

# Annual Report 2004

# Millennium Development Goals

All United Nations Member States have pledged to meet the Millennium Development Goals (MDGs) by 2015. The MDGs and the International Conference on Population and Development (ICPD) and ICPD+5 agreements are closely related and mutually reinforcing.

**1. Eradicate extreme poverty and hunger:**

Reduce by half the proportion of people living on less than a dollar a day and suffering from hunger;

**2. Achieve universal primary education:**

Ensure that all boys and girls complete a full course of primary schooling;

**3. Promote gender equality and empower women:**

Eliminate gender disparity in primary and secondary education;

**4. Reduce child mortality:**

Reduce by two thirds the mortality rate among children under the age of five;

**5. Improve maternal health:**

Reduce by three quarters the maternal mortality ratio;

**6. Combat HIV/AIDS, malaria and other diseases:**

Halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases;

**7. Ensure environmental sustainability:**

Integrate sustainable development into country policies and programmes, reduce by half the number of people lacking access to safe drinking water and improve the lives of slum dwellers;

**8. Develop a global partnership for development:**

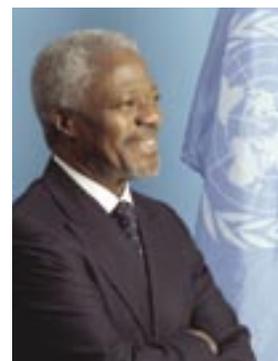
Address poverty reduction, good governance, open trading, the special needs of the least developed countries and landlocked and small island states, debt, youth employment and access to essential drugs and technologies.

# Foreword

The year 2004 marked the 10th anniversary of the International Conference on Population and Development (ICPD) in Cairo. That landmark conference produced a visionary and comprehensive action plan that linked poverty alleviation to women's empowerment, gender equality and universal access to reproductive health. It connected population issues with sustained economic growth and sustainable development. Its ambitious goals, including universal access to reproductive health by 2015, are crucial to our ability to reach the Millennium Development Goals, adopted by the world's governments as a blueprint for improving the lives of people everywhere in the 21st century.

In 2004, countries from all regions took the opportunity to renew their commitment to the ICPD consensus and reaffirm their partnership with UNFPA, the United Nations Population Fund. It is clear that in these 10 years, countries have made real progress in carrying out the promises made in Cairo. But it is equally clear that they need to accelerate action and scale up interventions. Much remains to be done to reduce unintended pregnancies, prevent maternal deaths, combat HIV/AIDS and meet the needs of young people and the poor, especially among the poorest women and girls.

Each year, this annual report sums up key issues affecting women, young people and their families worldwide, and the results achieved, with support from UNFPA, in improving their lives. For 2004, the report marks a halfway point in a 20-year plan that will continue to provide powerful guidance to governments, UNFPA and their partners.



A handwritten signature in black ink, which appears to read 'K. Annan'. The signature is stylized and fluid.

Kofi A. Annan

*Secretary-General of the United Nations*

# Contents

- ii Millennium Development Goals
- iii Foreword  
by Kofi A. Annan,  
Secretary-General of the United Nations
- 1 Overview  
by Thoraya Ahmed Obaid,  
Executive Director of UNFPA
- 2 Improving Reproductive Health,  
Making Motherhood Safer
- 8 Confronting the HIV/AIDS Crisis
- 12 Assisting in Emergencies
- 16 Poverty, Population and  
Development
- 20 Building Support
- 24 Resources and Management

## Tables and Charts

- 26 UNFPA Assistance by Executing Agency
- 26 UNFPA Assistance by Programme Area
- 27 Expenditures by Country Group
- 27 UNFPA Income and Expenditure 2004
- 28 Top 20 Donors to UNFPA in 2004
- 28 UNFPA Assistance by Geographical Region
- 28 UNFPA Expenditures for 2003 and 2004  
by Region
- 29 Donor Pledges and Payments for 2004
- 30 Project Expenditures in 2004

## Photos

**Cover:** © Steve McCurry, Magnum Photos

A woman from Bamako, Mali.

**Foreword:** © Sergey Bermeniev/United Nations

Kofi A. Annan, Secretary-General of the United Nations

**Overview:** © Eskinder Debebe/United Nations

Thoraya Ahmed Obaid, UNFPA Executive Director

**Improving Reproductive Health,**

**Making Motherhood Safer:** © Johnette Iris Stubbs

A mother and child from Thailand.

**Confronting the HIV/AIDS Crisis:** © Ellen Campbell-Krijgh

A grandmother in Zimbabwe with some of her 15 dependents, all orphaned by AIDS.

**Assisting in Emergencies:** © Don Hinrichsen

A young boy from Nicaragua, one of more than 40 countries that received emergency assistance from UNFPA in 2004.

**Poverty, Population and Development:** © United Nations

Young boys drying pieces of plywood in Calcutta, India.

**Building Support:** © Anne Saint Pierre

A UNFPA-supported exhibition of photos by internationally renowned photographer Fazal Sheikh was held at United Nations Headquarters in New York during October and November 2004 as part of the events marking the 10th anniversary of the ICPD.



**United Nations Population Fund**

*Information, Executive Board and Resource Mobilization Division*

220 East 42nd Street, 23rd floor

New York, NY 10017 U.S.A.

Tel: +1 (212) 297-5020

[www.unfpa.org](http://www.unfpa.org)

**Design:** KPTO as, Denmark

**Printing:** Scanprint, Denmark

# Overview

Reaffirm. Renew. Revitalize. These words capture the spirit of 2004, when UNFPA and the international community celebrated 10 years of progress since the 1994 International Conference on Population and Development (ICPD). In Cairo, 179 countries agreed on a bold action plan to reduce poverty, ensure women's rights and reproductive health, and integrate population issues into development plans and policies. To mark the anniversary, leaders in government and civil society issued declarations vowing to carry their promises forward.

Since Cairo, choices have been expanded for millions of people. In only 10 years, the percentage of couples in the developing world that are able to choose and use contraception has increased from 55 to 60. Infant mortality rates have dropped from 71 to 61 out of every 1,000 babies born. And life expectancy in the developing world has risen from 61 to 63 years of age. Women and men in ever greater numbers have stood up against female genital cutting, rape, gender violence and other human rights violations.



A global survey published by UNFPA in 2004 confirmed progress towards ICPD goals and identified areas for action. Its findings will inform the work of the Fund in the decade ahead. The major challenge is to secure the political will and funding required to achieve the mutually reinforcing ICPD and Millennium Development Goals (MDGs). In 2004, confidence in UNFPA was reflected in the growing number of donor governments, from 149 in 2003 to 166 – with an increasing number of developing countries contributing to the Fund. As a result, regular and other contributions surpassed \$500 million for the first time since UNFPA was established in 1969.

In 2004, UNFPA continued to strengthen and improve its programmes, advocacy and policy dialogue. A high-level consultation in New York reinforced the links between HIV prevention and sexual and reproductive health. A new youth advisory programme at UNFPA headquarters opened an avenue for the participation of young people. Workshops and publications advanced the Fund's commitment to culturally sensitive programming to advance human rights. Civil society leadership was strengthened at a global round table in London. Parliamentarians renewed their commitment to the Cairo agenda and population and reproductive health at a meeting in Strasbourg.

UNFPA also continued to respond to humanitarian crises. When the devastating tsunami struck in the last week of the year, UNFPA worked to meet the needs of women and young people and restore reproductive health services. Emergency assistance was also provided to Sudanese refugees of the crisis in Darfur.

2004 marked the first year of a new decade dedicated to implementing the ICPD Programme of Action. UNFPA remains committed to promoting the right of every man, woman, and child to enjoy a life of health and equal opportunity.

A handwritten signature in black ink that reads "Thoraya A. Obaid". The signature is fluid and cursive.

Thoraya Ahmed Obaid  
Executive Director, UNFPA



# Improving Reproductive Health, Making Motherhood Safer

Where the ICPD has been implemented,  
it is working – saving women's lives, expanding life opportunities.

As of 2004, progress in reproductive health is evident in many countries, where family planning is the norm and fewer women are dying in childbirth. But much more needs to be done, especially in those countries with far to go in meeting development goals.

Three actions are central to saving women's lives: family planning, skilled attendance at birth, and access to emergency obstetric care. Ten years after the International Conference on Population and Development (ICPD) in Cairo, more than half a million women still die each year from complications of pregnancy and childbirth. Lack of care heightens the risk to mothers and babies: one third of all pregnant women worldwide receive no health care during pregnancy, and 60 per cent of all deliveries take place outside of health facilities. Poverty makes the dangers even greater: the lifetime risk of a woman dying in pregnancy or childbirth in sub-Saharan Africa is 1 in 16, compared to 1 in 2,800 in developed countries. The Cairo conference called for universal access to reproductive health care by 2015.

## FAMILY PLANNING

More than ever, women are making their own choices about childbearing – exercising their right to choose the number, timing and spacing of their children. As a result, families are smaller and more prosperous and children are healthier and better educated. A recent study in Africa shows that spacing births by three years or more could reduce infant deaths by 50 per cent and family planning could reduce maternal deaths by 20 per cent.

Current programmes provide contraceptives to 500 million women in developing countries, and 200 million more women would be using family planning if they had access to affordable, high-quality services. This would reduce dramatically the number of unintended pregnancies, abortions, infant deaths, maternal deaths and children losing their mothers. In 2004, UNFPA-supported programmes helped expand access to and improve the quality of reproductive health services, including family planning, especially in the poorest countries.

- In Manikganj, a farming community south of Dhaka, Bangladesh, women seek out the Mother and Child Welfare Centre for a complete array of maternal and health services, from family planning to emergency obstetric care. As one of only eight in the entire country, the UNFPA-supported clinic is a model for the nation, which plans to provide similarly comprehensive facilities in 64 districts by the end of 2005.
- Two guidelines on contraceptive use were published by the World Health Organization (WHO) with UNFPA support through the Strategic Partnership Programme. The two documents – *Selected Practice Recommendations for Contraceptive Use* and *Medical Eligibility Criteria for Contraceptive Use* – help policymakers, managers and the scientific community prepare service delivery guidelines for their national programmes.

- For the first time, Kazakhstan has allocated funds to buy contraceptives – \$3 million in the 2005 budget – and initiated a draft law on reproductive rights. UNFPA has fully covered the needs of the population as the country's only supplier of contraceptives, and will continue to provide logistical support and training.

## MAKING MOTHERHOOD SAFER

Much can happen in a single decade, as in the significant reductions of maternal mortality in Bolivia, China, Egypt, Honduras, Indonesia, Jamaica, Mongolia and Zimbabwe. Strong safe motherhood policies and the presence of skilled birth attendants and referrals for emergency obstetric care have made a tremendous difference in these countries. The goal of reducing maternal mortality, which is one of the MDGs as well as a key objective of the ICPD Programme of Action, cannot be achieved without universal access to

### GLOBAL SURVEY TEN YEARS AFTER CAIRO

A global survey conducted by UNFPA to appraise national experiences concluded that the decade since the adoption of the ICPD Programme of Action has been one of significant progress. Since 1994, most governments have integrated population concerns into their development strategies. Almost all of the 151 developing countries surveyed have adopted laws or other measures to protect the rights of girls and women. Some 131 have changed national policies, laws or institutions to recognize reproductive rights. Results published in *Investing in People: National Progress in Implementing the ICPD Programme of Action 1994-2004* will be used by UNFPA to ensure greater progress in the next decade.

reproductive health information and services. Of the estimated 529,000 maternal deaths each year, 99 per cent are in developing countries.

- The UNFPA report *Maternal Mortality Update* for 2004 focuses on the role of skilled attendance in improving maternal health. A companion booklet, *Into Good Hands: Progress Reports from the Field*, provides examples of policies, research and activities aimed at improving skilled attendance.
- In Rajasthan, India, district-level emergency obstetric care projects have proven so successful that funding has multiplied tenfold and the UNFPA-supported initiative has been expanded statewide and adopted as part of the nation's reproductive and child health programme.
- India, Morocco, Mozambique and Nicaragua are part of the Averting Maternal Death and Disability Programme of Columbia University with which UNFPA continues to carry out safe motherhood projects and needs assessments.
- Eight international organizations, including UNFPA, launched a safe motherhood initiative in

Latin America and the Caribbean in February 2004. The aim is to improve national and municipal maternal health services, with skilled attendance at every birth along with drugs, equipment, supplies and referral services.

- UNFPA was among UN organizations that expressed concern about the living conditions of Palestinian women. The agencies cited an increase in home deliveries, a decrease in post-natal care, and 52 pregnant women having given birth at military checkpoints since 2002.
- A new regional and provincial safe motherhood initiative in Viet Nam is improving the quality of obstetric and newborn care through training for health service providers and by improving women's knowledge and understanding of pregnancy, delivery and the needs of infants.
- UNFPA presented 12 tractor ambulances to the Ghana Ministry of Health in May to provide fast access to medical help in emergencies. The locally produced ambulances (tractors hitched to small trailers) can reach people in rural areas with rough and hilly terrain, particularly in the northern regions.

Photo: United Nations



Adolescent girls in a literacy class in Yemen. Literacy programmes have been shown to increase the use of health services. Access to relevant information and services can protect and improve the health of both women and girls, and can help them to know their rights.

## ENDING OBSTETRIC FISTULA

Obstetric fistula is a tragic childbirth injury that affects at least 2 million women in developing countries. UNFPA's global Campaign to End Fistula focuses on prevention and treatment in 30 countries in sub-Saharan Africa, South Asia and the Arab States. A website for the campaign ([www.endfistula.org](http://www.endfistula.org)) was launched in 2004.

- Uganda launched a national campaign to end fistula, providing 12 regional hospitals with equipment and supplies for fistula surgery, training for local doctors, and advocacy to raise awareness.
- In Chad, UNFPA has helped to establish and equip fistula repair centres at the Hôpital de la Liberté in Ndjamen, the Hôpital Abeche in the Ouadaï region, and in Mongo and Kelo. Surgeons received training at the Addis Ababa Hospital, and a referral system has been implemented.
- In northern Nigeria, four fistula repair centres were renovated by UNFPA in partnership with the Government, and will be staffed by 10 doctors and 40 nurses that completed fistula repair training in early 2005. Plans are underway to similarly enhance fistula treatment services in seven other Nigerian states.
- The Human Security Trust Fund approved fistula activities in Mali, Nigeria and Pakistan, funding them with \$3.54 million to be spread over five years.



A 19-year-old girl being given an ultrasound exam in a UNFPA-supported clinic located in a youth centre in Hue, Viet Nam.

The Islamic Development Bank pledged \$1 million to establish a fistula repair centre in Bangladesh.

- The London office of the award-winning advertising agency Young & Rubicam donated its creative services to UNFPA for the Campaign to End Fistula. The agency is working with UNFPA to raise awareness of obstetric fistula in the United Kingdom through broadcast, print and electronic materials.

## SUPPORTING ADOLESCENTS AND YOUTH

Nearly half of all people are under the age of 25 – the largest youth generation in history. Facing many challenges and risks, young people need information and services that enable them to lead healthy and productive lives. The ICPD gave unprecedented attention to adolescents' diverse needs with regard to reproductive health, as both a human rights priority and a practical necessity. In UNFPA's global survey on ICPD progress, a large number of countries reported progress in adolescent reproductive health through policies, laws, health and life skills education, and youth-friendly services. Most endeavours have been small-scale, however, and a major challenge is to secure the resources and commitment needed to scale up these programmes.

In 2004, UNFPA formed a Youth Advisory Panel of young people from all parts of the world to help the organization promote the rights and needs of youth within UNFPA programming and national development plans. UNFPA also established the Special Youth Programme Internship to host interns from

developing countries at UNFPA headquarters in New York for six-month assignments. The Global Youth Partnership continued its work against HIV/AIDS.

- Married girls from Bangladesh, Burkina Faso and Yemen talk about child marriage in *Too Brief a Child: Voices of Married Adolescents*, a video produced by UNFPA that documents how the practice threatens girls' health, restricts their education and limits their social, economic and political growth.
- In Cotonou, Benin, a dynamic multimedia centre with its own television and radio stations provides job training for hundreds of young people, along with lessons in preventing HIV/AIDS and unwanted pregnancies, with support from UNFPA.
- A youth centre opened in Rwanda's Kibuye province in January, next to a health clinic that provides free HIV testing. The UNFPA-supported centre offers information, counselling, film screenings, cultural and sports activities, and training in income-generating skills.
- In the city parks of Caracas, Venezuela, young visitors learned how to handle peer pressure and delay sexual activity through UNFPA-supported plays and informational materials about their reproductive health and rights.
- A youth summit attended by 70 young people from Asia and Europe identified ways to increase youth participation in reproductive health programming. Held in November in Sri Lanka, the event was

part of the Reproductive Health Initiative for Youth in Asia (RHIYA), supported by the European Union and UNFPA.

- The UNFPA-supported African Youth Alliance (AYA) reached more than 100,000 young people in four countries in 2004 with training in life skills. In Uganda, the AYA network of faith-based organizations raised \$2 million for HIV prevention.
- Universities in Tunisia joined UNFPA in 2004 to produce materials on adolescent sexual and reproductive health. The new partnerships produced a workshop and training manuals addressing research, training and South-South cooperation, along with a reference manual on quality assurance.
- In Cambodia, more than 200 young people met in February at the Fourth Annual Youth Camp to address the theme: “Young people together eliminate shyness for better understanding of sexual and reproductive health and HIV/AIDS.” The camp was co-funded by UNFPA, the European Union and the United States Agency for International Development.
- UNFPA continued to support the Youth Peer Education Electronic Resource network (Y-PEER), which links over 1,000 members from 27 countries in Central and Eastern Europe and Central Asia. Y-PEER helps local and national NGOs work together to implement programmes that promote safer and more responsible behaviour among adolescents. In 2004, the network organized 246 events in 15 countries attended by 220,000 participants, and later reached 1.7 million young people through rollout activities in the region.

## ENDING GENDER VIOLENCE

Speaking before the UN Security Council in October, the Executive Director of UNFPA, Thoraya Ahmed Obaid, urged world leaders to condemn and act against systematic rape and all forms of degrading treatment of women during conflicts and to help rehabilitate victims physically and mentally. Ten

years earlier, the ICPD called on countries to “take full measure” to end violence against women, yet progress has been mixed despite high-level promises throughout the past decade. UNFPA works with partners to prevent and treat cases of sexual violence, whether in times of crisis or its ongoing occurrence.

- Influential representatives of government, NGOs, UN agencies and the media focused on the trafficking and sexual exploitation of women from Russia at an April round table organized by UNFPA with the Russian Central House of Journalists. Recent research documented the adverse impact of trafficking on victims’ reproductive health, social status and economic situation.
- Some of the most powerful women from more than 40 African countries called for ratification of an African protocol on women’s rights during a regional conference on ending gender-based violence and achieving the MDGs. More than 200 African women ministers and parliamentarians attended the November event in Gabon, which was organized by UNFPA, WHO and the United Nations Development Fund for Women (UNIFEM).
- Combating discrimination at its most extreme, UNFPA supported efforts to raise awareness of female infanticide and prenatal sex selection. A workshop on sex ratio disparities at birth was sponsored by UNFPA in China, bringing together countries experiencing the same problem. In India, the Government launched a research and advocacy campaign on “missing girls” that focuses on districts with the most extreme differences in the numbers of girls compared to boys.

## SECURING ESSENTIAL SUPPLIES

As the world’s largest multilateral source of reproductive health commodities, UNFPA is committed to meeting the need, with measurable impact: each \$1 million of commodities could prevent 800 maternal deaths, 150,000 abortions or 360,000 unwanted pregnancies. Commodity security has improved since the

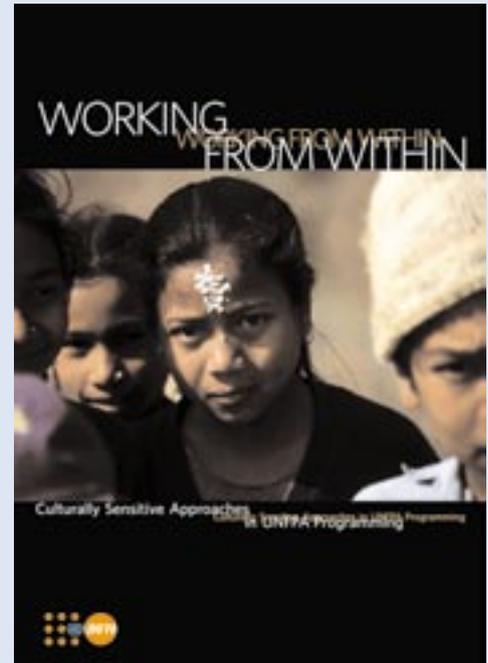
### STOP VIOLENCE AGAINST WOMEN!

This was the message of a national campaign launched in November in Istanbul by the Turkish Government using the mass media, sports activities, celebrity appearances and religious sermons. The campaign was organized by UNFPA, which worked with a local advertising agency on shaping the campaign concept.



## CULTURAL SENSITIVITY TO ENHANCE PROGRAMMING

Development efforts stand greater chances of succeeding when they are presented to beneficiaries in a culturally sensitive manner and built on open dialogue and community involvement, says the 2004 report *Working from Within: Culturally Sensitive Approaches in UNFPA Programming*. The aim is to create an environment that makes programmes for human rights more acceptable and sustainable, which is accomplished by recognizing local social and cultural realities and actively supporting a process of local ownership. Nine case studies presented in this publication are drawn from a longer UNFPA report, *Culture Matters: Working with Communities and Faith-based Organizations*. The companion booklet, *24 Tips for Culturally Sensitive Programming*, presents recommendations based on UNFPA research. Culture and human rights were also the focus of a conference attended by more than 100 experts from around the world, "Cairo and Beyond: Reproductive Rights and Culture", which was organized by the Government of the Netherlands and UNFPA on the occasion of International Women's Day, 8 March.



ICPD called for a reliable and adequate supply of a range of contraceptive methods and other reproductive health essentials. In many developing countries, however, the shortage of condoms and contraceptives continues to be severe.

- The European Union pledged \$75 million to UNFPA to meet the supply requirements of 49 developing countries that largely depend on external assistance for contraceptives and condoms to meet their reproductive health needs and prevent HIV/AIDS. The decision was announced in October at the United Nations General Assembly meeting marking the ICPD's 10th anniversary. Hans van den Broek of the Netherlands, Special Envoy of the European Union Presidency, told the meeting that the Union's 25 member States and the European Commission would collectively "fill the entire reproductive health commodities gap of \$75 million in 2004 through a special contribution to UNFPA's Reproductive Health Commodity Fund".
- Pacific countries agreed on a plan to secure reproductive health commodities through UNFPA as part of efforts to save lives and improve health. Health ministers of the Cook Islands, Fiji, Kiribati, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu endorsed the plan in May.
- Computer software developed by UNFPA provides country-specific data on stock levels that helped 69 countries replenish supplies and avoid shortages in 2004, an increase of 20 countries over the previous year. Country Commodity Manager is enhancing national capacity to collect, analyse and report data and to secure, store and distribute supplies.
- UNFPA launched the Female Condom Initiative in 2004 to promote and facilitate female condom programming in more than 20 countries. The female condom was also promoted through the UN's programme addressing HIV/AIDS in the workplace. Female condoms are an important addition to the fight against sexually transmitted infections (STIs) and HIV/AIDS and the only female-controlled total barrier method.
- UNFPA finalized a large study on the contraceptives, drugs and supplies required to meet needs through 2015 in family planning, reproductive health and HIV prevention. Also, a costing model was developed for UNFPA country offices, enabling countries to cost and budget for reproductive health interventions in their national policies and poverty-reduction strategies. In addition, major advances were made in the costing of obstetric fistula and emergency obstetric care.



# Confronting the HIV/AIDS Crisis

Integrating HIV prevention with reproductive health services,  
and increasing youth participation.

More than 3 million people died of AIDS and nearly 5 million people became newly infected with HIV in 2004. There were just under 40 million people living with the disease - nearly half of them women - yet fewer than 1 in 5 people at high risk of infection had access to proven prevention interventions. The number of AIDS orphans climbed to 15 million, 12 million of whom live in sub-Saharan Africa.

The ICPD noted the severity of HIV/AIDS in 1994 and, responding to the expansion of the epidemic, the review five years later (ICPD+5) defined specific and urgent goals. Key follow-up actions specified that HIV/AIDS prevention should be "an integral component" of sexual and reproductive health programmes at the primary care level. Strengthening this approach to services was a UNFPA priority in 2004, complementing ongoing commitments to women and young people and to condom programming.

## ACTION AGAINST HIV/AIDS

UNFPA took every opportunity in 2004 to advocate universal access to reproductive health as fundamental to reducing poverty and ending the HIV/AIDS crisis. As a co-sponsor of the global United Nations Joint Programme on HIV/AIDS (UNAIDS), UNFPA contributed leadership at many levels, including participation in each country's United Nations Theme Group on HIV/AIDS.

- A high-level global consultation in June called for much stronger links between HIV/AIDS and sexual and reproductive health to bring about more relevant and cost-effective programmes. Leaders from governments, UN agencies, NGOs and the donor community endorsed "The New York Call to Commitment" at a conference organized by UNFPA and UNAIDS with Family Care International.

- UNFPA and the Mano River Union secretariat signed an agreement to prevent the spread of HIV/AIDS among refugees, the internally displaced and people living with HIV/AIDS in Côte d'Ivoire, Guinea, Liberia and Sierra Leone. Also in 2004, UNFPA conducted a survey on HIV prevention among UN peacekeepers in Sierra Leone and an evaluation of vulnerable groups in the country.

- Tea plantation communities in Bangladesh were the focus of a UNFPA initiative, with funding from Sweden, to promote prevention by raising awareness, providing reproductive health supplies and services, and advocating HIV/AIDS policies for tea companies and trade unions.

- The Government of Afghanistan established the country's first voluntary counselling and testing centre, inaugurated in November in Kabul, with support from UNFPA. The refurbished centre is a model site for delivering HIV/AIDS services, training and the standardization of procedures and quality assurance.

- In Honduras, UNFPA provided a grant to support prevention programmes and workshops on income-generating activities at a hospice where most patients are living with HIV/AIDS. Dignified care and 24-hour nursing are provided to even the poorest with no means of income or family support.

- New guidelines on HIV voluntary counselling and testing and its integration into reproductive health services were published by UNFPA and the International Planned Parenthood Federation (IPPF). The guidelines were based in part on pilot projects in Côte d'Ivoire and India, along with experiences in Ethiopia, Kenya and Rwanda.



Photo: Weaver Destirn/UNFPA Haiti

### HAITI'S GHESKIO CENTRES

In centres like this one in Port-au-Prince, Haiti, UNFPA works with the Ministry of Health and GHESKIO, a national NGO, to promote the integration of voluntary testing and counselling with services that prevent mother-to-child transmission. GHESKIO provides integrated HIV/AIDS services that include information on transmission and prevention, individual and group counselling, and psychological and social support.

- To help pregnant women and those who have just given birth avoid HIV infection, UNFPA and EngenderHealth produced the programming guide *HIV Prevention in Maternal Health Services*. The publication is for use by programme planners, health managers, and trainers to strengthen prevention and referral services for HIV and other sexually transmitted infections (STIs).

## WOMEN AND AIDS

Women's empowerment and equality – goals central to the ICPD – are critical to attaining reproductive health for all, and to halting HIV/AIDS. The ICPD's action plan noted that the "social and economic disadvantages that women face make them especially vulnerable to sexually transmitted infections, including HIV."

Women now number nearly half of all people infected with HIV, and infections are increasing dramatically among young women. In sub-Saharan Africa, 57 per cent of adults with HIV are women. UNFPA supports urgently needed action to respond to the increasing threat to women and girls, including more responsible roles for boys and men.

- The Global Coalition on Women and AIDS (GCWA) was launched by UNAIDS in February. UNFPA was designated as a co-convenor with IPPF and YoungPositive of the action area "HIV prevention among women and girls", addressing access to information and services and advocating an end to forced child marriage.
- Participants endorsed "The Glion Call to Action on Family Planning and HIV/AIDS in Women and Children" at a consultation convened in May by WHO and UNFPA. The Call reinforces a comprehensive approach to preventing mother-to-child transmission that also prevents unintended pregnancy and provides treatment and support for HIV-infected women and their families.

## YOUNG PEOPLE AND HIV/AIDS

In 2004, some 10 million young people were living with HIV/AIDS, with up to 6,000 people aged 15 to 24 infected every day. UNFPA continued to place high priority on immediate action to address the vulnerabilities of young people in ways that are age-appropriate, sensitive to gender and culture, and open to their participation.

- More than 40 youth organizations took part in the XV International AIDS Conference in July in Bangkok, Thailand, where UNFPA facilitated youth participation in plenary sessions, panel discussions and networking activities. UNFPA also supported the creation of a 600-member Global Youth Coalition on AIDS to enhance knowledge-sharing and capacity building among local, regional and global HIV/AIDS organizations.
- Young people in the Dominican Republic, Egypt and Panama drafted advocacy action plans to rally support for HIV prevention as part of the UNFPA-supported Global Youth Partners Initiative. Similar advocacy efforts in Bangladesh and Nepal were undertaken by the Reproductive Health Initiative for Youth in Asia (RHIYA), with support from UNFPA and the European Union, and also in Lebanon and Ukraine.
- Fifty young people were among the 145 participants from 34 countries attending a UNFPA workshop to scale up youth-friendly programmes in HIV prevention. Held in Nairobi in November, it led to the creation of the Youth Network on Population and Development.
- A regional project in the Arab States to integrate reproductive health education, including HIV prevention, into youth programmes was carried out by UNFPA with the American University of Beirut, Lebanon. The project produced a peer education training manual, held workshops for youth focal points and compiled studies on the reproductive health of young people in the Arab region.

### EMPOWERING WOMEN, REVERSING HIV/AIDS

Women are bearing the brunt of the HIV/AIDS epidemic, and strategies to reverse it cannot succeed unless women and girls are empowered to reclaim their rights, says an action-oriented report by UNFPA, UNAIDS and UNIFEM released during the XV International AIDS Conference in July. Noting that 17 million women between the ages 15 and 49 are infected, *Women and HIV/AIDS: Confronting the Crisis* documents the devastating impact of AIDS on women and girls and highlights how discrimination, poverty and gender-based violence help fuel the epidemic. It also recommends realistic strategies for response, which include ensuring that adolescent girls and women have the knowledge and means to prevent HIV infection, ensuring equal and universal access to treatment, recognizing and supporting home-based caregivers of AIDS patients and orphans, promoting girls' primary and secondary education and women's literacy, promoting zero tolerance of all forms of violence against women and girls, and promoting and protecting the human rights of women and girls.

At a youth fair in the Maldives, young people seek information on HIV/AIDS and other reproductive health issues from a booth set up by UNFPA.



Photo: UNFPA Maldives

- At the Bangkok conference, UNFPA launched an inter-agency report, *At the Crossroads: Accelerating Youth Access to HIV/AIDS Interventions*. The report documents how young people lack access to critical youth-friendly information and services and life skills to prevent HIV infection as well as to care and treatment when living with HIV/AIDS.

## CONDOM PROGRAMMING

As the world's most available and effective technology to reduce the sexual transmission of HIV and other STIs, the condom is widely promoted and distributed by UNFPA, which is also the designated UNAIDS convening agency on condom programming.

- The critical role of condoms in HIV prevention and treatment was affirmed by UNAIDS, WHO and UNFPA. A position statement issued in July cited research proving effectiveness, and asserted that condoms must be readily available, free or at low cost, and promoted in ways that overcome obstacles to their use, including issues of gender and culture.
- UNFPA initiated a project for female condom programming with pilot activities in Cambodia, India, Nigeria, Papua New Guinea and Sri Lanka that are to be expanded to 20 countries in the coming years. In addition to increasing access and use, the project collects examples of good practice in condom promotion.
- UNFPA and Johns Hopkins University developed a set of Frequently Asked Questions about the correct and consistent use of male and female condoms and the social and cultural factors affecting their use for publication online and on CD-ROM.
- In the Caribbean, promotion of the female condom continued through the mass media and through outreach at innovative and receptive sites such as beauty parlors and barbershops.

## EDUCATION AND ADVOCACY

The ICPD called for global action to raise awareness about the disastrous consequences of HIV/AIDS, to provide information on means of prevention, and to address stigma, discrimination and issues of human rights. The leadership role played by UNFPA in raising awareness of HIV/AIDS was recognized throughout the year at events marking the ICPD's 10th anniversary.

- Parliamentarians from English- and Dutch-speaking Caribbean countries issued a declaration of commitment to preventing HIV infection and a set of country-specific action plans at a conference in June in Trinidad and Tobago, organized by UNFPA. Another conference in October in Fiji brought together parliamentarians from 17 Pacific countries, including Australia and New Zealand, to reaffirm their commitment to fighting HIV/AIDS in their region.
- Facts about HIV prevention were included in *Achieving the MDG Goals by Promoting Gender Equality*, a DVD produced by UNFPA for use in education and empowerment activities for women participating in micro-credit activities in poor communities, including those severely affected by HIV/AIDS.
- UNFPA produced a six-minute video in which peer educators and trainers talk about trying to prevent the spread of HIV/AIDS in Eastern Europe and Central Asia. The young people, who were filmed at a training programme in the former Yugoslav Republic of Macedonia, exchange information regularly through the Y-PEER interactive website and network.



# Assisting in Emergencies

Recognizing that the right to health applies to all people at all times.  
Responding with supplies, support and reconstruction.

The priority given to reproductive health in times of armed conflict or natural disaster is much higher now than it was when the ICPD was held 10 years ago. Supplies for safe delivery and emergency obstetric care, once rarely included in emergency assistance, are now part of the immediate humanitarian response. Awareness is widespread about the heightened risks of unwanted pregnancy, STIs and sexual violence in crisis situations and refugee camps.

In 2004, UNFPA provided assistance in crisis situations and to reconstruction and emergency preparedness programmes in more than 40 countries. UNFPA mobilized funds for urgent action, participating actively in the UN Consolidated Appeal Process. In the last four years, the largest responses to UNFPA requests for emergencies came from Belgium, Italy, Japan, Luxembourg, the Netherlands, Norway, the United Nations Foundation and the European Commission.

## EQUIPMENT AND SUPPLIES

UNFPA dispatched emergency reproductive health kits valued at nearly \$2.7 million in 2004. The ready-to-ship kits are packed with supplies to meet specific needs, such as clean and safe delivery, prevention of HIV/AIDS and other STIs, family planning, rape management and emergency obstetric care for complications.

- In the Darfur region of western Sudan, UNFPA provided supplies and equipment for safe childbirth, blood transfusions, prevention of STIs, and other reproductive health needs. Supplies were distributed to camps and health facilities inside Sudan through the International Rescue Committee, Save the Children UK and the Irish organization GOAL. UNFPA also shipped supplies to Sudanese refugees in neighbouring Chad.
- An airlift of emergency medical supplies from UNFPA arrived in the Haitian capital of Port-au-Prince in March to meet urgent needs after civil conflict led to the destruction and looting of much of Haiti's health care system and heightened levels of sexual violence.
- Deteriorating conditions in Bam, the Iranian city devastated by an earthquake in late 2003, demanded a continued UNFPA response in 2004. UNFPA worked with the Centre for Women's Participation and the Literacy Movement Organization to assist women and families that lost their primary breadwinners.
- In Monrovia, Liberia, UNFPA and community partners distributed personal hygiene kits with toothbrushes, toothpaste, soap, towels, combs and sanitary napkins to 2,000 displaced women and girls. The simple kits helped restore some sense of dignity and provided an opportunity to assess general reproductive health.

## RECONSTRUCTION

After the acute phase of a crisis, UNFPA continues to assist communities as they rebuild facilities and restore services – a contribution to longer-term development.

- When conflicts subside, migration and travel increase exposure to sexually transmitted infections. An influx of truck drivers, uniformed personnel and ex-combatants has fueled a new sex industry in the border towns of Sierra Leone and Liberia. With UNFPA support, education projects in the towns have taught women and girls how to prevent HIV infection and have provided vocational training to help them avoid the sex trade.
- UNFPA donated obstetric care equipment and materials to hospitals looted during a 2002 rebellion in the north-west of the Central African Republic, where conditions are slowly returning to normal. Supplies included mattresses, basins, scales, stethoscopes, speculums, tape measures, clinical thermometers and gloves.

## DATA AND ANALYSIS

Accurate data helps determine what action should be taken next. UNFPA's growing expertise in data collection and analysis contributes to the planning, monitoring and evaluation of humanitarian responses.

- UNFPA participated in the first-ever global evaluation to identify gains and gaps in reproductive health for refugees worldwide. The evaluation, published in mid-2004 by the Inter-Agency Working Group on Reproductive Health in Refugee Situations, found improved access to family planning services but limited STI and HIV prevention, with immediate reproductive health services severely lacking.

- UNFPA joined UN partners in a humanitarian assessment mission to Sudan in April, focusing on action to avoid maternal and infant deaths. In July, a UNFPA assessment confirmed that women in Darfur are being targeted with sexual violence during armed attacks on their villages and at refugee settlements when they collect fodder and firewood.
- In Liberia in November, UNFPA participated in a UN mission to assess the situation of host communities and recently arrived refugees from Côte d'Ivoire, finding hugely unmet reproductive health needs requiring immediate response.
- UNFPA provided technical support to the International Organization for Migration for a five-month participatory research project on HIV/AIDS among internally displaced persons in northern Uganda.

## TRAINING AND EDUCATION

Protecting reproductive health under crisis conditions requires special knowledge, skills and attitudes. UNFPA supports programmes for staff, health workers and partners in UN organizations, NGOs and governments, as well as for populations made vulnerable by conflict or natural disaster.

- The UNFPA-supported photo exhibition *Positive Lives* toured three refugee camps in Kenya in July and August 2004. Ten refugees at each camp received

training to facilitate community discussions inspired by the photos of people living with HIV/AIDS and to assist with peer education, condom promotion, street theatre and sports activities.

- In Swaziland, members of relief committees that distribute food aid received additional training from UNFPA and the World Food Programme to act as community counsellors. The trainees, mostly women, were to share their messages about HIV prevention and other health and safety issues on food distribution days, when people have time to listen and talk while waiting in line.
- Training for doctors, nurses and counsellors in Darfur prepared them to recognize and treat the effects of sexual violence. UNFPA also provided drugs and medical supplies and, working with partners, helped communities organize women's groups to support victims of sexual violence and their families.
- Since April 2004, UNFPA has been actively involved in the development of policies, guidelines and procedures with the UN Inter-Agency Initiative on Disarmament, Demobilization and Reintegration, particularly in HIV prevention.

## ADVOCACY AND AWARENESS-RAISING

UNFPA works to make reproductive health a higher priority in national policies and laws and in humanitarian assistance programmes. UNFPA also raises awareness of women's needs and roles. Risks from pregnancy, childbirth, rape and HIV/AIDS are intensified by crisis; at the same time, women are the source of strength and care for children, the injured and other survivors.

- Dozens of Afghan women from NGOs, civil society groups and government benefited from a five-day media and leadership training session in May organized by UNFPA for women leaders in post-conflict situations. The initiative was later expanded outside Kabul to raise gender awareness and empower women in rural areas.
- UNFPA and Marie Stopes International co-edited the January 2004 special issue of the journal *Forced Migration Review: Reproductive Health for Displaced People*, with funding from UNFPA and the Office of the United Nations High Commissioner for Refugees (UNHCR). Articles noted progress in providing reproductive health care in humanitarian settings, yet warned of gender-based violence, risks to adolescents and youth and other challenges.

Photo: William Ryan/UNFPA



A mother and newborn from Afghanistan, where UNFPA is targeting the high maternal mortality rate. Many women in this war-ravaged land die from complications of pregnancy and childbirth.



An Indonesian woman receiving a kit with personal hygiene supplies soon after the tsunami devastated her home and village.

## TSUNAMI: UNFPA RESPONSE

UNFPA is committed to ensuring the reproductive health and well-being of those who survived the tsunami of 26 December 2004 and supporting their efforts to recover. Many pregnant women face the danger of giving birth alone because of the deaths of midwives and damage to health facilities. UNFPA is working with national authorities, UN agencies and other partners to: restore health services; help ensure the security, hygiene and dignity of displaced women and girls; and provide counselling for people traumatized by the disaster.

In the countries hit hardest, UNFPA moved rapidly to meet immediate needs for reproductive health commodities, including supplies for clean and safe childbirth, equipment for emergency obstetric care, and contraceptives and condoms for dual protection against unwanted pregnancy and HIV/AIDS.

In **Indonesia**, after the tsunami, UNFPA set up an office in Aceh and provided hygiene kits, medicines, medical equipment and supplies for

distribution by NGOs – 18 tons were shipped in the first two months and the effort is ongoing. A key priority is to assist the thousands of pregnant women living in temporary settlements; an estimated 800 will give birth per month. Working with WHO, the Ministry of Health and provincial and district health offices, UNFPA will focus on re-establishing basic reproductive health services, providing training and equipment, restoring infrastructure at hospitals and health posts, and creating referral systems for obstetric emergencies.

The Fund is also working to improve access to health services for displaced and remote populations. It has provided support to re-establish the Aceh provincial office of the National Family Planning Coordinating Board.

Counsellors are being trained at two community health centres in Banda Aceh to run UNFPA-supported psychosocial counselling programmes at eight community health centres in the worst-hit parts of Aceh.

In **Sri Lanka**, UNFPA helped set up temporary sites for reproductive health and family planning services where clinics were destroyed. It sent supplies to facilities to safe-

guard maternal health and meet other reproductive health needs, addressed gender violence in temporary shelters, and provided psychosocial counselling to help survivors cope and rebuild their lives.

To restore dignity and meet simple human needs, the Fund worked with the National Youth Services Council to assemble and distribute hundreds of thousands of hygiene supplies to women and girls.

In the **Maldives**, UNFPA has supported the travel of counselling teams to work with communities most affected by the disaster, and trained health workers in psychosocial support. UNFPA has supported safe shelters for women, monitored the distribution of relief supplies to prevent exploitation, and trained counsellors and health workers.

In **Thailand**, UNFPA is collaborating with partners to ensure high-quality maternal and child health and family planning services at health centres and mobile clinics in communities constructed for those displaced by the tsunami, including migrant workers from Myanmar.



# Poverty, Population and Development

Assisting with forward-looking population strategies based on data analysis. Demonstrating links between reproductive health and poverty reduction.

The goals championed by UNFPA – reproductive health, women’s empowerment, equality – can help break the cycle of poverty that traps millions of women and families and blocks the progress of human development. At Cairo, countries agreed that meeting reproductive health needs, particularly of poor families and communities, and stabilizing world population would contribute significantly to development. Slower population growth could also allow communities more time and resources to combat poverty while greatly improving women’s health.

The issues of poverty, population and development are so closely linked that progress is mutually reinforcing. Poor women who are unable to access family planning services are unable to time or space their children, and this in turn limits their ability to participate fully in income-generating activities. Enabling people to choose their family size will slow the rapid population growth that undermines poverty-reduction efforts in the world’s poorest countries. UNFPA endeavours to raise awareness of these links, in particular between poverty and reproductive health, and to support their articulation in national development plans, policies and reports.

For UNFPA and all partners in global development, the challenge is to reduce the severe poverty that afflicts 1.2 billion people today, and at the same time create the conditions that will enable the 1 billion people who will be added to world population by 2015, mostly in the poorest countries, to live decent lives. The Cairo agenda helps us to effectively address these issues. As the international community strives to achieve the Millennium Development Goals, UNFPA believes that the ICPD’s rights-based agenda for addressing the interdependence of population and poverty deserves the highest priority.

## MILLENNIUM DEVELOPMENT GOALS

UNFPA, guided by the ICPD Programme of Action, continued to provide strategic guidance to help meet internationally agreed development goals, including the Millennium Development Goals. UNFPA raised awareness of the fundamental importance of universal access to reproductive health services to achieving the MDGs, and the overarching objective of eliminating poverty. The Fund also assisted countries with MDG reporting. In 2004, a large number of countries incorporated discussion of reproductive health in their Millennium Development Goal Reports.

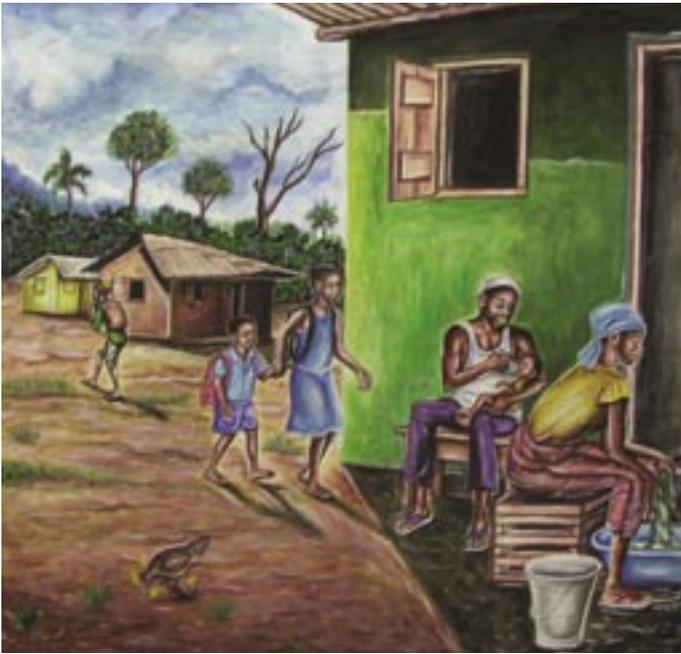
## DATA AND POPULATION STRATEGIES

Data collection and analysis is an important area of UNFPA work. Activities include conducting censuses and strengthening data generation, analysis and utilization systems. Accurate data reflects the current situation and also enables planners to project future trends. In the next 50 years, the population of the 50 least developed countries is expected to triple. Not only is the world’s population ageing, but it is also experiencing the largest youth generation in human history, with the youngest populations in the poorest countries.

UNFPA worked with countries to track and analyse the distribution, structure, size and dynamics of

their populations – and to apply this information to strategies, policies and programme planning to meet the needs of their people. UNFPA continued to promote a gender-sensitive approach, and a common set of indicators for use in monitoring, evaluation and national reporting.

- In June 2004, UNFPA released the results of a Global Survey that summarizes responses from 169 countries on the steps taken to implement the ICPD Programme of Action. The survey returned a 92 per cent response rate among developing nations and countries with economies in transition, and an 82 per cent response rate among donor countries.
- UNFPA and the International Migration Policy Programme assessed the challenges and opportunities presented by population movements in the joint publication, *Meeting the Challenges of Migration: Progress since the ICPD*. The report, launched in October, focused on migration trends, policy development, refugee protection, human trafficking, data, development and human rights.
- Cambodia’s first national population policy, prepared with financial and technical assistance from UNFPA, was announced in February 2004. The policy is linked to the implementation of the MDGs and to the country’s poverty-reduction strategy.



The winning poster in UNFPA's 2004 International Poster Contest. The contest's theme was: "Keeping the Promise: ICPD at Ten". Young artists were invited to participate through posters depicting women and girls enjoying good health, education and economic opportunity.

- Demographic and health surveys and reproductive health surveys were carried out in 14 countries with support from UNFPA in 2004. The Fund helped to mobilize nearly \$1 million to support a survey in Ethiopia, and effectively attracted political support and donor funding in Ecuador.
- The African Union endorsed a new statistical publication, *State of African Population Report*, when it was launched by UNFPA during the Summit of African Heads of State and Governments in July in Maputu, Mozambique.
- UNFPA collaborated with a public research association in Brazil to produce studies on migration, human reproduction and gender, as well as studies on the linkages between population, environment, health and employment. The results were presented at the Latin American Congress on Population Studies.

### CENSUS DATA FOR PLANNING

UNFPA provides financial and technical assistance to implement census-taking activities and to analyse demographic data – essential for development planning and to meet basic needs for education, health and housing.

- In Timor-Leste, a country without an address system, the first official population census was conducted with UNFPA support using satellite imaging and state-

of-the-art technology, including aerial photography and Global Positioning System coding. In addition, nearly 4,000 census-takers visited households in July to obtain demographic, social and economic data for use in planning by this new country.

- Cambodia's National Institute of Statistics received UNFPA assistance in conducting a population survey to update the last general census of 1998. In March, more than 900 field staff enumerated households across the country's 24 provinces.
- A major collaboration between UNFPA and the League of Arab States concluded in 2004 with the creation of a unit in the League to integrate the resources of the Pan Arab Project for Family Health (PAPFAM), which was also funded by the Arab Gulf Programme for United Nations Development Organizations (AGFUND). The unit is to host a dynamic database, serve as a clearing house for social indicators, and provide South-South technical assistance.
- The analysis of census data was the focus of UNFPA assistance in Gambia, Tanzania and Uganda, where the Fund helped governments analyse census results for more effective use of data in population and development planning.

### SUSTAINABLE DEVELOPMENT

UNFPA intensified efforts in 2004 to raise awareness of the links between poverty and population issues, emphasizing the positive effects that reproductive health and family planning can have on economic and social development.

- UNFPA worked with governments to make the link between population and poverty in their policies and strategies. In Gambia, the national population policy was revised to incorporate HIV/AIDS, ageing and poverty together with the population and MDG indicators. The Five-Year Development Plans of Oman, Turkey and Yemen reflected the ICPD and MDG goals. The poverty reduction strategy paper in Nicaragua included a population-based strategy for delivering services to rural communities with the highest poverty rates. In Eritrea, UNFPA supported the formulation of national policies for poverty reduction, food security, education, gender and STIs, including HIV/AIDS.
- UNFPA supported the design of a training programme on population, gender and development that was included in the curriculum of Mongolia's Management Academy in 2004.

At the halfway point of the ICPD plan, population concerns are integral to most governments' develop-

ment strategies. This is one of the signs of progress noted in the UNFPA report *State of World Population 2004*. The report found that since Cairo, many governments have adopted laws to protect the rights of girls and women, made reproductive health services an integral part of their primary health care, and redoubled efforts to prevent HIV. This year's report, *The Cairo Consensus at Ten: Population, Reproductive Health and the Global Effort to End Poverty*, also called on donor countries to honor the financial pledges they made at the ICPD, which are critical to providing family planning services, reducing maternal deaths, preventing HIV infection and meeting the needs of young people and the poor.

## WORLD POPULATION DAY

Each 11th of July for the past 15 years, UNFPA offices in all parts of the world have raised awareness about population and development issues on World Population Day. In 2004, the day's events emphasized safe motherhood and the better prospects promised girls and women through implementation of the ICPD Programme of Action. The poster produced for the day proclaimed, "Every minute a mother goes missing," drawing attention to the impact of maternal mortality on families.

- Events in Bangladesh ranged from a parade of 10,000 people to the release of a new postage stamp. A discussion session in Dhaka was attended by 2,500 representatives of government, NGOs and civil society and 1,500 field-level family planning officials.
- In Brazil, the day's events included a round table on ICPD goals, the launch of a CD-ROM on reproductive rights and the law, and publication of a compendium of articles and speeches on population issues in the decade since Cairo.
- Speakers at a high-level observance of the day in Iran underlined the need to maintain equilibrium between population numbers and national resources and discussed the important linkages between population and sustainable development. The event, held at Tehran University, was attended by a large number of students, government officials and representatives of NGOs and the diplomatic community.
- Government ministers, parliamentarians and officials from NGOs and UN agencies in Zimbabwe met on the day to evaluate progress in achieving ICPD goals. Population issues were raised through television interviews, national newspapers, and a televised call-in quiz for young people.

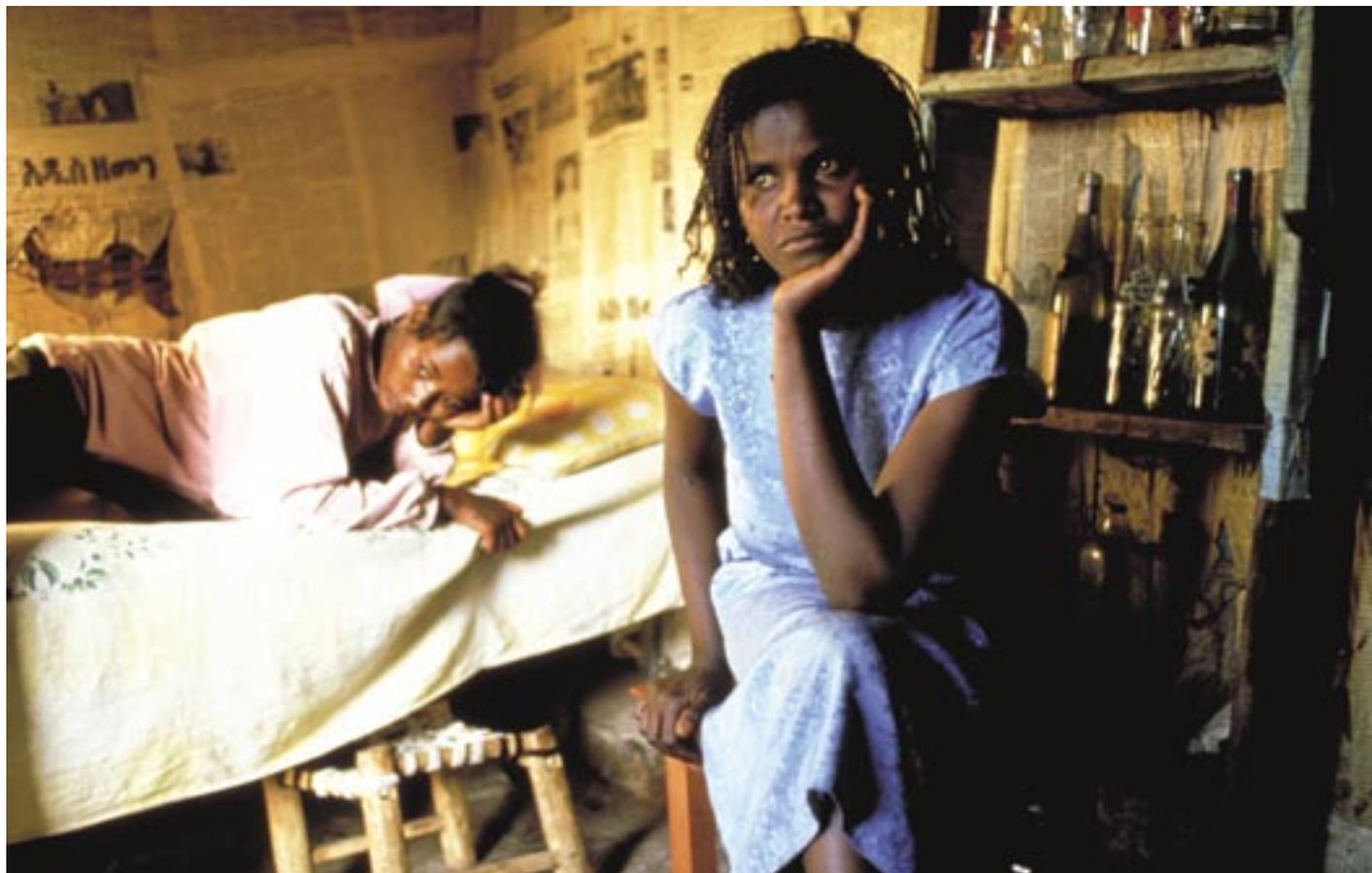


Photo: Marie Dorigny/REA

Young people at home in an Ethiopian slum. Young people make up one fourth of the 1.2 billion people who live below the extreme poverty line of \$1 a day. UNFPA-supported programmes link job training to reproductive health information and services.

## ICPD at 10

Commemorative Exhibition: Fazal Sheikh



The International Conference on Population and Development (ICPD) was held in Cairo, Egypt, in 1994. It was a landmark event that brought together representatives from 120 countries to discuss the role of population in development. The conference resulted in the Cairo Programme of Action, which is a blueprint for achieving sustainable development. The programme of action is based on the principle of partnership and recognizes the need for a balanced approach to population, development, and the environment. It emphasizes the importance of reproductive health and family planning, and calls for a shift in the paradigm of development to one that is people-centered and sustainable.

2004 marks the 10th anniversary of the groundbreaking International Conference on Population and Development (ICPD) in Cairo. During that landmark event, 120 countries agreed to improve the quality of life for women and families worldwide by health care, education, to their empowerment and reproductive health, among the 2170 commitments. The programme of action, which is now the ICPD guide.

- protect the rights of women and girls and support women's empowerment
- improve access to reproductive health services
- increase access to reproductive health services at risk of not getting health care
- ensure equal gender in primary education for girls and boys

The conference catalyzed the 20-year process of the United Nations and countries. The program of action is a landmark document, a step towards the goal of sustainable development and progress. It is a blueprint for the future, and a commitment to the world's poorest and most vulnerable. It is a call to action, and a promise to the world's future generations.



# Building Support

Expanding a global partnership for development. Raising funds to meet the needs of the poorest and most vulnerable.

Men, women, communities and nations in all parts of the world celebrated the success of the Cairo consensus on population and development, recognizing its continued relevance and renewing the promise to achieve its goals. Strong statements of support were issued by governments, UN organizations, NGOs, the private sector, parliamentarians and individuals. Throughout 2004, they reaffirmed ICPD principles, objectives and actions and pledged both political and financial support to help realize its vision over the next decade.

Support for the work of UNFPA spoke to the depth and diversity of the working relationships forged by the Fund during the first decade of ICPD implementation. For UNFPA, the anniversary provided an opportunity to thank the many partners who have joined UNFPA over the years in efforts to improve quality of life, advance human rights and reduce poverty. UNFPA welcomed contributions from 166 countries in 2004 – a record number.

## ICPD 10TH ANNIVERSARY

The United Nations General Assembly commemorated the 10th anniversary of the ICPD with a special observance on 14 October 2004. The event featured ministers and other officials from more than 60 countries who took the floor to publicly renew their countries' support for the ICPD Programme of Action. One highlight of the day-long meeting was a statement by world leaders affirming the vision of the Cairo plan and calling for funds to continue its implementation. Also featured were a round table on migration and an exhibition of photographs by Fazal Sheikh depicting the plight of refugees. Another global event was the March meeting of the Commission on Population and Development, which is one of the UN bodies responsible for reviewing and assessing ICPD implementation. A resolution of the Commission emphasized the importance of population and reproductive health for development.

States enthusiastically renewed their commitment to the ICPD Programme of Action at a series of regional review meetings in 2004. A preceding event was the Fifth Asia and Pacific Population Conference, held in December 2002 in Bangkok, Thailand. Hosted by the Economic and Social Commission for Asia and the Pacific, it concluded with the adoption of a Plan of Action on population and poverty.

- The European Population Forum, organized by the Economic Commission for Europe and UNFPA and hosted by the Government of Switzerland, assessed ICPD progress during a January meeting in Geneva, Switzerland.
- The Economic Commission for Latin America and the Caribbean, which includes 41 States and seven associate members, met in July in San Juan, Puerto Rico, and reaffirmed its members' support for the ICPD plan in a resolution endorsing an earlier declaration they had adopted in March in Santiago, Chile.

- All African countries reaffirmed their strong commitment to the ICPD plan in the Dakar Declaration, issued at a meeting of the Economic Commission for Africa held in Dakar, Senegal, in June.
- In November in Beirut, Lebanon, the Arab Population Forum, organized by the Economic and Social Commission for Western Asia, issued the Beirut Declaration reaffirming the region's commitment to the ICPD Programme of Action.

## GOVERNMENTS

A total of 166 countries contributed to UNFPA in 2004, a sign of increasing governmental support. The largest contribution for the year, more than \$112 million in regular and earmarked contributions, came from the Netherlands Government.

The governments of 126 countries, areas and territories requested UNFPA assistance in 2004 to address reproductive health and population issues, and to raise awareness of these issues.

Parliamentarians expressed support for the ICPD plan at numerous events. In October, 130 parliamentarians and government ministers from 90 countries met in Strasbourg, France, at the 2004 International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action to review progress and reaffirm their commitment to the ICPD plan, issuing the Strasbourg Statement of Commitment. Also in October, a meeting of European Union development cooperation ministers, held near Maastricht, the Netherlands, reaffirmed reproductive health and rights as central to efforts to combat poverty and underlined the importance of Cairo to the MDGs.

An alliance of 20 developing countries committed to South-South collaboration on family planning and reproductive health marked its 10th anniversary in

September. UNFPA joined Partners in Population and Development, formed at the ICPD in 1994, in launching South-South Day to celebrate partnerships that facilitate the exchange of know-how and experiences among developing countries.

## NGOs

Valued partners, non-governmental organizations (NGOs) from the local to global level used the ICPD anniversary as a vehicle to raise public awareness of population issues. By generating political will and financial contributions, NGOs continued to advance the work of UNFPA and the Cairo consensus.

NGOs reaffirmed their commitment to the ICPD action plan at a global round table that was attended by 700 participants from 109 countries. The event was held in London in August by “Countdown 2015”, an initiative of Family Care International, IPPF, Population Action International and many other partners. The round table issued a Declaration as well as recommendations for accelerating and furthering implementation of the ICPD plan. The initiative also produced a Report Card that assessed country performance on ICPD commitments.

Photo: Ephrem Cruz/UNFPA



On the eve of a United Nations special session to review progress made over the past 10 years in meeting ICPD goals, a cross-section of world leaders issued a statement in support of the ICPD. Among those attending an October 13 press conference were (from left to right): Timothy Wirth, United Nations Foundation President; Hans van den Broek of the Netherlands, Special Envoy of the European Union Presidency; United Nations Deputy Secretary-General Louise Fréchette; Ted Turner, Chairman of Turner Enterprises; and UNFPA Executive Director Thoraya Ahmed Obaid.

Contributions to the 34 Million Friends of UNFPA movement exceeded \$2 million in early August. The campaign has been gathering steam since it was started by two American women, Jane Roberts and Lois Abraham, in July 2002.

## UNITED NATIONS ORGANIZATIONS

Together with other UN agencies, UNFPA continued in 2004 to explore new ways to strengthen collaboration, and to enhance the process of building on, and reinforcing, the comparative advantages and mandates of its sister agencies. The harmonization and simplification of rules and procedures, improving team building within UN country teams, and support for the Resident Coordinator system were among the many aspects of UNFPA's commitment to partnership and full collaborative programming. UNFPA participated actively in the United Nations Development Group, of which it is a founding member, and worked closely with partners in UNAIDS.

## FOUNDATIONS

The United Nations Foundation (UNF), established by U.S. business leader Ted Turner, provided leadership in NGO activities for the ICPD anniversary. UNF and the Summit Foundation also spearheaded the World Leaders' Statement supporting the ICPD.

UNF provided UNFPA with a \$3 million grant to support its global advocacy and commodity security activities. In Nepal, UNF provided a \$335,000 grant to a joint programme by UNFPA and the German development agency GTZ aimed at improving the quality of reproductive health care. In addition, with funding from U.S.-based Indian philanthropy, UNF provided a grant to UNFPA to support Population Council efforts to find alternatives to early marriage in India.

The Bill & Melinda Gates Foundation continued to support the Africa Youth Alliance, which worked in four countries for young people's access to health, education and life skills.

Among new partnerships in 2004 were private-sector corporate sponsors of UNFPA's Campaign to End Fistula, namely Virgin Unite, founded by Richard Branson of the Virgin Group of Companies, and the London office of the ad agency Young & Rubicam, which will lend its creative services to UNFPA efforts to raise awareness in the United Kingdom.

## ACADEMIC COLLABORATION

UNFPA and Columbia University continued to collaborate on the project Making Safe Motherhood a Reality, providing technical and financial support to India, Morocco, Mozambique and Nicaragua



UNFPA Goodwill Ambassador Yuko Arimori of Japan, winner of two Olympic women's marathon medals, during a visit to a UNFPA-supported micro-credit project in Muniguda village, India, in June. She is surrounded by members of a local women's group, which encourages village women to give birth at health facilities in an effort to reduce maternal mortality rates. Her 10-day trip to India was extensively covered by the Japanese media; an estimated 23 million viewers and listeners heard her interviewed on radio or television.

through the Averting Maternal Death and Disability Programme. UNFPA worked with the American University of Beirut on a regional project to integrate reproductive health education, including HIV prevention, into youth programmes. Effective approaches to HIV prevention in young people were the focus of a global consultation carried out with partners including the London School of Hygiene and Tropical Medicine. Also in 2004, UNFPA and Johns Hopkins University developed a set of Frequently Asked Questions about the correct and consistent use of male and female condoms for use in condom programming. UNFPA continued to work with the Netherlands Interdisciplinary Demographic Institute to monitor progress towards achieving ICPD goals in the area of resource mobilization.

## CELEBRITIES FOR UNFPA

UNFPA Goodwill Ambassadors bring to the attention of the public and decision makers the needs of people in developing countries, especially for reproductive health care and rights. They also remind donor governments of promises made at Cairo to increase their financial contributions for implementation of the ICPD plan.

UNFPA Goodwill Ambassador **Goedele Liekens** of Belgium traveled to Kabul, Afghanistan, in May to visit UNFPA-supported projects to rehabilitate the Khair Khana Hospital, the Women's Vocational Training Centre at the Ministry of Women's Affairs and the Central Statistical Office. **Alfred Biolek**, prominent German television personality and UNFPA Goodwill Ambassador, presented a giant invoice to the State Secretary of the German Ministry for Development and Economic Cooperation, Erich

Stather. The event was held to draw attention to the sum still owed by the German Government as part of its funding commitment to population and reproductive health programmes.

## POPULATION AWARD

Internationally acclaimed demographer John C. Caldwell, and the Addis Ababa Fistula Hospital, a pioneer in the treatment of childbirth injuries, won the 2004 United Nations Population Award. The award is given annually to individuals and institutions for their outstanding work in the field of population and in the improvement of the health and welfare of individuals.

# Resources and Management

Where UNFPA Works

MEXICO CITY

DAKAR

## UNFPA AT A Glance: 2004

UNFPA worked in 126 countries, areas and territories through its headquarters in New York and its regional and field offices worldwide. UNFPA also has offices in Brussels, Copenhagen, Geneva, Tokyo and Washington D.C.

Country Offices: **112**

Country Technical Services Teams: **9**

Posts worldwide: **972**

Posts located in the field: **76 per cent**

### GROUP A

Countries in most need of assistance to realize ICPD goals

#### AFRICA

Angola  
Benin  
Burkina Faso  
Burundi  
Cameroon  
Cape Verde  
Central African Republic  
Chad  
Comoros  
Congo  
Congo, Democratic Republic of the  
Côte d'Ivoire  
Equatorial Guinea  
Eritrea  
Ethiopia  
Gambia  
Ghana  
Guinea  
Guinea-Bissau  
Kenya

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

#### ARAB STATES/EUROPE

Djibouti  
Occupied Palestinian Territory  
Somalia  
Sudan  
Yemen

### ASIA/PACIFIC

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

### LATIN AMERICA/CARIBBEAN

Haiti  
Honduras

### GROUP B

Countries that have made considerable progress towards achieving ICPD goals

#### AFRICA

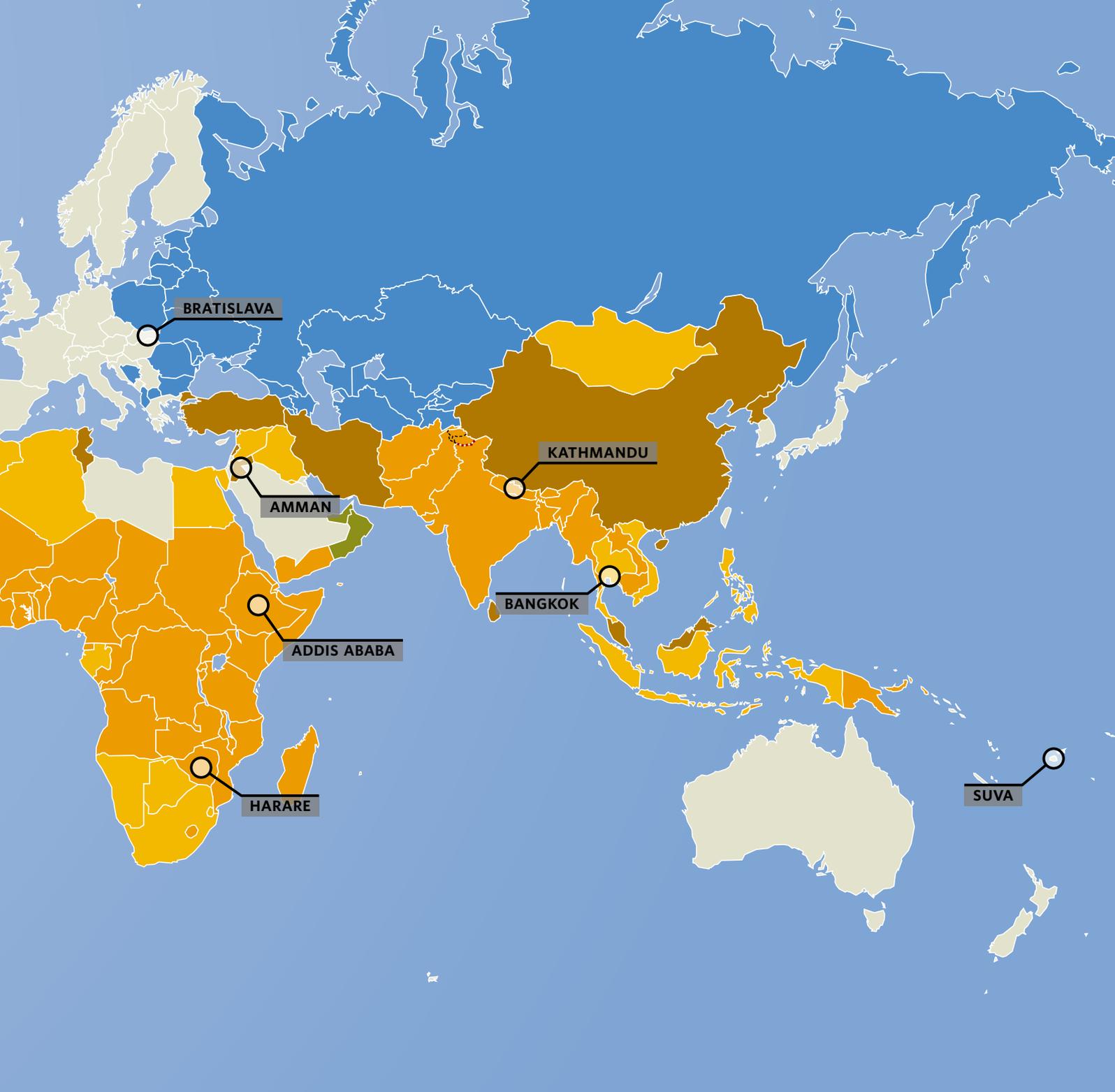
Botswana  
Gabon  
Namibia  
South Africa  
Swaziland

#### ARAB STATES/EUROPE

Algeria  
Egypt  
Iraq  
Morocco  
Syrian Arab Republic

#### ASIA/PACIFIC

Indonesia  
Mongolia  
Philippines  
Thailand  
Viet Nam



**LATIN AMERICA/CARIBBEAN**

- \_\_\_\_\_ Bolivia
- \_\_\_\_\_ Ecuador
- \_\_\_\_\_ El Salvador
- \_\_\_\_\_ Guatemala
- \_\_\_\_\_ Mexico
- \_\_\_\_\_ Nicaragua
- \_\_\_\_\_ Paraguay
- \_\_\_\_\_ Peru
- \_\_\_\_\_ Venezuela

**GROUP C**

Countries that have demonstrated significant progress in achieving ICPD goals

**AFRICA**

- \_\_\_\_\_ Mauritius

**ARAB STATES/EUROPE**

- \_\_\_\_\_ Jordan
- \_\_\_\_\_ Lebanon
- \_\_\_\_\_ Tunisia
- \_\_\_\_\_ Turkey

**ASIA/PACIFIC**

- \_\_\_\_\_ China
- \_\_\_\_\_ Iran (Islamic Republic of)
- \_\_\_\_\_ Korea, Democratic People's Republic of
- \_\_\_\_\_ Malaysia
- \_\_\_\_\_ Pacific Multi Islands
- \_\_\_\_\_ Sri Lanka

**LATIN AMERICA/CARIBBEAN**

- \_\_\_\_\_ Chile
- \_\_\_\_\_ Colombia
- \_\_\_\_\_ Costa Rica
- \_\_\_\_\_ Cuba
- \_\_\_\_\_ Dominican Republic
- \_\_\_\_\_ Panama

**GROUP O**

Other countries and territories

**AFRICA**

- \_\_\_\_\_ Seychelles

**ARAB STATES/EUROPE**

- \_\_\_\_\_ Oman
- \_\_\_\_\_ United Arab Emirates

**LATIN AMERICA/CARIBBEAN**

- \_\_\_\_\_ Argentina
- \_\_\_\_\_ Brazil
- \_\_\_\_\_ Caribbean, English- and Dutch-speaking
- \_\_\_\_\_ Uruguay

**GROUP T**

Countries with economies in transition

**ARAB STATES/EUROPE**

- \_\_\_\_\_ Albania
- \_\_\_\_\_ Armenia
- \_\_\_\_\_ Azerbaijan
- \_\_\_\_\_ Belarus
- \_\_\_\_\_ Bosnia and Herzegovina
- \_\_\_\_\_ Bulgaria
- \_\_\_\_\_ Estonia

- \_\_\_\_\_ Georgia
- \_\_\_\_\_ Kazakhstan
- \_\_\_\_\_ Kosovo
- \_\_\_\_\_ Kyrgyzstan
- \_\_\_\_\_ Latvia
- \_\_\_\_\_ Lithuania
- \_\_\_\_\_ Moldova
- \_\_\_\_\_ Poland
- \_\_\_\_\_ Romania
- \_\_\_\_\_ Russian Federation
- \_\_\_\_\_ Tajikistan
- \_\_\_\_\_ Turkmenistan
- \_\_\_\_\_ Ukraine
- \_\_\_\_\_ Uzbekistan

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

A record number of donors contributed to UNFPA in 2004 – a total of 166 countries. Funding surpassed the \$500 million mark for the first time in UNFPA's history, reflecting in part the confidence of donors in the strength of the UNFPA commitment to the ICPD Programme of Action and in how well UNFPA is translating that commitment into action and results. UNFPA is the world's largest internationally funded source of population assistance, directly managing one quarter of the world's population assistance to developing countries.

## INCOME

Total regular and other income in 2004 was \$506.1 million, compared to \$397.9 million for 2003.

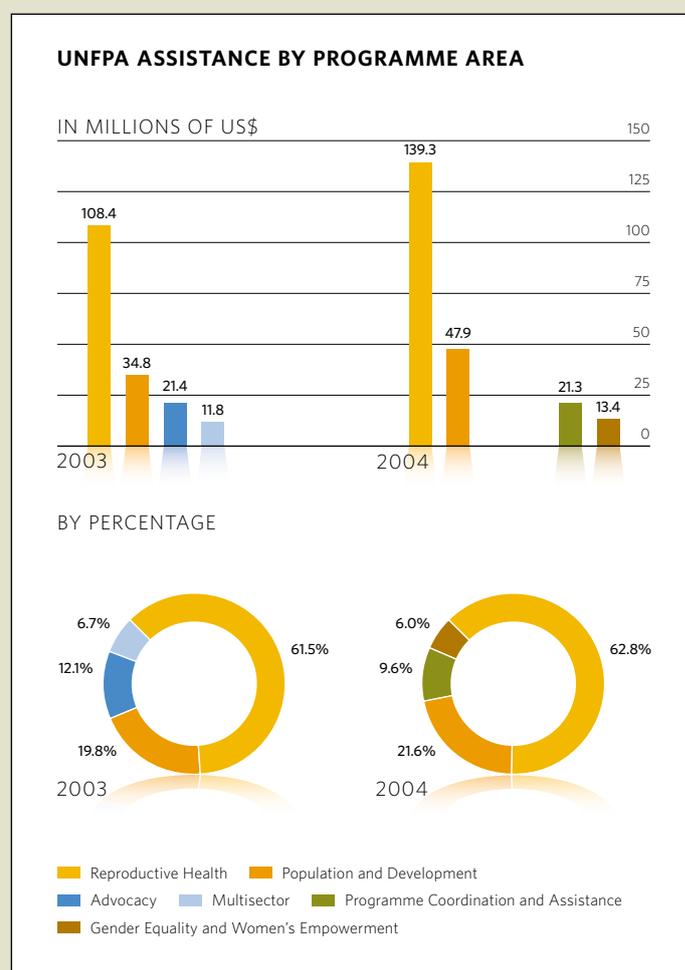
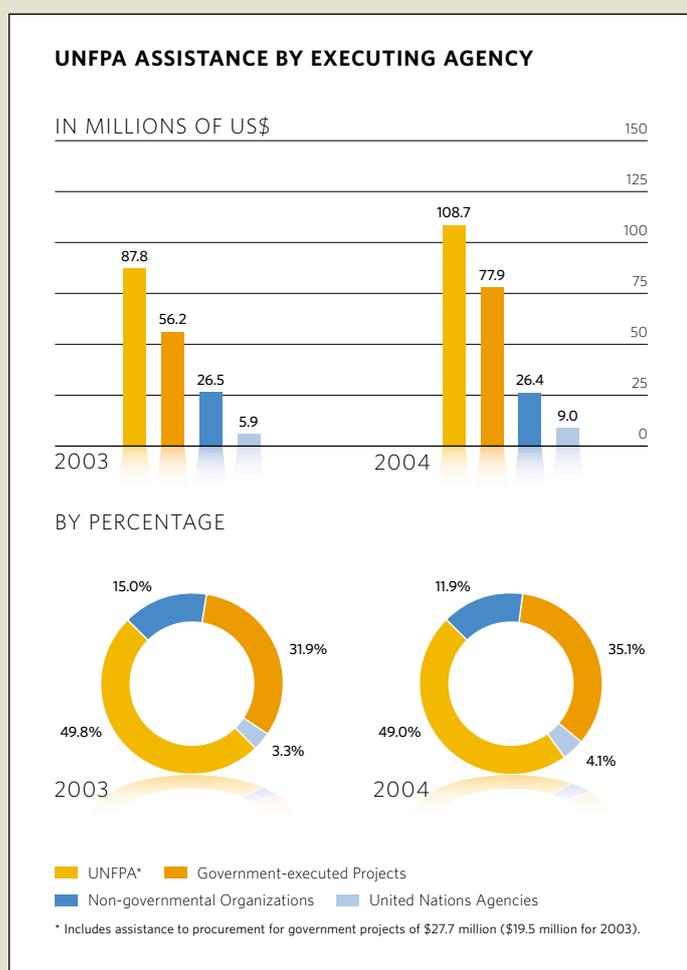
Regular income in 2004 totalled \$331.6 million, an increase of 13.4 per cent compared to the 2003 income of \$292.3 million. This includes \$322.5 million in voluntary contributions from donor governments, \$3.5 million in interest income, and other income of \$5.6 million. Regular resources provide reliable support for UNFPA country programmes in developing countries, primarily through governmental pledges. They also are used for programme support and management and administration of the organization.

Other contributions in 2004 totalled \$174.5 million, an increase of 65.2 per cent compared to \$105.6 million in 2003. The 2004 figure includes inter-

est and other income of \$3.1 million. Income from other sources is earmarked for specific activities. It includes trust funds, cost-sharing programme arrangements, procurement services and other restricted funds.

## EXPENDITURES

Project expenditures (regular resources) in 2004 totalled \$221.9 million, as compared to \$176.4 million in 2003. The 2004 figure includes \$181.6 million for country programmes, compared to \$140.5 million in 2003; and \$40.3 million for intercountry (regional and interregional) programmes, compared to \$35.9 million for 2003. The 2004 figures also include \$6.4 million for administrative and operational services. Technical advisory programme expenditures amounted to \$19.4 million.



Of the total expenditures, UNFPA provided \$139.3 million in assistance for reproductive health; \$47.9 million for population and development; \$13.4 million for gender equality and women's empowerment; and \$21.3 million for programme coordination and assistance. These expenditures were authorized by the Executive Director to carry out recommendations approved by the Executive Board for programme assistance.

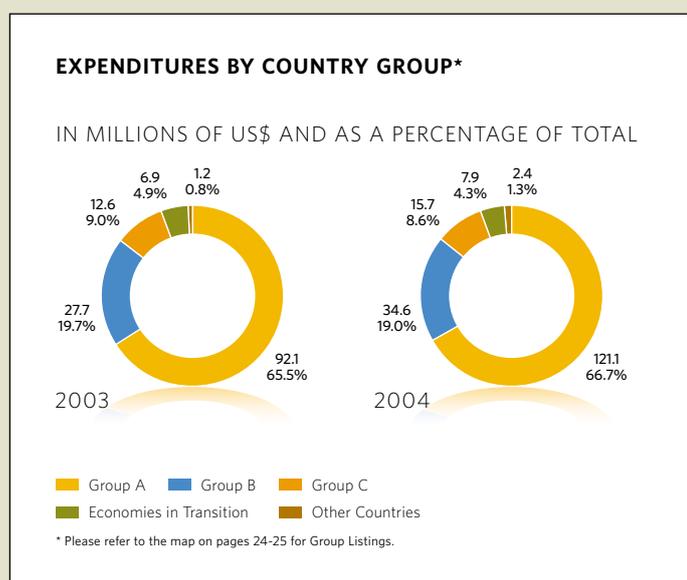
## REGIONAL SPENDING

In 2004, UNFPA provided support to 126 developing countries, areas and territories and countries with economies in transition: 45 in sub-Saharan Africa, 37 in the Arab States and Europe, 21 in Latin America and the Caribbean, and 23 in Asia and the Pacific. The region of sub-Saharan Africa received the largest percentage of UNFPA assistance at \$78.1 million, followed by Asia and the Pacific at \$65.9 million, the Arab States and Europe at \$28.7 million and Latin America and the Caribbean at \$21.1 million. Interregional assistance amounted to \$28.1 million.

## HUMAN RESOURCES

Worldwide, UNFPA has 972 staff in authorized budget posts. Some 47 per cent of the professional staff are women, which is one of the highest percentages among United Nations agencies and organizations.

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



Two regional retreats for UNFPA staff addressed the promotion of human rights through culturally sensitive approaches. The meetings were held in Ghana in April and in Egypt in September. UNFPA also prepared a training manual on culture and human rights.

A global meeting for UNFPA staff in country offices and at headquarters took place in November 2004 to position the organization for the next decade of ICPD implementation. The meeting affirmed the Fund's strategic direction and recommended mobilizing stronger partnerships and continuing to improve efficiency and accountability while participating in UN reform and harmonization.

All figures for 2004 used in both the text and the tables in this report are provisional.

### UNFPA INCOME AND EXPENDITURE 2004

IN MILLIONS OF US\$

INCOME	
REGULAR RESOURCES	
Voluntary Contributions	322.5
Interest Income	3.5
Other Contributions	5.6
<b>Total Regular Income</b>	<b>331.6</b>
OTHER RESOURCES	
Trust Funds	94.5
Cost-sharing Programme Arrangements	36.6
Other Arrangements	40.3
Interest and Other Income	3.1
<b>Total Other Resources Income</b>	<b>174.5</b>
<b>TOTAL INCOME</b>	<b>506.1</b>
EXPENDITURE	
REGULAR RESOURCES	
Project Expenditures	221.9
Technical Advisory Programme	19.4
<b>Total Programme Expenditure</b>	<b>241.3</b>
<b>Total Other Expenditure, Including BSB*</b>	<b>77.3</b>
<b>Total Regular Expenditure</b>	<b>318.6</b>
OTHER RESOURCES	
Project Expenditures	132.9
<b>Total Programme Expenditure</b>	<b>132.9</b>
<b>Total Other Expenditure</b>	<b>0.0</b>
<b>Total Other Resources Expenditure</b>	<b>132.9</b>
<b>TOTAL EXPENDITURE</b>	<b>451.5</b>
<b>INCOME OVER EXPENDITURE</b>	<b>54.6</b>

\* Biennial support budget

## TOP 20 DONORS TO UNFPA IN 2004\*

CONTRIBUTIONS IN US\$

DONOR	REGULAR FUNDS' CONTRIBUTIONS	OTHER FUNDS' CONTRIBUTIONS	TOTAL CONTRIBUTIONS
Netherlands	72,205,489	39,809,054	112,014,543
Japan	39,517,000	1,000,000	40,517,000
United Kingdom	36,789,071	4,996,150	41,785,221
Sweden	35,941,524	5,665,736	41,607,260
Norway	33,177,749	2,727,601	35,905,350
Denmark	29,588,149	3,214,038	32,802,187
Germany	17,704,075	1,220,729	18,924,804
Finland	15,936,019	2,652,520	18,588,539
Switzerland	9,945,614	1,014,625	10,960,239
Canada	9,632,353	2,318,998	11,951,351
Belgium	3,816,794	-	3,816,794
Ireland	3,157,960	428,615	3,586,575
Italy	2,818,627	-	2,818,627
New Zealand	1,877,840	1,780,394	3,658,234
Australia	1,734,540	150,830	1,885,370
France	1,492,762	-	1,492,762
Luxembourg	1,121,951	1,885,934	3,007,885
China	900,000	-	900,000
Mars Trust	900,000	-	900,000
Spain	793,759	-	793,759

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

1 Contribution payments received in 2004.

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

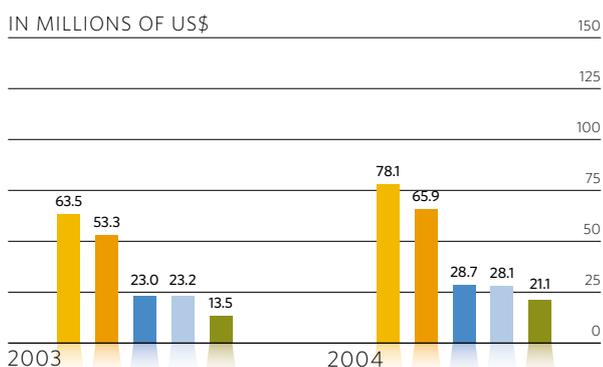
## UNFPA EXPENDITURES FOR 2003 & 2004 BY REGION

REGULAR RESOURCES\*

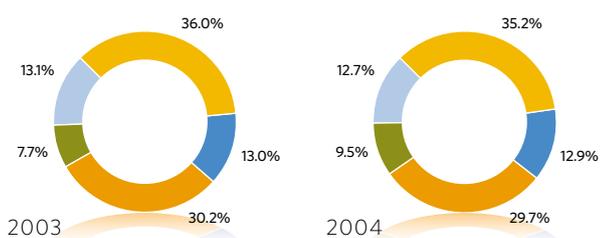
REGION	IN MILLIONS US\$		% OF TOTAL PROG.	
	2003	2004	2003	2004
<b>AFRICA (SUB-SAHARAN)</b>				
<b>BY PROGRAMME AREA</b>				
Reproductive Health	38.3	42.7	60.4	54.7
Population & Development	16.4	23.9	25.8	30.6
Gender Equality & Women's Empowerment	-	4.6	-	5.9
Programme Coordination & Assistance	-	6.9	-	8.8
Advocacy	3.7	-	5.8	-
Multisector	5.1	-	8.0	-
<b>Total</b>	<b>63.5</b>	<b>78.1</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
GROUP A	55.9	70.6	96.1	96.3
GROUP B	2.1	2.7	3.7	3.6
GROUP C	0.1	0.1	0.1	0.1
Other Countries	-	-	0.1	-
Total Country Activities	58.2	73.3	100.0	100.0
Country Activities	58.2	73.3	91.6	93.9
Regional Activities	5.3	4.8	8.4	6.1
<b>Total Region</b>	<b>63.5</b>	<b>78.1</b>	<b>100.0</b>	<b>100.0</b>
<b>ARAB STATES AND EUROPE</b>				
<b>BY PROGRAMME AREA</b>				
Reproductive Health	16.4	18.6	71.4	64.8
Population & Development	4.1	5.4	17.7	18.8
Gender Equality & Women's Empowerment	-	1.6	-	5.5
Programme Coordination & Assistance	-	3.1	-	11.0
Advocacy	1.3	-	5.9	-
Multisector	1.2	-	5.0	-
<b>Total</b>	<b>23.0</b>	<b>28.7</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	5.0	8.0	25.2	29.9
Group B	6.1	8.5	30.7	31.8
Group C	1.8	2.3	9.3	8.6
Economies in Transition	6.9	7.9	34.9	29.6
Other Countries	-	-	-	0.1
Total Country Activities	19.8	26.5	100.0	100.0
Country Activities	19.8	26.5	86.3	92.4
Regional Activities	3.2	2.2	13.7	7.6
<b>Total Region</b>	<b>23.0</b>	<b>28.7</b>	<b>100.0</b>	<b>100.0</b>
<b>ASIA AND THE PACIFIC</b>				
<b>BY PROGRAMME AREA</b>				
Reproductive Health	38.3	45.6	71.8	69.2
Population & Development	7.1	12.3	13.3	18.6
Gender Equality & Women's Empowerment	-	3.2	-	4.9
Programme Coordination & Assistance	-	4.8	-	7.3
Advocacy	5.6	-	10.6	-
Multisector	2.3	-	4.3	-
<b>Total</b>	<b>53.3</b>	<b>65.9</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	30.0	39.6	59.0	62.5
Group B	12.4	13.9	24.3	22.0
Group C	8.5	9.8	16.6	15.5
Other Countries	-	-	-	-
Total Country Activities	50.9	63.3	100.0	100.0
Country Activities	50.9	63.3	95.4	96.0
Regional Activities	2.4	2.6	4.6	4.0
<b>Total Region</b>	<b>53.3</b>	<b>65.9</b>	<b>100.0</b>	<b>100.0</b>
<b>LATIN AMERICA AND THE CARIBBEAN</b>				
<b>BY PROGRAMME AREA</b>				
Reproductive Health	7.4	11.0	54.8	52.4
Population & Development	3.9	4.8	28.6	22.8
Gender Equality & Women's Empowerment	-	2.9	-	13.7
Programme Coordination & Assistance	-	2.3	-	11.1
Advocacy	1.2	-	8.7	-
Multisector	1.1	-	8.0	-
<b>Total</b>	<b>13.5</b>	<b>21.1</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
Group A	1.2	3.0	10.1	16.2
Group B	7.1	9.6	60.9	51.9
Group C	2.2	3.5	19.3	19.0
Other Countries	1.1	2.4	9.6	12.9
Total Country Activities	11.6	18.4	100.0	100.0
Country Activities	11.6	18.4	86.4	87.4
Regional Activities	1.8	2.7	13.6	12.6
<b>Total Region</b>	<b>13.5</b>	<b>21.1</b>	<b>100.0</b>	<b>100.0</b>
<b>INTERREGIONAL</b>				
<b>BY PROGRAMME AREA</b>				
Reproductive Health	8.0	21.4	34.5	76.0
Population & Development	3.5	1.5	15.0	5.2
Gender Equality & Women's Empowerment	-	1.1	-	4.0
Programme Coordination & Assistance	-	4.1	-	14.7
Advocacy	9.6	-	41.3	-
Multisector	2.1	-	9.3	-
<b>Total Interregional</b>	<b>23.2</b>	<b>28.1</b>	<b>100.0</b>	<b>100.0</b>

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

## UNFPA ASSISTANCE BY GEOGRAPHICAL REGION



### BY PERCENTAGE



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



## PROJECT EXPENDITURES IN 2004

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

GROUP SUB-SAHARAN AFRICA			GROUP ARAB STATES AND EUROPE		
A	Angola	2,080	T	Albania	336
A	Benin	2,249	B	Algeria	557
B	Botswana	1,219	T	Armenia	582
A	Burkina Faso	2,695	T	Azerbaijan	567
A	Burundi	1,634	T	Belarus	279
A	Cameroon	2,695	T	Bosnia and Herzegovina	236
A	Cape Verde	594	T	Bulgaria	271
A	Central African Republic	1,772	A	Djibouti	299
A	Chad	2,330	B	Egypt	2,439
A	Comoros	393	T	Estonia	40
A	Congo	876	T	Georgia	486
A	Congo, Democratic Republic of the	4,761	B	Iraq	3,756
A	Côte d'Ivoire	1,377	C	Jordan	612
A	Equatorial Guinea	1,274	T	Kazakhstan	610
A	Eritrea	1,862	T	Kosovo	948
A	Ethiopia	5,264	T	Kyrgyzstan	700
B	Gabon	222	T	Latvia	68
A	Gambia	723	C	Lebanon	805
A	Ghana	4,179	T	Lithuania	81
A	Guinea	1,948	T	Moldova	229
A	Guinea-Bissau	1,023	B	Morocco	2,642
A	Kenya	2,651	A	Occupied Palestinian Territory	1,847
A	Lesotho	395	O	Oman	5
A	Liberia	853	T	Poland	102
A	Madagascar	1,986	T	Romania	531
A	Malawi	3,990	T	Russian Federation	736
A	Mali	2,290	A	Somalia	440
A	Mauritania	2,019	A	Sudan	4,041
C	Mauritius	61	B	Syrian Arab Republic	2,395
A	Mozambique	8,957	T	Tajikistan	641
B	Namibia	1,126	C	Tunisia	812
A	Niger	3,085	C	Turkey	1,120
A	Nigeria	6,346	T	Turkmenistan	459
A	Rwanda	2,097	T	Ukraine	494
A	Sao Tome and Principe	324	O	United Arab Emirates	4
A	Senegal	2,152	T	Uzbekistan	684
O	Seychelles	17	A	Yemen	4,055
A	Sierra Leone	1,792			
B	South Africa	413		Country & Territory Projects Total	34,909
B	Swaziland	575		Regional Projects	3,039
A	Tanzania, United Republic of	5,925		<b>Arab States and Europe Total</b>	<b>37,948</b>
A	Togo	1,275			
A	Uganda	5,313			
A	Zambia	1,478			
A	Zimbabwe	1,348			
	Country & Territory Projects Total	97,638			
	Regional Projects	6,751			
	<b>Sub-Saharan Africa Total</b>	<b>104,389</b>			
GROUP ASIA AND THE PACIFIC			GROUP LATIN AMERICA AND THE CARIBBEAN		
A	Afghanistan	3,265	O	Argentina	430
A	Bangladesh	6,769	B	Bolivia	2,564
A	Bhutan	1,085	O	Brazil	921
A	Cambodia	2,778	O	Caribbean, English- and Dutch-Speaking	2,273
C	China	4,816	C	Chile	203
A	India	11,883	C	Colombia	1,881
B	Indonesia	5,299	C	Costa Rica	523
C	Iran (Islamic Republic of)	2,194	C	Cuba	850
C	Korea, Democratic People's Republic of	974	C	Dominican Republic	798
A	Lao People's Democratic Republic	1,186	B	Ecuador	1,098
C	Malaysia	360	B	El Salvador	1,009
A	Maldives	493	B	Guatemala	4,439
B	Mongolia	1,075	A	Haiti	2,227
A	Myanmar	3,949	A	Honduras	3,223
A	Nepal	5,751	B	Mexico	2,096
C	Pacific Multi Islands	1,470	B	Nicaragua	3,423
A	Pakistan	5,041	C	Panama	570
A	Papua New Guinea	841	B	Paraguay	1,075
B	Philippines	4,508	B	Peru	9,369
C	Sri Lanka	953	O	Uruguay	340
B	Thailand	912	B	Venezuela	974
A	Timor-Leste	3,229			
B	Viet Nam	7,737		Country & Regional Projects Total	40,286
	Country & Territory Projects Total	76,568		Regional Projects	3,158
	Regional Projects	11,327		<b>Latin America and the Caribbean Total</b>	<b>43,444</b>
	<b>Asia and the Pacific Total</b>	<b>87,895</b>			
TOTAL PROJECT EXPENDITURES					
				Country Projects	249,401
				Regional Projects	24,275
				Interregional Projects	43,927
				Reimbursable Procurement	36,869
				<b>GRAND TOTAL</b>	<b>354,472</b>

# The Mission of UNFPA

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. We support countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

**UNFPA - because everyone counts.**



United Nations Population Fund  
*Information, Executive Board and Resource Mobilization Division*  
220 East 42nd Street, 23rd floor  
New York, NY 10017 U.S.A.  
Tel: +1 (212) 297-5020  
[www.unfpa.org](http://www.unfpa.org)

© UNFPA 2005

ISBN 0-89714-743-X  
E/10,000/2005

 Printed on recycled paper