annual report







Special Focus: UNFPA and Adolescent Reproductive Health

Contents

Foreword	
UNFPA in 1999 – Programme and Financial Highlights	
Adolescents and Reproductive Health Care	
Tables: Funding Allocation by Region	
Appendices	
Appendix A:	
UNFPA Income and Expenditures 1999	
Appendix B:	
Government Pledges and Payments 1999	
Appendix C:	
Project Expenditures 1999	
Appendix D:	
Executive Board Decisions 1999	
Appendix E:	
General Assembly Special Session to Review Implementation of the ICPD Programme of Action	

Cover: photo of young mother and child from Colombia by WHO/J. Littlewood.

Foreword

1999 was a momentous year for UNFPA. The "ICPD+5" review, our 30th anniversary, and the birth of the 6 billionth person provided us with unique opportunities to look at where we have been and where we are going in our quest to help people make informed, responsible and free choices regarding their sexual and reproductive health.

By far the most important outcome of the 21st Special Session of the United Nations General Assembly was the adoption of a set of "key actions" to help realize the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) in Cairo. The actions, which include new benchmarks, focus on such areas as the need to provide

information, counselling and services to young people; to combat high levels of maternal mortality; to provide universal primary education; to combat the spread of HIV/AIDS; to promote gender equality; to reduce abortion and address the health consequences of unsafe abortion; and to build real partnerships to help achieve the ICPD goals.

Achieving the goals set out in Cairo and in New York at the fifth-year review will require greater political commitment, further development of national capacity, increased international assistance and larger domestic resources. There is also a strong need to further develop effective, transparent partnerships with NGOs, religious groups, the education and academic communities, and the private sector.

At the top of the agenda today are two

kinds of epidemics: HIV/AIDS and violence against women and girls. Both are fueled by gender discrimination and stereotypical notions about manhood and femininity. The empowerment of women and girls, through better education and health care, remains a cornerstone of our work around the world. Women must be able to protect themselves, and men must be prepared to help them do so.

Empowering women and men to make their own choices results in smaller and healthier families. Nearly 60 per cent of women in developing countries now use family planning, and fertility has fallen by half since 1950. Experience shows that satisfying individual rights, needs and aspirations meets national goals and global imperatives. Smaller families help to combat poverty, ill health and illiteracy, and to secure lasting economic well-being for people as well as countries.



In all of the 144 countries where the Fund was active in the past year, our support reflected the goals and activities laid out in the ICPD Programme of Action. We spent a total of \$187 million in our main programme areas of information and education, reproductive health services, and advocacy and policy development.

Emergency reproductive health supplies were provided to earthquake victims in Turkey, Orissa cyclone victims in India, Kosovar refugees, and conflict victims in East Timor. The emergency kits sent to some 350,000 Kosovar refugees in Albania included equipment for safe deliveries and emergency contraceptives for rape victims. In Kosovo, which has

> the highest maternal mortality rates in Europe, the Fund provided training and equipment to ensure safe delivery of newborns and quality maternal care in hospitals and clinics. In East Timor, the Fund distributed emergency home delivery kits to mothers since there was little or no maternity care available.

> During the year, we paid special attention to meeting the reproductive and sexual health needs of young people. While nearly half of all countries have taken measures to address the reproductive health needs of adolescents, as they were urged to do in Cairo, much work remains to be done. This year's annual report focuses on the challenges of providing youth-friendly information and services to the largest youth population in history.

The United Nations Population Fund remains committed to providing truly universal reproductive health care. The review undertaken in 1999 confirms our belief that population is not a matter of numbers: it is a matter of people. That is the basis of the global consensus: it is the foundation for the progress we have made so far, and it will be the key to success in the future.

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Dr. Nafis Sadik Executive Director United Nations Population Fund

UNFPA in 1999– Programme and Financial Highlights

03

UNFPA in 1999 – Programme and Financial Highlights

Pledges and contributions

- Regular income in 1999 totalled \$249.9 million, a decrease of 9.8 per cent compared to the 1998 income of \$277.0 million.

- Pledges to UNFPA's general resources in 1999 totalled \$245.1 million, \$24.1 million less than in 1998, a decrease of 9 per cent. At year's end, cumulative pledges through 1999 totalled about \$4.9 billion from a cumulative total of 172 donors. The number of donors in 1999 totalled 69.

- An additional \$36.2 million was provided through multi-bilateral co-financing arrangements, an increase of approximately 12 per cent compared to the \$32.4 million in 1998.

- Total income in 1999 was \$286.1 million, compared to \$309.4 million in 1998.

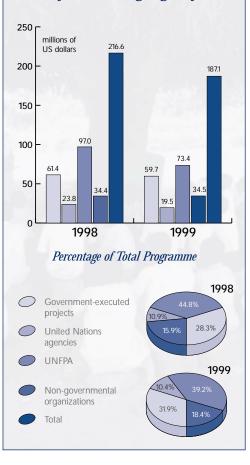
Expenditures

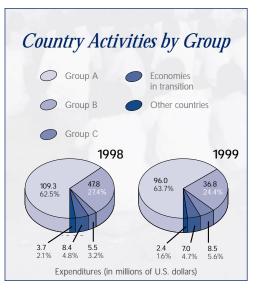
- Project expenditures in 1999 totalled \$187.2 million, as compared to \$216.6 million in 1998. The 1999 figure includes \$150.9 million for country programmes, compared to \$174.7 million in 1998; and \$36.3 million for intercountry (regional and interregional) programmes, compared to \$41.9 million for 1998.

- Technical support services under the successor support cost arrangements approved by the Governing Council in decision 91/37 were \$20.0 million. Administrative and operational services (AOS) costs amounted to \$6.9 million.

- For expenditures in 1999 by major function, by geographical area, and by country category, see graphs on page 5.

UNFPA Assistance by Executing Agency





Country categories

- Executive Board decision 96/15 endorsed the procedure for allocating resources according to categorization of countries into groups and approved the relative shares of resources to groups as follows: Group A, 67-69 per cent; Group B, 22-24 per cent; Group C, 5-7 per cent; countries with economies in transition, on a temporary basis, 3-4 per cent; and other countries and territories, 0.5 per cent. (For a list of countries by group, see Appendix C).

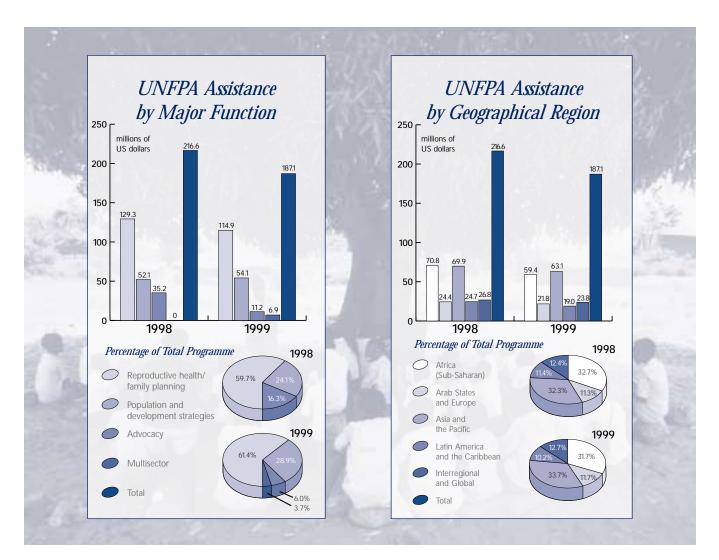
- The breakdown of resources expended for country programmes and projects in 1999, by group, is as follows: Group A, 63.7 per cent; Group B, 24.4 per cent; Group C, 5.6 per cent; countries with economies in transition, 4.7 per cent; and other countries and territories, 1.6 per cent.

- Total expenditures in 1999 to Group A countries amounted to \$96.0 million, compared to \$109.3 million in expenditures in 1998.

Intercountry activities

- Expenditures for intercountry activities (regional and interregional) totalled \$36.4 million in 1999, compared to \$41.9 million in 1998. By category of activity, these expenditures were: regional, \$12.6 million in 1999, compared to \$15.1 million in 1998; interregional, \$23.8 million in 1999, compared to \$26.8 million in 1998.

- Intercountry programmes accounted for 19.5 per cent of 1999 total project expenditures, compared to 19.3 per cent in 1998.



Country Population Assessments

- In 1999, Country Population Assessments (CPAs) were completed in 11 countries (Azerbaijan, Chad, Indonesia, Kazakhstan, Kyrgyzstan, Pakistan, Philippines, Tajikistan, Turkmenistan,

Uzbekistan and Zimbabwe). In the case of one country (Viet Nam), a Common Country Assessment (CCA), rather than a CPA, was carried out.

Biennial support budget

- The provisional estimate for the net expenditure for the biennial support budget (BSB) during the 1998-1999 biennium is approximately \$118.3 million, representing 22.5 per cent of regular resources and 19.9 per cent of total resources income.

Personnel

 As of 1 January 1999, the total number of authorized budget posts numbered 972, comprising 350 Professional (including 156 national programme officers) and 622 General Service staff.

UNFPA Assistance by country/Intercountry Category

These include 103 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 245 Professional and 485 local General Service posts in the field.

- The percentage of women on UNFPA's Professional staff at headquarters and in the field was 50 per cent in 1999, one of the highest percentages among United Nations agencies and organizations. Moreover, 7 of the 11 members of the Fund's Executive Committee are women.

Adolescents and Reproductive Health Care

06

Introduction

Nearly half of all people are under 25. Over a billion are young people between the ages of 15 and 24, the parents of the next generation. Their decisions about education, sexual relationships, marriage, and childbirth will have an enormous impact on their lives and, in turn, on their communities and nations.

Young women and men face many risks — unwanted pregnancy, HIV/AIDS and other sexually transmitted diseases, sexual exploitation and alienation — yet they receive inadequate information, guidance and services to help them negotiate the difficult passage to adulthood. Ignoring these issues incurs a high cost in ill health, wasted opportunities and social disruption.

More than 14 million adolescents give birth each year, and a large proportion of these pregnancies are unwanted. Countless girls drop out of school each day because of pregnancy. Half a million young people acquire a sexually transmitted disease each year. Each minute, six more young people become infected with the HIV virus, which causes AIDS.

In many countries, the topic of adolescent sexuality and reproductive health is politically and culturally sensitive; as a result, reproductive health information and services do not reach most youth. However, some 55 countries have taken policy and programme measures to address the health needs of adolescents. Given the high level of demand, the United Nations Population Fund is intensifying efforts to find acceptable and effective ways to help young people protect their reproductive health and their futures. the year to document experiences in adolescent reproductive health care in various countries. We found that some success is being achieved in introducing sexuality education and other emerging issues — such as human rights, harmful practices, and violence — into education programmes and in strengthening teacher training, parent education and community outreach. Reviews of UNFPA country programmes reveal that considerable efforts have been made, with some notable successes, to bring "health to youth". The review also found that much remains to be done.

Developing countries in all parts of the world face serious challenges in addressing adolescent reproductive and sexual health needs. Studies show that accurate information encourages responsible sexual behaviour, including abstinence, among adolescents.

> Many young people are confronted with the possibility of pregnancy and HIV/ AIDS, yet they lack information and ser-



vices to protect themselves. In Viet Nam, for example, while adolescents make up only 12 to 14 per cent of the population, they account for 25 per cent of abortions and 50 per cent of HIV infections. In Mongolia, a government health survey found that

many sexually active female adolescents knew little about reproductive health and contraception and were at high risk of abortion and miscarriage. Fifty-four per cent of the Mongolian adolescents interviewed expressed the desire to learn about reproductive health in school

预览已结束, 完整报告链接和二维码如下:

An Indian bride (left); Peruvian children. UNFPA is working to help young people protect their repro-

ductive health and their futures.

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