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REPORT TO THE ECONOMIC AND SOCIAL COUNCIL*

Report of the Executive Director

This report has been prepared in conformity with a joint format agreed by the United Nations Development Programme, the United Nations Population Fund and the United Nations Children's Fund covering the issues identified in consultations among United Nations Development Group (UNDG) members. The main issues include the implementation of the reform programme of the Secretary-General and the provisions of the triennial comprehensive policy review, and the follow-up to international conferences and the Millennium Development Goals.

* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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I. IMPLEMENTATION OF THE REFORM PROGRAMME OF THE SECRETARY-GENERAL AND THE PROVISIONS OF THE TRIENNIAL COMPREHENSIVE POLICY REVIEW

A. Funding for operational activities for development

1. The regular resource situation of UNFPA improved in 2001 for the second year in a row, with regular resources totalling \$264.7 million. This represented an increase of slightly over 1.5 per cent, up from \$260.7 million in 2000. A number of the Fund's major donors, especially Denmark, Finland, Ireland, Japan, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States accounted for this slight improvement.

2. Also noteworthy was the expansion of the UNFPA donor base, which reached a target of 120 donors in 2001. This was a direct response to Executive Board decision 98/24, which recognized that overdependence on a limited number of donors posed a risk for the long-term financial sustainability of the Fund. The expanded donor base reflects widespread support for UNFPA from the programme countries it assists, as well as the recognition that resource mobilization is the collective responsibility of UNFPA and all its members.

3. Within the context of the multi-year funding framework, UNFPA has endeavoured to obtain multi-year pledges in order to ensure greater stability and predictability of the Fund's resources. While UNFPA is grateful that a few of its major donors have been able to provide multi-year pledges, the majority of the Fund's top donors have not been able to do so. Only 27 multi-year pledges were received in 2001.

4. Other resources increased again in 2001, reaching the highest level ever – \$127 million. This included large contributions from the Netherlands and the United Kingdom for the procurement of contraceptive commodities. There were other large contributions from Canada, the European Union, Norway and Switzerland. The trend in other resources has become more important during recent years. However, UNFPA does not expect to attain such a high level of other resources in 2002, including trust funds and co-financing.

5. In 2002 and 2003, UNFPA resource mobilization goals will concentrate on increasing core resources in response to growing programme requirements, including HIV prevention. The Fund will seek to strengthen its partnerships with all donors, especially lower-level major donors, with the aim of increasing their share of UNFPA core resources, and to obtain as many new multi-year pledges as possible. UNFPA will also strengthen its partnerships with foundations and the private sector with a view to further broaden its donor base.

B. Capacity-building

6. The development of national capacity was established as one of the critical factors in the Key Actions for the Further Implementation of the ICPD Programme of Action. It is also one of the main strategies of the results framework within the Fund's multi-year funding framework (MYFF), which defines the ways in which the Fund deploys its resources to obtain results. In 2002, strengthening national capacity-building remained a vital dimension of programming at all levels of UNFPA operations, from assisting in policy formation at the highest level of government institutions to training health personnel for service delivery at the primary health care level.

7. UNFPA country offices in all regions made national capacity-building a priority and used the largest share of their resources in this area. This is particularly relevant in the case of Africa and in category 'A' priority countries, where a special focus on national capacity-building is essential. The needs in such countries, however, are often so great that it is difficult to address them. Nonetheless, certain needs in capacity-building in the area of population and development must be addressed as a matter of urgency. These include increasing knowledge on reproductive health, population and gender issues; improving skills in programme design, monitoring, evaluation and reporting; strengthening data collection, analysis and dissemination; and improving programme management and coordination.

8. In addition, UNFPA will implement a typology of country office structures based on a qualitative analysis and strategic indicators. This will enable the Fund to develop a transparent and systematic process to plan and match staff profiles and competencies with office workloads. The overall goal is to strengthen the capacity of UNFPA country offices and to bring about a renewed, focused and more effective field presence.

9. The typology is designed to make optimal use of national staff – to give them a prominent role in programming and in management and administration. It will, in essence, develop national capacity to manage field office operations and professionalize and sustain UNFPA field presence. It will also enable field staff to better manage and monitor the ever-increasing portion of programme resources coming from extrabudgetary funds and co-financing arrangements. This will require considerable investment in staff training and development, which the Fund is confident will result in high returns in terms of programme implementation and management.

C. Common country assessment and the United Nations Development Assistance Framework

10. In 2002, the undg Executive Committee intensified its efforts to integrate the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) processes with country programming and advocacy. Following the adoption by the General Assembly of resolution 56/201 on the triennial policy review of operational activities for development of the United Nations system, the undg programme group constituted a working group, chaired by UNDP with UNFPA as the vice-chair, to revise the 1999 CCA and UNDAF guidelines.

11. The working group was requested to align the guidelines with recent developments, most notably the Millennium Declaration, the Millennium Development Goals and the link between CCA/UNDAF and national planning processes and frameworks, such as poverty reduction strategies, including poverty reduction strategy papers (PRSPs). In addition, the revised guidelines were to take into account the lessons learned from more than three years and the recommendations of the 2001 external evaluation of the CCA and UNDAF processes. The revised guidelines were issued in May 2002 and are being tested in six roll-out countries: Benin, Ecuador, Kenya, Madagascar, Niger and Pakistan. A quality support and assurance system was developed to ensure that the CCAs and UNDAFs adhere to high standards of quality and allow for results-based country programming. Both the guidelines and the quality support and assurance system will be reviewed in 2003.

12. The main challenges in ensuring high-quality CCAs and UNDAFs are to secure greater government ownership over process, products and participation; to keep transactional costs for all partners to a minimum; and to integrate the CCA/UNDAF process into national planning processes. Moreover, support for the CCA/UNDAF process has been gradually shifted from headquarters to regional (technical) offices in order to

ensure that individual country programmes and projects derive from the UNDAF and are directly linked to other national planning processes.

D. Monitoring and evaluation

13. In 2001, UNFPA continued to make concerted efforts to strengthen institutional capacity in results-based monitoring and evaluation. New results-based programme planning and reporting formats were elaborated in consultation with selected country offices and country technical services teams (CSTs) and distributed to staff. They were also made available on the UNFPA intranet. A new feature was the development of a programme management plan, to be reviewed in 2002. A review initiated in 2000 of the monitoring and evaluation directives in the programme guidelines served as input for an inter-divisional group established in 2001 to revise and update the guidelines. In this process, a monitoring, reporting and evaluation subgroup addressed various issues and gaps that needed improvement.

14. The UNFPA evaluation network (Evalnet) held its third annual meeting to review progress achieved and to agree on the 2001 work plan. Evalnet has been useful in promoting results-oriented monitoring and evaluation practices and in forging a common understanding of results-based management among UNFPA staff and CSTs. One of Evalnet's major products has been the programme manager's monitoring and evaluation tool kit, which is accessible from the UNFPA web site as well as the intranet. Ten tools were completed and an additional three are under way. French and Spanish versions of the tools were also made available. Country office staff have found the tool kit useful and accessible.

15. In another effort to mainstream the results-based management approach throughout UNFPA, the Fund organized the fourth in a series of regional programme management workshops for country office programme staff and CST advisers. The training modules were translated into French and Spanish and were made available on the web site. The workshops promoted a better understanding of the principles and requirements of results-oriented office and programme management and reinforced the value of monitoring and evaluation.

16. The CSTs also promoted the concept of results-based management in their contacts with country offices and national counterparts, and took steps to upgrade monitoring and evaluation skills among country office staff. CSTs provided in-country assistance and organized numerous workshops to underscore the importance of monitoring and evaluation and to enhance country office capacity in results-based management. In particular, they stressed the use of the logical framework as a programme management tool and the identification and selection of appropriate programme performance indicators for newly designed and ongoing programmes. During the training, the CST advisers emphasized the need to plan monitoring and evaluation activities, as well as necessary financial and human resources, early in the programme cycle.

17. Despite advances to build institutional capacity and inculcate a monitoring and evaluation culture in UNFPA, a number of challenges remain. Although an appreciation for the logical framework has improved since 2000, the adoption of the logical framework as an instrument for effective programme monitoring and evaluation remains limited. The lack of accessible, reliable, comprehensive and timely data makes the identification of objectively verifiable indicators difficult, thus hampering the analysis of progress achieved and the establishment of definitive results. In addition, the high turnover of project staff in some countries requires constant training and retraining efforts.

E. Simplification and harmonization of rules and procedures

18. Following the adoption of General Assembly resolution 56/201, and more recently, the second wave of reform of the United Nations Secretary-General, the UNDG Executive Committee embarked on one of the most extensive simplification and harmonization efforts ever. It established a task force to seek ways to ensure full harmonization by 2004 in the five areas cited in resolution 56/201: decentralization and delegation of authority; financial regulations; programme implementation, particularly monitoring and reporting; common shared services at country offices; and recruitment, training and remuneration of national project personnel.

19. As a result of the work undertaken by the various UNDG groups and consultations with country offices, the UNDG Executive Committee submitted to the 2002 substantive session of the Economic and Social Council, a programme of work leading to 2004, which was endorsed by member States. In consultation with country offices, the UNDG Executive Committee also developed measures aimed at improving programme preparation and approval, implementation, monitoring and evaluation following the adoption of the UNDAF, while at the same time increasing flexibility and contributing to national capacity-building.

20. These recommendations will be implemented in a phased manner beginning in 2003. The UNDG Executive Committee will continue to explore ways to reduce the heterogeneity and complexity of rules and procedures of the United Nations system in order to minimize transaction costs and strengthen the effectiveness and impact of United Nations support at the country level.

F. Resident coordinator system

21. UNFPA has continued to be actively involved in the ongoing development of the resident coordinator system. It did this through its membership in the resident coordinator issues group and the Inter-Agency Advisory Panel, which is responsible for assessing and nominating candidates to the UNDG Administrator for resident coordinator positions.

22. In order to strengthen the resident coordinator system, UNFPA has supported the new 180-degree appraisal multi-rater assessment system for resident coordinators and country teams. Ten teams, which included 9 UNFPA representatives, were appraised on a pilot basis in June 2002. The country teams that participated included those from Cambodia, Congo, Iran, Jamaica, Lebanon, Malawi, Mauritius, Timor-Leste and Turkey. The exercise revealed that the concept of country teams is understood differently and that, in some cases, there were attempts to delegate participation to staff other than representatives and deputies. The UNDG is now deciding the future of such exercises.

23. With regard to the resident coordinator assessment centre system, 131 candidates have now completed assessments through the 15 centres managed by SHL, the company engaged for this purpose. During 2002, one candidate from UNFPA participated and received a positive evaluation. Out of 126 current resident coordinators, 33 (26 per cent) are women and five are from agencies other than UNDP. At present, there are no resident coordinators from UNFPA. Agency balance continues to be an issue of concern, as does the small size of the pool of candidates relative to the number of vacancies. Efforts to increase the number of female candidates are ongoing. UNDP and the Office for the Coordination of Humanitarian Affairs have sponsored external female candidates for the assessment.

24. While the conduct and level of operations of the resident coordinator assessment centres has continued to improve, areas for improvement remain. One such area requiring attention is the need to better capture the resident coordinator “coordination competency”. An explicit, stand-alone exercise may be required to measure this core competency without altering the 14 competency frameworks.

G. Humanitarian assistance

25. UNFPA has become an important player in providing emergency and relief operations through its successful partnerships with agencies such as the Office of the United Nations High Commissioner for Refugees, the International Planned Parenthood Federation, the International Organization for Migration, the World Health Organization, the International Federation of Red Cross and Red Crescent Societies, the International Rescue Committee and other members of the Reproductive Health for Refugees Consortium.

26. After the inter-agency working group on reproductive health for refugees was formed in the mid-1990s, UNFPA successfully coordinated the development of the minimum initial service package in emergency situations and the development and periodic update of the inter-agency field manual on reproductive health for refugees, with the active involvement of partner United Nations agencies and non-governmental organizations (NGOs). Since 1997, the Fund has also been active in the United Nations Consolidated Inter-Agency Appeals Process (CAP), participating in 14 appeals in 2002. UNFPA has also undertaken systematic efforts to develop its capacity and to respond more effectively to humanitarian needs during emergencies.

27. UNFPA has participated in a number of working groups at the global level since it became a member of the Inter-Agency Standing Committee for Humanitarian Affairs. UNFPA has forged strong partnerships with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Department of Peacekeeping Operations (DPKO) and has been actively involved in addressing HIV/AIDS issues in armed conflicts. At the field level, UNFPA takes part in United Nations country team contingency planning and disaster preparedness schemes.

28. UNFPA continues to implement its emergency operations by providing humanitarian relief assistance and by supporting the development-oriented efforts of local authorities and civil society. UNFPA provides basic health services, including reproductive health, family planning, treatment of sexually transmitted infections (STIs) and the prevention of HIV/AIDS, by supplying essential drugs and commodities, urgently needed equipment, and materials and medicines for hospitals, primary health care facilities and mobile clinics. UNFPA also provides support to rehabilitate damaged service delivery stations and to provide training to service providers and community workers.

29. UNFPA also supports treatment, rehabilitation and counselling for traumatized women and their families in refugee camps and affected areas through projects that address the needs of women and girls in conflict and post-conflict situations. The economic status of women and their families, income generation and access to key services are central issues in UNFPA-supported programmes.

30. UNFPA addresses HIV/AIDS prevention as well as sexual- and gender-based violence in conflict situations by deploying a six-pronged strategy, which includes the following components: HIV/AIDS prevention in the military, police, and in demobilization and peacekeeping forces; creation of a safe blood supply; prevention of HIV/AIDS/STIs and the promotion of a healthy life style among vulnerable women affected by crisis; HIV/AIDS prevention among adolescent refugees and internally displaced persons; and strengthening the capacity of local NGOs.

31. In 2002, the implementation of this strategy began in the Democratic Republic of Congo and Sierra Leone, in cooperation with DPKO and UNAIDS. UNFPA also cooperates with United Nations peacekeeping contingents in Africa, including the United Nations Mission in the Democratic Republic of the Congo and the United Nations Assistance Mission in Sierra Leone. In addition, UNFPA works with national demobilization programmes in Burundi, the Democratic Republic of Congo and Rwanda and supports the reintegration of adolescent ex-combatants into communities through education and life-skills development programmes. The Fund is also involved in a number of programmes with the police and military in Central and Eastern Europe and South-East Asia, supporting education programmes and promoting tolerance, gender equity and HIV/AIDS prevention.

32. UNFPA programmes continue to support community reintegration for victims of war and violence, specifically for youth ex-combatants and destitute women. Within this framework, UNFPA supports psychosocial counselling; operationalizes basic health services at drop-in centres; and supports vocational training for skills development, thereby increasing opportunities for gainful employment.

33. UNFPA promotes understanding of the devastating impacts of armed conflicts on women and girls. Within this framework, UNFPA has supported a series of international meetings and training workshops for representatives of government and civil society. To promote peace-building initiatives, UNFPA collaborates with the United States Institute of Peace on a number of training and support activities in East Africa. UNFPA also supports research and data collection to document cases of violence and its health implications as well as programmes to mitigate this violence.

34. UNFPA continues to strengthen its own emergency response capacity by developing systems and procedures to ensure that reproductive health needs are recognized as a priority and are fully integrated into humanitarian interventions. Support has been provided to train humanitarian workers from national and international institutions responsible for women-oriented and health programmes. In implementing these training programmes, UNFPA provides financial and technical assistance in partnership with members of the Reproductive Health for Refugees Consortium.

H. Gender

35. In 2002, the Culture, Gender and Human Rights Branch was established within the Technical Support Division at UNFPA, reflecting the importance that UNFPA gives to mainstreaming gender, human rights and culture in its programmes.

36. A focus of gender mainstreaming in UNFPA in 2002 has been to strengthen the rights-based approach in the Fund's work. Gender equality, equity and the empowerment of women are cornerstones of the ICPD Programme of Action. Stakeholders have called for UNFPA leadership to ensure that human rights, including those related to gender, are at the forefront of the implementation of the Programme of Action. In response, UNFPA established a task group to review the process of how human rights, including reproductive rights, are integrated into UNFPA programming areas. The task group will develop a conceptual and operational framework that links human rights, sexual and reproductive health, population, and gender equality and equity in order to ensure a consistent programming approach.

37. Another focus has been to adopt a culturally sensitive, rights-based approach. In January 2002, an internal consultation reviewed cultural entry points and constraints encountered in programme implementation and developed a road map for future action. As a result of these deliberations, UNFPA has embarked on a plan to strengthen and institutionalize the cultural perspective in the Fund's work in order to

identify and invoke cultural values that promote human rights, gender equality and equity, and improve the quality of people's lives. The Fund has developed a conceptual framework whose main elements have been employed as the basis for a project proposal to institutionalize the cultural perspective in UNFPA programming.

38. UNFPA has also mainstreamed gender in its work in humanitarian response situations. In November 2002, the Fund organized a training workshop on capacity-building for NGOs in post-conflict situations. At the country level, UNFPA has worked to mainstream gender during reconstruction and is the focal point for reproductive health in Afghanistan, where its operations focus on providing much-needed basic health care services. The lack of health services and the gender-based barriers that Afghan women face in accessing the few services that are available represent major challenges.

39. UNFPA supports the efforts of the United Nations and other partners in combating trafficking in women and girls. In October 2002, the Fund organized a meeting on the trafficking of women and girls that brought together UNFPA representatives and other field staff, as well as representatives from the United Nations and bilateral donors. The meeting led to a better understanding of trafficking and the development of a conceptual framework for future action. UNFPA also supports initiatives at the country level, including a joint United Nations initiative against trafficking in Nepal.

40. UNFPA revised its guidelines for mainstreaming a gender perspective in population and development programmes. It also prepared a guidance note on how to operationalize such guidelines. It is currently testing the programme guide, *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers and Managers*.

41. UNFPA has long been interested in integrating women's reproductive health issues with women's economic empowerment. In 2002, UNFPA participated in and supported the Microcredit Summit Plus 5, including a panel on integrating microfinance with education in child survival, reproductive health and HIV/AIDS prevention. UNFPA also commissioned a paper on microfinancing within the perspective of reproductive health as a first step towards undertaking a review of its activities in women's economic empowerment and reproductive health.

42. UNFPA participated actively in United Nations inter-agency initiatives to implement the ICPD Programme of Action as well as the Beijing Platform for Action. It continued to co-chair, with the United Nations Development Fund for Women, the inter-agency task force on gender and HIV/AIDS. It has also been an active member of other task forces and groups, including those for peace and security, financing for development and the girls' education initiative.

43. The commitment of UNFPA to gender mainstreaming at all levels of the organization is reflected in practice. Women occupy 47 per cent of all professional posts in UNFPA. Moreover, 8 out of 14 members of the Fund's Executive Committee are women, and two of the three members of the senior management team are women, including the Executive Director and the Deputy Executive Director (Management).

I. Information technology

44. On April 29, 2002, UNFPA and the Development Gateway Foundation launched an Internet initiative focusing on population and reproductive health, called the population/reproductive health portal. UNFPA is the first United Nations agency to assume leadership of the creation of a topical website within the development gateway system. The portal, located at <http://www.developmentgateway.org/pop>, has been

built in collaboration with 20 partner organizations, and provides a community-built database of shared population information, including data, publications, research and projects. The overall objectives of the portal are to create public awareness about population issues both within and beyond the development community and to promote innovative knowledge-sharing arrangements among expert organizations in the field.

45. In the first five months of its operation, the population/reproductive health sector has become the second most viewed portal in the development gateway. By October 2002, there were over 1,100 members: more than 260 were NGOs and over 61 percent were from developing countries. Sub-Saharan Africa is the second largest geographical source of membership after North America.

J. Cooperation with the World Bank

46. In 2002, cooperation between UNFPA and the World Bank continued to grow. Meetings and seminars were held at the country level and at headquarters, and agreements were reached to further expand collaboration between the two organizations and to emphasize collaborative interventions at the planning, policy and advocacy levels, in addition to the programme and implementation levels.

47. In October 2002, the UNFPA Executive Director visited the World Bank and delivered the Presidential Fellows' Lecture. The visit, which also included senior staff from the Fund, was designed to foster collaboration and to develop closer ties between the World Bank and UNFPA at both global and country levels. An agreement was reached to develop an action plan by January 2003 that will aim to enhance collaboration between the two organizations, including ways to programme the interlinkages between demographic parameters (such as population growth, structure and distribution), and sustainable development, and how to strengthen UNFPA support to developing countries through PRSPs and other country-level instruments.

48. UNFPA and the World Bank have also expanded collaboration in the areas of reproductive health, gender and culture – sharing experiences, lessons learned, research and publications; monitoring indicators; developing training modules for gender mainstreaming; participating in thematic working groups; and creating greater awareness of PRSPs and other policy and programming frameworks.

49. As in 2001, UNFPA and the World Bank Institute jointly organized a training course on population, reproductive health and health sector reform, held in Turin, Italy, for UNFPA field and headquarters staff. The workshop aimed to strengthen skills in key policy processes, such as sectoral reforms, PRSPs and sector-wide approaches. UNFPA also participated in a high-level workshop to bring partners together in support of the World Bank's initiative on low-income countries under stress.

II FOLLOW-UP TO INTERNATIONAL CONFERENCES AND THE MILLENNIUM DEVELOPMENT GOALS

50. UNFPA is playing an active role in efforts to improve aid effectiveness, an important element in enhancing the role of official development assistance for financing development. In addition to its role in the undg in developing the agenda for the simplification and harmonization of rules and procedures, the decision of the Fund to participate more actively in sector-wide approaches will contribute to the process of allocating aid to budget support, as advocated in the Monterrey Consensus.

51. UNFPA plays a major role in assisting countries in achieving ICPD goals and the key actions agreed to at the ICPD+5 review held in 1999. The Fund's 2002 organizational priorities strongly reflect this, particularly those in the substantive areas of the Fund's work. These priorities serve as the framework for the annual work plans of all UNFPA offices and staff. One such priority, the integration of gender concerns in population and development, is directly related to the decision in the Monterrey Consensus to place gender issues at the centre of decision-making on financing for development.

52. The UNFPA focus on Africa, identified as a special case in the Monterrey Consensus, is assuming greater dimensions through support for the New Partnership for Africa's Development (NEPAD), the regional framework identified in the Consensus. UNFPA contributed inputs to the seven thematic clusters in NEPAD and led the working group on population and employment. UNFPA is now participating actively in the newly instituted thematic clusters to support NEPAD.

53. Through the United Nations Chief Executives' Board, UNFPA is contributing to system-wide approaches to the thematic areas of the World Summit on Sustainable Development (WSSD): water, energy, health, agriculture and biodiversity. Part of the focus of the interactions is to mainstream the target of halving the proportion of those without access to improved sanitation by 2015 into country-level reporting processes, such as the MDG reports, especially given the close linkage of sanitation to the MDG health goals. The Fund has launched internal processes on the linkages among water, population, gender, reproductive health and poverty, as well as in other thematic areas, in order to strengthen UNFPA programme support for sustainable development at the national level in the context of the MDGs.

54. The Fund's 2002 State of the World Population Report provided for the first time research-based evidence that promoting better reproductive health also promotes economic growth and reduces poverty, thereby reinforcing the overarching concepts in Agenda 21, the ICPD Programme of Action, the Millennium Declaration, the Monterrey Consensus and the WSSD.

55. UNFPA is assisting developing countries in conducting surveys on the implementation of the ICPD Programme of Action and the Key Actions for the Further Implementation of the ICPD Programme of Action and to undertake regional reviews of implementation for the tenth anniversary of ICPD. The Fund's consultations in the run-up to the tenth anniversary have focused on strengthening the commitment to implementing the ICPD Programme of Action and the Key Actions for its Further Implementation.

III. RECOMMENDATION

The Executive Board may wish to:

- (a) Take note of the present report;**
- (b) Decide to transmit it to the Economic and Social Council, together with the comments and guidance provided by delegations at the present session.**