



UNFPA ANNUAL REPORT 2005



# The 2005 World Summit

We, Heads of State and Government, gathered at the United Nations, New York, 14-16 September, 2005, commit to:

- Achieve universal access to reproductive health by 2015.
- Integrate this goal into strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty.
- Resolve to adopt by 2006, and implement comprehensive national development strategies to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals.
- Remain convinced that progress for women is progress for all.
- Reaffirm that the full and effective implementation of the goals and objectives of the Beijing Declaration and Platform for Action is an essential contribution to achieving the internationally agreed development goals.
- Resolve to promote gender equality and eliminate gender discrimination by:
  - Eliminating gender inequalities in schools;
  - Guaranteeing the free and equal right of women to own and inherit property;
  - Ensuring equal access to reproductive health;
  - Promoting women's equal access to work;
  - Eliminating all forms of discrimination and violence against women and girls; and
  - Promoting increased women's representation in government decision-making bodies.
- Actively promote the mainstreaming of a gender perspective in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres.
- Advance the human rights of women and children in every possible way, including by bringing gender and child-protection perspectives into the human rights agenda.
- Call upon States to continue their efforts to eradicate policies and practices that discriminate against women and to adopt laws and promote practices that protect the rights of women and promote gender equality.
- Reaffirm that all States, regardless of their political, economic and cultural spheres, have the duty to promote and protect all human rights and fundamental freedoms.
- Fully implement all commitments established by the Declaration of Commitment on HIV/AIDS through stronger leadership, the scaling up of a comprehensive response to achieve broad multisectoral coverage for prevention, care and treatment, and support the mobilization of additional resources from national, bilateral, multilateral and private sources.

# Foreword

At the 2005 World Summit, heads of state and government reaffirmed the principle that equality and women's empowerment are both ends in themselves and cornerstones of development. And they declared that "progress for women is progress for all."

Progress for women and their families has been the primary focus of the United Nations Population Fund since its inception. The Fund works to save women's lives and protect their health. It strives to ensure that every child is a wanted child, whether a boy or a girl; that every pregnancy and birth is healthy; that every woman and young person remains HIV-free; that the rights of every girl and woman are respected; and that every family has the hope of a strong and stable future—with real choices and opportunities.

UNFPA's work is crucial for the advancement of women, but it also contributes powerfully to our broader quest for sustainable human development. That is why the 2005 World Summit Outcome Document highlighted the role of reproductive health in achieving the Millennium Development Goals. Specifically, the Summit emphasized universal reproductive health as a means to reduce maternal and child mortality, improve maternal health, promote gender equality, combat HIV/AIDS and eradicate poverty.

This report documents UNFPA's work in these important areas over the past year. It serves not only as a valuable reference, but as a call to action. I encourage Member States and individuals alike to strengthen support for the organization's vital efforts.



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

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

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## Photos:

**Cover:** © John Isaac

An Indian mother and her daughter.

**Inside Cover:** © Eskinder Debebe/United Nations

More than 170 Heads of State and Government convened at United Nations Headquarters in New York from 14 to 16 September 2005 for the High-Level Plenary Meeting of the Sixtieth Session of the General Assembly—known as the 2005 World Summit. The Summit was the largest gathering of world leaders in history.

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

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

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

Thoraya Ahmed Obaid, Executive Director, UNFPA

**Improving Reproductive Health,**

**Making Motherhood Safer:** © Tamas Revesz

A health educator working with Jambi Huasi, a local non-governmental organization, explains pregnancy-related issues and care to a group of women and men in the small community of Angla, about 40 kilometres from Otavalo, Ecuador.

**Intensifying HIV Prevention:** © Alvaro Serrano/UNFPA

“Nothing Spreads AIDS Faster than Silence” is the slogan on T-shirts worn by adolescents attending a peer education session on HIV prevention. Such sessions, held at the UMATI Youth Centre in Dar es Salaam, United Republic of Tanzania, are supported by UNFPA and the African Youth Alliance.

**Assisting in Emergencies:** © UNFPA Pakistan

In the wake of the October 2005 earthquake in Pakistan, UNFPA distributed more than 200,000 basic hygiene kits to women in affected areas. Each kit contained a towel, shawl, soap, cotton wool and a roll of gauze.

**Poverty, Population and Development:**

© Diego Goldberg/Chasing the Dream

A young Moroccan man poses with his parents inside their home in the small village of El Borj in the High Atlas. He dreams of one day earning enough money to marry and start a family of his own.

**Building Support:** © Lucian Read/WpN/

**On behalf of UNFPA**

Australian singer Natalie Imbruglia, a spokesperson for the UNFPA-led Campaign to End Fistula, shares a laugh with recovering fistula patient Zainab Ibrahim, whom she met on a previous visit to Nigeria.



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# Overview

UNFPA welcomed exceptional support for its work and mandate in 2005. The largest-ever gathering of world leaders resolved to achieve universal access to reproductive health by 2015, promote gender equality and end discrimination against women. This endorsement at the 2005 World Summit affirmed the goal of reproductive health for all, as envisioned at the 1994 International Conference on Population and Development. World leaders agreed that reproductive health is essential to reducing poverty, improving maternal health, reducing maternal and child death, empowering women and combating HIV/AIDS.



The United Nations Millennium Project, commissioned by the United Nations Secretary-General to propose the best strategies to achieve the Millennium Development Goals, recommended that the world “expand access to sexual and reproductive health information and services, including family planning and contraceptive information and services, and close existing funding gaps for supplies and logistics”.

And there is one more sign of support that I am particularly proud of: More countries than ever contributed to UNFPA in 2005. With a record-breaking 172 donor countries, including every country in sub-Saharan Africa, UNFPA enjoys the broadest base of support of any United Nations organization.

Such global support is encouraging. It promises that women and young people will be raised higher on the global agenda, and confirms that investing in health and human rights is not an expenditure; it is an investment that brings high returns for development, peace and security.

The *UNFPA Annual Report 2005* highlights our work with partners in 148 countries. It provides an overview of challenges and achievements throughout the year, in policy and programming and in efforts to harmonize cooperation with our United Nations partners. Among many activities, the report presents our response to the tsunami and earthquake disasters in Asia, features our efforts to end obstetric fistula and expand access to reproductive health, addresses our work with governments to integrate population trends and dynamics into their development plans, notes our endorsement of the Global Task Team’s recommendations and an intensified HIV/AIDS response, and introduces our role in the new global Partnership for Maternal, Newborn & Child Health.

This environment of support, and the continued needs of women, men and children around the world, inspire UNFPA to strengthen its contributions as a member of the United Nations family, a partner to countries and an advocate for the vulnerable.

A handwritten signature in black ink, reading "Thoraya A. Obaid". The signature is fluid and cursive.

Thoraya Ahmed Obaid  
Executive Director, UNFPA



# Improving Reproductive Health, Making Motherhood Safer

Access to reproductive health is key to reducing maternal death, improving maternal health and empowering women, declared the largest-ever gathering of leaders at the 2005 World Summit.

Worldwide each year, more than half a million women die from complications of childbirth and pregnancy. AIDS claims three million lives. And in total, illness and death from poor reproductive health account for one fifth of the global burden of disease, and nearly one third for all women.

This year, leaders worldwide committed to change. “Progress for women is progress for all,” they declared at the 2005 World Summit. Five years after the Millennium Declaration, world leaders reaffirmed the need to keep gender equality, HIV/AIDS and maternal health at the top of the global agenda. They recognized that reproductive health is at the heart of efforts to achieve the Millennium Development Goals (MDGs), underpinning every goal.

## PROMOTING FAMILY PLANNING

Family planning saves lives. Currently, 200 million women have an unmet need for safe and effective contraceptive services. If these women used effective contraception, more than 100,000 maternal deaths—one fifth of the world total—could be avoided each year. In addition, when women can time and space their pregnancies, families are smaller and more prosperous and children are healthier and better educated.

- The International Conference on Population and Development (ICPD) revolutionized women’s access to reproductive health information and services, including family planning, which is a key part of many UNFPA-supported programmes. In Armenia, a multi-pronged project emphasized an integrated array of services, from family planning to HIV prevention. In Nepal, UNFPA strengthened mothers’ groups to support women’s leadership in seeking family planning and other reproductive health services. In the Philippines, UNFPA support expanded services at the Gattaran Birthing Centres and Pre-natal’s Forum to include family planning, treatment of sexually transmitted infections (STIs), and maternal and child health.
- In China, officials in Changjiang, Hainan Province, reported fewer abortions and a marked increase in hospital deliveries only 16 months after a UNFPA-supported pilot initiative led to the lifting of birth-spacing rules. Access to contraceptives, a focus on maternal health, and advocacy to counter son preference supported progress.
- UNFPA funded the construction of two regional contraceptive warehouses in Swaziland, and identified gaps in contraceptive management and security. UNFPA also procured condoms for dual protection against unwanted pregnancy and HIV and other sexually transmitted infections, and helped finalize a national condom strategy.

## MAKING MOTHERHOOD SAFER

Universal access to reproductive health, including family planning, is the starting point for maternal health and saving women’s lives. UNFPA makes motherhood safer with a focus on family planning, skilled attendance at birth and access to emergency obstetric care. Maternal health also frees women to pursue opportunities in work and education and make decisions that improve life for their families.

- A new global initiative, the Partnership for Maternal, Newborn & Child Health, was announced at an official side event during the 2005 World Summit. This group of five United Nations agencies, including UNFPA, and many other partners, will mobilize global and local commitment and action to reduce deaths among mothers and children, promote universal coverage of essential interventions, and advocate for increased resources.
- Mobile reproductive health clinics made motherhood safer in remote villages in the Lao People’s Democratic Republic, with six-member travelling teams of doctors, nurses, midwives and health educators rotating visits to 107 villages in the poorest parts of the three south-eastern provinces. The UNFPA-supported project was carried out with the Lao Women’s Union and the United Nations Children’s Fund (UNICEF).
- In Eritrea, emergency obstetric skills gained by 140 nurses and midwives in a three-week in-service training programme improved care during pregnancy, skilled attendance at births and access to obstetric fistula repair.
- For indigenous communities in Latin America and the Caribbean, UNFPA continued to address disproportionately high rates of maternal and infant deaths, using culturally sensitive approaches. In Panama, the first emergency obstetric care unit in the Comarca Ngobe Buglé region served 32 indigenous communities. In Otavalo, Ecuador, the Jambi Huasi

clinic provided modern and traditional medical treatment and family planning to Quecha-speaking descendents of the Incas—as many as 1,000 people per month in 2005. In Bolivia, a bilingual literacy programme designed to reach 8,000 indigenous women continued to build understanding of sexual and reproductive health.

- In Jamaica, persons with disabilities were the focus of a reproductive health programme to raise awareness and provide services. The UNFPA-supported effort sensitized parents, health and social workers, and school guidance counsellors to the needs of adolescents with mental and physical disabilities. It was carried out with the Jamaica Council for Persons with Disabilities.
- Midwives in Indonesia used small grants to pay for emergency transport from rural villages to obstetric facilities—an activity of the Mother Friendly Movement, a national initiative supported by UNFPA since 1997 that has trained midwives, upgraded health facilities, and raised awareness of the need for rapid action in case of labour complications.

- The world’s highest maternal death rate occurs in Badakshan, Afghanistan, where 40 per cent of girls marry by the age of 15. In 2005, UNFPA launched a campaign to persuade mullahs in the remote province to speak out against child marriage, and continued to train health workers in emergency obstetric care and offer vocational training for girls.

- The African Union Ministers of Health approved a continental reproductive health policy framework that will support the new UNFPA Maternal Health Initiative. The initiative supports African countries in accelerating progress towards the MDGs; developing and implementing national road maps for maternal health; and scaling up programmes for family planning, skilled attendance at delivery, emergency obstetric care and obstetric fistula.

- African lawmakers from 38 countries, meeting in Chad in May, adopted the N’Djamena Declaration, pledging to do their utmost to achieve universal access to reproductive health by 2015 as progress towards ending poverty and reversing the spread of HIV/AIDS.

Photo: Richard Stanley



A doctor attends to a patient at Nigeria’s Babbar Ruga Fistula Centre during the February 2005 “Fistula Fortnight”, a two-week pilot initiative spearheaded by UNFPA in collaboration with federal and state governments in Nigeria, Virgin Unite, the Nigerian Red Cross Society, health professionals and local NGOs.

## ENDING OBSTETRIC FISTULA

Adequate maternal health care could prevent obstetric fistula from ever harming another mother and child. Caused by prolonged obstructed labour without medical help, obstetric fistula causes chronic incontinence that can devastate lives if left untreated. The UNFPA-led Campaign to End Fistula advances maternal health in more than 30 countries of sub-Saharan Africa, South Asia and the Arab region.

- In February 2005, a special event in Nigeria galvanized action to end obstetric fistula. The “Fistula Fortnight” featured two weeks of advocacy, treatment and training that captured local and global attention. Surgeons at four medical centres in northern Nigeria repaired fistulas in 545 women, and more than 100 local providers were trained in fistula surgery, post-operative care and counselling.

- In Eritrea, a team of surgeons from Stanford University, the United States, in partnership with UNFPA, conducted workshops that provided dozens of women with free corrective surgery as part of an ongoing effort to strengthen national fistula treatment capacity.

- In Chad, La Radio Rurale launched an extensive awareness campaign in local languages to inform the public that fistula treatment is available, end the stigma, and air testimonials from women whose injuries had been successfully repaired. Traditional leaders explained to listeners that fistula can be cured, and how to obtain free treatment.

- A survey in Somalia, completed in spring 2005, mapped fistula in a country with a health system devastated by years of conflict, and a nearly universal practice of female genital mutilation/cutting. A needs assessment in Sudan presented in February found that more than 70 per cent of women living with fistula did not understand their condition.
- More than 100 senior officials from the ministries of health of 34 countries, meeting in Johannesburg, South Africa, in October, produced a “call to action” for all African governments to urgently implement programmes to improve maternal health and end obstetric fistula.

## SUPPORTING ADOLESCENTS AND YOUTH

UNFPA works with a wide range of partners, including young people themselves, to ensure youth’s full development through programmes that are participatory, rights-based, gender- and culturally sensitive and locally driven. Half of the world’s people are under the age of 25.

- In Nakuru, Kenya, the Peer Counselling Programme of the Catholic Diocese, with support from UNFPA, encouraged secondary school students to delay sexual initiation as part of HIV prevention.
- Traditional leaders in Lesotho became more involved in youth programmes in 2005 as a result of a UNFPA-supported peer education project that works house-by-house to encourage parents to talk about reproductive health with their children.
- In Malawi, UNFPA worked with the Girl Guides and young people engaged in sex work to reach vulnerable, out-of-school youth. Peer educators promoted and distributed condoms, shared information and encouraged the use of reproductive health services.
- Nearly 2,400 adolescents in El Salvador attended training workshops in 13 municipalities in 2005, learning how to prevent HIV/AIDS and other STIs and unwanted pregnancy. Health workers and parents also participated in the UNFPA-supported programme.
- In Liberia, where half of all 15-year-old girls have been pregnant at least once, UNFPA trained nearly 5,000 adolescents in family planning, HIV prevention and gender-based violence. Another 325 adolescent mothers participated in vocational training and life-skills education.
- The Reproductive Health Initiative for Youth in Asia (RHIYA) continued to carry out a wide range of activities in seven countries of South and Southeast Asia, with support from UNFPA and the European



Photo: UNFPA Benin

UNFPA Executive Director Thoraya Ahmed Obaid holding a baby at a UNFPA-supported Togolese refugee camp in Benin.

Union. As part of UNFPA collaboration in three of the poorest provinces in the Lao People’s Democratic Republic, the Vientiane Youth Centre attracted adolescents with recreational activities and then addressed reproductive health issues and life skills, providing services in the nation’s first youth-friendly clinic.

- In Egypt, four youth-friendly health centres, established with UNFPA support, served as models for replication by a non-governmental organization (NGO) affiliated with the International Planned Parenthood Federation (IPPF), which created four more centres. The innovative approach located the centres near schools, involved young people in planning and programming, and encouraged advocacy by local leaders, parents and peer educators.
- In 2005, UNFPA supported the National Union of Eritrean Youth and Students to equip youth centres with computers and provide education on HIV prevention, reaching 600,000 young people in military service and another 25,000 through the youth centres.
- UNFPA worked with primary and secondary schools in many countries to integrate population and family life education into the curriculum. In Papua New Guinea, UNFPA expanded such efforts nationwide through teacher training, information materials and advocacy campaigns. In the Philippines, UNFPA strengthened curricula and the

capacity of teachers, guidance counsellors and school health service providers to discuss reproductive health issues, using life-skills teaching methods. In the Republic of Moldova, 35 rural secondary schools introduced courses in family life education, following a year-long UNFPA pilot project that trained community volunteers and over 100 teachers, developed teacher-training manuals and student handbooks, and established a documentation centre.

- Youth participation in the review of Botswana's national HIV/AIDS framework was facilitated through a partnership of UNFPA and Family Health International/YouthNet. The review process served as a starting point to ensure that youth perspectives are included in policy formulation, project design and implementation, monitoring and evaluation.

## ENDING GENDER VIOLENCE

Every woman has the right to live in dignity—free of fear, coercion, violence and discrimination. Gender-based violence is one of the most pervasive of human rights abuses. It covers many injustices, including pre-birth sex selection, female genital mutilation/cutting, and rape. In 2005, UNFPA continued to work with a wide range of partners to eliminate violence against women and to promote women's empowerment, male responsibility, gender equality and reproductive health and rights.

- Thousands of police officers in Honduras have learned to take domestic violence seriously through ongoing training supported by UNFPA that covers legal, social and medical issues, including those once considered taboo. Similar programmes were supported in more than a dozen other countries.
- Zero tolerance for killings in the name of honour in Turkey was the message of a report released in November by UNFPA and the United Nations Development Programme, *The Dynamics of Honour Killings in Turkey: Prospects for Action*. Turkey's largest print media company, Hurriyet, joined UNFPA to combat violence against women through the media, conferences and an alliance of business leaders.
- The 1st Mediterranean Forum on Violence against Women, sponsored by UNFPA and the Canadian Agency for International Development, urged governments to enforce national laws and take other practical measures. The forum was held in November in Rabat, Morocco.
- Two Islamic boarding schools in Indonesia worked with UNFPA in 2005 to create centres for survivors of gender-based violence. The partnership also produced informational materials and intro-

duced issues of gender equality and violence into religious schools.

- UNFPA took part in the annual worldwide campaign, 16 Days of Activism Against Gender Violence. In Liberia, discussion groups addressed sexual exploitation and rape. In Nepal, partnerships with NGOs and the media raised awareness of the issues. In Sudan, events included debates, drama and sports competitions, as well as performances in camps for internally displaced persons in Darfur, featuring renowned Sudanese singers, artists and musicians. In Timor-Leste, the Prime Minister opened a nationwide series of events on the impact of violence on women's health and human rights.
- Women often bear a disproportionate share of suffering in times of war. In October 2005, UNFPA and the United Nations Development Fund for Women (UNIFEM) sponsored a first-of-its-kind workshop on sexual violence in armed conflict and disaster that brought together United Nations agencies, partners and international experts in Bucharest, Romania, to discuss ways to narrow the gap between reality on the ground and Resolution 1325 (2000), the first Security Council resolution to specifically recognize the impact of armed conflict on women and their role as builders of peace.

## SECURING ESSENTIAL SUPPLIES

UNFPA works to ensure that all individuals can obtain and use affordable, high-quality reproductive health commodities of their choice whenever they need them. Requests always greatly surpass available funds, and demand is set to surge as countries scale up to meet the MDGs. A reliable supply of these commodities, from contraceptives to testing kits to equipment for emergency obstetric care, is essential to global efforts to meet development goals.

- UNFPA launched a new Global Programme to Enhance Reproductive Health Commodity Security (RHCS) in 2005. The main objective of this new initiative is to act as a catalyst to facilitate nationally driven efforts to mainstream RHCS. In addition to meeting immediate shortfalls in reproductive health commodities, the Global Programme aims to build national capacity for sustainable procedures and mechanisms, promotes condom programming, and endeavours to meet immediate shortfalls in reproductive health commodities. Tenets of the Paris Declaration on Aid Effectiveness and United Nations reform, including national ownership, harmonization and partnership, are central to this global effort.

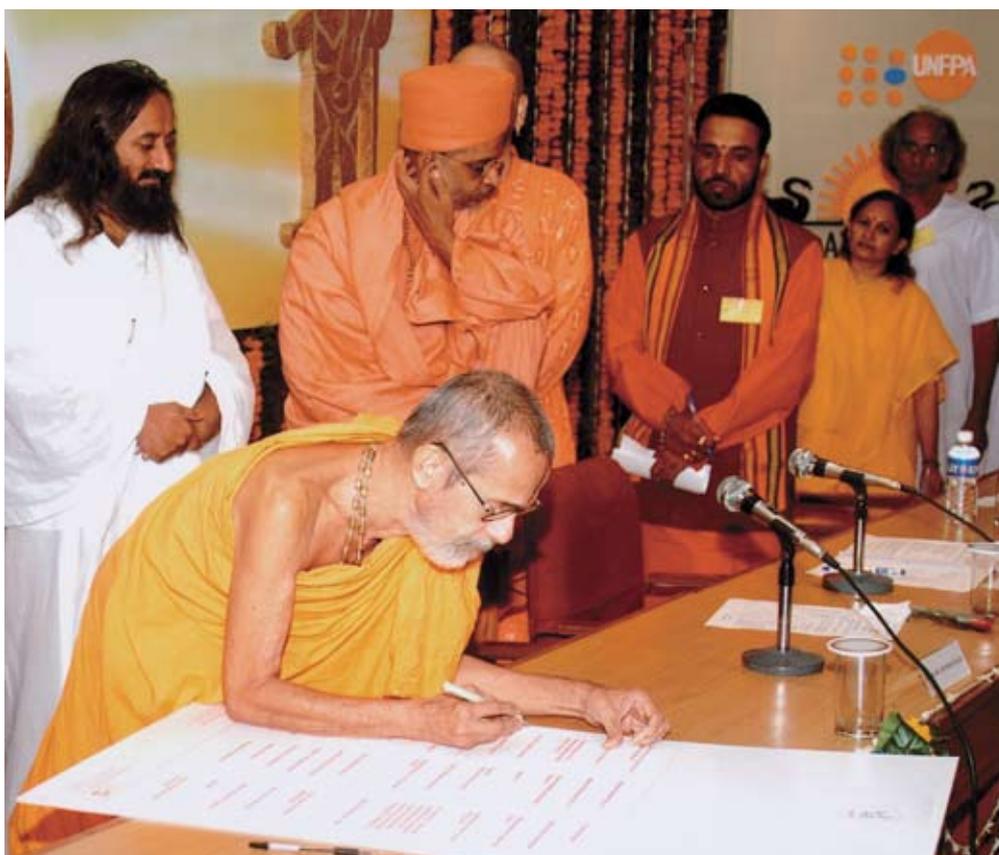
- In 2005, UNFPA invested \$60 million of a generous one-time contribution of \$75 million from European Union countries, the Canadian Government and the United Nations Foundation to close the commodities gap in over 55 countries. As a result, for the first time ever, UNFPA forecasts no major stockouts in the year ahead for countries that look to public sector-support to meet commodity needs.
- UNFPA and other partners, including the Reproductive Health Supplies Coalition, secured the commitment of West African health ministers to include lines for commodities in their budgets, develop RHCS national coordination committees and incorporate contraceptives within their Essential Drugs Lists.

## THE TRAGEDY OF INDIA'S NEVER-BORN GIRLS

In India, UNFPA supported the Government in a comprehensive approach to end the elimination of girl children, either through pre-natal sex selection or infanticide. The practice goes largely uncensured, undetected, unpunished and unmourned all over the country. Technology has contributed to skewed female-to-male sex birth ratios unprecedented in demographic history.

In Haryana State, where sex ratio imbalances are among the highest, women have banded together to form jagriti mandalis (forums of awakening) aimed at promoting the rights of daughters. To counter huge profits in sex identification services and abortions, these groups convince families and doctors of the broader social costs. In Himachel Pradesh, the state government recently revoked laws that penalize elected representatives who choose to have more than two children. In Punjab, religious leaders have issued diktats and have threatened to excommunicate couples who abort female foetuses.

Photo: UNFPA India



An Indian religious leader signing a pledge condemning the practice of prenatal sex selection at a UNFPA-supported meeting, "India's Missing Daughters: Faith for Action Against Sex Selection." The meeting, co-sponsored by the Art of Living Foundation, was held in New Delhi in November.



# Intensifying HIV Prevention

Scaling up proven approaches to achieve universal access to HIV/AIDS prevention, treatment and care.

Sustained HIV prevention programmes have played a key part in bringing down HIV infections in several countries, including Haiti, Kenya and Zimbabwe. But the stark reality is that, despite some gains, there were an additional five million infections in 2005, bringing the total number of people living with HIV worldwide to just over 40 million.

The new global focus is on universal access to prevention, treatment and care. World leaders at the 2005 World Summit affirmed this goal and the need to keep HIV/AIDS at the top of the global agenda. The United Nations system mobilized for an intensified response and called for rapidly scaled-up HIV prevention. UNFPA continued to move full speed ahead to link HIV/AIDS and sexual and reproductive health policies and actions. This will help achieve universal access to reproductive health, as well as halt and begin to reverse the spread of HIV/AIDS by 2015—goal six of the MDGs.

## ACTION AGAINST HIV/AIDS

Worldwide, fewer than one in five people at risk of becoming infected with HIV have access to basic prevention services. Only one in ten people living with HIV have been tested and know their status.

- In a June report, the Global Task Team on Improving AIDS Coordination recommended a rapid scale-up of the AIDS response, based on national ownership, United Nations harmonization, and the “Three Ones” principles: one national AIDS coordinating authority, one national AIDS action plan, and one monitoring and evaluation system.
- In December, the European Union called for a massive scaling up of HIV prevention, stating that universal access to HIV prevention, care and treatment should be the world’s immediate goal. It also called for stronger linkages between HIV prevention and sexual and reproductive health, and that rights-based, evidence-informed strategies should underpin all HIV/AIDS prevention efforts.
- UNFPA leads the United Nations efforts to coordinate condom programming and HIV prevention among young people. A newly added responsibility in 2005 was UNFPA’s appointment as the lead United Nations agency to coordinate actions addressing issues surrounding HIV/AIDS and sex work. Efforts are harmonized through the Joint United Nations Programme on HIV/AIDS (UNAIDS), and through United Nations theme groups on HIV/AIDS at the country level, chaired by UNFPA in many countries.
- UNFPA released a report by young people and hosted a dialogue among young people and representatives of government and civil society on the needs of the youth, during the United Nations General Assembly High-Level Meeting on HIV/AIDS on 2 June in New York. The report, *Our Voice, Our Future: Young People Report on Progress Made on the UNGASS Declaration of Commitment on HIV/AIDS*, was prepared by members of the Global Youth Coalition on HIV/AIDS, a youth-led alliance of over 1,000 youth leaders and adult allies, and Global Youth Partners, an advocacy campaign directed by young people in 29 countries.
- Of special interest in 2005 were the acknowledged linkages between HIV/AIDS and reproductive ill-health, which share root causes. The World Health Organization (WHO), the International Planned Parenthood Federation, UNAIDS and UNFPA published guidelines on priority linkages for policy and programme actions.
- UNFPA launched a three-year project among refugees, displaced populations and their host communities in the post-conflict border areas of Guinea, Liberia, Côte d’Ivoire and Sierra Leone. Partners in the \$7.5 million project to prevent the spread of HIV/AIDS and other STIs include the national AIDS secretariats, WHO, the United Nations Development Programme, the Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, the African Development Bank, the Mano River Union Secretariat and NGOs.

## WOMEN AND AIDS

Women are the fastest-growing group among the newly infected—with young women at highest risk. At least 48 per cent of all adults living with HIV in 2005 were women, up from 35 per cent in 1985.

- UNFPA, WHO, UNICEF and other partners strengthened collaboration to carry out a comprehensive strategy on prevention of mother-to-child transmission (PMTCT). The December 2005 “Abuja Call to Action: Towards an HIV-free and AIDS-free Generation” notes that comprehensive PMTCT programmes should include strategies to: prevent HIV transmission to women; provide reproductive



“Don’t die of love” is the message of this poster, which was part of a UNFPA-supported media campaign in Colombia promoting reproductive rights, the prevention of unsafe sexual practices, and the fight against sexual violence and HIV/AIDS. More than 12 partners from the private sector, including foundations and universities, participated in the campaign.

health care to women living with HIV; prevent HIV transmission during pregnancy, labour and delivery; and minimize HIV transmission through safer infant feeding practices.

- Young women at the Addis Ababa University, Ethiopia, gained access to a female-only reading room when UNFPA launched an HIV/AIDS and reproductive health project in March. The project also created an information centre with Internet access, and a centre for Voluntary Counselling and Testing (VCT) at the school’s clinic.
- UNFPA and EngenderHealth collaborated with networks of people living with HIV through a global electronic discussion forum and qualitative research at the country level. The goal is to develop, with other partners, much-needed guidance on the rights and sexual and reproductive health of people living with HIV, particularly women.

## YOUNG PEOPLE AND HIV/AIDS

Young people are most at risk, most vulnerable and most able to create change. Half of all new cases of HIV/AIDS are among young people: 6,000 young people are infected with HIV each day.

- The achievements and future course of a joint initiative of UNFPA and the OPEC Fund for International Development were reviewed in meetings in April. The HIV-prevention project had used new, innovative approaches to reach young people and encourage behaviour change. The OPEC Fund has contributed \$4.2 million to a three-year programme that targets vulnerable youth in six countries of

Central America and the Caribbean and seven countries in the Arab region.

- In Romania, UNFPA continued to support the Youth-for-Youth Foundation in 2005. During eight years of partnership, the group has trained more than 7,000 peer educators, conducted national campaigns, and created a computer game on STIs and HIV/AIDS for a website used by nearly 150,000 visitors each year.
- In Mozambique, integrated services were the focus of a pilot programme launched by UNFPA in two sites, supported by the Gerção Biz project. The sites expanded reproductive health care to include VCT, treatment of opportunistic infections, HIV prevention in pregnancy, community home-based care and support groups for youth living with HIV/AIDS. Also, UNFPA and Pathfinder International planned for the scaling up of Gerção Biz to reach more than half of the country’s youth population.
- Thousands of adolescents in the county of Deqing in Zhejiang Province, China, gained life skills through training and access to information via hotlines and new “youth-friendly services” rooms established in 2005 in every township in the county.
- Anti-AIDS clubs in five secondary schools in Mansoura, Egypt, were established in 2005 to provide HIV prevention information as part of a peer education effort of the UNFPA-supported Global Youth Partners.
- UNFPA organized a forum on scaling up HIV prevention for young people at the Seventh

International Congress on AIDS in Asia and the Pacific in July in Kobe, Japan. In a pre-conference event in Abuja, Nigeria, UNFPA organized a forum on HIV prevention for 300 young people at the International Conference on AIDS and STIs in Africa (ICASA) in December.

- In Asia and Africa, more than 100 partnerships have been formed to improve the provision of sexual and reproductive health and HIV prevention and services. In Asia, youth centres have been expanded to ensure that young people's access to information is linked to access to youth-friendly services.

## CONDOM PROGRAMMING

The latex condom is the most efficient available technology to reduce the sexual transmission of HIV and other STIs. Condoms are highly effective, yet fewer than half of all people at risk of HIV infection are able to obtain them.

- UNFPA, PATH, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, and the Department for International Development in the United Kingdom convened the Global Consultation on the Female Condom in September 2005 in Baltimore, the United States, where world experts came to an unprecedented agreement to work together to intensify female condom programming.
- In Myanmar, UNFPA and Population Services International agreed to procure and distribute 500,000 female condoms from 2005 to 2007. The female condom was also promoted in Malawi, Nigeria, Zambia and Zimbabwe as part of a UNFPA effort to serve at least 23 countries through the Global Female Condom Initiative.

- Two manuals on Condom Programming for HIV Prevention were published jointly in 2005 by UNFPA, WHO and PATH. They provide step-by-step guidance for programme managers and service providers.

- In Asia, the Reproductive Health Initiative for Youth and Adolescents has impacted access to condoms through youth-friendly information, education, services and counselling for youth, such as establishing "condom corners" in Bangladesh.

## EDUCATION AND ADVOCACY

- UNFPA continued to support HIV prevention among military and police personnel in more than a dozen countries in Latin America and the Caribbean. Since 2000, the Peruvian Armed Forces and Police Committee for the Prevention of HIV/AIDS has conducted training, distributed condoms, established norms and collected data for studies. In November 2005, UNFPA and UNAIDS signed an agreement with the Salvadoran Ministry of Defense to bring education in HIV prevention and other issues of sexual and reproductive health to military personnel.

- UNFPA and the Population Media Center published *Soap Operas for Social Change to Prevent HIV/AIDS: A Training Guide for Journalists and Media Personnel* with how-to guidance for producing entertainment-education serial dramas for HIV prevention.

- On World AIDS Day, 1 December, the Prime Minister of India released a handbook of frequently asked questions about HIV/AIDS at a national convention attended by 1,500 youth leaders. UNFPA marked the day with the New York launch of "I've Got the Power," an online photo mosaic that encourages public dialogue on HIV/AIDS.



Photo: UNFPA Ukraine

Participants at a national Y-PEER (Youth Peer Education Network) meeting in Odessa, Ukraine. Y-PEER, a groundbreaking youth-to-youth education initiative pioneered by UNFPA, uses the Internet to prevent HIV infection and address other adolescent sexual and reproductive health issues. As of the end of 2005, Y-PEER linked more than 3,000 members from 39 countries, providing them with news, advocacy materials, lesson plans, methodologies, distance learning courses, discussion forums, events, and new peer education training tools; it also conducts training workshops to expand impact. In August 2005, 11 Arab States and two East African countries joined the Y-PEER Network as part of Y-PEER's Going Global Initiative.



# Assisting in Emergencies

Meeting immediate reproductive health needs and keeping development goals on track through reconstruction.

From airlifts of materials to ongoing advocacy, UNFPA's support for reproductive health and rights in times of crisis takes many forms: pre-packaged supplies, rapid assessment, partnerships, training and the provision of temporary facilities. The Fund's response begins immediately, and continues through rehabilitation and reconstruction to meet long-term development goals.

In 2005, two massive natural disasters—the Indian Ocean tsunami and the Pakistan earthquake—created devastating conditions for hundreds of thousands of women in many countries. UNFPA was quick to respond to the needs of these women. At the global level, UNFPA welcomed the United Nations decision to establish a Peacebuilding Commission, announced by United Nations Member States in December, and emphasized the vital role of women and young people in preventing and resolving conflict.

## TWO MAJOR EVENTS

UNFPA moved rapidly in response to the earthquake that hit northern Pakistan and Pakistan-administered Kashmir in October. That included addressing the needs of 17,000 women expected to give birth within two months after the quake, and thousands more with newborn children. Beginning immediately after the earthquake, the Fund dispatched tents, emergency medicines, equipment and supplies to the hardest-hit regions.

- UNFPA deployed nine mobile medical service units and established five permanent prefabricated health facilities in the affected areas. Together, they have treated more than 156,000 people, delivered over 1,200 babies and referred some 2,400 cases to more advanced facilities. Ten additional mobile clinics and 13 more permanent facilities were planned. The Fund also restored services at a hospital in Muzaffarabad.
- UNFPA shipped ready-made reproductive health kits for one million people and distributed more than 210,000 hygiene kits for women and girls, containing soap, towels, combs, clean sheets and sanitary items.
- Working with local NGOs soon after urgent needs were met, UNFPA addressed issues of security, access and privacy for women and adolescent girls. The Fund took steps to create women-friendly spaces for information, literacy services, legal aid, psychosocial counselling and skills development, and to erect prefabricated bathing spaces (hammams) near health facilities.
- UNFPA continued working throughout 2005 to restore reproductive health services and address the psychosocial needs of over one million people affected by the 2004 Indian Ocean tsunami. UNFPA raised over \$27 million for tsunami relief.
- In Indonesia, a UNFPA-funded census in Aceh and Nias provided data to guide reconstruction planning. Training and supplies helped restore reproductive health services in many tsunami-affected communities, and strengthened the capacity of the Aceh Provincial Health Office and local health workers. UNFPA equipped eight primary health centres with ambulances and instruments for resuscitation and emergency obstetric care, and deployed mobile units to reach pregnant women in remote villages. Ten community centres were set up to provide psychosocial counselling and outreach, along with income-generation training and religious and social activities. Some 320,000 personal hygiene kits were distributed to the displaced in 2005.
- In Sri Lanka, UNFPA embarked on the reconstruction of reproductive health service facilities, including a maternity complex, several primary health centres, and a dozen medical offices. UNFPA also supported the establishment of 27 centres to respond to women's psychosocial needs and to counter gender-based violence.
- In the Maldives, UNFPA procured two fully equipped health boats to provide emergency care for women facing complications of pregnancy and childbirth. The Fund also provided training for hospital staff and community health workers, and recruited several doctors and midwives from abroad to work in hospitals and mobile clinics.
- In Thailand, UNFPA continued to work in four of the worst-affected provinces. Through support to the World Vision Foundation of Thailand, mobile clinics served more than 5,000 migrant workers and their families.

## EQUIPMENT AND SUPPLIES

In refugee camps and other emergency sites, among the many items supplied by UNFPA were clean delivery kits. Each ready-made kit includes plastic sheeting to lay on the ground, soap for washing hands before assisting delivery, a razor blade and string to cut and tie the umbilical cord, and a blanket to protect the newborn baby.

- UNFPA distributed \$450,000 worth of medical supplies and materials to Palestinian civic institutions and NGOs in 2005, and ordered an additional \$200,000 for 2006. In addition to kits for safe child-birth delivery, the supplies included antibiotics, obstetric medications, iron and vitamin supplements, medications for the treatment of STIs, and supplies for mammography and cervical cancer screening.
- Crop failure, drought, and locust infestation ravaged food supplies in Niger in January 2005. With assistance from Rotary International, the World Food Programme, UNICEF and Helen Keller International, UNFPA ensured that each pregnant or nursing woman visiting a health centre in the two hardest-hit regions of Niger received 50 kilograms of cereals, 10 kilograms of pulses, five kilograms of oil and a mosquito net to prevent malaria. Distribution of delivery kits, iron and vitamin A also helped protect pregnant mothers and their infants.

## RECONSTRUCTION

Once the first response is secured, UNFPA contributes to reconstruction efforts that restore the capacity of health systems for the long run, focusing in particular on the reproductive health needs of women and their families.

- UNFPA continued to support victims of the 2003 earthquake in Bam, in the Islamic Republic of Iran. The Fund received a \$150,000 grant from the Bill & Melinda Gates Foundation to address reproductive health care needs in Bam, and worked closely with the Iranian Red Crescent Society and the Ministry of Health and Medical Education.
- As part of a joint United Nations effort to assist provinces most affected by war, UNFPA opened offices in three ravaged provinces of the Democratic Republic of the Congo. The offices provide medical equipment and medicines to care for war victims, particularly victims of gender-based violence.

## DATA AND ANALYSIS

Population data collection and analysis is an essential part of planning for health systems and services. Accurate demographic information helps determine present and future needs, and informs reconstruction plans after natural disasters or social crises.

- In June 2005, the Iraqi Planning Ministry signed an agreement with UNFPA to train Iraqis to conduct a national census in October 2007, with courses on mapping strategies and data processing using up-to-date technology. UNFPA has also started planning for a comprehensive population census in Sudan—the country's first in more than 20 years.
- A UNFPA-funded survey of migrants living in areas affected by the Indian Ocean tsunami found that one in four mothers deliver without a skilled birth attendant, only half of married women use contraception, and half the adults surveyed have incorrect knowledge about how HIV is spread. The



Photo: Don Hinrichsen

Women waiting to receive services at a UNFPA-supported reproductive health camp in Nepal, where ongoing civil unrest over the past 10 years has devastated the country. Health specialists from Kathmandu work with local staff at these camps, which treat up to 1,000 women and adolescent girls over an intensive five-day period.

## REFUGEES AND INTERNALLY DISPLACED PERSONS AT RISK

Reproductive health services for refugees have increased dramatically since the issue was first placed on the humanitarian agenda at the 1994 International Conference on Population and Development in Cairo. Neglecting reproductive health in emergency situations can have serious consequences, including preventable maternal and infant deaths, unwanted pregnancies, and the spread of HIV/AIDS.

- In Nepal, armed conflict has claimed 12,000 lives and caused 400,000 to flee from rural villages over the past decade. Those

displaced face insecurity, discrimination, hunger, inadequate shelter and limited access to health services and schools. Many women have died during childbirth because they could not reach emergency obstetric care. In 2005, UNFPA technical specialists trained community health personnel to conduct reproductive health trainings in their own communities.

- Violence following presidential elections in Togo caused more than 40,000 people to abruptly flee their homes. Over 60 per cent of these refugees were women, young people and children under five. UNFPA established supplementary food and vaccination programmes for pregnant women and their children,

and provided maternity health kits, mosquito nets and other supplies to refugee camps set up in neighbouring countries.

- HIV prevention and family planning were the focus of a UNFPA and UNHCR initiative that procured and distributed male and female condoms to displaced persons in Benin, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, the former Yugoslav Republic of Macedonia, Pakistan, Thailand and Yemen in 2005. In collaboration with distributing partner UNHCR, UNFPA is the sole provider of male and female condoms in more than 20 countries with refugees and internally displaced persons.

survey of people from Myanmar in Phang-nga and Ranong provinces helps guide reconstruction plans.

## TRAINING AND EDUCATION

Reproductive health services for people suffering the impacts of a violent conflict or natural disaster require special knowledge and skills. Refugee and displaced populations experience elevated risks from pregnancy, childbirth, rape and escalated spread of HIV/AIDS and other STIs. UNFPA supports training programmes for community educators, health workers and medical personnel to help prepare for, recover from, emergencies.

- At the Sereif Camp clinic in South Darfur, Sudan, midwives and other health-care professionals received training to provide family planning services, ante- and post-natal care, and health education. The clinic is run by CARE and supported by UNFPA, which also provided medical equipment and delivery and post-rape kits. Overall, UNFPA-supported training in the Darfur crisis has improved the skills of 2,200 health providers and relief workers.

- UNFPA-supported training in Uganda was attended by 60 community youth peer educators who in turn reached 4,200 youth, as well as 130 community volunteers who distributed 100,000 condoms. Eighty health workers participated in training in the management of STIs, serving an estimated 8,500 clients.

- UNFPA organized maternal health training for 40 physicians from Iraq at the National Training Institute in Egypt. The programme included meetings with the Egyptian Ministry of Health and Population, visits to clinics in Cairo and rural areas, and sessions at El Galaa General Hospital for Delivery. These doctors will in turn train other medical personnel in Iraq.



Photo: UNFPA Sudan

Distribution of certificates at the end of a health services training co-sponsored by UNFPA and Community Habitat Fund International for displaced women in Darfur, Sudan.



# Poverty, Population and Development

Integrating reproductive health into national strategies to attain the Millennium Development Goals and eradicate poverty.

Gender equality reduces poverty and saves and improves lives. Global efforts to “make poverty history” are bound to fail if world leaders do not act now to end gender discrimination, UNFPA cautioned in the *State of World Population 2005* report. Unless they live up to promises made to the world’s women and young people, these leaders will not be able to meet poverty reduction goals agreed to at the 2000 Millennium Summit and reaffirmed at the 2005 World Summit.

For more than 30 years, UNFPA has been in the forefront of advocating for women, promoting legal and policy reforms and gender-sensitive data collection, and supporting projects that improve women’s health and expand their choices in life.

## MILLENNIUM DEVELOPMENT GOALS

Education, reproductive health and economic opportunity for women are three particularly strategic interventions necessary for the achievement of the Millennium Development Goals. Also critical is the elimination of violence against women.

- The future dividends of investing in reproductive health were outlined in the 2005 UNFPA report, *Reducing Poverty and Achieving the Millennium Development Goals: Arguments for Investing in Reproductive Health & Rights*. These dividends would be reflected in healthier, more productive individuals and families, which would contribute to stronger, wealthier nations.
- UNFPA joined United Nations agencies, NGOs and the Government of Finland in sponsoring “Chasing the Dream: Youth Faces of the Millennium Development Goals”, a photo exhibition, collection of essays and website profiling the lives of eight young people in eight places around the world with an intense desire to lead better lives.
- As part of a global review of efforts to attain the MDGs, UNFPA conducted an assessment of the situation of women in Thailand. The study, *Reproductive Health of Women in Thailand: Progress and Challenges Towards Attainment of International Development Goals*, found that Thai women enjoy better reproductive health than they did 10 years ago, thanks to policies recognizing the links between health and poverty alleviation.
- UNFPA continued in 2005 to advance development goals through approaches based on human rights and respect for cultural diversity. The commitment to rights-based programming was presented in the publication *Rights into Action: UNFPA Implements Human Rights-Based Approach*. The Fund also published the results of a survey that asked 165 countries about the impact of culture, *Culture in the Context of UNFPA Programming: ICPD+10 Survey Results on Culture*

## THE GOALS

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.



An Indian man with his son.

and Religion. It found that in many cases, culture was viewed as both a contributing factor and a constraint to development.

## DATA AND POPULATION STRATEGIES

Reliable, age-specific and sex-disaggregated data are needed for effective planning and monitoring of poverty reduction strategies and other national initiatives related to the MDGs.

- UNFPA has been helping governments create policies that respond to the impact of population ageing and meet the needs of older persons, especially the poor and women.
- In 2005, the Fund conducted a tracer study to determine the impact of support given over 10 years to training programmes of the United Nations International Institute on Ageing, in Malta.
- UNFPA increased the capacity of staff to work with *DevInfo*, the information system for tracking progress towards the MDGs now used by more than 80 countries. Goals and targets are imbedded in the

system, linked to 53 MDG indicators in a goal-monitoring framework.

- Research on indigenous populations provided data that informed UNFPA efforts to improve policies and programmes. In Brazil, a situational analysis studied the lives of 1,600 families in 91 Sateré-Mawé settlements. In Chile, more than a decade of research related to the reproductive health of indigenous populations was systematically reviewed, and a study was carried out on the impact of health and education policies on the Aymarás. In Paraguay, research looked at community midwives, myths, culture and experiences with sexual and reproductive health services among the Mbya.
- UNFPA, UNICEF and WHO supported an assessment of maternal and neonatal health in Zimbabwe. The research helped develop a road map with more than 30 immediate- and medium-term interventions to reduce maternal and infant mortality.

## CENSUS DATA FOR PLANNING

Accurate demographic data provide a sound foundation for development planning, helping to ensure that basic needs are met.

- The United Nations Statistical Division and UNFPA organized a meeting to prepare for the next round of censuses. The report of the February meeting in New York, *Advocacy and Resource Mobilization for the 2010 Round of Censuses*, detailed past problems, proposed new strategies and outlined an advocacy plan to ensure that data is widely disseminated and effectively used in national planning.
- The National University of Uzbekistan agreed to revise its demography curriculum and introduce modern methods, with UNFPA support, which build on past purchases of data processing and office equipment.
- UNFPA identified a severe shortage of funds for training in preparation for the first population census in Sudan in more than 20 years. Planning by UNFPA in 2005 focused on training for policymakers and the public to raise awareness of the importance of the census, and training in the technical and computer skills required to carry it out.

## SUSTAINABLE DEVELOPMENT

Universal access to reproductive health is a goal indispensable to efforts to end poverty. In 2005, UNFPA continued to assist countries with Poverty Reduction Strategies, supporting the drafting of national road maps with plans to achieve the MDGs. UNFPA also ensured the inclusion of popula-



## WORLD POPULATION DAY

Gender equality is the theme of this UNFPA poster, which was designed for World Population Day, 11 July. Throughout the world, the Day was marked with events that raised awareness of population and development issues and affirmed the fact that human rights benefit everyone—men, women, boys and girls alike. In Bangladesh, World Population Day celebrations included a rally through Dhaka despite the heavy monsoon showers. In Eritrea, celebrations featured the staging of a drama accompanied by music written, directed and performed by the National Union of Eritrean Youth and Students. Fiji observed the Day with advocacy initiatives, including radio talk shows, panel discussions, school awareness activities, and a one-week media campaign. In Nicaragua, activities included a workshop at the Condega Military Base outside Managua to educate army officers on the subject of domestic violence. And in the Syrian Arab Republic, the Pioneering Oriental Orchestra, the only all-female group of musicians in the country, marked the occasion with a performance at the Damascus Opera House.

tion issues in the frameworks for domestic policies and programmes that aim to reduce poverty in low-income countries.

- United Nations Member States have emphasized the need to integrate reproductive health goals into efforts to eradicate poverty, improve maternal health, reduce infant and child deaths, promote gender equality and combat HIV/AIDS. Concluding the 2005 session of the Commission on Population and Development, they noted the contribution of the ICPD to the world's development goals, including the MDGs. This conclusion was adopted by the 2005 World Summit.
- Swaziland developed a national population policy in 2005, creating a framework for integrating population issues within the mainstream of development. UNFPA supported the Government's Population Unit to finalize a National Implementation Plan of Action for the national population policy, and also helped complete the Poverty Reduction Strategy and Action Programme.

- In Mozambique, UNFPA's support for poverty reduction and MDG monitoring included chairing the United Nations Gender Coordination Group and ensuring the inclusion of sexual and reproductive health issues in a sector-wide approach for health.
- How to convince a country that no poverty reduction strategy is complete unless it includes population issues was the subject of a guide for UNFPA country offices produced in 2005: *Contributing to National Poverty Reduction Strategies: A UNFPA Action Guide*.
- Sustainable development depends in part on the good health of people working to stay out of poverty. However, the loss of workers to migration is "overwhelming" the world's health-care systems, warned UNFPA in its 2005 report on *International Migration and the Millennium Development Goals*, which cited acute shortages of health workers in Africa.



# Building Support

Helping to fulfil the commitment of world leaders to keep gender equality, HIV/AIDS and reproductive health at the top of the global development agenda.

Population and reproductive health moved to the heart of the global development agenda at the 2005 World Summit in September as a result of strong support by the United Nations Member States. UNFPA was actively involved in supporting the Member States as they prepared for this largest-ever gathering of world leaders. It helped identify the key linkages between the agenda of the International Conference on Population and Development (ICPD) and the achievement of the Millennium Development Goals (MDGs). UNFPA also forged partnerships with parliamentarians and NGOs to define key messages and strategies that would ensure a successful outcome.

The outcome was an endorsement at the highest level of the critical role that reproductive health plays in the achievement of the MDGs. The agreement reached at the Summit represents a big step forward. World leaders committed themselves to: “Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty”.

## GOVERNMENTS

More countries contributed to UNFPA in 2005 than in any year since the Fund began operations in 1969, bringing the number of donor nations to 172, compared to the 2004 record of 166. Every nation in sub-Saharan Africa pledged funds to UNFPA in 2005. Contributions to the UNFPA regular resources last year were also the highest ever—increasing to \$351.2 million (provisional) from the previous year’s level of \$322.5 million. The top six donors (regular funds contributions) were the Netherlands, Sweden, Norway, Japan, United Kingdom, Denmark and Germany.

The governments of 148 countries, areas and territories requested UNFPA assistance in 2005 to address reproductive health and population issues, and to raise awareness of these issues.

- Throughout 2005, UNFPA organized briefings for parliamentarians from all regions on the Millennium Declaration review process and other ICPD issues. The Fund also highlighted the importance of the linkages between the ICPD and the MDGs at meetings hosted by various parliamentary groups, including the African Speakers of Parliament Conference in May in Chad, the G8 International Parliamentarians’ Conference on Development in Africa, in June, in Scotland, and the Asian Women Parliamentarians and Ministers Conference on “Engendering the MDGs”, in August, in Sri Lanka.
- The African Parliament, a multinational legislative entity of the African Union, established a committee in 2005 to encourage parliamentarians to

make population issues a priority. UNFPA made plans for future cooperation with the new Committee on Population and Development of African Speakers of Parliaments, and continued to enhance the skills and capacity of the Regional Network of African Women Ministers and Parliamentarians in advocacy, resource mobilization and leadership.

- Strategic partnerships were formalized in 2005 to support the New Partnership for Africa’s Development (NEPAD) Plan of Action and ensure a focus on reproductive health and population issues. A Memorandum of Understanding was entered into effect between UNFPA and the African Union.
- UNFPA implemented a joint work plan with UNICEF and the City Council of Nairobi, Kenya, to make motherhood safer and improve infant health in the city’s urban settlements, and addressed drug abuse and HIV/AIDS with other United Nations partners. At a regional conference on youth in the Middle East and North Africa, held in Dubai, the United Arab Emirates, UNFPA advised local municipal authorities on ways to involve young people in their work.
- The ongoing partnership between UNFPA and the League of Arab States resulted in the integration in 2005 of the Pan Arab Project of Family Health (PAPFAM) into the League’s organizational structure. PAPFAM—a multi-country reproductive health and demographic survey supported by UNFPA, the Arab Gulf Programme for United Nations Development Organizations (AGFUND) and other United Nations

organizations—has become an established regional reference centre for credible, detailed and in-depth information on the health, social and environmental status of the Arab family.

## NON-GOVERNMENTAL ORGANIZATIONS

Partnerships with non-governmental organizations represent a valuable source of support for UNFPA. NGOs mobilize political will and raise funds that advance the ICPD agenda and progress towards the MDGs. UNFPA provided technical support to NGO-sponsored meetings throughout the year. Activities focused on the ICPD and MDG linkages. The Fund also worked with regional networks, such as the European NGOs for Sexual and Reproductive Health and Rights, Population and Development (EuroNGOs), as well as the Asia-Pacific Alliance: Advancing the ICPD Agenda.

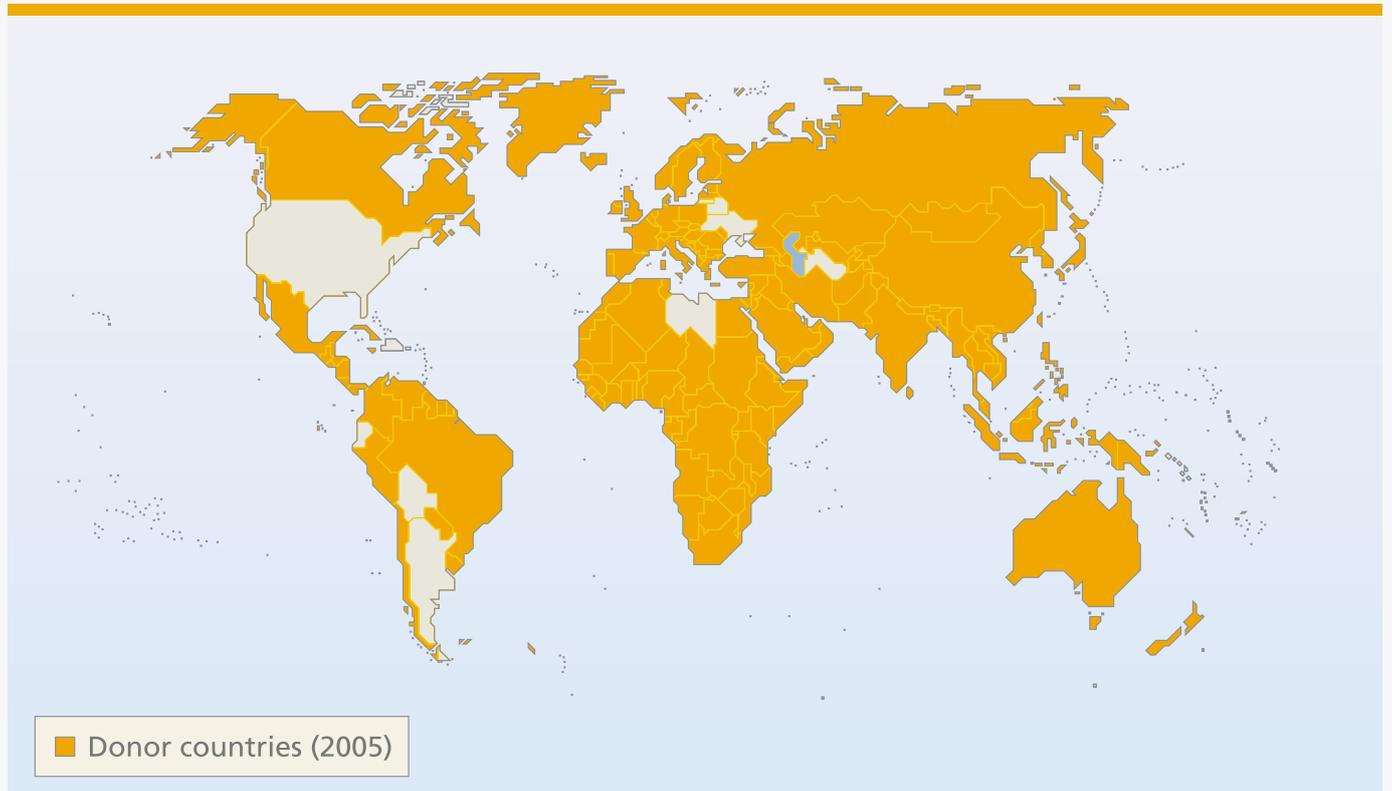
## UNITED NATIONS ORGANIZATIONS

UNFPA is committed to a more effective and cohesive United Nations system. As a member of the United Nations Development Group, UNFPA played a leadership role in speeding up United Nations reform and making sure it has a meaningful impact on United

Nations country teams as they serve their national counterparts. UNFPA worked to align the organization's internal culture with overarching goals for reform and teamwork, such as better coordination, less duplication, a rational division of labour based on comparative advantages, and reduced transaction and administration costs. In particular, UNFPA welcomed progress in the common country programme, joint offices and joint programmes, and the strengthened Resident Coordinator system, as important steps forward.

## FOUNDATIONS

- The United Nations Foundation (UNF), established in 1998 by U.S. media entrepreneur Ted Turner, continued to support UNFPA through grants, advocacy and partnership. UNF, together with the William and Flora Hewlett Foundation and Zonta International, approved \$450,000 for UNFPA work in post-tsunami reconstruction in Indonesia and the prevention of gender-based violence in tsunami-affected areas of Sri Lanka. Zonta International worked with UNFPA to develop another project to prevent gender-based violence among the Darfur refugees in Chad.



With 172 donor countries, UNFPA enjoys the broadest base of support of any United Nations agency. This includes commitments from every country in sub-Saharan Africa and each region of the world.

- UNF disbursed \$4 million in 2005 for a dozen UNFPA projects to strengthen advocacy, ensure commodity security, support women affected by the tsunami, improve quality of care in Nepal, license reproductive health clinics in Honduras, and train health workers in Afghanistan.
- To raise awareness of child marriage, UNF promised to match funds raised by Domini Global Giving for a UNFPA campaign in Ethiopia to find alternatives to child marriage. UNF also joined with the Nike Foundation in a three-year \$1.5 million project developed in 2005 by UNFPA and the Population Council to discourage child marriage.
- The OPEC Fund for International Development continued to collaborate with UNFPA in a three-year programme to prevent HIV/AIDS among vulnerable youth in six countries of Central America and the Caribbean and seven countries in the Arab region. In 2002, the OPEC Fund pledged a total of \$4.2 million towards the two campaigns. Also, in June 2005, the OPEC Fund approved a grant of \$250,000 to co-finance the second phase of PAPPAM survey, which is supported by UNFPA, AGFUND and other United Nations organizations.

## CELEBRITIES FOR UNFPA

UNFPA Goodwill Ambassadors use their performing arts skills and celebrity status to reach vast audiences, particularly young people, around the world with information about population issues and reproductive health.

- Mpule Kwelagobe of Botswana, Miss Universe 1999, took the stage in New York City along with musicians, artists and speakers from around the world on 1 December 2005 to commemorate World AIDS Day at the Cathedral of St. John the Divine. She also spent August in Botswana urging support for youth and community volunteer programmes.
- Portuguese actress Catarina Furtado, 32, became the youngest person ever to be awarded Portugal's "Ordem de Mérito—Comendador" for outstanding community service.
- Japan's Yuko Arimori, an Olympic marathon runner, engaged in an extended goodwill mission



Photo: UNFPA Cambodia

UNFPA Goodwill Ambassador and German television host Alfred Bielek (far right) during a January 2005 visit to UNFPA-supported projects in Cambodia. The trip generated widespread media attention, including from the German TV programme "Brisant" and the newspaper *Frankfurter Allgemeine Zeitung*.

through Kenya and Tanzania, drawing attention to the need for youth education and health care. Her messages reached tens of millions of Japanese newspaper readers and television viewers.

- Australian singer, actress and model Natalie Imbruglia became spokesperson for the UNFPA-led Campaign to End Fistula. She visited fistula hospitals in Nigeria and Ethiopia in January and returned in August with journalists, photographers and filmmakers from the United States, the United Kingdom and Australia.

## POPULATION AWARD

The United Nations Population Award goes each year to individuals and institutions for outstanding work in population and in improving the health and welfare of individuals.

In 2005, the award went to a leading demographer, Mercedes Concepcion of the Philippines, and Guatemala's largest private family planning provider, Asociación Pro-Bienestar de la Familia de Guatemala.

# Resources and Management

Where UNFPA Works

MEXICO CITY

DAKAR

## UNFPA at a Glance: 2005

UNFPA worked in 148 countries, areas and territories through its headquarters in New York and its regional and country 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: **77 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  
Côte d'Ivoire  
Democratic Republic of the Congo  
Equatorial Guinea  
Eritrea  
Ethiopia  
Gambia  
Ghana  
Guinea  
Guinea-Bissau  
Kenya  
Lesotho

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

#### ARAB STATES/EUROPE

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

Bolivia  
Haiti  
Nicaragua

### GROUP B

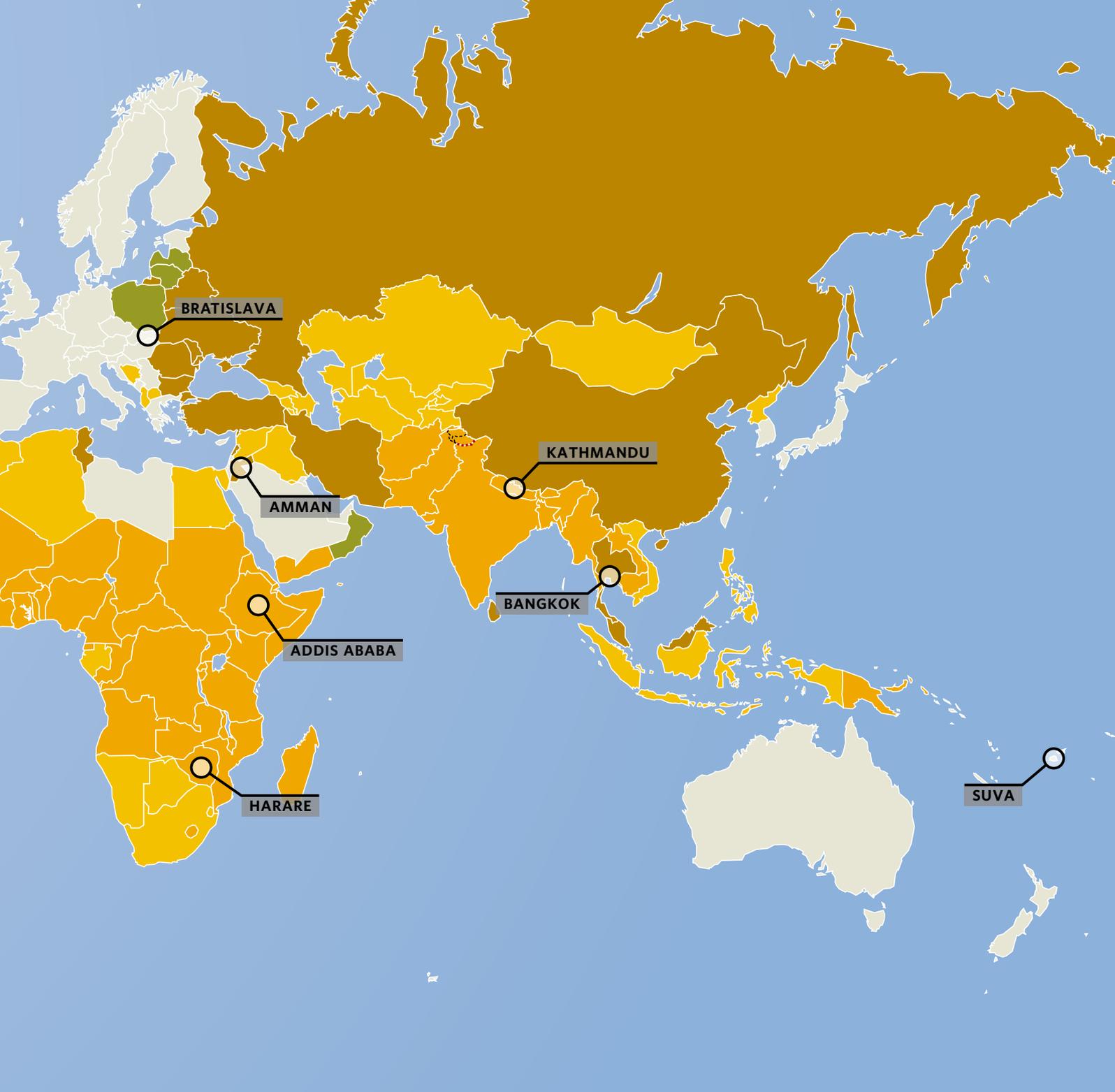
Countries that have made considerable progress towards achieving ICPD goals

#### AFRICA

Botswana  
Gabon  
Namibia  
South Africa  
Swaziland

#### ARAB STATES/EUROPE

Albania  
Algeria  
Armenia  
Azerbaijan  
Bosnia and Herzegovina  
Egypt  
Georgia  
Iraq  
Kazakhstan  
Kyrgyzstan  
Morocco  
Syrian Arab Republic



Tajikistan  
 Turkmenistan  
 Uzbekistan

**ASIA/PACIFIC**

Democratic People's Republic of Korea  
 Indonesia  
 Mongolia  
 Philippines  
 Thailand  
 Viet Nam

**LATIN AMERICA/CARIBBEAN**

Brazil  
 Caribbean, English- and Dutch-Speaking  
 Colombia  
 Costa Rica  
 Dominican Republic  
 Ecuador  
 El Salvador  
 Guatemala  
 Honduras  
 Panama

Paraguay  
 Peru  
 Uruguay  
 Venezuela (Bolivarian Republic of)

**GROUP C**

Countries that have demonstrated significant progress in achieving ICPD goals

**AFRICA**

Mauritius

**ARAB STATES/EUROPE**

Belarus  
 Bulgaria  
 Jordan  
 Lebanon  
 Republic of Moldova  
 Romania  
 Russian Federation  
 Tunisia  
 Turkey  
 Ukraine

**ASIA/PACIFIC**

China  
 Iran (Islamic Republic of)  
 Malaysia  
 Pacific Multi Islands  
 Sri Lanka  
 Thailand

**LATIN AMERICA/CARIBBEAN**

Argentina  
 Chile  
 Cuba  
 Mexico

**GROUP O**

Other countries and territories

**AFRICA**

Seychelles

**ARAB STATES/EUROPE**

Kosovo (Serbia and Montenegro)  
 Latvia  
 Lithuania  
 The former Yugoslav Republic of Macedonia  
 Oman  
 Poland

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 total of 172 countries contributed to UNFPA in 2005—making it another record-breaking year, up from the 2004 record of 166. Every nation in sub-Saharan Africa pledged funds to UNFPA in 2005. The support for UNFPA's mandate was also reaffirmed at the 2005 World Summit—the largest ever gathering of world leaders—which committed to achieving universal access to reproductive health by 2015, along with the Millennium Development Goals. UNFPA is the world's largest multilateral source of population assistance to developing countries.

## INCOME

Total regular and other income in 2005 was \$565 million, compared to \$506.1 million for 2004.

Regular income in 2005 totalled \$365.8 million, an increase of 11.6 per cent compared to the 2004 income of \$327.7 million. This includes \$351.2 million in voluntary contributions from donor governments and private contributions from the Mars Trust and the 34 Million Friends campaign, \$6.3 million in interest income, and other income of \$8.3 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.

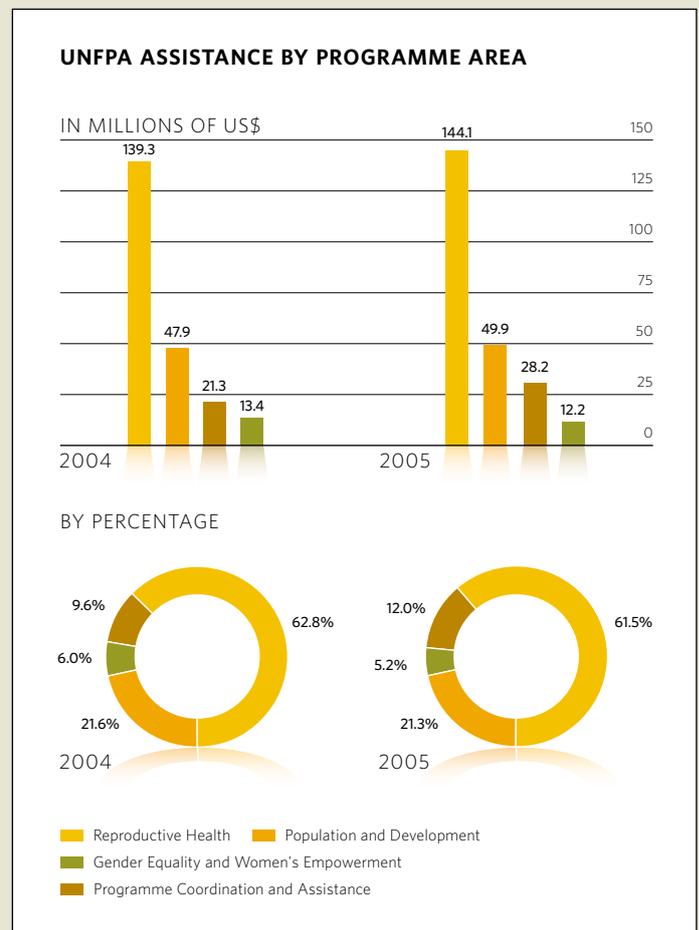
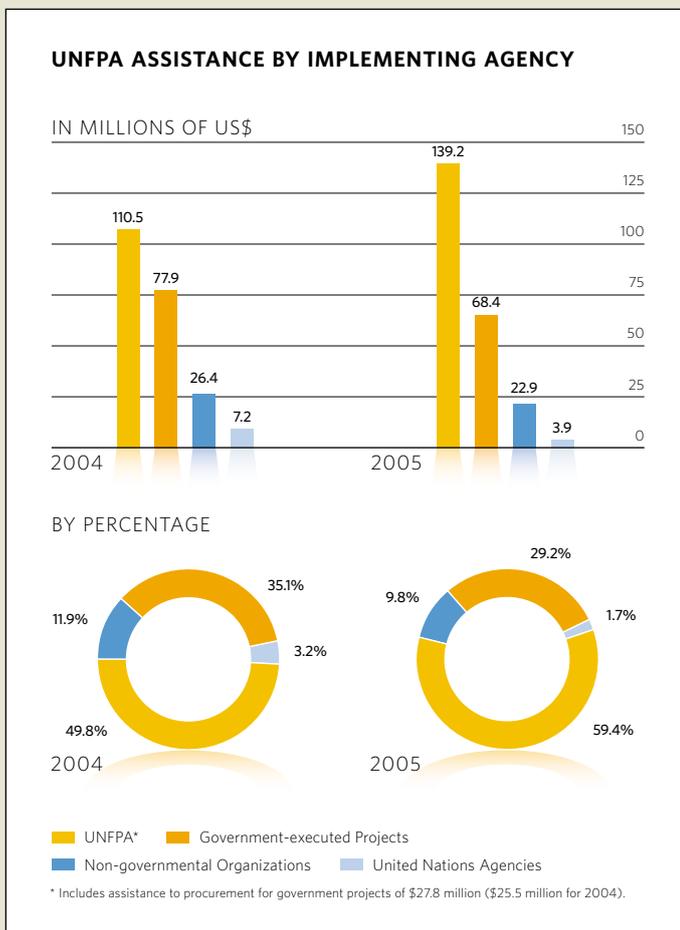
Other contributions in 2005 totalled \$199.2 million, an increase of 14.2 per cent compared to \$174.5

million in 2004. The 2005 figure includes interest and other income of \$5.5 million. Income from other resources is earmarked for specific activities. It includes trust funds, cost-sharing programme arrangements and other restricted funds.

## EXPENDITURES

Project expenditures (regular resources) in 2005 totalled \$234.3 million, compared to \$221.9 million in 2004. The 2005 figure includes \$186.7 million for country programmes, compared to \$181.6 million in 2004; and \$47.6 million for intercountry (regional and interregional) programmes, compared to \$40.3 million for 2004. Technical support services amounted to \$18.9 million.

Of the total regular resourced expenditures, UNFPA provided \$144.1 million in assistance for



reproductive health; \$49.9 million for population and development; \$12.2 million for gender equality and women's empowerment; and \$28.2 million for programme coordination and assistance. These expenditures were authorized by the Executive Director to carry out recommendations approved by the UNFPA Executive Board.

## REGIONAL SPENDING

In 2005, UNFPA provided support to 148 developing countries, areas and territories and countries with economies in transition: 45 in sub-Saharan Africa, 36 in the Arab States and Europe, 31 in Latin America and the Caribbean, and 36 in Asia and the Pacific. The region of sub-Saharan Africa received the largest percentage of UNFPA assistance at \$78 million, followed by Asia and the Pacific at \$75.5 million, the Arab States and Europe at \$28.4 million and Latin America and the Caribbean at \$21.4 million. Interregional and global assistance amounted to \$31 million.

## HUMAN RESOURCES

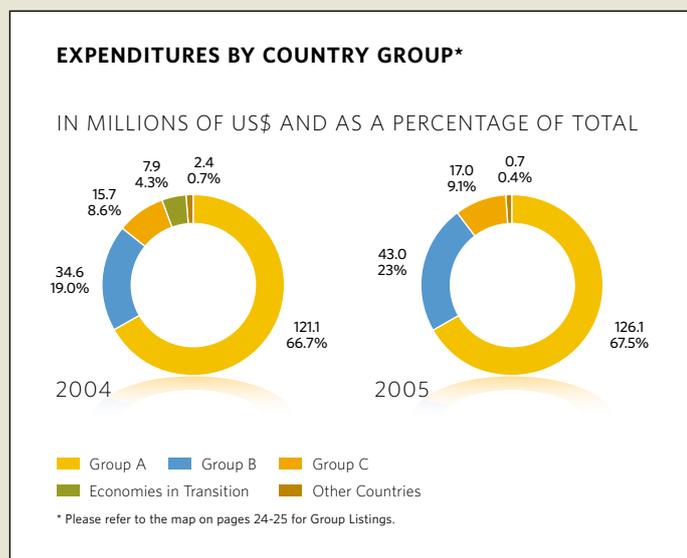
Worldwide, UNFPA has 972 staff in authorized budget posts, and nearly half of the professional staff members are women. Nine multidisciplinary teams of expert advisers provided specialized technical support at the regional and country level. These Country Technical Services Teams (CSTs) are located in 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.

- More than 90 per cent of UNFPA staff in New York attended half-day orientation sessions on HIV/AIDS in the workplace starting in February.

The sessions, many run by UNFPA facilitators, provided information on HIV prevention, care and treatment and United Nations policies, and promoted a workplace environment free from stigma and discrimination.

- Over the course of 11 months, all UNFPA Country Representatives and several CST Directors had the opportunity to attend a 15-day workshop at headquarters. Internal and external experts on leadership, policy dialogue and capacity-building led the workshop.
- A career workshop was open to all headquarters staff during 2005. The highlights included: improving your résumé, matching your skills to the vacancy announcements and setting plans for your future.
- Also in 2005, UNFPA introduced a CD to welcome new staff and refresh senior staff on the work that UNFPA performs each and every day. This CD allows the staff member to see the big picture, instead of just his or her own work.

All figures for 2005 used in both the text and the tables in this report are provisional.



## UNFPA INCOME AND EXPENDITURE 2005

IN MILLIONS OF US\$

### INCOME

<b>REGULAR RESOURCES</b>	
Voluntary Contributions	351.2
Interest Income	6.3
Other Contributions	8.3
<b>Total Regular Income</b>	<b>365.8</b>
<b>OTHER RESOURCES</b>	
Trust Funds	132.1
Cost-sharing Programme Arrangements	25.5
Other Arrangements	36.1
Interest and Other Income	5.5
<b>Total Other Resources Income</b>	<b>199.2</b>
<b>TOTAL INCOME</b>	<b>565.0</b>

### EXPENDITURE

<b>REGULAR RESOURCES</b>	
Project Expenditures	234.3
Technical Advisory Programme	18.9
<b>Total Programme Expenditure</b>	<b>253.2</b>
<b>Total Other Expenditure, Including BSB*</b>	<b>82.0</b>
<b>Total Regular Expenditure</b>	<b>335.2</b>
<b>OTHER RESOURCES</b>	
Project Expenditures	188.6
<b>Total Programme Expenditure</b>	<b>188.6</b>
<b>Total Other Expenditure</b>	<b>(0.4)</b>
<b>Total Other Resources Expenditure</b>	<b>188.2</b>
<b>TOTAL EXPENDITURE</b>	<b>523.4</b>
<b>INCOME OVER EXPENDITURE</b>	<b>41.6</b>

\* Biennial support budget

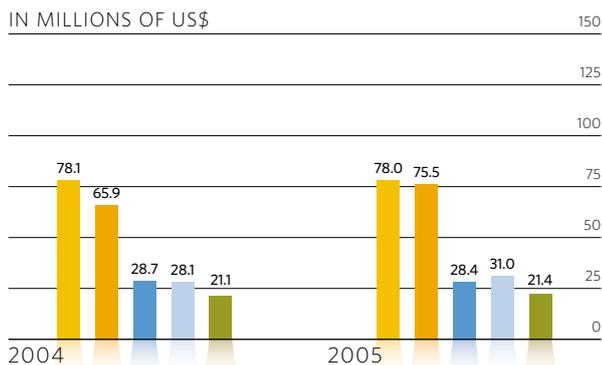
**TOP 20 DONORS TO UNFPA IN 2005\***  
CONTRIBUTIONS IN US\$

DONOR	REGULAR FUNDS <sup>1</sup> CONTRIBUTIONS	DONOR	OTHER FUNDS <sup>2</sup> CONTRIBUTIONS
Netherlands	75,924,773	United Kingdom	30,478,468
Sweden	48,681,245	Peru	19,840,996
Norway	37,793,070	European	
Japan	37,491,151	Commission	15,184,734
United Kingdom	36,469,076	Sweden	10,563,031
Denmark	30,663,329	Netherlands	9,756,520
Germany	19,127,333	Germany	9,461,095
Finland	18,692,206	Japan	6,646,893
Canada	11,572,581	Canada	6,125,876
Switzerland	9,765,625	Norway	5,295,397
Ireland	3,816,993	Luxembourg	5,188,146
Belgium	3,810,363	UNAIDS <sup>3</sup>	4,090,427
France	3,310,112	UNFIP <sup>4</sup>	4,031,752
Italy	2,509,410	Finland	3,746,947
New Zealand	2,146,380	UNDP <sup>5</sup>	3,363,543
Australia	1,959,248	Belgium	3,064,741
Luxembourg	1,293,661	New Zealand	3,024,722
China	900,000	OCHA <sup>6</sup>	2,636,759
Spain	792,274	Americans for	
Austria	782,336	UNFPA	2,044,856
		Australia	1,762,606
		African	
		Development Bank	1,150,394

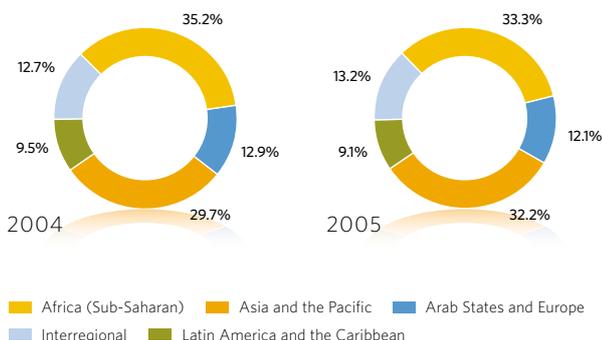
\* Contributions valued in US\$ at the time they were received using the United Nations Operational Rate of Exchange (arranged by descending order of regular resources). As of 31 December 2005, France and Spain have outstanding pledges.

- 1 Contribution payments received in 2005.
- 2 Payments received for co-financing resources.
- 3 Joint United Nations Programme on HIV/AIDS
- 4 United Nations Fund for International Partnerships
- 5 United Nations Development Programme
- 6 United Nations Office for the Coordination of Humanitarian Affairs

**UNFPA ASSISTANCE BY GEOGRAPHICAL REGION**



BY PERCENTAGE



**UNFPA EXPENDITURES FOR 2004 & 2005 BY REGION**  
REGULAR RESOURCES\*

REGION	IN MILLIONS US\$		% of TOTAL PROG.	
	2004	2005	2004	2005
<b>AFRICA (SUB-SAHARAN)</b>				
<b>BY MAJOR SECTOR</b>				
Reproductive Health	42.7	44.6	54.7	57.1
Population & Development	23.9	17.9	30.6	22.9
Gender Equality & Women's Empowerment	4.6	4.7	5.9	6.1
Programme Coordination & Assistance	6.9	10.8	8.8	13.9
<b>Total</b>	<b>78.1</b>	<b>78.0</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
GROUP A	70.6	68.6	96.3	96.0
GROUP B	2.7	2.8	3.6	3.9
GROUP C	0.1	0.0	0.1	0.0
Other Countries	0.0	0.0	0.0	0.1
Total Country Activities	73.3	71.4	100.0	100.0
Country Activities	73.3	71.4	93.9	91.6
Regional Activities	4.8	6.6	6.1	8.4
<b>Total Region</b>	<b>78.1</b>	<b>78.0</b>	<b>100.0</b>	<b>100.0</b>
<b>ARAB STATES AND EUROPE</b>				
<b>BY MAJOR SECTOR</b>				
Reproductive Health	18.6	17.9	64.8	63.1
Population & Development	5.4	6.1	18.8	21.5
Gender Equality & Women's Empowerment	1.6	1.3	5.5	4.6
Programme Coordination & Assistance	3.1	3.1	11.0	10.8
<b>Total</b>	<b>28.7</b>	<b>28.4</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
GROUP A	8.0	8.1	29.9	31.8
GROUP B	8.5	12.2	31.8	48.1
GROUP C	2.3	4.4	8.6	17.6
Economies in Transition	7.9	-	29.6	-
Other Countries	0.0	0.6	0.1	2.6
Total Country Activities	26.5	25.3	100.0	100.0
Country Activities	26.5	25.3	92.4	89.0
Regional Activities	2.2	3.1	7.6	11.0
<b>Total Region</b>	<b>28.7</b>	<b>28.4</b>	<b>100.0</b>	<b>100.0</b>
<b>ASIA AND THE PACIFIC</b>				
<b>BY MAJOR SECTOR</b>				
Reproductive Health	45.6	54.4	69.2	72.0
Population & Development	12.3	14.1	18.6	18.7
Gender Equality & Women's Empowerment	3.2	2.3	4.9	3.1
Programme Coordination & Assistance	4.8	4.7	7.3	6.3
<b>Total</b>	<b>65.9</b>	<b>75.5</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
GROUP A	39.6	44.7	62.5	62.2
GROUP B	13.9	17.0	22.0	23.7
GROUP C	9.8	10.2	15.5	14.1
Other Countries	2.4	-	12.9	0.0
Total Country Activities	63.3	71.9	100.0	100.0
Country Activities	63.3	71.9	96.0	95.3
Regional Activities	2.6	3.6	4.0	4.7
<b>Total Region</b>	<b>65.9</b>	<b>75.5</b>	<b>100.0</b>	<b>100.0</b>
<b>LATIN AMERICA AND THE CARIBBEAN</b>				
<b>BY MAJOR SECTOR</b>				
Reproductive Health	11.0	9.2	52.4	43.2
Population & Development	4.8	5.8	22.8	27.4
Gender Equality & Women's Empowerment	2.9	3.1	13.7	14.4
Programme Coordination & Assistance	2.3	3.2	11.1	15.1
<b>Total</b>	<b>21.1</b>	<b>21.4</b>	<b>100.0</b>	<b>100.0</b>
<b>COUNTRY ACTIVITIES BY GROUP</b>				
GROUP A	3.0	4.7	16.2	26.0
GROUP B	9.6	11.0	51.9	60.8
GROUP C	3.5	2.4	19.0	13.2
Other Countries	2.4	-	12.9	0.0
Total Country Activities	18.4	18.1	100.0	100.0
Country Activities	18.4	18.1	87.4	84.5
Regional Activities	2.7	3.3	12.6	15.5
<b>Total Region</b>	<b>21.1</b>	<b>21.4</b>	<b>100.0</b>	<b>100.0</b>
<b>INTERREGIONAL AND GLOBAL</b>				
<b>BY MAJOR SECTOR</b>				
Reproductive Health	21.4	18.0	76.0	58.0
Population & Development	1.5	5.9	5.2	19.2
Gender Equality & Women's Empowerment	1.1	0.7	4.0	2.4
Programme Coordination & Assistance	4.1	6.3	14.7	20.4
<b>Total Interregional</b>	<b>28.1</b>	<b>31.0</b>	<b>100.0</b>	<b>100.0</b>

\*Totals may not add up due to rounding.

## DONOR PLEDGES AND PAYMENTS FOR 2005

CONTRIBUTIONS IN US\$

GOVERNMENT/DONOR	PLEDGES FOR CURRENT YEAR <sup>1</sup>	PAYMENTS RECEIVED <sup>2</sup>	GOVERNMENT/DONOR	PLEDGES FOR CURRENT YEAR <sup>1</sup>	PAYMENTS RECEIVED <sup>2</sup>
Afghanistan	200	200	Malawi	3,000	--
Albania	100	--	Malaysia	15,000	--
Algeria	10,000	10,000 <sup>3</sup>	Maldives	5,000	--
Andorra	19,142	19,142	Mali	6,515	6,515
Angola	6,202	6,202	Malta	1,000	1,000
Antigua and Barbuda	1,000	1,000	Marshall Islands	2,000	--
Armenia	1,000	1,000	Mauritania	1,930	--
Australia	1,939,488	1,959,248	Mauritius	3,388	3,388
Austria	784,314	782,336	Mexico	52,470	52,470
Azerbaijan	3,082	3,146	Mexico	(2,369)	(2,369) <sup>8</sup>
Bahamas	1,000	1,000 <sup>4</sup>	Micronesia (Federated States of)	3,000	3,000
Bangladesh	27,942	27,942	Mongolia	4,000	8,000
Barbados	3,500	7,000 <sup>5</sup>	Morocco	215,801	205,801
Belarus	--	1,000 <sup>3</sup>	Morocco	(205,801)	(205,801) <sup>8</sup>
Belgium	4,266,461	3,810,363	Mozambique	1,000	1,000 <sup>6</sup>
Belize	2,500	--	Myanmar	108	112 <sup>4</sup>
Benin	4,000	--	Namibia	1,000	1,000
Bhutan	5,650	5,650	Nauru	250 <sup>7</sup>	--
Bosnia and Herzegovina	2,000	2,000	Nepal	5,662	5,662
Botswana	4,751	3,704	Netherlands	79,427,408	75,924,773
Brazil	15,000	30,000 <sup>6</sup>	New Zealand	2,146,380	2,146,380
Bulgaria	2,000	2,000	Nicaragua	4,000	--
Burkina Faso	1,857 <sup>7</sup>	--	Niger	4,618	9,618 <sup>6</sup>
Burundi	910	888	Nigeria	10,000	70,000 <sup>6</sup>
Cambodia	2,898	2,898	Norway	39,473,684	37,793,070
Cameroon	14,348	--	Occupied Palestinian Territory	1,000	1,000
Canada	11,762,295	11,572,581	Oman	26,042	26,008 <sup>4</sup>
Cape Verde	1,500	1,500	Pakistan	500,000	--
Central African Republic	1,381	--	Palau	--	100 <sup>4</sup>
Chad	21,694	20,156	Panama	15,557	15,557
Chile	5,000	5,000 <sup>6</sup>	Papua New Guinea	3,484	3,497
China	900,000	900,000	Paraguay	200	--
Colombia	43,000	97,365 <sup>3</sup>	Peru	2,000	2,006 <sup>4</sup>
Comoros	500	--	Philippines	27,814	25,885 <sup>4</sup>
Congo (Republic of the)	34,061	--	Portugal	40,000	40,000
Cook Islands	720	720	Republic of Korea	130,000	130,000
Costa Rica	6,015	6,015	Republic of Moldova	200 <sup>7</sup>	--
Côte d'Ivoire	15,000	3,966	Romania	10,246	10,246
Croatia	1,000	2,000 <sup>6</sup>	Russian Federation	150,000	150,000
Cuba	5,000	--	Rwanda	300	800 <sup>6</sup>
Cyprus	1,500	1,500	Saint Kitts and Nevis	300	--
Czech Republic	121,581	121,581	Saint Lucia	500	--
Democratic People's Republic of Korea	36,901	36,901	Saint Vincent and Grenadines	100	--
Democratic Republic of the Congo	3,000	--	Samoa	5,000	5,000
Denmark	31,914,894	30,663,329	Sao Tome and Principe	1,785	3,571 <sup>6</sup>
Djibouti	1,000	--	Saudi Arabia	300,000	300,000
Dominica	200	--	Senegal	19,371	--
Dominican Republic	2,190	2,190	Serbia and Montenegro	200	200
Egypt	80,515	70,853	Seychelles	2,011	--
El Salvador	2,000	2,000 <sup>6</sup>	Sierra Leone	11,538	--
Equatorial Guinea	41,029	134,080 <sup>5</sup>	Slovak Republic	6,024	6,024
Eritrea	2,000	2,000	Slovenia	3,000	3,000
Estonia	23,400	22,965 <sup>3</sup>	Solomon Islands	200	200
Ethiopia	3,468	10,405 <sup>6</sup>	Somalia	100	--
Fiji	3,049	3,049	South Africa	25,801	21,577
Finland	19,199,457	18,692,206	Spain	792,274	74,627
France	3,392,130	2,930,194	Sri Lanka	18,000	--
Gabon	89,152	90,206	Sudan	30,000	--
Gambia	8,993	10,791 <sup>6</sup>	Suriname	500	--
Georgia	1,496	1,496	Swaziland	10,000	--
Germany	19,127,333	19,127,333	Sweden	51,673,945	48,681,245
Ghana	12,500	--	Switzerland	9,765,625	9,765,625
Greece	15,000	15,000	Syrian Arab Republic	2,857	2,857
Guatemala	538	538	Tajikistan	200	200
Guinea	4,037	4,037	Thailand	96,000	188,375 <sup>5</sup>
Guinea Bissau	300	300	The former Yugoslav Republic of Macedonia	1,500	1,500
Guyana	1,000	1,100 <sup>6</sup>	Timor-Leste	500	500
Haiti	10,000 <sup>7</sup>	--	Togo	10,698	10,698
Honduras	3,405	3,393	Tokelau	400	400
Hungary	9,657	23,500 <sup>6</sup>	Tonga	1,000	--
Iceland	47,026	47,026	Trinidad and Tobago	5,000	5,000
India	207,852	209,302	Tunisia	20,644	20,644
Indonesia	33,871	31,500	Turkey	108,000	108,000
Iran (Islamic Republic of)	50,000	99,009 <sup>6</sup>	Tuvalu	3,000	3,000
Ireland	3,816,993	3,816,993	Uganda	10,000	--
Israel	20,000	20,000	United Kingdom of Great Britain and Northern Ireland	38,314,176	36,469,076
Italy	2,642,008	2,509,410	United Republic of Tanzania	5,450	5,450 <sup>4</sup>
Jamaica	1,000	1,000 <sup>3</sup>	Uruguay	5,000	--
Japan	37,491,151	37,491,151	Uzbekistan	946	946
Jordan	50,071	50,071	Vanuatu	878	1,761 <sup>6</sup>
Kazakhstan	20,000	20,000	Venezuela (Bolivarian Republic of)	5,000	1,000 <sup>4</sup>
Kenya	10,000	10,000	Viet Nam	4,256	4,256
Kuwait	--	10,000 <sup>4</sup>	Yemen Arab Republic	15,000	15,000
Kyrgyzstan	1,164	--	Zambia	2,137	2,538
Lao People's Democratic Republic	1,500	--	Zimbabwe	111	189 <sup>6</sup>
Latvia	200	--	Mars Trust	750,000	750,000 <sup>9</sup>
Lebanon	2,000	4,000 <sup>6</sup>			
Lesotho	2,778	--			
Liberia	10,000	--			
Liechtenstein	8,443	8,443			
Luxembourg	1,293,661	1,293,661			
Madagascar	1,837	1,564			
			<b>SUBTOTAL</b>	<b>363,854,700</b>	<b>349,761,272</b>
			<b>LESS: LOSS ON FOREIGN EXCHANGE</b>	<b>(12,628,622)</b>	
			<b>TOTAL</b>	<b>351,226,078</b>	<b>349,761,272</b>

1 Official written pledges received as of 31 December 2005.  
2 Actual payments received as of 31 December 2005.  
3 Payment for 2006.

4 Payment for 2004.  
5 Includes payments for 2005 and future years.  
6 Includes payments for 2005 and prior years.

7 Payment received in 2004.  
8 Less government contribution to local costs.  
9 Payment is channelled through Americans for UNFPA.

## PROJECT EXPENDITURES IN 2005

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

GROUP <sup>1</sup>	SUB-SAHARAN AFRICA	US\$
A	Angola	1,920
A	Benin	2,646
B	Botswana	885
A	Burkina Faso	2,674
A	Burundi	1,089
A	Cameroon	2,783
A	Cape Verde	751
A	Central African Republic	2,322
A	Chad	2,127
A	Comoros	462
A	Congo (Republic of the)	629
A	Côte d'Ivoire	1,572
A	Democratic Republic of the Congo	6,952
A	Equatorial Guinea	1,576
A	Eritrea	1,971
A	Ethiopia	4,185
B	Gabon	142
A	Gambia	587
A	Ghana	3,692
A	Guinea	1,378
A	Guinea-Bissau	1,038
A	Kenya	3,767
A	Lesotho	133
A	Liberia	781
A	Madagascar	1,453
A	Malawi	3,679
A	Mali	1,650
A	Mauritania	2,205
C	Mauritius <sup>2</sup>	(11)
A	Mozambique	5,894
B	Namibia	701
A	Niger	3,291
A	Nigeria	7,929
A	Rwanda	1,864
A	Sao Tome & Principe	381
A	Senegal	2,418
O	Seychelles	48
A	Sierra Leone	1,654
B	South Africa	906
B	Swaziland	517
A	Togo	642
A	Uganda	3,801
A	United Republic of Tanzania	5,099
A	Zambia	1,751
A	Zimbabwe	4,404
	Country & Territory Projects Total	96,337
	Regional Projects	10,470
	<b>Sub-Saharan Africa Total</b>	<b>106,807</b>

GROUP <sup>1</sup>	ASIA AND THE PACIFIC	US\$
A	Afghanistan	4,884
A	Bangladesh	5,395
A	Bhutan	2,246
A	Cambodia	1,956
C	China	4,717
B	Democratic People's Republic of Korea	974
A	India	13,672
B	Indonesia	15,735
C	Iran (Islamic Republic of)	1,515
A	Lao People's Democratic Republic	1,213
C	Malaysia	480
A	Maldives	1,625
B	Mongolia	1,049
A	Myanmar	4,022
A	Nepal	6,548
C	Pacific Multi Islands	1,741
A	Pakistan	9,542
A	Papua New Guinea	722
B	Philippines	5,692
C	Sri Lanka	2,856
C	Thailand	2,138
A	Timor-Leste	1,485
B	Viet Nam	7,596
	Country & Territories Project Total	97,803
	Regional Projects	9,408
	<b>Asia and the Pacific Total</b>	<b>107,211</b>

GROUP <sup>1</sup>	ARAB STATES AND EUROPE	US\$
B	Albania	397
B	Algeria	736
B	Armenia	589
B	Azerbaijan	664
C	Belarus	283
B	Bosnia and Herzegovina	337
C	Bulgaria	276
A	Djibouti	445
B	Egypt	1,828
B	Georgia	505
B	Iraq	4,716
C	Jordan	293
B	Kazakhstan	608
O	Kosovo (Serbia and Montenegro)	1,078
B	Kyrgyzstan	841
O	Latvia	49
C	Lebanon	613
O	Lithuania	69
B	Morocco	2,745
A	Occupied Palestinian Territory	1,150
O	Oman	156
O	Poland	74
C	Republic of Moldova	347
C	Romania	573
C	Russian Federation	617
A	Somalia	329
A	Sudan	8,092
B	Syrian Arab Republic	1,952
B	Tajikistan	748
O	The former Yugoslav Republic of Macedonia	11
C	Tunisia	436
C	Turkey	1,054
B	Turkmenistan	507
C	Ukraine	650
B	Uzbekistan	874
A	Yemen	3,642
	Country and Territory Projects Total	38,283
	Regional Projects	3,973
	<b>Arab States and Europe Total</b>	<b>42,256</b>

GROUP <sup>1</sup>	LATIN AMERICA AND THE CARIBBEAN	US\$
C	Argentina	452
A	Bolivia	1,493
B	Brazil	1,105
B	Caribbean, English- and Dutch-Speaking	1,208
C	Chile	208
B	Colombia	1,068
B	Costa Rica	587
C	Cuba	658
B	Dominican Republic	804
B	Ecuador	906
B	El Salvador	804
B	Guatemala	1,503
A	Haiti	4,158
B	Honduras	2,702
C	Mexico	2,179
A	Nicaragua	2,504
B	Panama	500
B	Paraguay	819
B	Peru	22,035
B	Uruguay	450
B	Venezuela (Bolivarian Republic of)	822
	Country & Territory Projects Total	46,965
	Regional Projects	3,860
	<b>Latin America and the Caribbean Total</b>	<b>50,825</b>

TOTAL PROJECT EXPENDITURES	US\$
Country Projects	279,388
Regional Projects	27,711
Interregional Projects	80,923
Procurement Services	32,233
Junior Professional Officers and Other Programmes	1,266
<b>GRAND TOTAL</b>	<b>421,521</b>

1 Please refer to the map on pages 24-25 for Group Listings.

2 Parentheses are negative numbers, indicating adjustments or credits to project expenditures.

# The Mission of UNFPA

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

**UNFPA—because everyone counts.**



United Nations Population Fund

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