



Millennium Development Goals

All United Nations Member States have pledged to meet these goals by 2015:

- 1. ERADICATE EXTREME POVERTY AND HUNGER:**
Reduce by half the proportion of people living on less than a dollar a day and suffering from hunger;
- 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION:**
Ensure that all boys and girls complete a full course of primary schooling;
- 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN:**
Eliminate gender disparity in primary and secondary education;
- 4. REDUCE CHILD MORTALITY:**
Reduce by two thirds the mortality rate among children under the age of five;
- 5. IMPROVE MATERNAL HEALTH:**
Reduce by three quarters the maternal mortality ratio;
- 6. COMBAT HIV/AIDS, MALARIA & OTHER DISEASES:**
Halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases;
- 7. ENSURE ENVIRONMENTAL SUSTAINABILITY:**
Integrate sustainable development into country policies and programmes, reduce by half the number of people lacking access to safe drinking water and improve the lives of slum dwellers;
- 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT:**
Address poverty reduction, good governance, open trading, the special needs of the least developed countries and landlocked and small island states, debt, youth employment and access to essential drugs and technologies.

Foreword



Population issues are fundamentally about people. No one knows this better than the United Nations Population Fund. For the past 34 years, UNFPA has sought to improve the lives of people in the developing world while helping nations find an equitable, sustainable balance between population and development. In the year 2002, UNFPA provided assistance to nearly 150 developing countries, with special emphasis on increasing the availability and quality of reproductive health services, fighting gender discrimination and violence, formulating effective population policies and reducing the spread of HIV/AIDS.

Over the past year, the devastating impact of HIV/AIDS in particular highlighted the need to invest more in public health and education, as well as the empowerment of women and girls. Only through such an investment can we hope to break the debilitating cycle of ill health and poverty and place the Millennium Development Goals within our reach. Only by working for reproductive health, voluntary family planning and women's rights can we reduce maternal and infant mortality rates, prevent the further spread of HIV/AIDS, and stabilize population growth.

This annual report documents the diverse efforts undertaken by UNFPA as the world's largest multilateral source of population funding, as well as the largest supplier of condoms and other reproductive health commodities. It demonstrates that by helping people make informed, responsible and free choices about their reproductive health, and by providing governments with population data and policy guidance, UNFPA plays an indispensable role in international development.

A handwritten signature in black ink, which appears to read 'K. Annan'. The signature is fluid and cursive, with a large initial 'K' and a long, sweeping underline.

Kofi A. Annan

Secretary-General of the United Nations

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Secretary-General of the United Nations*
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Executive Director of UNFPA*
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Overview



Developing countries that have invested in family planning, smaller families and slower population growth have achieved higher productivity, more savings and more productive investment. This confirms what we have always known: reproductive health information and services improve the lives of the poor, especially women. By giving greater policy attention and resources to population and reproductive health issues, we will actually make greater progress to reduce poverty and maternal and child mortality, halt the spread of AIDS and ensure sustainable development.

In this annual report, we draw attention to the many different ways in which UNFPA is working to reduce poverty by meeting reproductive health needs in developing countries, especially among the poorest and most vulnerable.

In 2002, UNFPA continued its support to family planning programmes to save mothers' lives and safeguard the right of couples to plan the size of their families. We also extended emergency reproductive health assistance to people in 22 countries and territories suffering from crisis. In the field of HIV/AIDS prevention, UNFPA continued working with its partners, particularly the Joint United Nations Programme on HIV/AIDS (UNAIDS), on raising awareness of the infection and promoting effective prevention methods, including condom programming. To assist government planning, UNFPA supported census-taking and demographic research in a number of countries, such as Afghanistan and Albania, that lack data essential for meeting the needs of their people.

In October 2002, we launched a campaign to end obstetric fistula, an injury caused by prolonged labour, in 11 African countries. Surgical treatment for this devastating condition enables women to return to normal lives.

To strengthen UNFPA overall, we completed an 18-month transition process towards a more effective, responsive and results-based organization. Among the many changes were a new visual identity and web site design. In 2002, UNFPA welcomed the highest-ever number of donor countries and recorded one of our highest levels of programme expenditure in three core areas: reproductive health, population and development strategies, and advocacy. Our flagship publication, *The State of World Population*, made the link between population and poverty and the benefits of health and education.

Throughout the year, UNFPA continued to build stronger partnerships and support for our mission. This effort was aided by the increasing recognition that population and reproductive health issues underpin the achievement of the Millennium Development Goals and that progress towards these goals is furthered by continued commitment to the Programme of Action established at the 1994 International Conference on Population and Development. Our many partners recognize that achieving development goals depends in large part on taking population policies seriously and ensuring that universal access to reproductive health services is attained.

A handwritten signature in black ink, reading 'Thoraya A. Obaid'.

Thoraya Ahmed Obaid

Executive Director, UNFPA

POVERTY, POPULATION AND DEVELOPMENT

Poverty, high fertility, ill-health, gender inequity.
Reproductive health information and services
help break the cycle.



Strong support for reproductive health can reduce poverty. The kind of information and services that UNFPA supports make it possible to avoid unwanted pregnancies, prevent HIV infection, plan and space families, give birth more safely and participate equally in opportunities for education, income and decision-making. The result of universally accessible reproductive health would be slower population growth, which would ease pressure on the environment and enable countries to meet the needs of the poorest and most vulnerable.

The least-developed countries have the highest fertility and population growth, and their populations are expected to triple in the next 50 years. Half the world's population, or more than 3 billion people, live on less than \$2 a day, and 1 billion people live on less than \$1 a day. And, despite strides towards gender equality since the mid 1980s, more women still live in poverty than men.

UNFPA understands that promoting reproductive health and rights is indispensable for economic growth and poverty reduction. Lower birth rates and slower population growth over the last three decades have contributed to faster economic progress in a number of developing countries. This positive "population effect" on the economy was due in large part to investments in health (including reproductive health) and education, and to increases in opportunities for women.

MILLENNIUM DEVELOPMENT GOALS

All United Nations Member States pledged in 2000 to meet a time-bound set of goals to eradicate extreme poverty and hunger, end AIDS and empower women. Only with attention to population and reproductive health issues will the world's people achieve the Millennium Development Goals. Every one of these eight goals is of concern to UNFPA, guided as we are by the Programme of Action of the 1994 International Conference on Population and Development (ICPD). With stronger support, especially from international donors that have not lived up to their ICPD promises, UNFPA can respond ever more effectively to requests for assistance from governments in more than 140 developing countries and help them achieve these goals for development.

- Almost two thirds of UNFPA country offices assisted governments in national reporting on the Millennium Development Goals in 2002, ensuring that data on population and reproductive health are given the attention they deserve.

DATA AND POPULATION STRATEGIES

Changes in the structure, distribution and size of populations are interlinked with all facets of sustainable development. UNFPA supports efforts to track these changes and analyse population trends, helping governments and international agencies generate the political will to address current and future needs. In particular, UNFPA promotes a common set of gender-sensitive population-based indicators for use in MDG reports and in the United Nations common country assessments (CCAs) and, through these instruments, in poverty reduction strategy papers (PRSPs).

- Data that link population with other development concerns can answer policy questions. In 2002, an evaluation of UNFPA efforts to develop national capacity in reproductive health analysed 10 years of interventions in six countries: Brazil, Côte d'Ivoire, Egypt, Nepal, Nigeria and Viet Nam.

- Without good data, effective planning is impossible. In 2002, UNFPA helped Albania complete fieldwork for its first-ever survey of reproductive health and family planning.

- The Pan Arab Project for Family Health completed a survey of five countries that will be used in a regional database on family health and reproductive health in Arab countries. Supported by UNFPA and other partners, the survey applied standardized tools and methods.
- NGOs are able to monitor ICPD follow-up by using a new monitoring system featuring online access to official data. The system covers eight countries and was set up by the Latin American and Caribbean Women's Health Network, with UNFPA support. Also in 2002, UNFPA helped develop an indicator system to support the Economic Commission for Latin America and the Caribbean in its regional ICPD monitoring role.
- Creation of a computerized integrated information system in reproductive health centres was part of UNFPA efforts to help Azerbaijan implement its poverty-reduction programme and reform its primary health care system.
- In December 2002, UNFPA and the Brazilian Institute for Geography and Statistics published a report on poverty, *Situation of the Brazilian Population: Levels of Inequalities (2002)*. UNFPA also joined with NGOs in Brazil to develop indicators for reproductive health at the municipal level, holding four workshops in 2002.
- UNFPA has supported sociocultural research in many countries, often to inform advocacy campaigns with culturally appropriate messages. UNFPA support to discourage female genital cutting, for example, has contributed to the development of policies and enactment of laws in 14 countries. In 2002, sociocultural research by the University of Zambia focused on local initiation ceremonies for boys that instil ideas of what it means to be masculine, among other topics of behaviour and tradition.

CENSUS DATA FOR PLANNING

UNFPA contributes to census-taking worldwide. In 2002, the Fund assisted both Guatemala and Rwanda with a population and housing census. In Botswana, UNFPA supported the analysis and dissemination of results from the 2001 census, with an immediate impact on decisions about programme expansion and beneficiaries. Comoros launched a population census, with plans to integrate its results into updated socio-demographic baseline data, disaggregated by sex.

- In Afghanistan, UNFPA began work with the Central Statistics Office on the design of a national population and housing census. The census responds to the urgent need for up-to-date and reliable information to aid the reconstruction process. Afghanistan has never had a complete census of its population.

- A survey in post-war Burundi canvassed 7,500 households in camps for displaced persons, urban centres and rural areas. UNFPA supported the major demographic and health survey, which also received European Union funds, to enhance government decision-making on national development, rehabilitation and reconstruction.

- In Bhutan, UNFPA helped build national capacity in data collection and analysis. Training on the upcoming census was conducted for representatives from all district administrations,

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