Actress, UNFPA Goodwill Ambassador for Portugal

Feryal Ali Gauhar, Actress and filmmaker, UNFPA Goodwill Ambassador for Pakistan

Linda Gray, Actress, women's health and rights activist, UNFPA Goodwill Ambassador

Mona Grudt, Miss Universe 1990, actress, model and magazine editor, UNFPA Goodwill Ambassador for Norway

Geri Halliwell, Singer, UNFPA Goodwill Ambassador for the United Kingdom

Hanne-Vibeke Holst, Author and journalist, UNFPA Goodwill Ambassador for Denmark

Kari Angelique Jaquesson, Fitness leader, UNFPA Goodwill Ambassador for Norway

Lupita Jones, Miss Universe 1991, UNFPA Goodwill Ambassador for Mexico

Keiko Kishi, Film and theatre actress and writer, UNFPA Goodwill Ambassador for Japan

Mikko Kuustonen, Singer, songwriter, UNFPA Goodwill Ambassador for Finland

Mpule Kwelagobe, Miss Universe 1999, UNFPA Goodwill Ambassador for Botswana, special interest in HIV/AIDS

Goedele Liekens, Media personality, UNFPA Goodwill Ambassador for Belgium

Bui Nakhirunkanok, Miss Universe 1988, UNFPA Goodwill Ambassador for Thailand

Manisha Koirala, Film actress and social worker, UNFPA Goodwill Ambassador for India



The grand prize for the International Poster Contest in 2000 was awarded to T. Anushka Damayanthi Fernando of Sri Lanka. Since 1992, UNFPA has organized the contest to increase awareness and understanding of population and development issues. The theme for 2000, "A World of Opportunities", focused on the goal of gender equality. Artists were asked to examine what it means to grow up female or male in terms of family life and educational and employment opportunities. Over 54 countries participated in the contest, organized by UNFPA field offices, United Nations Information Centres and non-governmental organization partners.

## POPULATION AND DEVELOPMENT:

# *planning for the future*

Our planet is home to 6.1 billion people. Our paths may never cross, but we are on a common journey. We all want to lead healthy and satisfying lives and have hope for the future. But chronic poverty and ill-health, widespread discrimination, armed conflict and, increasingly, HIV/AIDS, take a heavy toll. Half of all people live on less than \$2 a day. Poor people are much more likely to fall sick and live shorter lives. Discrimination against women and girls persists, stunting both individual and national growth. Armed conflict, particularly within countries, continues to rob people of peace and vital services, especially health and education. And now AIDS is destroying decades of progress in many countries, depleting the resources of families and countries alike.

UNFPA's purpose is to help countries solve population problems and meet their social and economic goals. UNFPA plays a leadership role in supporting countries to formulate effective population policies, undertake national censuses and develop and maintain health information systems. We work with governments and other partners to develop policies that address real concerns such as rapid urbanization, HIV/AIDS, poverty, ageing, environmental protection, migration, gender issues, and reproductive health. Our research and par-



An Iraqi mother with her children.

Photo: UN/Pernacca Sudhakaran



**A Malian mother carries her child. UNFPA is working to help reduce infant and child mortality by two thirds by the year 2010.**

Photo: Erik Just, Denmark

ticipation in conferences and seminars helps advance awareness of key population issues and strategies.

With country offices in 110 nations, UNFPA assists in identifying priorities, developing and managing population programmes and tracking progress. UNFPA's monitoring system includes regular data collection, periodic field visits, yearly project reporting and programme review, and a mid-term review halfway through the country programme cycle to identify weak areas and improve effectiveness.

Our nine technical support offices – in Addis Ababa, Amman, Bangkok, Bratislava, Dakar, Harare, Mexico City, Kathmandu and Suva – provide professional advice and services to countries in different regions to help them carry out their population plans and build local capacity in such areas as programme evaluation, situation analysis, policy and strategy development, research, training, monitoring, and development of information and education materials.

We also support five training institutes that offer a nine-month diploma in population and development studies. The institutes offer training to local officials to increase their knowledge and skills and build local capacity.

- In 2000, UNFPA helped launch 10 new country programmes – in Azerbaijan, the Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Pakistan, the Philippines, Tajikistan, Turkmenistan, Uzbekistan and Zimbabwe. We also assisted in the formulation of country programmes in Peru, Guatemala, Ecuador, Tunisia, Syria, Egypt, the West Bank and Gaza, Lebanon, Turkey, Cambodia, Indonesia, Myanmar, Viet Nam, Namibia, Swaziland, Botswana, Zambia, Mozambique, South Africa and other countries.
- In all regions, we helped develop state-of-the-art training to improve implementation of population programmes. In Namibia, we assisted with sociocultural research techniques; in Djibouti, with information and education strategies; in Madagascar, we advised officials on behaviour change communication strategies; in Zimbabwe, we assisted with communication planning for HIV/AIDS. In Myanmar, training focused on fertility and reproductive health, and analysis of cross-border migration and reproductive health surveys. In Lao PDR, UNFPA held training courses on the creation of a population studies centre at the National University and population projections and analysis.
- UNFPA provided technical assistance for census activities to numerous countries, including Bangladesh, Botswana, Kyrgyzstan, Maldives, Oman, Viet Nam and Zimbabwe. Training focused on cartography and the preparation of enumeration maps for cartographic databases, analysis of data, and the use of computer software for census data processing.
- Strengthening national capacity and knowledge bases was another priority. In Azerbaijan and Uzbekistan, UNFPA worked to strengthen national capacities to collect, analyse

and disseminate gender disaggregated data on population, development and reproductive health and to integrate population variables and gender concerns into development and environment planning. In Iran, we provided technical assistance to determine data needs and to conduct a baseline survey on reproductive health from which to measure programme results. UNFPA staff also helped develop a new International Masters Programme in Population and Development at Shiraz University to increase the availability of trained personnel in Iran and other countries in the region. UNFPA provided assistance for a sexual harassment survey in Morocco, a survey conducted in Qatar for the Supreme Council for Family Affairs, and the finalization of the baseline survey in the West Bank and Gaza.

- In the Maldives, UNFPA convened a two-day workshop for government officials to help them integrate population factors into their overall development strategy. UNFPA assisted Angola, Lesotho, Mozambique, Swaziland and Zambia to ensure that their demographic projections reflected the impact of HIV/AIDS.

## NUMBERS AND TRENDS

### More People

World population is projected to surpass 9 billion by 2050. All of the projected growth will take place in the world's developing countries, which by 2050 will account for over 85 percent of world population. Six countries will account for half of this growth: India, China, Pakistan, Nigeria, Bangladesh and Indonesia.

During the next 50 years, the population of the world's 49 poorest countries – those least able to afford basic services – will almost triple, rising from 668 million to 1.86 billion people.

### Being Young

Although the rate of population growth has slowed, due to higher contraceptive use and falling fertility rates, global population is still rising by about 77 million people per year because there are so many young people of reproductive age. Nearly half of all people alive today are under the age of 25. There are over 1 billion youth aged 15 to 24, the parents of the next generation.

### Living Closer Together

Virtually all population growth from now until 2030 will be concentrated in urban areas. In 1960, one in three persons lived in cities; today almost half of all people do. In five to ten years, city dwellers will be the majority for the first time in history. Today there are 19 megacities with 10 million people or more, and there will be 23 such cities by 2015.

### Getting Older

One of the most significant trends today is the ageing of the world's people. Over the next 50 years, the number of persons aged 60 and over will more than triple, from 606 million to nearly 2 billion. The number of people 80 years and older will increase more than five-fold, from 69 million in 2000 to 379 million in 2050.

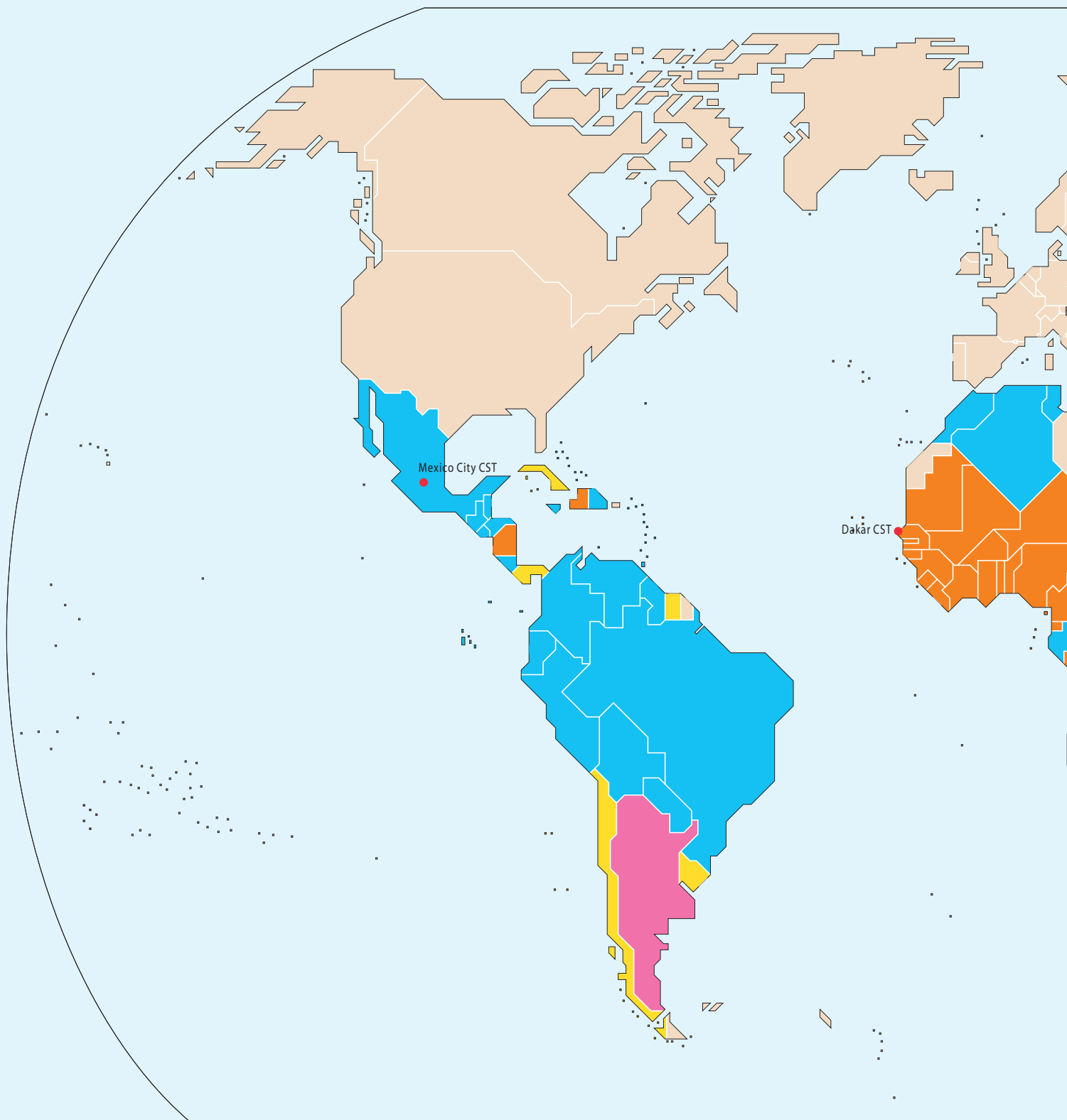
### Impact of HIV/AIDS

AIDS is taking a devastating toll. In 35 highly affected countries of Africa, life expectancy at birth is estimated at 48 years, 6.5 years less than it would have been in the absence of AIDS. In Botswana, where one third of adults are infected, life expectancy is now a mere 36 years. Many villages in hard-hit countries are peopled only by children and the elderly. AIDS has taken a whole generation. The impact of this loss, impossible to put into words, is expected to intensify in the next decade.

Guided by the Programme of Action of the 1994 International Conference on Population and Development and the 1999 five-year review of the Conference, UNFPA is working around the world to achieve these international goals:

- Provide access for all to reproductive health services by 2015
- Reduce HIV infection in youth by one quarter by 2010
- Reduce maternal mortality by three quarters by 2010
- Reduce infant and child mortality by two thirds by 2010
- Ensure universal primary schooling by 2015
- Ensure that 90 per cent of all births are assisted by skilled attendants by 2015
- Halve the 1990 illiteracy rate for women and girls by 2005
- Halve the unmet need for family planning by 2005 and eliminate it altogether by 2015

# WHERE UNFPA WORKS

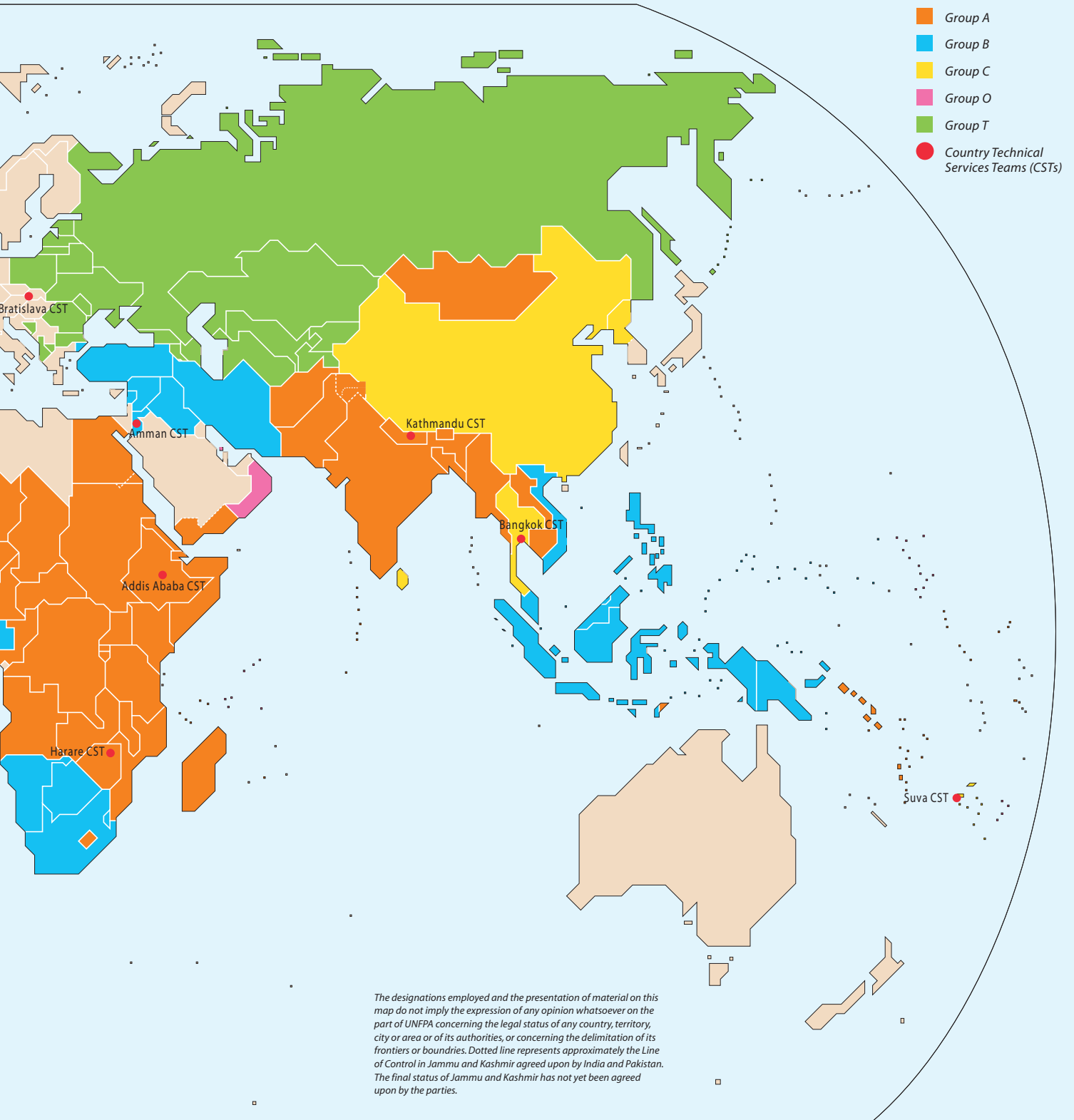


UNFPA provides population assistance to countries based on population size, gross national product, and progress in meeting the international goals set at the International Conference on Population and Development (ICPD) and the ICPD+5. Countries fall into five categories. Group A countries, which include all least developed nations, have

For a list of countries in which UNFPA had projects during the year 2000, please see page 32.



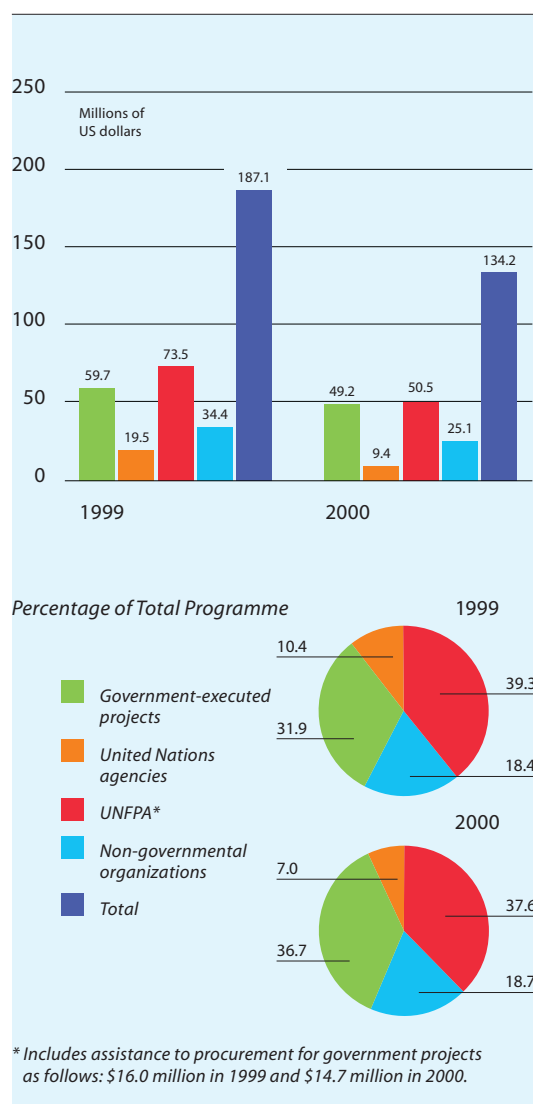
In 2000, UNFPA worked in 142 countries, areas and territories through nine Country Technical Services Teams and 110 country offices.



the highest need for assistance. Group B countries have the second highest need. Group C countries have made the most progress and thus require the least funding. The other two categories are Group T countries, those with economies in transition, and Group O countries, "others"

# resources and management

## UNFPA ASSISTANCE BY EXECUTING AGENCY



UNFPA is the world's largest internationally funded source of population assistance, directly managing one quarter of the world's population assistance to developing countries.

## INCOME

UNFPA derives its income from voluntary contributions. These come from two sources: governments and inter-governmental organizations, and private sector groups and individuals.

Total income for 2000, including contributions to general and supplementary resources, was \$366.1 million, compared to \$287.7 million in 1999. General resources income increased by 5 per cent to \$262.5 million from \$249.8 million in 1999. By far the largest increase, 173 per cent, was seen in contributions to supplementary resources, up from \$37.9 million in 1999 to \$103.6 million in 2000.

General resources are used for UNFPA's participation in UNFPA country programmes approved by the Executive Board, as well as for programme support, and management and administration of the organization. The table on page 32 shows the distribution of regular resources by country.

Supplementary resources fall into two categories: cost-sharing, and multilateral and bilateral trust fund contributions. Both allow donors to earmark funds for specific activities. Contributions to supplementary resources, which have been growing in recent years, reached an all-time high in 2000 due largely to a \$41 million contribution from the Netherlands for contraceptive commodities.

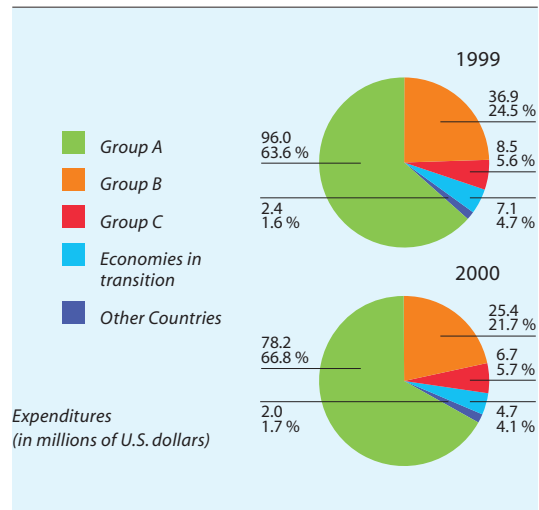
Fund-raising during the year increased both income and the total number of donors, up from 69 in 1999 to 100 in 2000.

## EXPENDITURES

The Executive Director authorizes expenditures to meet recommendations approved by the Executive Board for programme assistance.

In 2000, UNFPA total expenditures amounted to \$255.6 million, compared with \$316.6 million in 1999. Of these expenditures, \$134.2 million was for country and regional programmes, \$19.7 million was for management and administration of the organization, \$64.5 million was for programme support, and \$37.2 million was for Trust Fund activities. Also in 2000, UNFPA used an additional \$26 million to replenish its operational reserve. In 1999, UNFPA spent \$187.1 million on country and intercountry activities, \$23.3 million on management and administration, \$70.5 million on programme support, and \$35.7 million on Trust Fund activities.

## COUNTRY ACTIVITIES BY GROUP



## UNFPA AT A GLANCE: 2000

UNFPA carries out its work through its headquarters in New York and its regional and field offices worldwide. UNFPA also has a Geneva office and a supply operation in Amsterdam.

- Number of country offices: 110
- Number of Country Technical Services Teams: 9
- Percentage of posts located in the field: 76 per cent
- Number of posts worldwide: 1,018

## REGIONAL SPENDING

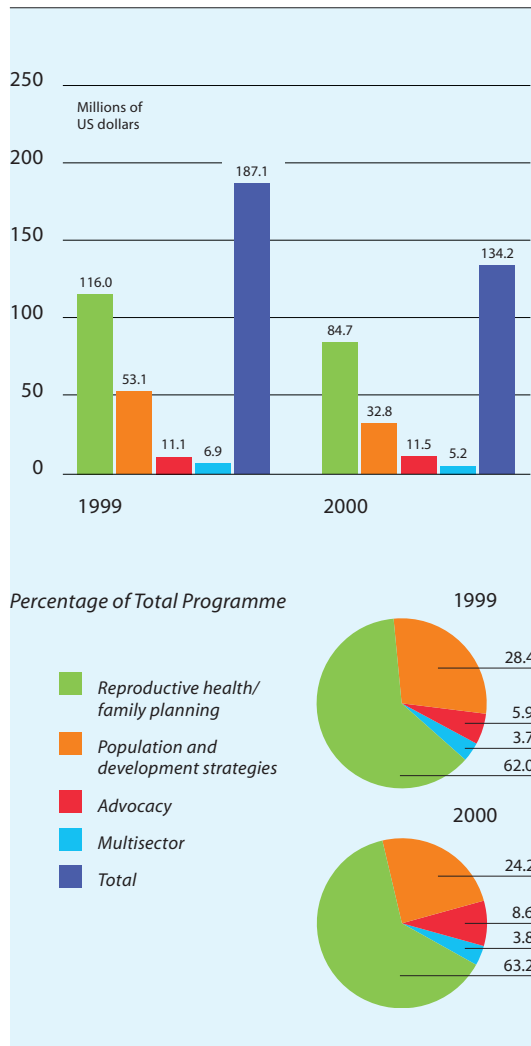
In 2000, UNFPA provided support to 142 countries: 45 in sub-Saharan Africa; 39 in the Arab States and Eastern Europe, 33 in Asia and the Pacific, and 25 in Latin America and the Caribbean. The region of sub-Saharan Africa received the largest percentage of UNFPA assistance, followed by Asia and the Pacific, the Arab States and Europe, and Latin America and the Caribbean.

## MANAGEMENT AND OPERATIONS

In April 2000, the UNFPA Executive Board approved the first multi-year funding framework, for 2000-2003, with clearly defined organizational goals, indicators to track progress, key strategies for achieving results, and resource requirements. The framework builds on UNFPA's efforts to institute a results-based management approach throughout the organization.

The three major goals identified in the new framework are universal good reproductive health, a balance between population dynamics and social and economic development, and gender equality and women's empowerment. For each goal there is a set of indicators to measure progress and a set of outputs for which UNFPA is accountable. A situation analysis is being carried out at the country level to better implement the funding framework. The first set of results-oriented tools for programme monitoring and evaluation was distributed to country offices in late 2000.

## UNFPA ASSISTANCE BY MAJOR FUNCTION



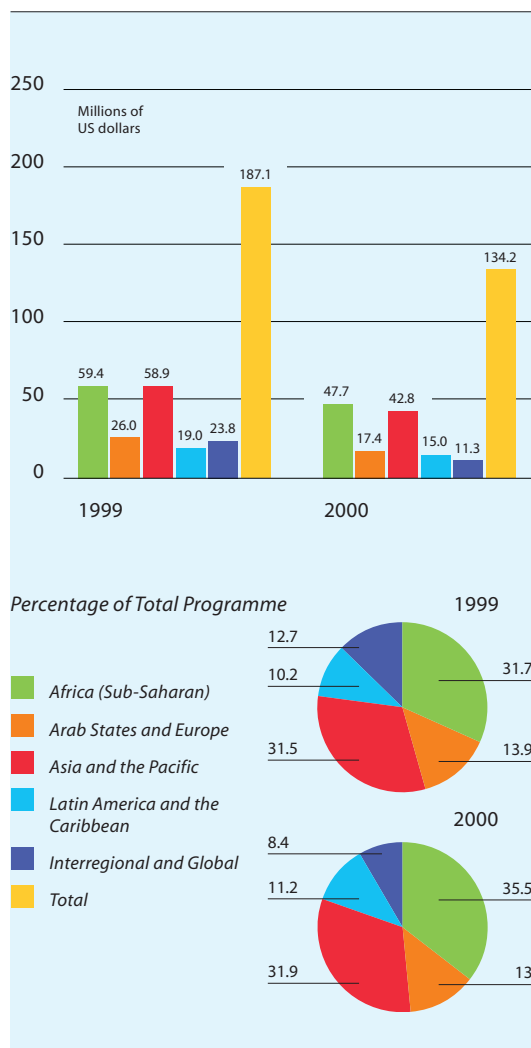
## RESOURCE ALLOCATION

In 2000, the Executive Board approved an updated system for resource allocation based on a country's level of achievement in reaching the goals set at the ICPD and the five-year review of the Conference. The new system is in line with the internationally agreed priorities of the ICPD+5, especially with regard to HIV/AIDS, adolescent reproductive health, and gender imbalances, particularly in education. The Board agreed on a set of indicators and threshold levels to determine a country's need for UNFPA resources, to be considered along with population size and economic growth. The determination is based on the percentage of births with skilled attendants, contraceptive prevalence rate, proportion of population aged 15-24 living with HIV/AIDS, adolescent fertility rate, infant mortality rate, maternal mortality ratio, adult female literacy rate, and secondary enrolment ratio. Countries fall into five categories. Group A countries, which include all least developed nations, have met the threshold levels of only 0-4 indicators, have an annual per capita income of less than \$900 and have the highest need for assistance. Group B countries, which have the second highest need, have met the threshold levels for 5-6 indicators or have a per capita GNP of \$900 or more. Group C countries have made the most progress – they meet threshold levels for 6-7 indicators and thus require the least funding. The other two categories are Group T countries, those with economies in transition, and Group O countries, small developing countries with less than 150,000 people.

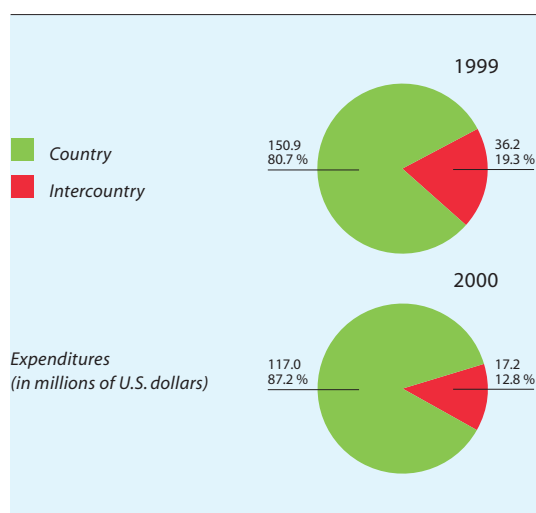
## HUMAN RESOURCES

UNFPA has 1,018 staff worldwide in authorized budget posts, and 50 per cent of professional staff members are women. In 2000, 50 staff members from UNFPA participated in workshops on advocacy and media skills to enhance their ability to build constituencies and support for the organization. A total of 65 staff members attended regional workshops – one in Asia and the other in Africa – to improve their programme management skills in line with the new multi-year funding framework. The workshops, conducted in collaboration with the Office of Oversight and Evaluation, paid special attention to effective monitoring and evaluation of programmes. In 2000, UNFPA launched an innovative staff training programme in collaboration with the United Nations Staff College. The distance learning system on population issues is conducted through e-mail and currently offers a total of six courses – on reproductive health, confronting HIV/AIDS, mainstreaming gender, advocacy and action, adolescent sexual and reproductive health, and reducing maternal death rates. ■

## UNFPA ASSISTANCE BY GEOGRAPHICAL REGION



## UNFPA ASSISTANCE BY COUNTRY/ INTERCOUNTRY CATEGORY



## TOP 20 GOVERNMENT DONORS TO UNFPA IN 2000 (IN US \$)

Government	Contribution to General Resources	Contribution to Supplementary Resources	Total Contribution
Netherlands	50,583,784	52,544,641	103,128,424
Japan	48,285,000	1,000,000	49,285,000
United Kingdom	22,290,673	4,589,496	26,880,169
Norway	22,994,053	3,473,847	26,467,900
Denmark	23,884,919	1,536,994	25,421,913
United States	21,500,000	1,179,000	22,679,000
Sweden	18,432,318	761,300	19,193,618
Finland	12,490,341	111,728	12,602,069
Germany	9,451,062	947,548	10,398,610
Canada	6,148,649	1,709,819	7,858,468
Switzerland	6,969,697	649,446	7,619,143
Belgium	2,498,062	534,508	3,032,570
Italy	2,901,438		2,901,438
Australia	1,236,994	1,536,016	2,773,010
France	1,160,411	748,428	1,908,839
Spain	499,895	789,459	1,289,354
Luxembourg	427,334	686,605	1,113,939
China	820,000		820,000
Ireland	730,816		730,816
New Zealand	634,140		634,140

## UNFPA INCOME AND EXPENDITURES 2000

1. INCOME		millions US \$
Donor Contributions		258.3
Interest		3.5
Other Income		0.7
<i>Total Income - General funds</i>		262.5
Donor Contributions - Cost-Sharing		11.1
Donor Contributions - Trust Funds		92.5
<i>Total Income - Supplementary funds</i>		103.6
<b>Total income</b>		<b>366.1</b>
2. EXPENDITURES		millions US \$
<b>Project Expenditures</b>		
Country Activities		117.0
Intercountry Activities		17.2
<i>Total Project Expenditures (including cost-sharing)</i>		134.2
<b>Operational Costs</b>		
Management and Administration		19.7
<b>Programme Support</b>		
Country Offices		33.0
Headquarters		14.2
Less: Income to the Budget		(10.5)
Technical Support Services		17.6
Administrative and Operational Support		5.3
Other Expenditures		4.9
<i>Total Operational Costs and Programme Support</i>		84.2
<i>Sub-total Expenditures - Regular funds (including cost-sharing)</i>		218.4
Trust Fund Expenditures		37.2
<b>Total Expenditures</b>		<b>255.6</b>

# UNFPA EXPENDITURES FOR 1999 AND 2000, BY REGION

## EXPENDITURES: AFRICA (SUB-SAHARAN)

	In millions of US dollars		Percentage of total programme	
	1999	2000	1999	2000
<b>By major sector</b>				
Reproductive health/family planning	38.7	29.5	65.1	61.9
Population and development strategies	16.1	14.1	27.1	29.6
Advocacy	2.9	2.7	4.9	5.7
Multisector	1.7	1.4	2.9	2.8
<b>Total</b>	<b>59.4</b>	<b>47.7</b>	<b>100.00</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	50.5	42.6	91.5	95.4
Group B	4.5	1.9	8.1	4.3
Group C	0.1	0.1	0.2	0.2
Other countries	0.1	0.1	0.2	0.1
Total country activities	55.2	44.7	100.0	100.0
Country activities	55.2	44.7	92.9	93.7
Regional activities	4.2	3.0	7.1	6.3
<b>Total region</b>	<b>59.4</b>	<b>47.7</b>	<b>100.0</b>	<b>100.0</b>

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

## EXPENDITURES: LATIN AMERICA AND THE CARIBBEAN

	In millions of US dollars		Percentage of total programme	
	1999	2000	1999	2000
<b>By major sector</b>				
Reproductive health/family planning	10.2	8.9	53.7	59.3
Population and development strategies	5.8	3.8	30.5	25.6
Advocacy	1.3	1.0	6.8	6.3
Multisector	1.7	1.3	9.0	8.8
<b>Total</b>	<b>19.0</b>	<b>15.0</b>	<b>100.00</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	3.7	2.4	21.2	17.4
Group B	11.4	9.2	65.1	65.9
Group C	1.1	1.4	6.3	10.2
Other countries	1.3	0.9	7.4	6.5
Total country activities	17.5	13.9	100.0	100.0
Country activities	17.5	13.9	92.1	92.6
Regional activities	1.5	1.1	7.9	7.4
<b>Total region</b>	<b>19.0</b>	<b>15.0</b>	<b>100.0</b>	<b>100.0</b>

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

## EXPENDITURES: ASIA AND THE PACIFIC\*

	In millions of US dollars		Percentage of total programme	
	1999	2000	1999	2000
<b>By major sector</b>				
Reproductive health/family planning	40.4	30.4	68.6	71.1
Population and development strategies	13.2	7.7	22.4	18.1
Advocacy	3.7	3.3	6.3	7.6
Multisector	1.6	1.4	2.7	3.2
<b>Total</b>	<b>58.9</b>	<b>42.8</b>	<b>100.00</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	31.6	26.1	58.3	62.1
Group B	14.2	9.8	26.2	23.2
Group C	7.4	5.2	13.7	12.2
Other countries	1.0	1.0	1.8	2.5
Total country activities	54.2	42.1	100.0	100.0
Country activities	54.2	42.1	92.0	98.3
Regional activities	4.7	0.7	8.0	1.7
<b>Total region</b>	<b>58.9</b>	<b>42.8</b>	<b>100.0</b>	<b>100.0</b>

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

\* As of 2000, the KATTUK countries (Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan) are administered by the Division for Arab States and Europe (DASE). For purposes of comparability, 1999 figures have been adjusted to reflect this organizational arrangement.

## EXPENDITURES: ARAB STATES AND EUROPE\*

	In millions of US dollars		Percentage of total programme	
	1999	2000	1999	2000
<b>By major sector</b>				
Reproductive health/family planning	17.5	11.9	67.3	68.5
Population and development strategies	6.8	3.8	26.2	22.0
Advocacy	0.6	0.8	2.3	4.7
Multisector	1.1	0.9	4.2	4.8
<b>Total</b>	<b>26.0</b>	<b>17.4</b>	<b>100.00</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	10.2	7.1	42.5	43.3
Group B	6.7	4.5	27.9	27.6
Group C				
Economies in transition	7.1	4.8	29.6	29.1
Total country activities	24.0	16.4	100.0	100.0
Country activities	24.0	16.4	92.3	94.1
Regional activities	2.0	1.0	7.7	5.9
<b>Total region</b>	<b>26.0</b>	<b>17.4</b>	<b>100.0</b>	<b>100.0</b>

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

\* As of 2000, the KATTUK countries (Kazakhstan, Azerbaijan, Tajikistan, Turkmenistan, Uzbekistan and Kyrgyzstan) are administered by the Division for Arab States and Europe (DASE). For purposes of comparability, 1999 figures have been adjusted to reflect this organizational arrangement.

## EXPENDITURES: INTERREGIONAL AND GLOBAL

	In millions of US dollars		Percentage of total programme	
	1999	2000	1999	2000
<b>By major sector</b>				
Reproductive health/family planning	9.1	4.0	38.2	35.8
Population and development strategies	11.3	3.0	47.5	26.5
Advocacy	2.6	3.9	10.9	34.2
Multisector	0.8	0.4	3.4	3.5
<b>Total</b>	<b>23.8</b>	<b>11.3</b>	<b>100.00</b>	<b>100.0</b>

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

## DONOR PLEDGES AND PAYMENTS 2000 (NET GENERAL CONTRIBUTIONS IN US \$)

Government/ Donor	Pledged	Paid	Government/ Donor	Pledged	Paid	Government/ Donor	Pledged	Paid
Algeria	3,959		Honduras	4,801	4,801	Romania	8,509	8,509
Andorra	6,700	6,700	Iceland	9,434		Russian Federation	150,000	150,000
Angola	1,500		India	193,882	193,882	Rwanda	500	
Antigua and Barbuda	1,000	1,000	Indonesia	25,000	25,000	Saint Kitts and Nevis	500	500
Australia	1,236,994	1,236,994	Ireland	730,816	730,816	Samoa	10,000	10,000
Austria	268,000	268,000	Israel	25,000	25,000	Saudi Arabia	30,000	
Bangladesh	25,000		Italy	2,901,438	2,901,438	Sierra Leone	8,649	8,649
Belgium	2,498,062	2,498,062	Jamaica	304	304	Slovenia	1,100	1,100
Bhutan	4,200	4,200	Japan	48,285,000	48,285,000	South Africa	7,902	7,902
Bolivia	4,000		Kenya	4,652	4,652	Spain	499,895	499,895
Botswana	4,107	4,107	Lao People's Democratic Republic	600		Sri Lanka	15,000	15,000
Bulgaria	600		Lebanon	2,000	2,000	Sudan	30,058	30,058
Burkina Faso	1,287	1,287	Lesotho	714	714	Sweden	18,432,318	18,432,318
Burundi	1,377	1,377	Liechtenstein	5,594	5,594	Switzerland	6,969,697	6,969,697
Cameroon	92,308	92,308	Luxembourg	427,334	427,334	Syrian Arab Republic	2,174	2,174
Canada	6,148,649	6,148,649	Malaysia	15,000		Thailand	6,501	6,501
Chad	142		Maldives	3,000		Trinidad and Tobago	5,000	5,000
Chile	5,000		Mali	3,546		Tunisia	23,512	23,512
China	820,000	820,000	Malta	1,232	1,232	Turkey	108,000	108,000
Colombia	40,000		Mauritius	3,640		Turkmenistan	5,300	5,300
Cyprus	1,500	1,500	Mexico	50,000		United Kingdom	22,290,673	22,290,673
Czech Republic	51,020	51,020	Mongolia	4,000	4,000	United Republic of Tanzania	4,800	
Democratic People's Rep. of Korea	9,390	9,390	Morocco	9,655	9,655	United States of America	21,500,000	21,500,000
Denmark	23,884,919	23,884,919	Mozambique	1,000	1,000	Uruguay	7,500	
Dominican Republic	2,139	2,139	Myanmar	176	176	Viet Nam	3,563	
Egypt	100,029	100,029	Namibia	2,000		Yemen Arab Republic	10,000	10,000
El Salvador	1,000	1,000	Nepal	4,733	4,733	Zimbabwe	5,235	5,235
Ethiopia	3,665	3,665	Netherlands	50,583,783	50,583,783			
Federated States of Micronesia	3,000	3,000	New Zealand	634,140	634,140	Mars Trust / US Committee	2,000,000	2,000,000
Finland	12,490,341	12,490,341	Nicaragua	5,000	5,000			
France	1,160,411	1,160,411	Niger	10,780		<b>Total</b>	<b>258,360,140*</b>	<b>258,098,076*</b>
Gabon	88,935	88,935	Norway	22,994,053	22,994,053			
Germany	9,451,062	9,451,062	Pakistan	500,000	500,000			
Ghana	12,500		Panama	9,064	9,064			
Haiti	750	750	Philippines	40,201	40,201			
			Poland	23,636	23,636			
			Portugal	25,000				
			Republic of Korea	260,000	260,000			

*\* The dollar equivalent of unpaid pledges made in national currencies is calculated at the UN operational rate of exchange in effect on 1 December 2000.*

## PROJECT EXPENDITURES IN 2000 (IN THOUSANDS OF US \$)

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

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

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

**Group T** indicates countries with economies in transition.

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

### SUB-SAHARAN AFRICA:

A	Angola	1,312.9
A	Benin	715.2
B	Botswana	350.2
A	Burkina Faso	1,128.9
A	Burundi	674.0
A	Cameroon	1,509.8
A	Cape Verde	328.6
A	Central African Republic	739.7
A	Chad	1,029.1
A	Comoros	86.3
A	Congo	235.2
A	Congo, Democratic Republic of the	645.9
A	Côte D'Ivoire	1,070.7
A	Equatorial Guinea	508.0
A	Eritrea	636.7
A	Ethiopia	2,955.6
B	Gabon	161.5
A	Gambia	370.8
A	Ghana	1,800.0
A	Guinea	564.5
A	Guinea-Bissau	195.0
A	Kenya	1,855.2
A	Lesotho	183.4
A	Liberia	739.7
A	Madagascar	1,395.5
A	Malawi	1,129.8
A	Mali	810.0
A	Mauritania	721.9
C	Mauritius	87.5
A	Mozambique	3,407.8
B	Namibia	439.4
A	Niger	984.5
A	Nigeria	3,683.9
A	Rwanda	724.3
A	Sao Tome and Principe	278.2
A	Senegal	1,036.8
O	Seychelles	51.7
A	Sierra Leone	224.5
B	South Africa	334.3
B	Swaziland	198.5
A	Tanzania, United Republic of	2,387.7
A	Togo	493.2
A	Uganda	2,619.0
A	Zambia	3,421.3
B	Zimbabwe	451.1

<b>Country and Territory Projects Total</b>	<b>44,677.8</b>
<b>Regional Projects</b>	<b>2,896.8</b>
<b>Sub-Saharan Africa Total</b>	<b>47,574.6</b>

### ASIA AND THE PACIFIC:

A	Afghanistan	754.9
A	Bangladesh	3,679.6
A	Bhutan	1,431.4
A	Cambodia	3,231.2
C	China	3,497.5
O	Cook Islands	55.4

C	Democratic People's Republic of Korea	353.9
A	East Timor	326.0
C	Fiji	108.7
A	India	8,974.0
B	Indonesia	2,504.7
B	Iran, Islamic Republic of	1,135.3
A	Kiribati	72.2
A	Lao People's Democratic Republic	1,431.7
B	Malaysia	153.9
A	Maldives	576.3
O	Marshall Islands	104.7
B	Micronesia, Federated States of	57.5
A	Mongolia	1,493.8
A	Myanmar	820.7
A	Nepal	2,477.9
O	Pacific Multi-Islands	518.7
A	Pakistan	651.8
B	Papua New Guinea	686.1
B	Philippines	997.1
A	Samoa	23.6
A	Solomon Islands	58.5
C	Sri Lanka	553.7
C	Thailand	569.7
O	Tonga	46.3
A	Tuvalu	35.1
A	Vanuatu	78.7
B	Viet Nam	4,202.1

<b>Country and Territory Projects Total</b>	<b>41,662.7</b>
<b>Regional Projects</b>	<b>1,085.1</b>
<b>Asia and the Pacific Total</b>	<b>42,747.8</b>

### ARAB STATES AND EUROPE:

T	Albania	220.5
B	Algeria	425.1
T	Armenia	107.7
T	Azerbaijan	620.2
O	Bahrain	0.9
T	Belarus	98.2
T	Bosnia and Herzegovina	129.2
T	Bulgaria	74.4
A	Djibouti	276.8
A	Egypt	1,899.2
T	Estonia	24.7
T	Georgia, Republic of	80.3
B	Iraq	326.2
B	Jordan	437.5
T	Kazakhstan	784.9
T	Kosovo	68.7
T	Kyrgyzstan	433.7
T	Latvia	51.1
B	Lebanon	261.2
T	Lithuania	29.2
T	Macedonia, Former Yugoslav Republic of	(10.7)
T	Moldova, Republic of	107.8
B	Morocco	1,267.9
O	Oman	9.5

A	Occupied Palestinian Territory	1,096.9
T	Poland	113.3
T	Romania	279.8
T	Russian Federation	151.5
A	Somalia	364.9
A	Sudan	1,566.8
B	Syrian Arab Republic	944.3
T	Tajikistan	368.6
B	Tunisia	361.4
B	Turkey	501.9
T	Turkmenistan	426.3
T	Ukraine	114.5
O	United Arab Emirates	7.7
T	Uzbekistan	552.6
A	Yemen	1,823.9

<b>Country and Territory Projects Total</b>	<b>16,398.6</b>
<b>Regional Projects</b>	<b>1,032.1</b>
<b>Arab States and Europe Total</b>	<b>17,430.7</b>

### LATIN AMERICA AND THE CARIBBEAN:

O	Argentina	(0.2)
B	Belize	22.4
B	Bolivia	1,108.0
B	Brazil	847.2
B	Caribbean	878.3
C	Chile	62.2
B	Colombia	340.3
C	Costa Rica	160.1
C	Cuba	269.4
B	Dominican Republic	579.8
B	Ecuador	622.2
B	El Salvador	560.9
B	Guatemala	266.9
B	Guyana	281.9
A	Haiti	1,198.4
B	Honduras	758.6
B	Jamaica	196.7
B	Mexico	1,190.4
A	Nicaragua	1,197.9
C	Panama	212.7
B	Paraguay	546.1
B	Peru	1,394.2
C	Suriname	572.7
C	Uruguay	106.5
B	Venezuela	322.0

<b>Country and Territory Projects Total</b>	<b>13,695.6</b>
<b>Regional Projects</b>	<b>1,294.8</b>
<b>Latin America and the Caribbean Total</b>	<b>14,990.4</b>

<b>Total Project Expenditures</b>	
<b>Country Projects</b>	<b>116,434.7</b>
<b>Regional Projects</b>	<b>6,308.8</b>
<b>Interregional Projects</b>	<b>11,294.8</b>
<b>Grand Total</b>	<b>134,038.3</b>