



Contents

iii	Foreword by Ban Ki-moon, Secretary-General of the United Nations
iv	Overview by Thoraya Ahmed Obaid, Executive Director of UNFPA
2	Reproductive Health and Safe Motherhood
8	Culture, Gender and Human Rights
12	Assisting in Emergencies
16	Poverty, Population and Development
20	Building Support
24	Resources and Management
	Tables and Charts
26	UNFPA Assistance by Implementing Agency
26	UNFPA Assistance by Programme Area
27	Expenditures by Country Group
27	UNFPA Income and Expenditures
28	Top 20 Donors to UNFPA
28	UNFPA by Geographical Region
28	UNFPA Expenditures for 2005 and 2006 by Region
29	Donor Pledges and Payments
30	Project Expenditures

Photos:

Cover: © Ian Berry/Magnum Photos

Young women entering Tillya-Kari Madrassa at the Golden Mosque in Samarkand, Uzbekistan.

Foreword: © Mark Garten/United Nations

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

Overview: © Eskinder Debebe/United Nations

Thoraya Ahmed Obaid, Executive Director, UNFPA

Reproductive Health and Safe Motherhood: ©Tom Weller

Albina Chambi and Grover Huanca, teenage parents from Bolivia, with their baby girl. The young couple appeared in a UNFPA-supported documentary that focused on Bolivia's pressing needs in the areas of maternal and newborn health care.

Culture, Gender and Human Rights:

The "culture circles" graphic illustrates UNFPA's belief that everybody is entitled to equal rights and protection. Gender mainstreaming is a strategic response to the widespread denial of women's human rights. Culturally sensitive programming involves communities in supporting human rights in many cultural contexts. These approaches merge in all areas of the Fund's programming.

Assisting in Emergencies:

© Manuel de Almeida/epa/Corbis

A mother and her child taking refuge at Caicoli, a former Portuguese battalion headquarters, during the civil strife that took place in Timor-Leste during 2006.

Poverty, Population and Development:

© Teun Voeten/Panos Pictures

Rush hour in the Cairo metro system.

Building Support: © Dean Freeman

UNFPA Goodwill Ambassador Geri Halliway during her November 2006 visit to Zambia.



Foreword

Every country has made commitments to improve living standards in larger freedom. These commitments are elaborated in many international agreements, including the Millennium Development Goals and the Programme of Action adopted at the International Conference on Population and Development (ICPD). Yet, for millions of women and girls, a life of health and equal opportunity is threatened by violence, discrimination, poverty and other ills.

UNFPA, the United Nations Population Fund, is a key partner in providing the expertise and support needed to change this unacceptable state of affairs. For nearly 40 years, UNFPA has fought for women's rights and empowerment. In 2006, UNFPA provided assistance to 154 countries and territories, with special emphasis on increasing the availability and quality of reproductive health services, fighting gender discrimination and violence, formulating effective population policies and intensifying HIV prevention. As always, partnerships—with United Nations agencies and others—made progress possible. UNFPA also joined in efforts to reform the United Nations, in particular towards “One UN” and better system-wide coherence.

The right to enjoy a life of health and equal opportunity must be pursued on many fronts. Yet, much depends on meeting one single goal that is put forth in both the ICPD and the outcome of the 2005 World Summit: Universal access to reproductive health by 2015. UNFPA pursues this objective in many ways: By providing training for midwives and safe motherhood supplies for refugees; by helping to devise national action plans to address violence against women, forging partnerships with faith-based organizations, encouraging youth participation, assisting with census-taking and promoting family planning.

UNFPA's mission is clear: To help countries 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. This report chronicles UNFPA's diverse and vital work around the world, and I commend the information and analysis to a wide global audience.



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

Overview



UNFPA, the United Nations Population Fund, operates under a unique mandate—one that is as important as it is often overlooked. It is a mandate that champions the health and rights of the world's most impoverished, marginalized and forgotten populations: women, adolescents and those living with HIV/AIDS.

UNFPA works 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. This vision drives us to advance a comprehensive approach to sexual and reproductive health and reproductive rights and it is one that has put the Fund squarely at the forefront of some of development's most serious, sensitive and important issues.

In 2006, UNFPA assisted 154 developing and transition countries and territories to reduce maternal death, promote HIV prevention, and address unmet needs for family planning. We also promoted effective population policies to alleviate poverty and to empower women and men to make the choices necessary to improve their lives and those of their families.

As a solid sign of confidence in our global commitment, 180 countries contributed to the Fund in 2006—the highest number of donor nations and the largest amount of contributions to UNFPA since it began operations in 1969.

In 2006, UNFPA also focused on mainstreaming population, gender and reproductive health into global, regional and national development strategies. We played an active role in United Nations reform with the aim of improving aid effectiveness in support of nationally owned and led development.

We continued to support countries in developing their capacities to implement the Programme of Action of the 1994 Cairo International Conference on Population and Development (ICPD) and to achieve the Millennium Development Goals (MDGs). In order to speed progress, our Fund endorsed new strategies to enhance humanitarian relief efforts, gender mainstreaming and action on adolescents and youth. We strengthened and expanded our partnerships—a strategy that is absolutely critical to the achievement of our mandate.

Throughout the year, UNFPA mobilized widespread support for sexual and reproductive health and reproductive rights. The benefits of family planning, skilled attendance at birth, emergency obstetric care, and HIV prevention are brought to life by people such as Kouboura, Tarcila, Nazia and Khadija, whose stories we share in this report. The Fund also called for the integration of sexual and reproductive health and HIV/AIDS policies and programmes to more specifically meet the needs of women and youth.

In Africa, 48 countries pledged to expand access to sexual and reproductive health throughout the continent with the Maputo Plan of Action. The Hammamet Call to Action on Scaling-up Midwifery in the Community and the Partnership for Maternal, Newborn and Child Health reinforced commitments to improve maternal health.

UNFPA played a part in strengthening global human rights with the adoption of the new Convention on the Rights of Persons with Disabilities, which specifically mentions the right to reproductive health. The Third International Parliamentary Conference on the Implementation of the ICPD Programme of Action, held in Bangkok, galvanized parliamentary commitment and reinforced the necessity of creating a world free of gender discrimination.

Throughout the year, we also spoke out *against* gender-based violence and *for* gender equality and the empowerment of women. We count the adoption of the Brussels Call to Action at the International Symposium on Sexual Violence in Conflict and Beyond as a watershed moment in the history of conflict and humanitarian relief.

UNFPA continued to support the collection, analysis and use of sex disaggregated data to inform humanitarian and development strategies in a bid to increase national capacity development. During the year, we supported nations' quests to integrate population dynamics into development and poverty reduction plans. The *State of World Population* report shone a worldwide spotlight on the plight of migrant women and contributed to the global dialogue on international migration and development.

In October, United Nations Member States took note of the Report of the Secretary-General on the Work of the Organization, which included four new targets, among them universal access to reproductive health, thereby reinforcing the centrality of the ICPD goals to the attainment of all of the MDGs— particularly Goals 1, 3, 4, 5 and 6.

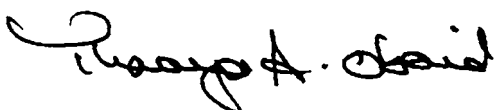
To that end, 2006 saw more and more countries allocating larger amounts of their national resources towards funding contraceptive purchases, expanding family planning services, improving maternal care and preventing HIV, especially among women and adolescents. Partly as a result of UNFPA efforts, reproductive health services were made more widely available through increased capacity-building for service providers, and the development of national guidelines and protocols.

Despite these significant successes, more needs to be done. In terms of the UNFPA mandate, several lessons emerge: Policy advances need to be capitalized on in order to scale up effective programmes targeting the world's most vulnerable and marginalized populations. To consolidate and further these positive trends, we need to continue strengthening human resource capacity at the country level to link reproductive health, population and gender with the broader issues of poverty reduction. We will also have to increase efforts to incorporate emerging population issues, such as migration and ageing, into our programming.

Although the organization and its partners have successfully developed a strategic framework that includes young people, UNFPA will require resources to strengthen its leadership, particularly at the country level. This is because out-of-school young people are still not being adequately reached with HIV-prevention information and reproductive health services.

Advocacy and policy efforts around gender-based violence, likewise, need to be followed up with increased monitoring and accountability. In the same vein, the Fund has also become a leading partner in the area of humanitarian response. We continue to press for the incorporation of ICPD priorities into emergency preparedness plans to ensure that humanitarian response on the ground will include reproductive health, gender and HIV programming.

We have so much to do, and a busy year is ahead of us. With our partners, we will accelerate the great strides made in 2006 and move forward into a new era where everyone, indeed, counts.



Thoraya Ahmed Obaid
Executive Director, UNFPA



Reproductive Health and Safe Motherhood

In 2006, UNFPA worked for midwives to save mothers and babies, for girls at great risk of HIV/AIDS, and for young people, who hold the key to a healthy future.



Kouboura Moutari of Niger married when she was only 15 years old. Soon after, she gave birth to her first child, who was stillborn. During her second pregnancy, she laboured for two days before her family brought her by horse-drawn cart to the hospital for an emergency Caesarean section. Unfortunately, it was too late, and she not only lost the baby, but also suffered obstetric fistula. With the help of UNFPA, however, she was able to obtain treatment and today works with a UNFPA-supported non-governmental organization (NGO) to inform village women of the importance of prenatal care and timely obstetric intervention.

Promoting reproductive health and rights is central to the UNFPA mission. The Fund strives to contribute to the Millennium Development Goals (MDGs) by focusing on maternal mortality, adolescents, gender equality, HIV prevalence (particularly among women), under-5 child mortality and unmet family planning needs.

In many developing countries, maternal mortality remains unacceptably high—a stinging indictment of inadequate national priorities that fail to address a global tragedy that is as easily preventable as it is seemingly intransigent. According to the 2006 MDG progress report, advancement on maternal health has stagnated and, in some instances, has even deteriorated.

Although many countries have established reproductive health programmes, millions of pregnancies are still unwanted or mistimed. Furthermore, modern family planning methods remain out of reach for the world's poorest and, in particular, for unmarried young people.

In 2006, UNFPA strengthened efforts to guarantee the right to sexual and reproductive health, to help girls at risk of acquiring HIV and to support young people, who hold the key to a healthy future.

Saving Mothers' Lives

Saving lives—reducing maternal death and protecting women from serious health complications associated with pregnancy and childbirth—is not only a leading international development priority, but is also a human rights imperative. UNFPA helps families and individuals to gain access to reliable family planning, and developing countries to build capacity so they can provide women with skilled attendance at birth and emergency obstetric care in case of complications. In 2006:

- UNFPA raised awareness of the critical shortage of midwives in developing countries, where an estimated 529,000 women die in pregnancy and childbirth each year. Key partners included the International Confederation of Midwives and the World Health Organization (WHO). In December,

UNFPA and partners organized a groundbreaking forum in Tunisia that focused exclusively on midwifery. Participants from 23 countries signed the Hammamet Call to Action, which recommends that donors and national governments strengthen midwifery services throughout the developing world.

- UNFPA helped launch two new vaccines against the human papillomavirus (HPV)—the virus that causes cervical cancer—by working with donors, governments and multilateral organizations to establish how national immunization, sexual and reproductive health services, and cancer control programmes could make the vaccines rapidly available to women in the developing world. UNFPA also contributed to a policy and programme guide after a March 2006 technical consultation. Delivery of HPV vaccines may offer an opportunity to reach pre-adolescent girls and their mothers with HIV prevention and other reproductive health care.

- In partnership with WHO, the United Nations Children's Fund (UNICEF) and the World Bank, UNFPA supported the development of national maternal and newborn health strategies to help countries realize MDG 5 (improve maternal health). The new strategies—to be finalized and funded in 2007—will enable partners to rapidly scale up interventions, contribute to the prevention of mother-to-child transmission, and integrate good practices into maternal health programmes.

Family Planning: So that Every Pregnancy is Wanted

Improving access to voluntary family planning services lies at the heart of the UNFPA mandate. Despite the lack of up-to-date data on global or regional contraceptive prevalence rates, improvement is evident: An increasing number of countries report that service delivery points now stock at least three modern methods of contraception. Nevertheless, millions of people still lack access to contraceptives. Today, an estimated 201 million women worldwide are unable to acquire safe and effective contraceptive services.

In 2006:

- UNFPA worked with more than 50 countries to increase contraceptive prevalence and to prevent, control and treat sexually transmitted infections (STIs), including HIV. The Fund promotes family planning as a means to reduce unsafe abortion, which claims the lives of some 78,000 women each year—99 per cent of whom live in developing countries.
- UNFPA and the Program for Appropriate Technology in Health published and launched *Meeting the Need: Strengthening Family Planning Programs*. The document is intended to help practitioners strengthen their programmes and meet growing family planning needs. It offers a broad overview of key programmatic considerations, practical specialized resources and hands-on online tools.
- UNFPA continued to work with the Islamic Republic of Iran to reduce fertility rates. The initiative demonstrates how a supportive environment can rapidly change these rates. A review revealed that success was largely the result of the establishment of a strong national consensus forged with the help of Islamic clergy; the development of policies that reflected the needs of the population; and access to a range of family planning methods.

Coming through with Commodities

Every minute, 190 women are forced to confront the possibility of an unplanned or unwanted pregnancy—one that could have been easily prevented if only they had access to contraceptives. Every minute, 650 people contract an STI and nearly 10 are newly infected with HIV because they could not obtain condoms. Government allocation of funds for contraceptives is key to the sustainability of reproductive health services.

To improve access to reproductive health services, UNFPA Country Offices have focused on: (a) undertaking advocacy to increase national investments in family planning services; (b) promoting reproductive health commodity security; (c) expanding the choice of methods; (d) improving the quality of services; (e) increasing the number of service delivery points; (f) increasing capacity in areas such as protocol development, logistics, forecasting, costing, monitoring and evaluation; and (g) undertaking advocacy and capacity-building to expand services to adolescents.

With UNFPA support, some governments are fundraising for their five-year condom strategies. Others are allocating funds from other sources, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, to support commodities and programme costs. Moreover, female condoms are now being integrated into the National Essential Drug List for HIV and for reproductive health in some countries. In 2006:

- The number of countries allocating their own funds for contraceptive purchases increased to 66, up from 34 in 2004. A total of 13 UNFPA Country Offices reported increases in the national budgets for contraceptives over the same period.
- Ministers of health and delegates from 48 African countries met in September in Maputo, Mozambique, and agreed that poor sexual and reproductive health was a leading killer. They subsequently adopted a plan of action to ensure universal access to comprehensive sexual and reproductive health services. During the meeting, health ministers reiterated the urgent need for reproductive health commodity security to help reduce maternal mortality and to contain the continental tragedy of HIV/AIDS.
- UNFPA helped overcome reproductive health commodity shortages in more than 60 countries. European governments and the Government of Canada financed the programme and established a thematic trust fund of \$63.8 million.
- Under the umbrella of the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNFPA took the



UNFPA Executive Director Thoraya Ahmed Obaid with a 16-year-old patient at the Fistula Repair Centre at Dhaka Medical College Hospital in Bangladesh. The centre was established with UNFPA support.

lead in securing male and female condom supplies and is now the largest procurer of condoms in the public sector. At the XVI International AIDS Conference in Toronto, UNFPA highlighted the fact that millions of people still lack access to the most basic prevention method of all—the male and female condom.

- In 23 countries, the political and technical endorsement of female condom programming moved to the implementation stage. Procurement of female condoms increased by 40 per cent—from 13.5 million in 2005 to almost 20 million in 2006.
- UNFPA helped commodity vendors to pre-qualify in order to widen the worldwide supplier base. In addition to enabling countries to obtain international accreditation for their national product testing facilities, UNFPA advises participating manufacturers on how to deliver products that comply with WHO and UNAIDS specifications.
- In May, the Secretariat of the African, Caribbean and the Pacific Group of States, the European Commission and UNFPA approved a budget of 15 million euros to supply 17 conflict and post-conflict countries with reproductive health commodities and to develop capacity.

Restoring Hope and Dignity to Women and Girls

Galvanizing support for maternal health is the goal of the UNFPA-led Campaign to End Fistula, which in 2006 worked in 40 countries in sub-Saharan Africa, South Asia and the Arab States. The aim is to prevent and treat a terrible childbirth injury called fistula—a rupture in the birth canal that occurs during prolonged, obstructed labour and leaves women incontinent, isolated and ashamed. Most victims are poor, young and malnourished. Nine out of ten fistulas can be successfully repaired.

Only three years after launching the campaign in 2003, UNFPA has assisted 30 countries to complete needs assessments. More than 20 countries have moved from assessment and planning to implementation. Eleven governments, as well as private-sector supporters such as Johnson & Johnson, One by One, the 34 Million Friends of UNFPA and Virgin Unite, donated to the campaign in 2006.

The year saw several “firsts”. In 2006:

- Pakistan launched its own national campaign to end fistula. With the help of UNFPA, seven regional centres are being established to provide surgical treatment free of charge. Local imams and the media are now alerting the population to the dangers of early childbearing and the availability of fistula repair.



Photo: Osama Abueta/UNFPA

Three mothers and their babies at the UNFPA-supported Al-Rimal clinic in Gaza, in the Occupied Palestinian Territory.

- UNFPA helped open western Darfur’s first comprehensive fistula centre in the town of Zalingei, Sudan. The 16-bed repair facility is expected to serve nearly 300 girls and women a year, offering a range of care that includes repair, rehabilitation, social reintegration and psychosocial counselling.
- UNFPA and WHO collaborated with Averting Maternal Death and Disability and the International Federation of Gynecology and Obstetrics to produce a manual on obstetric fistula, the first of its kind. The publication provides guiding principles for clinical care and programme development.
- Senegalese President Abdoulaye Wade stated his commitment to provide free obstetric fistula treatment after viewing a documentary produced by CNN and UNFPA.
- UNFPA launched a major United Kingdom-based awareness-raising campaign in June targeting the public as well as policymakers. The Renew initiative included press and London transit advertisements and a public service announcement developed free of charge by RKCR/Y&R —the London affiliate of Young & Rubicam advertising agency. Campaign spokesperson Natalie Imbruglia helped launch this remarkably successful campaign.

Investing in Youth, Investing in the Future

With the support of UNFPA, young people in every region took action in 2006 to protect their health, education and future opportunities. The Fund championed young people’s rights and promoted youth issues as a priority for human development and social and economic growth. Among the major achievements in 2006:

- UNFPA developed its organizational strategic framework on young people, which outlines how investing in young people can reduce poverty. It describes four key policy development areas: population, poverty and policy; sexual and reproductive health services; life skills-based sexuality education; and youth participation. The framework is consistent with an international focus on poverty reduction and United Nations reform. It advances ongoing UNFPA action to help girls stay in school, build life skills, delay marriage and pregnancy until adulthood, and prevent HIV infection.

- UNFPA produced the first-ever youth companion to its flagship report, *The State of World Population. Moving Young* highlights the social, economic and demographic aspects of youth migration through first-hand accounts of young people themselves. The supplement will be published every year and will offer an added dimension to our in-depth presentation of population and development issues.

- Youth-friendly centres help young people, both married and unmarried, to obtain information and services that keep them healthy. In Uzbekistan, vocational training in carpet weaving and computer technology added extra value to UNFPA-supported centres; in Mongolia, they provided safe places to discuss issues rarely mentioned at home or in public; and in Pakistan, more than 54,000 youth visited 80 centres supported by UNFPA and the European Union as part of the Reproductive Health Initiative for Youth in Asia.

- Education and training empowered young women with information and skills, with a special focus on adolescent sexual and reproductive health (ASRH) in countries such as Bolivia, where UNFPA helped train 12,000 teachers and reached 67,000 adolescents and 3,500 parents through the Adolescent Project. In Malawi, 350 new Community Based Distribution Agents received ASRH training. In Liberia, young women affected by civil war participated in HIV prevention and vocational training provided with UNFPA support by the Organization for Children and Adolescent Mothers. Young women developed a training manual with UNFPA and the World YWCA to bring leadership skills to their peers worldwide.

- In every region, an increasing number of countries adopted adolescent and youth reproductive health strategies—recent examples include Bangladesh, China, Ethiopia and India. Morocco and Mozambique scaled up youth health services nationwide. In July, with support from UNFPA, the African Union Summit in Gambia adopted the first African Youth Charter since 1964. The Fund also provided technical support to the League of Arab States strategy for youth.

- Sixteen countries in Latin America and the Caribbean signed the Convention on the Rights of Youth in November. UNFPA helped establish a favourable policy environment through a pilot programme for adolescents and youth in Bolivia, Panama and the Dominican Republic, conducted with the Iberomeric Organization of Youth and Family Care International.

- In response to a recommendation by its Global Youth Advisory Panel, UNFPA established national youth panels in more than 20 countries to advise the Fund on how to improve youth programmes, and to provide a platform for young people to voice their opinions and promote their needs within international and national development policies and debates.

Intensifying HIV Prevention

Prevention offers the best hope of reversing the HIV epidemic. Sustained political commitment through intensive programmes in diverse settings has reduced HIV incidence. Advances in treatment are reinforcing prevention efforts by encouraging voluntary testing and reducing the stigma associated with AIDS. Nevertheless, the pandemic is outstripping efforts to contain it and is gaining ground globally. The overarching strategy of UNFPA is to link HIV/AIDS and sexual and reproductive health to optimize prevention, care, treatment and support.

The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Both HIV/AIDS and poor sexual and reproductive health are driven by common root causes—poverty, gender inequality and social marginalization. Responses to both health issues need to be closely linked and mutually reinforcing.

As one of 10 co-sponsors of UNAIDS, UNFPA works to intensify and scale up HIV prevention efforts by using rights- and evidence-based strategies. Within UNAIDS, the Fund focuses on condom programming and HIV prevention. In 2006:

- UNFPA supported national efforts to undertake country-level discussions relating to universal access to prevention, treatment, care and support with governments, civil society, the private sector and development partners in more than 100 countries.

- In June, UNFPA, UNAIDS and the Brazil Ministry of Health organized a global consultation on HIV and commercial sex work in Rio de Janeiro. Participants included government ministers, faith-based groups and networks of commercial sex workers.

- In collaboration with International Planned Parenthood, the Global Coalition on Women and AIDS, and Young Positives, UNFPA issued a series of national eight-page “report cards” focusing on HIV prevention for girls and young women. The reports are designed as an advocacy tool for policymakers and service providers. UNFPA also collaborated with the Global Coalition on *Keeping the Promise: An Agenda for Action on Women and AIDS*, which calls for a massive scale-up of AIDS responses for women and girls.

- In Latin America and the Caribbean, UNFPA mobilized and sensitized decision makers throughout the year about the need for condom programming and urged more than 20 ministers from the region to strengthen HIV prevention services for women and vulnerable groups during meetings in June at the United Nations. Also, UNFPA and the OPEC Fund for International Development continued to undertake peer education activities in six countries.

- The Maputo Plan of Action commits African governments to work towards the goal of universal access to sexual and reproductive health services by 2015 and the integration of HIV programming into such services. UNFPA supported the African Union in developing and adopting the plan, recommending two immediate actions: Linking HIV prevention and family planning, and integrating HIV/AIDS into maternal and newborn health programmes.

- UNFPA participated in World AIDS Day events, such as those in the Occupied Palestinian Territory, where more than 1,000 university students attended HIV/AIDS prevention and awareness-raising activities conducted at five universities and colleges in the West Bank and Gaza.

- UNFPA highlighted the plight of women and youth at the United Nations General Assembly’s High-Level Meeting on AIDS in June. At the meeting, UNFPA also hosted a Youth Summit, which drew over 60 youth representatives from 28 countries and prepared input for the progress review. The Fund also co-financed and launched “Wake-Up”, a documentary film focusing on young people and HIV in Mozambique, which was subsequently broadcast around the world; and organized a Youth Caucus to review meeting outcomes.

- At the same June meeting, UNFPA Executive Director Thoraya Ahmed Obaid moderated a panel discussion to highlight the disproportionate impact of HIV/AIDS on women and girls. To reverse the spread of HIV, she said, women must have greater control of their bodies and their lives, as well as greater influence on public policy and budgets. Ms. Obaid also co-launched the *2006 Report on the global AIDS epidemic*.

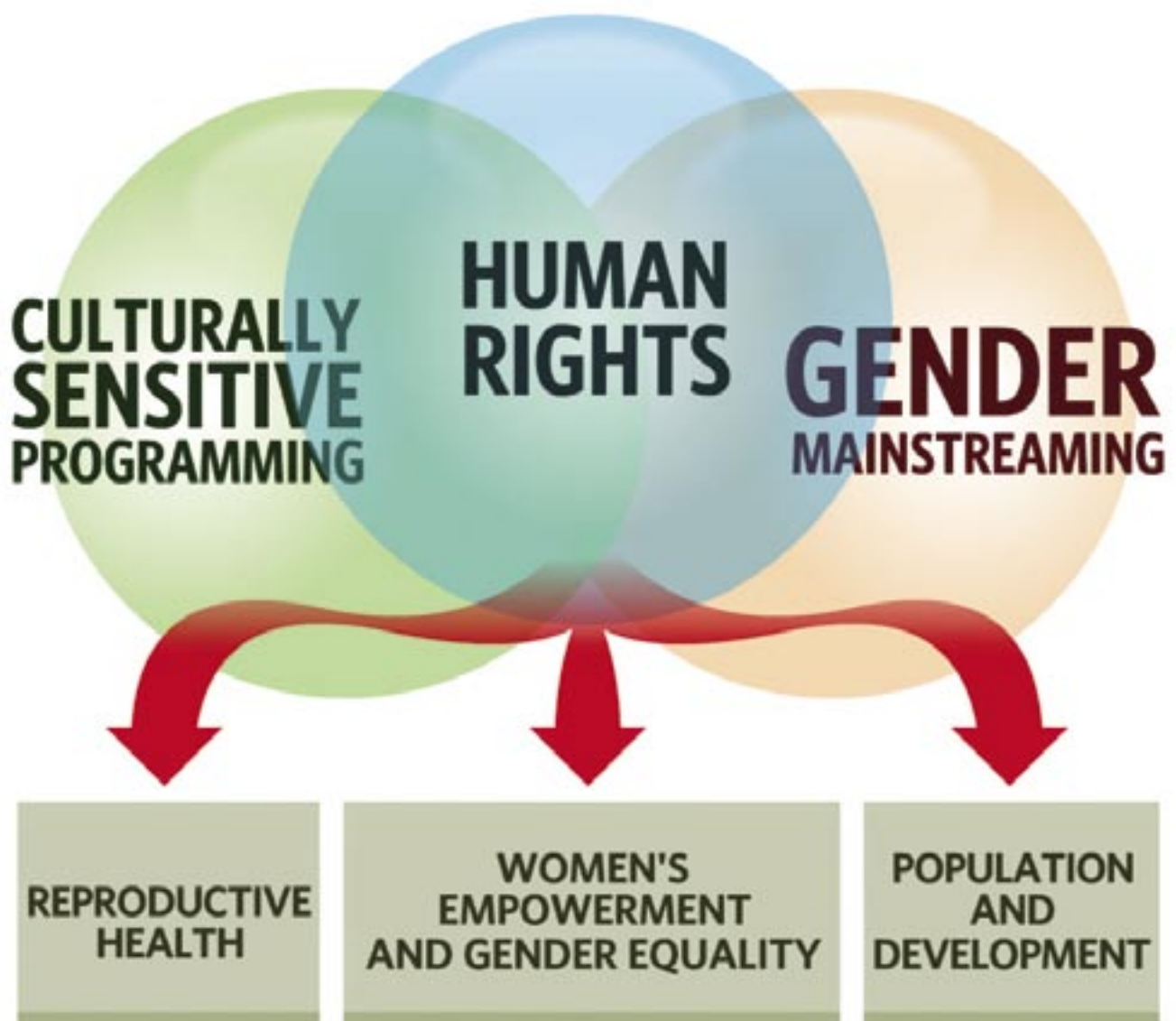


The AIDS clock, created by UNFPA in 1997 to record the rising human toll of the epidemic, was re-launched in 2006 using new epidemiological data from the Joint United Nations Programme on HIV/AIDS (UNAIDS). The Web-based clock was unveiled during the High-level Meeting on AIDS, held at United Nations headquarters from 31 May-2 June. In addition to showing estimates of the number of people living with HIV, the clock offers links to regional figures, fact sheets, and major campaigns targeting the disease. The clock is accessible at www.unfpa.org/aids_clock.

- The Fund scored a triumph when delegates to the High-Level Meeting endorsed linking HIV prevention with sexual and reproductive health. World leaders also pledged to eliminate gender inequalities and to provide evidence-based prevention, education and services to young people.

- In August, UNFPA joined 24,000 participants at the XVI International AIDS Conference in Toronto, Canada. The Fund participated in a number of panels and sessions to promote evidence-informed interventions that work, including programmes focusing on pregnant women, who are often overlooked when it comes to prevention, treatment and care. The Fund also emphasized the necessity of preventing infection among girls and women; preventing unintended pregnancies among women living with HIV; reducing mother-to-child transmission through antiretroviral drugs; and promoting safer deliveries and infant feeding.

- The Government of Canada, UNFPA, UNAIDS and other partners gathered together 250 young people from all over the world to take part in the Toronto conference. The Fund also teamed up with MTV for the “48 Fest”, which bankrolled young filmmakers to produce a series of mini-documentaries focusing on HIV/AIDS. UNFPA also co-launched “Ready, Steady, Go”, a study examining the most effective ways of helping young people.



Culture, Gender and Human Rights

With communities and local leaders, UNFPA engages in dialogue, listens, shares knowledge and insights, and jointly plans the way forward.



Tarcila Rivera Zea possesses leadership in abundance. She is the coordinator of a network of South American indigenous women and head of CHIRAPAQ (Centro de Culturas Indígenas del Perú). Tarcila is vibrant, energetic and easily recognized throughout the network of women's organizations that she strives to maintain and expand through the UNFPA-supported Enlace Continental de Mujeres Indígenas de las Américas. Over the last 25 years, her efforts have helped to influence local public policy and to promote gender equality and reproductive rights. Her aim? To empower indigenous women to claim political representation so that everyone can enjoy "life with dignity".

Attention to culture, gender and human rights is key to achieving UNFPA's mandate. Culturally sensitive programming means involving communities in completely different contexts to support and "own" human rights. Gender mainstreaming is a strategic response to the widespread denial of the human rights of women. And all human beings are entitled to equal rights and protection. In 2006, these concerns converged in two complex issues: gender-based violence and the alarming proportion of women living with HIV/AIDS.

Advancing Equality for Women and Girls

Gender equality advances development and reduces poverty—it is a human right integral to the achievement of all of the Millennium Development Goals. In 2006, UNFPA developed a comprehensive strategy to mainstream a gender perspective into all programming. During that same year:

- Building the capacity of governments, parliaments and NGOs to implement national gender strategies remained a priority. Ten countries contributed to a UNFPA study of the most effective examples of culturally sensitive programming aimed at reducing gender-based violence. In addition, UNFPA and the United Nations Development Fund for Women developed a training manual and resource pack on gender budgeting to build the capacity of national partners and civil society organizations. Both products were tested and distributed to UNFPA Country Offices and partners.
- Women represent nearly half of all migrants worldwide, and their numbers are rising steadily. In May 2006, UNFPA and the International Organization for Migration organized a two-day meeting on female migrants, which attracted a group of experts. Recommendations were discussed further at the United Nations High-Level Dialogue on International Migration and Development at the

General Assembly in September. Despite potential benefits, the Fund cautioned that, compared to men, women have fewer opportunities for legal migration, are more vulnerable to violence and exploitation and are less likely to have their health care needs met.

- UNFPA continued to advocate measures to protect women and girls from HIV/AIDS. The Fund's commitment to gender equality was highlighted through partnerships with the UNAIDS-led Global Coalition on Women and AIDS and through a variety of new publications, as well as at major meetings in New York, Toronto and elsewhere. UNFPA continued to push for the linkage of HIV/AIDS and reproductive health programming—a more effective approach than current responses that fail to address the social, cultural and economic factors that put women at risk.

All People are Entitled to Equal Rights and Protection

It is important to work within communities to nurture and cultivate respect for human rights as a full part of their value system. UNFPA supports programmes that give women, men and young people the information, life skills and education they need to claim their rights. In 2006:

- UNFPA developed technical tools to equip its staff with knowledge and skills to implement and evaluate programmes with a human rights-based perspective. The Fund is collaborating with the Harvard School of Public Health to produce a training package on human rights-based programming. It also actively participated in mainstreaming population issues into Action 2, the United Nations Secretary-General's initiative on human rights.
- UNFPA welcomed the Convention on the Rights of Persons with Disabilities, the first major human rights treaty of the 21st century. Adopted by consensus by the United Nations General Assembly in December, this Convention enhances the Fund's ongoing commitment

to the inclusion of the sexual and reproductive health needs of persons with disabilities in development plans and policies.

- UNFPA projects have succeeded in incorporating gender equality and reproductive rights into the agendas of indigenous organizations and in local and national public policies. UNFPA enjoys a close relationship with the Enlace Continental de Mujeres Indígenas de las Américas, a network of more than 30 women's organizations in Latin America that promote indigenous women's rights, including reproductive rights and gender equality. The UNFPA-sponsored United Nations Permanent Forum on Indigenous Issues featured advances in intercultural strategies to reduce maternal death and illnesses.

Taking a Culturally Sensitive Approach to Promote Human Rights

UNFPA works from within diverse cultures to achieve goals relating to the well-being of communities and the rights of all individuals. In 2006:

- Partnerships with faith-based organizations helped UNFPA reach some of the most vulnerable

and marginalized communities in the world. A global mapping survey undertaken in 2006 identified 55 partnerships with Catholic, Evangelic, Muslim and Hindu groups. Objective evidence about the benefits of reproductive health information and services encouraged religious leaders to partner with UNFPA.

- With support from UNFPA, a campaign alerting religious leaders and the public to the dangers of early marriage was launched in Badakhshan, a remote province of Afghanistan with the highest maternal death rate in the world. In Colombia, a development and peace project run by Jesuit priests led to a UNFPA-supported project that uses community consultations to make the link between human rights, violence against women and reproductive health. Imams in Mauritania called on government officials and police to protect rape victims, not punish them, after UNFPA supported an awareness campaign, established a centre for survivors and helped the Government to collect data on sexual violence. Buddhist monks in Cambodia continued to participate in UNFPA-supported training on issues related to the ICPD and promoting HIV prevention among adolescents and youth.

- To end female genital mutilation/cutting, UNFPA offered local communities in Uganda and Kenya safe alternative rituals, helped the cutters to find

GENDER-BASED VIOLENCE: AN END TO IMPUNITY

"In all countries of the world, violence against women persists as a pervasive scourge, endangering women's lives and violating their rights. Such violence also impoverishes families and communities, drains government resources and restricts economic development."—2006 report of the United Nations Secretary-General

Gender-based violence attracted high-level attention in 2006. In October, the United Nations released a landmark study recommending that the world commit more resources to prevent and eliminate violence against women. At least 102 of the 192 Member States have no specific legal sanctions against domestic violence, and marital rape is not a prosecutable offence in 53 countries. To follow up, UNFPA and the United Nations Division for the Advancement of Women co-chaired the United Nations Task Force on Violence against Women.

National action plans to prevent and address violence against women and girls were the focus of joint efforts with sister agencies in the United Nations and United Nations country teams. In 2006, UNFPA built the capacity of national counterparts in Algeria to report cases of gender-based violence; worked with Morocco's health and justice systems to implement their national strategy to combat violence against women; assisted a legal reform commission in Guatemala; and joined partners from the grass-roots level to the highest levels of government to raise awareness of domestic violence in Romania.

UNFPA joined rights organizations worldwide for the annual 16 Days of Activism to End Violence against Women. UNFPA and Senegal hosted an African film festival, which included journalist training on gender-based violence, to mark the International Day for the Elimination of Violence against Women. Training workshops for NGOs helped build capacity to implement the Convention on the Elimination of All Forms of Discrimination against Women. UNFPA also continued to support United Nations Security Council resolution 1325 (2000), the first legislation ever passed to specifically address the impact of war on women and to call for increased female involvement in conflict resolution and peacebuilding.

other sources of income and supported the efforts of women's groups and parliamentarians to promote legislation to protect women and girls. In Kenya, UNFPA continued to support a safe house for girls attempting to escape female genital mutilation/cutting.

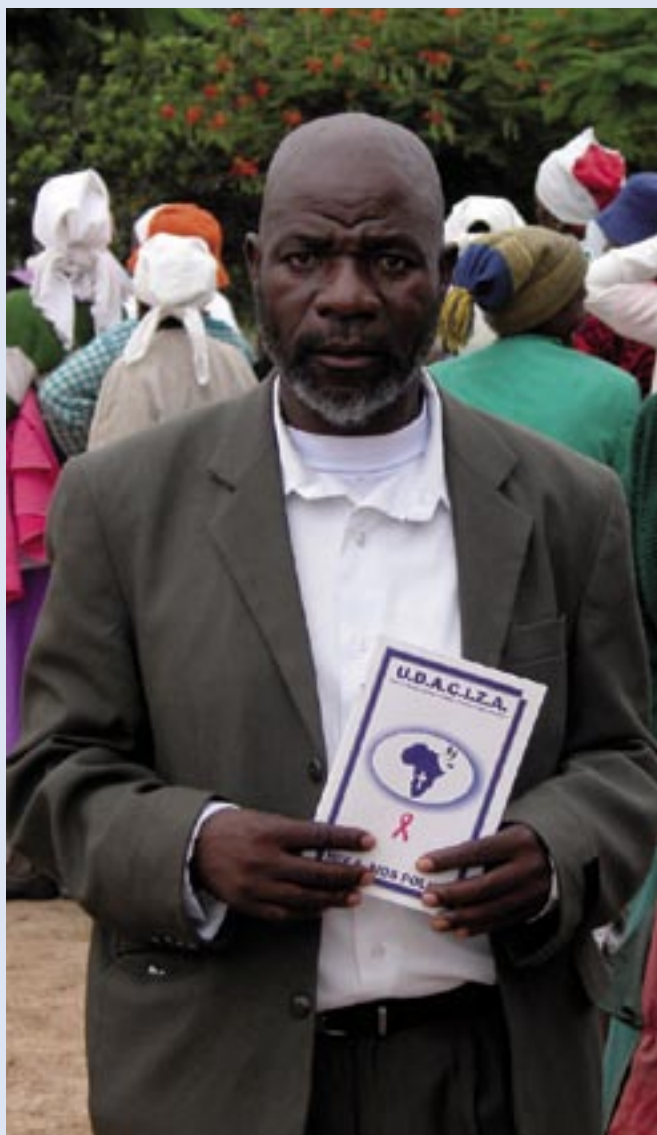
- As part of a wider initiative to prevent HIV infection, particularly among adolescent girls, the United Nations Global Coalition on Women and AIDS, with support from UNFPA, developed a guide to global policy action. Globally, vulnerable and marginalized rural girls and women continue to bear the health risks and social and economic costs of early and forced marriage, non-consensual sex and early pregnancies. The issue is even more urgent because child brides are more vulnerable to HIV infection.
- In April 2006, United Nations Secretary-General Kofi Annan accepted the first Seville Node Between Cultures Award in Spain and immediately pledged its monetary prize to a UNFPA-led joint initiative that helps Congolese women traumatized by sexual violence.



Spectators attending a UNFPA-supported film festival focusing on the problem of gender-based violence. The November 2006 festival, held in Dakar, Senegal, featured 84 films from 18 African countries.

Photo: Angela Walker/UNFPA

Photo: George Ngwa/UNFPA



PARTNERING WITH MEN FOR REPRODUCTIVE HEALTH

Men like Bishop Xavier Chitanda of Zimbabwe exemplify how men can be powerful allies when they speak out on behalf of women and girls. In 2006, Bishop Chitanda used the power of faith to transform lives and communities, especially with regard to ending wife inheritance, polygamy and marriage between older men and young girls, while preaching his “anti-AIDS gospel” to packed audiences in churches.

Countries in every region have worked with UNFPA to reach men with information, education and services that relate to family planning, maternal health, HIV prevention and gender-based violence. In 2006, men challenged destructive concepts of masculinity in Zimbabwe through Padare—A Men's Forum on Gender, which reaches men and boys in schools, pubs, sports clubs and churches, and encourages male parliamentarians to generate gender-sensitive legislation. With UNFPA assistance, the Association for Female Lawyers in Liberia successfully mobilized fathers to support new legislation increasing penalties for gender-based violence and rape. Men in Turkey responded to a UNFPA-supported campaign in which sports heroes announced that violence against women is a crime that reveals weakness, not strength. And in China, the Ministry of Railways partnered with UNFPA to reach men between the ages of 25 and 40 with HIV prevention messages through flyers and messages broadcast over video screens on commuter trains.



Assisting in Emergencies

Preventing pregnancy-related deaths, HIV infection and sexual violence in countries affected by conflict or natural disaster.



Nazia, 19, lost most of her family when a landslide buried her home village of Chikkar after a devastating earthquake hit Pakistan in October 2005. When she learned she was pregnant, she was referred to a new UNFPA-supported maternity centre, where doctors and midwives work around the clock, delivering two to three babies a day. New clinics like this one reveal how UNFPA helps to restore—and where possible, improve—reproductive health services in the wake of crises. Many mothers and children in some of the hardest-hit areas now enjoy better access to health care than before the disaster.

When crisis strikes, UNFPA helps to restore or establish life-saving reproductive health services for displaced persons and other affected communities. The Fund also works with local and international partners to ensure that the particular strengths and vulnerabilities of women and girls are factored into the planning of all humanitarian assistance.

Providing Emergency Health Supplies and Equipment

During 2006, UNFPA worked with partners to prevent pregnancy-related deaths, HIV infection and sexual violence in 45 countries affected by conflict or natural disaster—through the provision of emergency health supplies and equipment, technical support and reproductive health services. Some examples of UNFPA humanitarian activities in 2006 include:

- Strengthening access to maternal health care and other vital reproductive health services for refugees returning to post-war Burundi;
- Preventing and treating cases of sexual violence in Sudan, Chad and the Central African Republic among people fleeing the violence in Darfur;
- Providing mobile health clinics to reduce maternal and infant mortality in the Occupied Palestinian Territory, where delays at checkpoints have forced many pregnant women to give birth along the roadside;
- Supplying male and female condoms to refugees and displaced persons in 25 conflict-affected countries, in partnership with the Office of the United Nations High Commissioner for Refugees (UNHCR); and
- Helping to prevent HIV infection among peacekeepers, demobilized soldiers, other uniformed personnel and the communities they serve in more than 30 countries through training, the provision of condoms and other reproductive health services.

Spotlight on Sexual Violence in Conflict

Sexual violence occurs at every stage of a conflict. Victims are usually women and adolescents who have been separated from their families and communities. In most conflicts, women's bodies become battlegrounds, with rape used as a weapon of war to humiliate, dominate or disrupt social ties among targeted communities. The physical and psychosocial effects on victims can be devastating, with the trauma frequently extending to family members and entire communities.

UNFPA works with governments, local organizations and other humanitarian partners to provide medical care and social support to the survivors of sexual violence and to prevent future attacks. It provides specialized training to female health and social workers, establishes and equips women's crisis centres and builds measures to help ensure that the safety of women and children in refugee camps are incorporated into emergency response plans. Through training, the provision of supplies and technical support, UNFPA works to ensure the availability of the Minimum Initial Services Package for reproductive health in emergencies, which includes post-rape treatment, counselling, emergency contraception, STI treatment and post-exposure prophylaxis to prevent HIV infection. In 2006:

- In June, the Government of Belgium, the European Commission and UNFPA convened a symposium on sexual violence that was the largest-ever of its kind. More than 250 participants from 30 countries assembled in Brussels for the International Symposium on Sexual Violence in Conflict and Beyond, which brought together heads of United Nations agencies and NGOs, along with other major players in the humanitarian field. Participants from conflict and post-conflict countries and territories also attended. Countries and territories included: Bosnia and Herzegovina, Burundi, Central African Republic, Colombia, the Democratic Republic of

the Congo, Haiti, Indonesia, Liberia, the Occupied Palestinian Territory, Rwanda, Sierra Leone, Sri Lanka, Sudan and Uganda.

- Government officials, experts and United Nations partners examined a successful national programme to prevent and treat cases of sexual violence in the Democratic Republic of the Congo as a model for possible replication in other countries. Through integrated and multisectoral actions and policies, victims benefit from medical and health care, psychological support, economic reintegration and legal assistance. Started only three years ago, the model has already had a measurable impact. Founded with a generous contribution from the Government of Belgium, the initiative received additional support from the Canadian Government with a contribution of \$13 million to be spread over four years.
- UNFPA assisted the Liberian Government in its November launch of a new gender-based violence plan of action and worked with partners and the criminal justice system to help end impunity and to reduce the incidence of rape and other sexual offenses.
- In Afghanistan, UNFPA supported the establishment of a new centre that deals with family violence, children in trouble and female victims of crime. Staffed by specially trained Afghan policewomen, the Family Response Unit opened its doors in January. It is housed in a metal container office attached to Kabul's District 10 police station. The centre also operates an emergency mobile phone hotline.
- UNFPA continued to make protecting girls and women from sexual violence a priority—especially in overcrowded camps. In displaced persons camps

in Uganda, community education and mobilization, as well as legal and judicial training, were among project activities.

Safeguarding Maternal Health

Conflicts and natural disasters put pregnant women and their babies at risk because of the sudden loss of medical support, compounded in many cases by trauma, malnutrition, disease or exposure to violence. Urgent interventions can mean the difference between life and death. That is why UNFPA supports the provision of family planning, prenatal care, safe child delivery and post-partum care during humanitarian response. In 2006:

- UNFPA worked to safeguard the health of an estimated 3,000 pregnant women left homeless by strife in the Timor-Leste capital of Dili. Thanks to effective partnerships with Timorese health organizations, UNHCR and REDE Feto, a local NGO, pregnant women received maternal care in the camps and were given the option of being transferred to the National Hospital before delivery. Mobile clinic teams of obstetricians, general practitioners and midwives visit the camps daily, providing a range of services, from iron and folic acid supplementation to breastfeeding advice.
- In Nepal, UNFPA joined forces with the World Food Programme (WFP) to provide essential food and reproductive health care to hundreds of drought-affected families in the Mugu and Humla districts.

Photo: UNFPA Syria



Lebanese women visiting a UNFPA mobile clinic at the Alzabadani refugee camp in Syria. The clinic, whose staff includes a gynaecologist, provides a range of services, including antenatal care, family planning, and treatments for reproductive tract infections and anaemia.



WHEN EMERGENCIES STRIKE, WOMEN PROVIDE CARE

WHEN EMERGENCIES STRIKE, WOMEN NEED CARE

In times of conflict, women often single-handedly ensure the safe flight of children, older relatives and the disabled across barren, unfamiliar territory, especially when men have been killed or are away fighting. In the aftermath of a natural disaster and in refugee settings, traditional roles often expand at the same time that even basic tasks, such as water collection, become more difficult to undertake. In all of these situations, women must overcome immense obstacles to provide care and safety for others even as their own vulnerability to malnutrition, sexual violence and exploitation, sexually transmitted infection, unplanned pregnancy and unassisted childbirth increase. In 2006, UNFPA produced a new publication, *Women are the Fabric: Reproductive Health for Communities in Crisis*, to promote greater understanding of the particular strengths and vulnerabilities of women in crisis.

UNFPA also supported mobile reproductive health clinics during planned WFP food distributions.

Immediate Response and Long-Term Rebuilding

Within hours of an emergency, UNFPA ships safe blood supply equipment, clean delivery kits and the medicine and supplies that health facilities require to provide clinical delivery assistance, emergency obstetric and post-partum care. In 2006:

- UNFPA responded to the Government of Lebanon's request for assistance by sending clean delivery supplies to enable pregnant women to deliver safely and equipment to help ensure a supply of safe blood for damaged or temporary health facilities. With as many as 750,000 people displaced by fighting in July, UNFPA worked with local partners to assemble kits containing basic hygiene supplies for families forced to flee their homes with few belongings. Syria also received UNFPA assistance owing to the influx of more than 150,000 refugees in the first month of the crisis. UNFPA was the first United Nations agency to respond, thanks to a longstanding relationship with the national family planning association.
- In Bolivia, intense rains caused floods that endangered 40,000 families. As part of the United Nations emergency response, UNFPA provided monitoring and technical assistance to the Government

to ensure continued access to contraceptives and to life-saving maternal health services.

- When conflict intensified in the Gaza Strip in June, UNFPA and partners focused on restoring health facilities and purchasing reproductive health supplies and essential drugs.
- UNFPA provided assistance to stricken communities transitioning from crisis to reconstruction. In areas hit by the massive October 2005 earthquake in Pakistan, the Fund continued not only to address women's immediate health needs, but also to involve them in rebuilding their lives and communities. UNFPA contributed to 34 health facilities in the Muzaffarabad and Mansehra Districts—ranging from sophisticated maternity centres to basic health units—where more than 5,000 women have given birth. The all-female, live-in staff provides primary care, prenatal checkups and skilled deliveries round the clock. The Fund also supports 10 mobile clinics, reaching women and children in isolated villages that never had health services before.



Poverty, Population and Development

Assisting countries with population data for national strategies that integrate population dynamics into national plans to reduce poverty.



Khadija, born to Moroccan migrants in the Netherlands, balances her parents' traditions with the Dutch lifestyle. She is part of a generation of young Muslims who are trying to find a way of being Muslim without turning their backs on the Western world where they grew up; a generation in which girls have acquired new social roles, and opportunities that their mothers never had. UNFPA told the stories of 10 young people touched by migration in *Moving Young*, the first *State of World Population Youth Supplement*, adding the voices of youth—and their needs and rights—to the discussion on international migration.

Population dynamics influence every aspect of human, social and economic development. The core areas of UNFPA's work, namely, reproductive health and rights and women's empowerment, powerfully influence population trends. Data analysis is central to global goals to end poverty and achieve sustainable development.

In 2006, UNFPA and the World Bank developed a country-based framework linking population, reproductive health and gender with poverty, to become operational in 2007. The Fund also focused on tracking and monitoring HIV/AIDS, and collecting and using gender-disaggregated data in national policies and programmes. UNFPA's work in population and development supports the Paris Declaration on Harmonization and Alignment, which reinforces the need for easily available, appropriate and functional data in order to better deliver results-oriented and accountable humanitarian aid.

Calling on World Leaders to Protect the Human Rights of Female Migrants

International migration was high on the global agenda in 2006, beginning with the meeting of the United Nations Commission on Population and Development in April and continuing through the High-Level Dialogue on International Migration and Development in September. With international and national partners, UNFPA advocated the orderly flow of migration, with a view towards maximizing its benefits and minimizing its negative consequences to countries of origin, countries of destination, and to the migrants themselves. UNFPA also advocated the need to value the contributions and human rights of migrants, especially women migrants, who are more vulnerable to exploitation and abuse.

- Just a week before the High-Level meeting in September, UNFPA launched *A Passage to Hope: Women and International Migration*, the 2006 edition of *The State of World Population*. The report examined the scope and breadth of female migration, the impact of remittances sent home to support families and communities, and their disproportionate vulnerability to trafficking, exploitation and abuse. It found that while female migration can enhance equality and offer women opportunities not available at home, it can also lead to terrible human rights violations—cases of migration gone bad.
- In 2006, UNFPA worked with young people to produce *Moving Young*, the first-ever youth companion to the annual *The State of World Population*. First-hand accounts of 10 young people highlighted the social, economic and demographic aspects of youth migration.

Providing Population Data for Use in Policies and Programmes

A sound foundation for development planning begins with accurate information—much as accurate medical treatment depends on a correct diagnosis. Reliable data disaggregated by age and sex represent a powerful tool for building stronger policies and programmes. UNFPA assists countries in using data to reduce poverty and enhance national efforts to achieve the MDGs. In 2006:

- UNFPA engaged in inter-agency collaboration to ensure that key measurements for issues such as maternal mortality and international migration are included in population and housing censuses and surveys. Preparations accelerated for the 2010 round of population and housing censuses, with UNFPA organizing a donor meeting and two regional advocacy and resource mobilization workshops.

- Within UNFPA, a new web-based toolkit to monitor and evaluate the MDGs was developed to help our Country Offices better engage in the MDG-based national poverty reduction plans. The Fund encouraged countries to promote and facilitate the use of DevInfo, a data exchange module.
- To more accurately capture the realities of women's lives, gender-sensitization and "census engendering" workshops were conducted in Iran prior to the 2006 housing and population census. Fifteen newly trained master trainers then trained 65,000 enumerators. In Bangladesh, 150 government officials learned how to analyse census data with an emphasis on the use of data specific to age and gender.
- Lack of research about very young adolescents (ages 10-14) has contributed to the failure to address their needs. To better serve this neglected population, UNFPA, the Population Council, UNICEF and UNAIDS developed and published a guidance document and toolkit, *Investing When it Counts: Generating the evidence base for policies and programmes for very young adolescents*, which explores data-gathering approaches.

Collecting Accurate Demographic Data for Better Planning

While preparing a population census, UNFPA strengthens national capacity in cartography, country data collection, processing, data analysis and dissemination. Baseline information for development planning and policymaking is about more than numbers: It ensures that basic country needs are met.




A young couple from Viet Nam, where one-third of the population consists of young people under the age of 24.

In 2006:

- The European Commission contributed 15 million euros to UNFPA to help organize Afghanistan's first full population census. UNFPA will help Afghanistan's Central Statistics Office (CSO) conduct the census, to be completed in 2008. In addition to mobilizing half of the total funding needed, UNFPA supported the planning process by establishing collaboration between the CSO, the Statistical Centre of Iran and the University of Tehran. UNFPA also played a key role in finalizing Afghanistan's provincial socio-economic profiles, which are providing information for census planning, reconstruction and development, and are supporting the voter registration process.
- Results from the May census in Haiti, the first in the past 24 years, revealed that half of the country's population is younger than 20 years old, unemployment is a staggering 33 per cent and the school attendance rate is an abysmal 49 per cent. A related study shows that Haiti's maternal death ratio is the highest in the Western Hemisphere, with 523 deaths per 100,000 live births. The results of the UNFPA-supported census were helpful in determining where more resources will be needed—namely, in education and reproductive health services.
- UNFPA provided technical expertise for Nigeria's first census in 15 years, a massive undertaking in Africa's most populous country. UNFPA had census monitoring staff on the ground in 21 of the country's 36 states during the weeklong event—the culmination of two years of preparatory work. The Fund trained 73 government officials and instructed 70 journalists on how to report data. European Union funding was channelled through UNFPA for a radio and television advertising awareness-raising campaign. UNFPA also provided technical assistance for the National Population Commission website.
- In Sudan, UNFPA continued to work closely with partners to coordinate the country's census, mobilizing support and carrying out advocacy so that results will be widely accepted when they are released in 2008. In 2006, UNFPA supported the first meeting of the Monitoring and Observers Committee, carried out a quick household count and coordinated efforts to ensure that there was one census with harmonized methods and results.
- UNFPA conducted two regional advocacy and resource mobilization workshops for the 2010 round of population and housing censuses. The workshops were set up to identify problems during the different stages of the census undertaking. Topics included addressing problems such as under-utilization and poor dissemination of census results, identifying appropriate

WORLD POPULATION DAY


The unique challenges facing young people were the focus of the 2006 World Population Day, on 11 July. Countries around the world observed the day by proposing measures to include young people in decisions that keep them safe and healthy. Azerbaijan celebrated the day with a photography exhibition and a concert featuring young musicians. The Burundi Scout Association focused on activities to improve the health of young people, including out-of-school youth and former soldiers. In Cambodia, UNFPA and partners produced TV and radio spots on young people and migration. In Haiti, activities included poetry and musical contests. In Kyrgyzstan, young members of the Y-Peer network organized a six-day summer camp, while activities in the Philippines included youth forums, community caravans, a film festival, exhibits and concerts. And in Somalia, UNFPA sponsored a football match entitled "The World Population Cup".



Being young is tough.
You feel
Invincible.
But you're vulnerable.
To drugs, HIV, pregnancy,
peer pressure.

Confusing.
You feel strong.
Powerless. Engaged. Shut out.

Beautiful.
The future looks wide open.
You can take control.
Start now.

 UNFPA
UNFPA, together with partners, works to ensure youth
participation and leadership so that their voices are
heard, needs are met and human rights are protected.
www.unfpa.org

strategies to correct these problems and redefining the value of population and housing censuses in measuring progress towards achieving the MDGs.

Meeting the Needs of an Ageing Population

Older persons are the fastest-growing population group, and among the poorest—with women representing the majority of them. Among the issues facing an ageing population are inadequate living conditions, lack of access to health care and social protection, and intergenerational violence and abuse. UNFPA supports the training of policymakers and programme planners to respond to the challenges posed by the consequences of population ageing and to meet the needs of older persons. It also provides policy, advocacy and technical support to ensure that population ageing is recognized as an important development factor, and that older persons are included in policy discussions. In 2006:

- UNFPA sought to highlight both the needs of older people and their contributions to their communities. That same year, a UNFPA project in Thailand assisted approximately 400 elder caregivers of people with AIDS and their children. As part of this project, UNFPA demonstrated to local administrators and national authorities the value of assisting older people affected by HIV/AIDS and advocated policies and action plans to ease their economic, social and physical difficulties.
- UNFPA ensured that sex-disaggregated data were included in a booklet, *Population Ageing in China—Facts and Figures*. Statistics show that women outnumber men in old age and often live in poverty because they have generally worked outside the formal employment stream. This means few are able to collect a pension or access medical insurance.
- City officials from Bangladesh, China, India, Indonesia, Malaysia, Pakistan, Philippines, Thailand and Viet Nam studied urban policy and ageing at a 12-day workshop in Kobe, Japan. The November event applied UNFPA policy guidelines on ageing to this urgent population issue: In the past half-century, the number of people over the age of 65 in Asia has nearly quadrupled.

- The United Nations Secretary-General released a report in November highlighting major developments since the Madrid International Plan of Action on Ageing was adopted by the United Nations Member States at the 2002 Second World Assembly on Ageing. Speaking on the International Day of Older Persons, the UNFPA Executive Director called for a vision of a society for all ages.



Building Support

Forging partnerships to achieve universal access to reproductive health, and a world in which every girl and woman is treated with dignity and respect.



Dr. Halida Hanum Akhter is the Director-General of the Family Planning Association of Bangladesh, one of the world's oldest Planned Parenthood affiliates. In 1986, she founded an institute in Bangladesh for the research and promotion of reproductive health technologies, and she currently chairs the Board of Directors of the Seattle-based Programme for Appropriate Technology in Health. In 2006, Dr. Akhter won the United Nations Population Award, given annually for outstanding work in population and for improving the health and welfare of individuals. She shared the award with Haiti's Foundation for Reproductive Health and Family Education.

UNFPA has increasingly been engaged in policy work and has strengthened partnerships with governments, United Nations organizations, donors and civil society organizations to achieve common results. In 2006, UNFPA Country Offices reported more involvement than ever before in discussions to incorporate reproductive health and gender issues into national and international legislative instruments. These issues were also increasingly included in national development frameworks such as sector-wide programmes, poverty reduction strategies and MDG reports.

UNFPA continued to provide global support as a trusted, culturally sensitive source of population and reproductive health expertise. Emphasis was placed on taking effective models to scale, building capacity in countries and in UNFPA offices, defining UNFPA strategies in line with United Nations reform and strengthening partnerships at the regional level.

Supporting United Nations Reform; Working with United Nations Organizations

UNFPA is fully committed to a more effective, coherent and better-coordinated United Nations system that delivers as one in the spirit of reform. In 2006, the Fund worked within the United Nations Development Group and the United Nations Chief Executives Board for Coordination to maintain reform momentum and to ensure that changes are harmonious and synchronized throughout the system. UNFPA's active participation in the Joint Offices and the "One United Nations" initiatives at the country level under the unified leadership of a strengthened Resident Coordinator derives from its firm confidence in the promise of, and the opportunity offered by, these programming and operational innovations. In 2006:

- WHO and UNFPA jointly issued a letter to all representatives of both organizations calling for close collaboration to support of health-related MDGs

and countries in their efforts to achieve universal access to reproductive health by 2015. Partners also worked together on the joint WHO/UNFPA Technical Consultation on HPV Vaccines and Sexual and Reproductive Health Programmes and the publication of a guidance note.

- As a member of the Partnership for Maternal, Newborn and Child Health, UNFPA was involved in negotiations for grants from the Bill & Melinda Gates Foundation and the Norwegian Government. UNFPA continued to serve as Secretariat for the broad-based International Obstetric Fistula Working Group.

Gaining Ground with Governments

More countries contributed to UNFPA in 2006 than in any year since the Fund began operations in 1969, bringing the total number of donor nations to 180, compared to the 2005 record of 172. Every nation in Latin America and sub-Saharan Africa pledged funds to UNFPA in 2006. Contributions to UNFPA regular resources were also the highest ever, increasing to \$389.3 million (provisional) from the previous year's level of \$365.8 million.

In 2006, the governments of 154 developing and transitional countries and territories requested UNFPA's assistance to address reproductive health and population issues in their policies and programmes.

In 2006:

- The Netherlands donated the most to UNFPA, with a contribution of \$75.24 million. The largest amount of co-financing contributions from an inter-governmental organization, totalling \$38.98 million, came from the European Commission.
- The European Union continued to support major regional reproductive health initiatives in 2006, including the Reproductive Health Initiative for Youth in Asia, the Africa-Caribbean-Pacific Sexual and Reproductive Health Programme and the Reproductive Health Initiative for Youth in the South Caucasus.

- At the global level, some 180 parliamentarians and ministers from more than 100 countries adopted a strong Statement of Commitment in support of the ICPD at the International Parliamentarians' Conference in Bangkok in November. They reaffirmed that 10 per cent of national development budgets and development assistance should be devoted to sexual and reproductive health and called for greater investment in order to meet the MDGs.

- In response to a global survey conducted by UNFPA with the Harvard School of Public Health, parliamentarians from 103 countries and the European Parliament said that to be more effective advocates for ICPD issues, they needed more information for awareness-raising, new strategies to address cultural and religious concerns, and more training on how to draft legislation, declarations and plans.

- UNFPA opened its first subregional office to serve countries of the Gulf Cooperation Council, which include Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. The Government of Oman is funding the new office, which is located in Muscat, Oman. UNFPA also

opened a new office in South Sudan, where a new peace agreement made it possible to focus on long-delayed priorities, such as midwife training and a much-needed census.

Non-Governmental Organizations

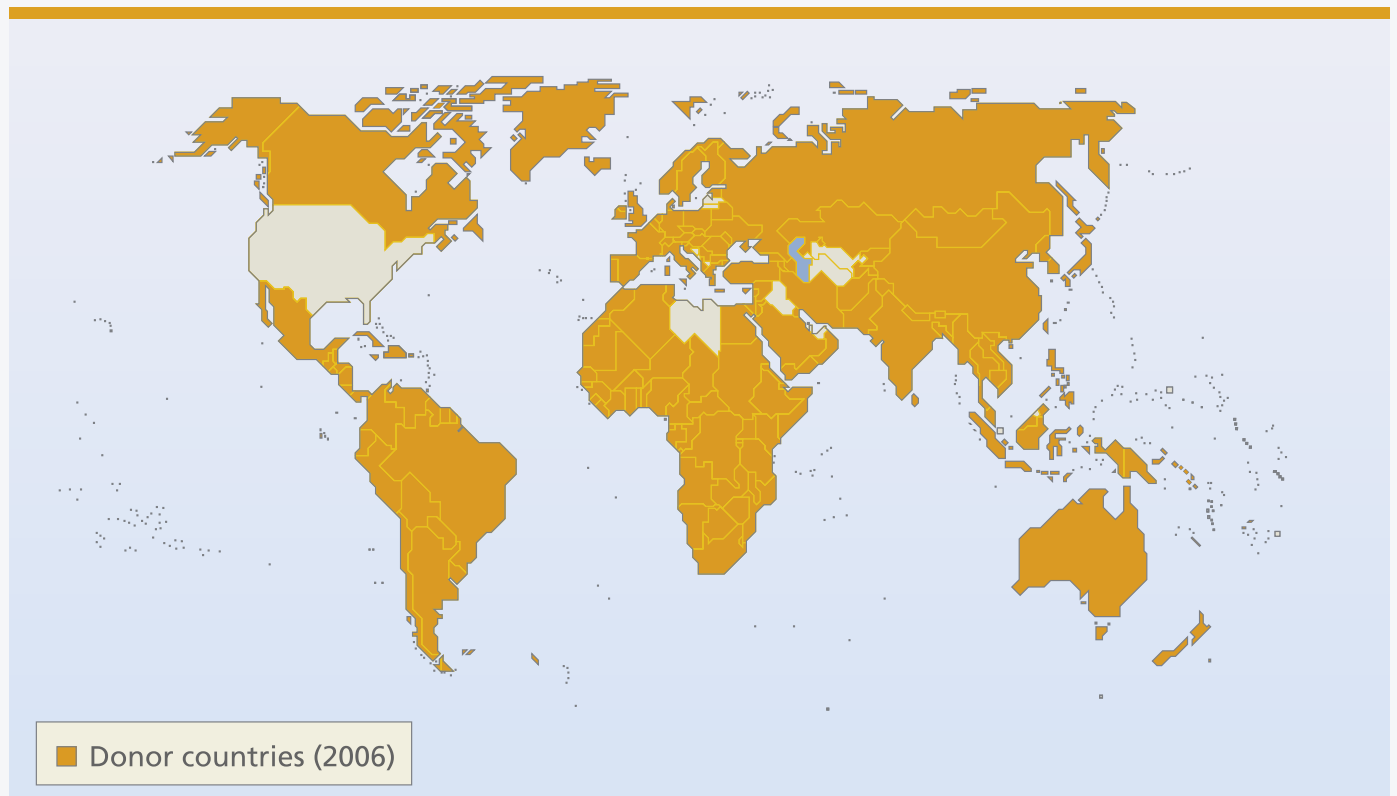
NGOs are crucial advocates with governments for legislation relating to gender, adolescents, reproductive health and HIV/AIDS. UNFPA strengthened partnerships with civil society groups in many developing countries throughout 2006.

- In June, UNFPA hosted a global consultation with nearly 60 developed and developing country NGOs to identify strategies to better promote ICPD issues and related commitments made in several international agreements—including the 2005 World Summit. UNFPA supports the role of NGOs in pressing for United Nations reform, HIV prevention and migration and is examining ways in which the Fund can work to help these critical partners scale up advocacy efforts.

- UNFPA continued to partner with youth networks and other organizations, such as Youth Coalition, Boy



A World of Support for UNFPA



With 180 donor countries, UNFPA enjoys the broadest base of support of any United Nations agency. This includes commitments from every country in Latin America and sub-Saharan Africa and each region of the world.

Scouts, Girl Scouts, YMCA and others, and to undertake advocacy efforts with partners such as MTV and the Dance for Life Foundation.

Generating Goodwill for Reproductive Health

- Four UNFPA Goodwill Ambassadors went on a mission to Mozambique in November 2006. Kattis Ahlstrom is a popular and highly regarded Swedish journalist and radio and television host and producer. Mikko Kuustonen is a Finnish songwriter and performer. Kari Jaquesson is one of Norway's leading fitness personalities. Hanne-Vibeke Holst is a popular Danish columnist, television journalist and best-selling fiction author. As a result, the Mozambican and Nordic media provided extensive coverage for projects dealing with HIV/AIDS, maternal death, family planning and young people.
- Singer/actress Natalie Imbruglia launched a United Kingdom-based advertising campaign in June 2006 to call attention to obstetric fistula. In September, in preparation for the campaign's Belgian launch in April 2007, Belgian television personality Goedele Liekens travelled to a UNFPA-supported fistula facility in Niger.
- Japanese Olympic medalist Yuko Arimori travelled to Ethiopia in March to explore how UNFPA supports reproductive health in one of Africa's most populous countries. The Japanese public followed her when the world's largest newspaper, *Yomiuri Shimbun*, and other key media in Japan chronicled her visit. In May, she presented UNFPA with \$50,000 collected from 5,000 Japanese citizens.
- UNFPA Goodwill Ambassador, British singer Geri Halliwell went to Zambia in November to promote greater international awareness of maternal morbidity and mortality and HIV/AIDS. Ms. Halliwell, who had recently become a mother, witnessed the life-threatening conditions under which poor women deliver babies and supported efforts by UNFPA, the Zambian Government and others to improve maternal health and reduce maternal deaths.



Photo: Ken Opprann/Norway

UNFPA Goodwill Ambassador Kattis Ahlstrom visiting the Quissico Maternity Ward in the Zavala District of Mozambique.

Resources and Management

Where UNFPA Works

MEXICO CITY

DAKAR

UNFPA at a Glance: 2006

UNFPA worked in 154 countries, areas and territories through its headquarters in New York and its regional and field offices worldwide. UNFPA also has offices in Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C.

Country Offices: **117**

Country Technical Services Teams: **9**

Posts worldwide: **1,031**

Posts located in the field: **77 per cent**

GROUP A

Countries in most need of assistance to realize ICPD goals

SUB-SAHARAN AFRICA

Angola
Benin
Burkina Faso
Burundi
Cameroon
Cape Verde
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Eritrea
Ethiopia
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 AND CENTRAL ASIA

Djibouti
Occupied Palestinian Territory
Somalia
Sudan
Yemen

ASIA AND THE PACIFIC

Afghanistan
Bangladesh
Bhutan
Cambodia
India
Kiribati
Lao People's Democratic Republic
Maldives
Myanmar
Nepal
Pakistan
Papua New Guinea
Samoa
Solomon Islands
Timor-Leste
Tuvalu
Vanuatu

LATIN AMERICA AND THE CARIBBEAN

Bolivia
Haiti
Nicaragua

GROUP B

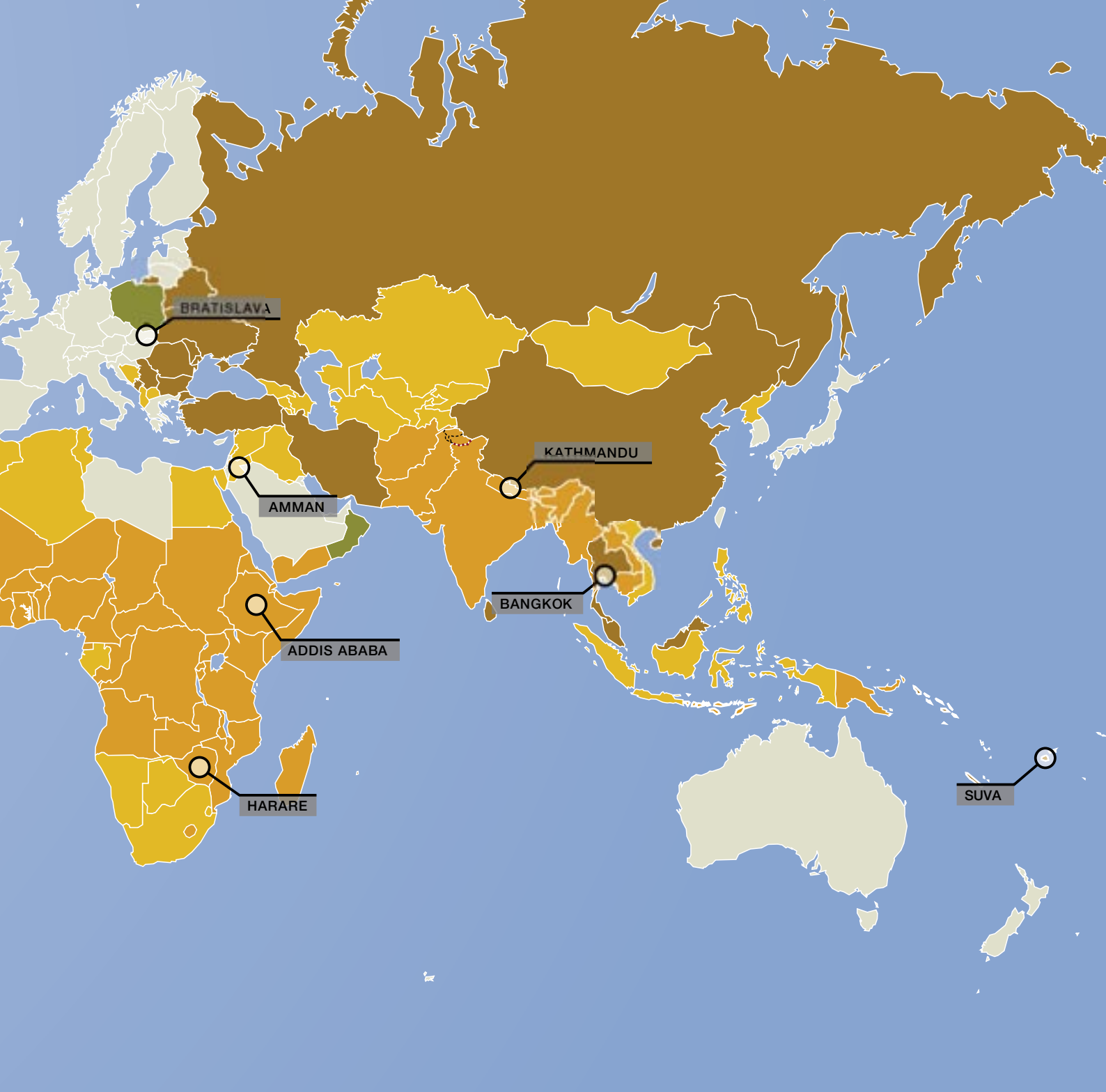
Countries that have made considerable progress towards achieving ICPD goals

SUB-SAHARAN AFRICA

Botswana
Gabon
Namibia
South Africa
Swaziland

ARAB STATES, EUROPE AND CENTRAL ASIA

Albania
Algeria
Armenia
Azerbaijan
Bosnia and Herzegovina
Egypt
Georgia
Iraq
Jordan
Kazakhstan
Kyrgyzstan



Lebanon
Morocco
Syrian Arab Republic
Tajikistan
Tunisia
Turkmenistan
Uzbekistan

ASIA AND THE PACIFIC

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

LATIN AMERICA AND THE 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

SUB-SAHARAN AFRICA

Mauritius

ARAB STATES, EUROPE AND CENTRAL ASIA

Belarus
Bulgaria
Montenegro
Republic of Moldova
Romania
Russian Federation
Serbia

Turkey
Ukraine

ASIA AND THE PACIFIC

China
Fiji
Iran (Islamic Republic of)
Malaysia
Sri Lanka
Thailand

LATIN AMERICA AND THE CARIBBEAN

Argentina
Chile
Cuba
Mexico

GROUP O

Other countries and territories

SUB-SAHARAN AFRICA

Seychelles

ARAB STATES, EUROPE AND CENTRAL ASIA

Kosovo (Serbia)
Oman
Poland
The former Yugoslav Republic of Macedonia

ASIA AND THE PACIFIC

Cook Islands
Marshall Islands
Micronesia (Federated States of)
Nauru
Niue
Palau
Tokelau
Tonga

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.

In 2006, 180 countries around the world contributed a total of \$389.3 million to UNFPA regular resources. This constituted the highest number of nations ever to donate funds and the largest amount of contributions to UNFPA since the organization began operations in 1969. UNFPA is the world's largest multilateral source of population assistance to developing countries.

Income

Total regular and other income in 2006 was \$605.5 million, compared to \$565 million for 2005.

Regular income in 2006 totalled \$389.3 million, an increase of 6.4 per cent compared to the 2005 income of \$365.8 million. This includes \$360.5 million in voluntary contributions from donor governments and private contributions, which include the 34 Million Friends Campaign, \$10.8 million in interest income, and other income of \$18 million. Regular resources provide reliable support for UNFPA country programmes in developing countries, primarily through governmental pledges. These also are used for programme support, management and administration.

Other contributions in 2006 totalled \$216.2 million, an increase of 8.5 per cent compared to \$199.2 million in 2005. The 2006 figure includes interest and additional income of \$6.2 million. Income from other resources is earmarked for specific activities.

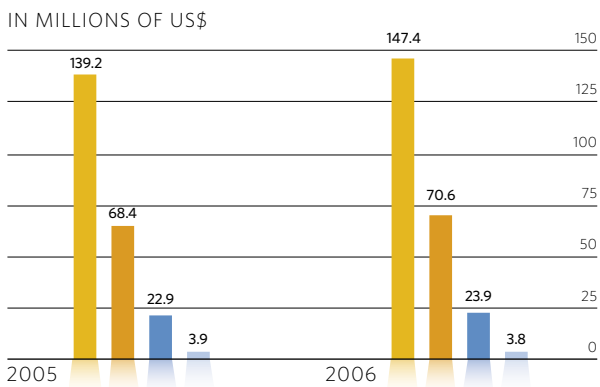
It includes trust funds, cost-sharing programme arrangements and other restricted funds.

Expenditures

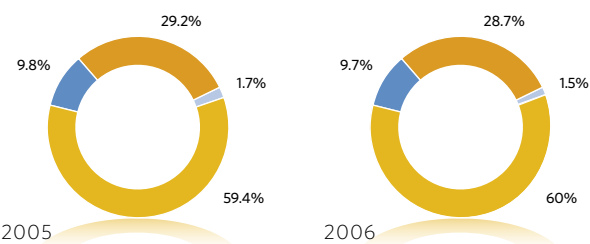
Project expenditures for regular resources in 2006 totalled \$245.7 million, compared to \$234.3 million in 2005. The 2006 figure includes \$197.7 million for country programmes, compared to \$186.7 million in 2005; and \$48 million for regional, interregional and headquarters programmes, compared to \$47.6 million for 2005. Technical support services amounted to \$19.3 million.

Of the total regular resourced expenditures, UNFPA provided \$148.1 million in assistance for reproductive health; \$50.9 million for population and development; \$15.9 million for gender equality and women's empowerment; and \$30.8 million for programme coordination and assistance. These expenditures were authorized by the Executive

UNFPA ASSISTANCE BY IMPLEMENTING AGENCY

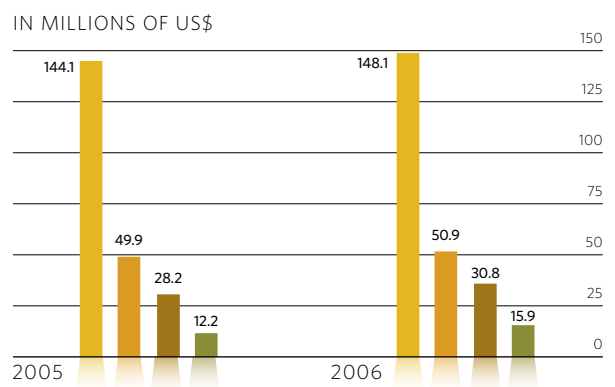


BY PERCENTAGE

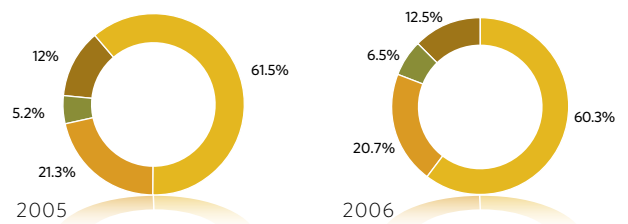


UNFPA* Government-executed Projects
Non-governmental Organizations United Nations Agencies
* Includes assistance to procurement for government projects.

UNFPA ASSISTANCE BY PROGRAMME AREA



BY PERCENTAGE



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

Director to carry out recommendations approved by the UNFPA Executive Board.

Regional spending

In 2006, UNFPA provided support to 154 developing and transitional countries and territories: 45 in sub-Saharan Africa, 36 in Arab States, Europe and Central Asia, 37 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 \$83.9 million, followed by Asia and the Pacific at \$74.7 million, Arab States, Europe and Central Asia at \$32.5 million and Latin America and the Caribbean at \$22.1 million. Interregional and headquarters assistance amounted to \$32.5 million.

Human resources

Worldwide, UNFPA has 1,031 staff in authorized budget posts. Forty-four per cent of professional staff members are women—one of the highest percentages among United Nations organizations. Nine multidisciplinary teams of expert advisers provided specialized technical support at the regional and country level. These Country Technical Services Teams 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. In 2006:

- Growing demand for UNFPA support led to the addition of 70 staff for HIV/AIDS programming, the creation of the ACT-Tank network of national AIDS experts, the recruitment of a gender-based violence emergency coordinator and deployment of additional human resources.
- Professional development was enhanced via the Internet with programmes such as Distance Learning

on Population Issues, Harvard Management and E-Learning Language Programmes.

- UNFPA launched “The Learning Afternoon Programme” in 2006 to build team spirit and knowledge in sessions led by the head of each UNFPA office and open to all staff associated with UNFPA, regardless of contract.
- The UNFPA knowledge base continued to expand through the creation of knowledge assets, web-logs, e-forums and learning days. Topics included poverty reduction strategies, sector-wide approaches, population and poverty linkages, emergency obstetric care, obstetric fistula, and HIV and commercial sex work.
- A total of 1,900 participants attended formal learning opportunities associated with the Learning and Career Management Branch of the Division of Human Resources, including a three-day workshop on culturally sensitive programming that provided training for 128 field-based staff in all geographic regions.

All figures for 2006 used in both the text and the tables in this report are provisional.

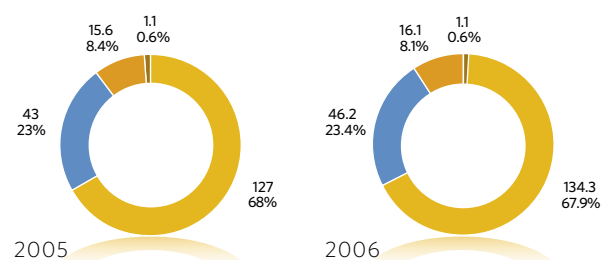
UNFPA INCOME AND EXPENDITURES 2006 IN MILLIONS OF US\$

INCOME	
REGULAR RESOURCES	
Voluntary Contributions	360.5
Interest Income	10.8
Other Contributions	18.0
Total Regular Income	389.3
OTHER RESOURCES	
Trust Funds	133.8
Cost-sharing Programme Arrangements	33.3
Other Arrangements	42.9
Interest and Other Income	6.2
Total Other Resources Income	216.2
TOTAL INCOME	605.5
EXPENDITURE	
REGULAR RESOURCES	
Project Expenditures	245.7
Technical Advisory Programme	19.3
Total Programme Expenditure	265.0
Total Other Expenditure, Including BSB*	92.2
Total Regular Expenditure	357.2
OTHER RESOURCES	
Project Expenditures	178.7
Total Programme Expenditure	178.7
Total Other Expenditure	1.3
Total Other Resources Expenditure	180.0
TOTAL EXPENDITURE	537.2
INCOME OVER EXPENDITURE	68.3

* Biennial Support Budget

EXPENDITURES BY COUNTRY GROUP*

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



■ Group A ■ Group B ■ Group C
■ Other Countries

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

TOP 20 DONORS TO UNFPA IN 2006*

CONTRIBUTIONS IN US\$

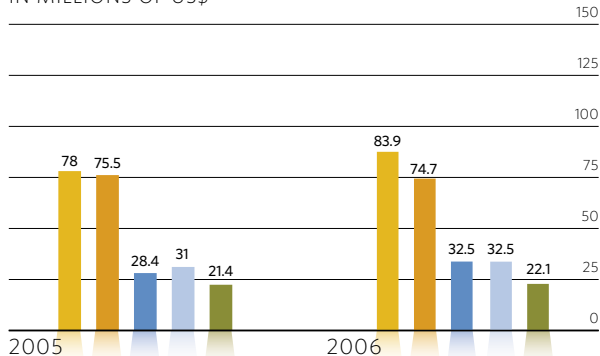
DONOR	REGULAR FUNDS ¹ CONTRIBUTIONS	DONOR	OTHER FUNDS ² CONTRIBUTIONS
Netherlands	75,241,645	European Commission ³	38,982,026
Sweden	55,174,093	Peru	14,351,121
Norway	40,829,868	Netherlands	13,102,855
United Kingdom	37,739,208	Joint United Nations	
Japan	33,257,124	Programme on HIV/AIDS	10,694,776
Denmark	30,954,451	Canada	8,363,007
Germany	19,518,161	Spain	8,023,315
Finland	17,180,095	Sweden	7,496,681
Private endowment trust ⁵	15,441,971	United Nations Office	
Canada	12,699,115	for the Coordination of	
Switzerland	10,000,000	Humanitarian Affairs ⁴	7,052,880
Ireland	3,984,576	United Kingdom	5,360,179
Spain	3,952,569	Luxembourg	4,843,181
Belgium	3,826,531	Norway	4,439,761
Australia	2,857,143	Denmark	4,297,082
New Zealand	2,733,600	African Development	
France	2,385,936	Bank	3,575,000
Luxembourg	1,362,559	Finland	3,353,381
Italy	1,317,523	United Nations Fund for	
China	900,000	International Partnerships	2,677,901
		Italy	2,384,348
		United Nations Trust	
		Fund for Human Security	2,310,487
		Japan	2,300,000
		Ireland	2,131,900
		Venezuela (Bolivarian Republic of)	2,016,319

* 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). Provisional figures as of 31 December 2006.

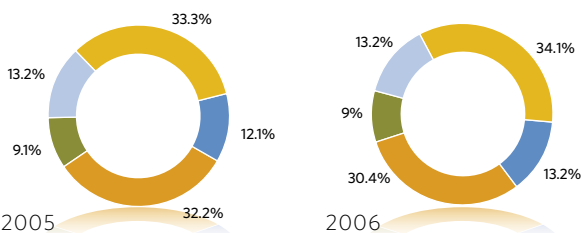
- 1 Contribution payments received in 2006.
- 2 Payments received for co-financing resources.
- 3 Includes contribution from the European Commission's Humanitarian Aid Office.
- 4 Includes contribution from the Central Emergency Response Fund, Common Humanitarian Fund, and the United Nations Humanitarian Coordinator.
- 5 Contribution is channelled through Americans for UNFPA.

UNFPA ASSISTANCE BY GEOGRAPHICAL REGION

IN MILLIONS OF US\$



BY PERCENTAGE



Legend: Africa (Sub-Saharan) (Yellow), Asia and the Pacific (Orange), Arab States, Europe and Central Asia (Blue), Interregional and Headquarters (Light Blue), Latin America and the Caribbean (Green)

UNFPA EXPENDITURES FOR 2005 & 2006 BY REGION

REGULAR RESOURCES*

REGION	IN MILLIONS US\$		% of TOTAL PROG.	
	2005	2006	2005	2006
AFRICA (SUB-SAHARAN)				
BY MAJOR SECTOR				
Reproductive Health	44.6	44.0	57.1	52.5
Population & Development	17.9	20.6	22.9	24.6
Gender Equality & Women's Empowerment	4.7	6.7	6.1	8.0
Programme Coordination & Assistance	10.8	12.6	13.9	15.0
Total	78.0	83.9	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
GROUP A	68.6	74.3	96.0	96.0
GROUP B	2.8	2.9	3.9	3.8
GROUP C	-	0.1	-	0.2
Other Countries	-	-	0.1	0.1
Total Country Activities	71.4	77.4	100.0	100.0
Country Activities	71.4	77.4	91.6	92.3
Regional Activities	6.6	6.5	8.4	7.7
Total Region	78.0	83.9	100.0	100.0
ARAB STATES, EUROPE AND CENTRAL ASIA				
BY MAJOR SECTOR				
Reproductive Health	17.9	20.8	63.1	64.0
Population & Development	6.1	6.0	21.5	18.5
Gender Equality & Women's Empowerment	1.3	2.0	4.6	6.2
Programme Coordination & Assistance	3.1	3.7	10.8	11.3
Total	28.4	32.5	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
GROUP A	8.1	9.4	31.8	31.6
GROUP B	12.2	16.1	48.1	54.0
GROUP C	4.4	3.8	17.6	12.7
Other Countries	0.6	0.5	2.6	1.8
Total Country Activities	25.3	29.7	100.0	100.0
Country Activities	25.3	29.7	89.0	91.5
Regional Activities	3.1	2.8	11.0	8.5
Total Region	28.4	32.5	100.0	100.0
ASIA AND THE PACIFIC				
BY MAJOR SECTOR				
Reproductive Health	54.4	53.0	72.0	70.9
Population & Development	14.1	12.8	18.7	17.1
Gender Equality & Women's Empowerment	2.3	3.4	3.1	4.5
Programme Coordination & Assistance	4.7	5.6	6.3	7.5
Total	75.5	74.7	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
GROUP A	45.7	46.0	63.5	64.4
GROUP B	17.0	15.1	23.7	21.1
GROUP C	8.8	9.8	12.5	13.7
Other Countries	0.6	0.6	0.6	0.8
Total Country Activities	71.9	71.4	100.0	100.0
Country Activities	71.9	71.4	95.3	95.5
Regional Activities	3.6	3.4	4.7	4.5
Total Region	75.5	74.7	100.0	100.0
LATIN AMERICA AND THE CARIBBEAN				
BY MAJOR SECTOR				
Reproductive Health	9.2	9.8	43.2	44.3
Population & Development	5.8	6.1	27.4	27.8
Gender Equality & Women's Empowerment	3.1	3.3	14.4	14.8
Programme Coordination & Assistance	3.2	2.9	15.1	13.1
Total	21.4	22.1	100.0	100.0
COUNTRY ACTIVITIES BY GROUP				
GROUP A	4.7	4.6	26.0	24.0
GROUP B	11.0	12.2	60.8	63.3
GROUP C	2.4	2.4	13.2	12.6
Other Countries	-	-	-	-
Total Country Activities	18.1	19.2	100.0	100.0
Country Activities	18.1	19.2	84.5	87.0
Regional Activities	3.3	2.9	15.5	13.0
Total Region	21.4	22.1	100.0	100.0
INTERREGIONAL AND HEADQUARTERS				
BY MAJOR SECTOR				
Reproductive Health	18.0	20.5	58.0	63.1
Population & Development	5.9	5.4	19.2	16.6
Gender Equality & Women's Empowerment	0.7	0.6	2.4	1.8
Programme Coordination & Assistance	6.3	6.0	20.4	18.5
Total Interregional and Headquarters	31.0	32.5	100.0	100.0

*Totals may not add up due to rounding.

DONOR PLEDGES AND PAYMENTS FOR 2006

CONTRIBUTIONS IN US\$

GOVERNMENT/DONOR	PLEDGES FOR CURRENT YEAR ¹	PAYMENTS RECEIVED ²	GOVERNMENT/DONOR	PLEDGES FOR CURRENT YEAR ¹	PAYMENTS RECEIVED ²
Afghanistan	300	300	Luxembourg	1,362,559	1,362,559
Albania	100	400 ³	Madagascar	7,746	-
Algeria	10,000	10,000 ⁴	Malawi	3,010	12,010 ⁸
Andorra	25,440	25,440	Malaysia	15,000	15,000
Angola	5,000	5,000	Maldives	5,039	10,039 ⁸
Antigua and Barbuda	1,000	1,000	Mali	6,314	-
Argentina	2,000	-	Malta	1,000	1,000
Armenia	1,000	1,000	Marshall Islands	2,000	6,000 ⁷
Australia	3,007,519	2,857,143	Mauritania	1,825	-
Austria	853,911	853,911	Mauritius	4,376	4,376
Azerbaijan	3,295	3,375	Mexico	50,435	50,435
Bahamas	2,000	2,000	Mexico	(2,364)	(2,364)
Bahrain	5,000	5,000	Micronesia (Federated States of)	3,000	3,000
Bangladesh	27,876	27,876	Moldova	200	-
Barbados	3,500	- ⁵	Monaco	6,304	6,304
Belarus	1,000	- ⁵	Mongolia	4,000	-
Belgium	3,550,296	3,826,531	Morocco	732,919	732,919
Belize	2,492	4,992 ³	Morocco	(722,212)	(722,212)
Benin	4,372	4,372 ⁶	Mozambique	2,000	2,000
Bhutan	5,650	5,650	Myanmar	94	172
Bolivia	100	2,994 ⁷	Namibia	1,000	1,000
Botswana	3,690	3,617	Nepal	5,510	5,457
Brazil	11,000	-	Netherlands	69,357,820	75,241,645
Bulgaria	2,000	2,000	New Zealand	2,733,600	2,733,600
Burkina Faso	1,857	- ⁵	Nicaragua	6,000	10,000 ⁸
Burundi	1,009	-	Niger	5,000	-
Cambodia	1,400	1,400	Nigeria	31,167	311,673 ³
Cameroon	18,041	-	Norway	38,700,148	40,829,868
Canada	12,264,957	12,699,115	Occupied Palestinian Territory	1,000	1,000
Cape Verde	1,182	11,726 ⁷	Oman	26,008	26,008
Central African Republic	2,000	1,263 ⁶	Pakistan	504,934	1,004,934 ⁸
Chad	20,000	-	Palau	50	-
Chile	5,000	5,000	Panama	10,332	10,332
China	937,547	937,547	Papua New Guinea	3,484	3,676
China	(37,547)	(37,547)	Paraguay	200	400
Colombia	40,000	25,635 ⁵	Peru	2,000	-
Comoros	500	-	Philippines	37,700	19,361 ⁶
Congo	44,242	32,474 ⁶	Poland	20,000	20,000
Cook Islands	659	659	Portugal	100,000	100,000
Costa Rica	3,702	3,702	Republic of Korea	130,000	130,000
Côte d'Ivoire	10,000	-	Romania	10,138	10,138
Croatia	10,000	10,000	Russian Federation	300,000	300,000
Cuba	5,000	5,000	Rwanda	300	-
Cyprus	6,330	6,330	Saint Kitts and Nevis	500	1,300 ⁷
Czech Republic	120,491	120,491	Saint Lucia	500	-
Democratic People's Republic of Korea	14,184	7,092	Saint Vincent and the Grenadines	100	-
Democratic Republic of the Congo	5,000	-	Samoa	5,000	1,000
Denmark	29,173,420	30,954,451	San Marino	499	499
Djibouti	1,000	-	Sao Tome and Principe	2,076	2,076
Dominica	200	200	Saudi Arabia	400,000	100,000
Dominican Republic	12,279	12,279	Senegal	17,143	17,143
Ecuador	2,000	-	Serbia	500	-
Egypt	92,334	-	Seychelles	3,022	6,033 ⁸
El Salvador	1,000	1,000	Sierra Leone	11,111	-
Equatorial Guinea	41,029	-	Slovak Republic	6,046	6,211
Eritrea	2,000	2,000	Slovenia	10,000	10,000
Estonia	22,965	25,262	Solomon Islands	200	-
Ethiopia	3,456	-	Somalia	100	-
Fiji	1,471	2,941	South Africa	24,329	24,759
Finland	17,159,763	17,180,095	Spain	3,952,569	4,675,318
France	2,385,936	2,385,936	Sri Lanka	18,000	36,000
Gabon	9,021	-	Sudan	30,000	-
Gambia	8,993	-	Suriname	500	500
Georgia	1,593	1,593	Swaziland	10,000	50,000 ⁷
Germany	19,518,161	19,518,161	Sweden	55,174,093	55,174,093
Ghana	12,500	25,000 ⁶	Switzerland	9,689,922	10,000,000
Greece	10,000	10,000	Syrian Arab Republic	2,885	2,868
Grenada	100	-	Tajikistan	200	-
Guatemala	498	498	Thailand	96,000	3,625 ⁵
Guinea	7,610	7,610	Timor-Leste	500	500
Guinea	(3,610)	(3,610)	Togo	5,681	-
Guinea-Bissau	100	-	Tokelau	400	400
Guyana	500	-	Tonga	1,000	1,000
Haiti	5,000	-	Trinidad and Tobago	5,000	5,000
Honduras	3,386	3,386	Tunisia	20,178	20,178
Hungary	2,000	-	Turkey	108,000	108,000
Iceland	100,000	100,000	Tuvalu	3,000	3,000
India	199,159	199,159	Uganda	10,028	10,011
Indonesia	31,980	34,882	Ukraine	1,000	-
Iran (Islamic Republic of)	50,000	-	United Kingdom of Great Britain and Northern Ireland	34,423,408	37,739,208
Ireland	3,984,576	3,984,576	United Republic of Tanzania	5,164	5,164
Israel	10,000	10,000	Uruguay	5,000	11,992
Italy	1,256,281	1,317,523	Vanuatu	892	3,570 ³
Jamaica	1,000	-	Venezuela (Bolivarian Republic of)	5,000	10,000 ⁸
Japan	33,257,124	33,257,124	Viet Nam	4,256	4,256
Jordan	50,071	50,071	Yemen Arab Republic	15,000	15,000
Kazakhstan	5,000	-	Zambia	2,047	2,047
Kenya	9,867	9,867	Zimbabwe	284	-
Kiribati	149	149	Private Contributions	465,747	465,747
Kuwait	10,000	-	SUBTOTAL	346,475,935	361,407,149
Kyrgyzstan	1,021	1,021	ADD: GAIN ON FOREIGN EXCHANGE	14,069,556	-
Lao People's Democratic Republic	1,500	-	TOTAL	360,545,491	361,407,149
Lebanon	2,000	-	Private endowment trust	15,441,971	15,441,971 ⁹
Lesotho	2,908	8,677	GRAND TOTAL	375,987,462	376,849,120
Liberia	10,000	70,000 ⁷			
Liechtenstein	7,982	7,982			

1 Official written pledges received as of 31 December 2006.

2 Actual payments received as of 31 December 2006.

3 Includes payments for 2006 and future years.

4 Payment for 2007.

5 Payment for 2006 made in 2005.

6 Payment for 2005.

7 Includes payments for 2006, prior and future years.

8 Includes payments for 2006 and prior years.

9 Payment is channelled through Americans for UNFPA.

PROJECT EXPENDITURES IN 2006*

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

GROUP	SUB-SAHARAN AFRICA	US\$
A	Angola	2,362
A	Benin	1,738
B	Botswana	895
A	Burkina Faso	2,511
A	Burundi	1,119
A	Cameroon	3,087
A	Cape Verde	990
A	Central African Republic	3,306
A	Chad	1,707
A	Comoros	411
A	Congo	1,207
A	Côte d'Ivoire	2,935
A	Democratic Republic of the Congo	9,458
A	Equatorial Guinea	1,922
A	Eritrea	1,769
A	Ethiopia	4,059
B	Gabon	398
A	Gambia	839
A	Ghana	1,523
A	Guinea	2,360
A	Guinea-Bissau	1,114
A	Kenya	3,658
A	Lesotho	544
A	Liberia	2,930
A	Madagascar	1,486
A	Malawi	4,270
A	Mali	2,548
A	Mauritania	2,380
C	Mauritius	121
A	Mozambique	10,105
B	Namibia	670
A	Niger	3,680
A	Nigeria	8,531
A	Rwanda	1,944
A	Sao Tome & Principe	444
A	Senegal	2,879
O	Seychelles	43
A	Sierra Leone	2,469
B	South Africa	719
B	Swaziland	640
A	Togo	991
A	Uganda	5,688
A	United Republic of Tanzania	3,611
A	Zambia	1,268
A	Zimbabwe	3,483
Total Country Projects		110,813
Regional Projects		9,214
Sub-Saharan Africa Total		120,027

GROUP	ASIA AND THE PACIFIC	US\$
A	Afghanistan	4,056
A	Bangladesh	7,175
A	Bhutan	1,356
A	Cambodia	2,612
C	China	3,695
B	Democratic People's Republic of Korea	1,012
A	India	13,911
B	Indonesia	10,347
C	Iran (Islamic Republic of)	1,750
A	Lao People's Democratic Republic	1,679
C	Malaysia	413
A	Maldives	1,413
B	Mongolia	1,710
A	Myanmar	3,794
A	Nepal	6,508
A	Pacific Multi Islands	1,349
C	Pacific Multi Islands	224
O	Pacific Multi Islands	674
A	Pakistan	9,415
A	Papua New Guinea	987
B	Philippines	5,584
C	Sri Lanka	6,201
C	Thailand	1,986
A	Timor-Leste	1,816
B	Viet Nam	4,332
Total Country Projects		94,001
Regional Projects		9,825
Asia and the Pacific Total		103,826

GROUP	ARAB STATES, EUROPE AND CENTRAL ASIA	US\$
B	Albania	584
B	Algeria	829
B	Armenia	500
B	Azerbaijan	813
C	Belarus	280
B	Bosnia and Herzegovina	426
C	Bulgaria	369
A	Djibouti	659
B	Egypt	3,028
B	Georgia	1,270
B	Iraq	2,793
B	Jordan	728
B	Kazakhstan	614
O	Kosovo (Serbia)	1,218
B	Kyrgyzstan	704
B	Lebanon	1,441
C	Moldova	398
C	Montenegro**	7
B	Morocco	3,516
A	Occupied Palestinian Territory	1,580
O	Oman	532
O	Poland	52
C	Romania	845
C	Russian Federation	616
C	Serbia (and Serbia & Montenegro)***	39
A	Somalia	943
A	Sudan	11,306
B	Syrian Arab Republic	2,530
B	Tajikistan	688
O	The former Yugoslav Republic of Macedonia	3
B	Tunisia	517
C	Turkey	1,382
B	Turkmenistan	612
C	Ukraine	827
B	Uzbekistan	963
A	Yemen	4,359
Total Country Projects		47,970
Regional Projects		5,038
Arab States, Europe and Central Asia Total		53,008

GROUP	LATIN AMERICA AND THE CARIBBEAN	US\$
C	Argentina	546
A	Bolivia	1,627
B	Brazil	1,275
B	Caribbean, English- and Dutch-Speaking	3,473
C	Chile	154
B	Colombia	1,569
B	Costa Rica	564
C	Cuba	648
B	Dominican Republic	917
B	Ecuador	889
B	El Salvador	1,375
B	Guatemala	3,909
A	Haiti	3,887
B	Honduras	1,914
C	Mexico	2,248
A	Nicaragua	2,554
B	Panama	564
B	Paraguay	1,171
B	Peru	12,690
B	Uruguay	550
B	Venezuela (Bolivarian Republic of)	2,861
Total Country Projects		45,383
Regional Projects		3,610
Latin America and the Caribbean Total		48,993

TOTAL PROJECT EXPENDITURES	US\$
Country Projects	298,167
Regional Projects	27,687
Interregional and Headquarters Projects	66,262
Procurement Services	30,185
Junior Professional Officers and Other Programmes	2,080
GRAND TOTAL	424,381

* Totals may not add due to rounding.

** Montenegro declared itself independent from Serbia on 3 June 2006 and was accepted as a United Nations Member State by General Assembly resolution A/RES/60/264 on 28 June 2006.

*** The membership of Serbia and Montenegro in the United Nations was continued by the Republic of Serbia, following Montenegro's declaration of independence. For presentational purposes, the expenditures reported for 2006 include those of Serbia and Montenegro for the first part of the year and of the Republic of Serbia for the latter part of the year. Expenditures for 2005 are for Serbia and Montenegro.

The Mission of UNFPA

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

UNFPA—because everyone counts.



United Nations Population Fund

Information, Executive Board and Resource Mobilization Division

220 East 42nd Street, 23rd floor

New York, NY 10017 U.S.A.

Tel: +1 (212) 297-5020

www.unfpa.org

© UNFPA 2007

ISBN 0-89714-812-6

E/11,000/2007

 Printed on recycled paper