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Photos:

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

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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 new-born 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:

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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:

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Rush hour in the Cairo metro system.

Building Support: © Dean Freeman

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



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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.

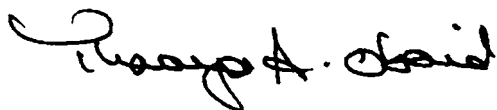
To that end, 2006 saw more and more countries allocating larger amounts of their national resources towards funding contraceptive purchases, expanding family planning services, improving maternal care and preventing HIV, especially among women and adolescents. Partly as a result of UNFPA efforts, reproductive 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.

Photo: GMB Akash/Panos Pictures/UNFPA



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,

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