A woman and a young child are shown in profile, looking towards the left. The woman is wearing a white lace dress with blue embroidery and a gold beaded necklace. The child is wearing a red long-sleeved shirt with yellow text that reads "BEST HOP BEST". The background is dark with some hanging corn cobs and small lights.

ANNUAL REPORT
Promises to Keep | 2012

About this report

UNFPA, your United Nations Population Fund, worked with 156 countries and territories in 2012 to **deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.**

Backed by a record \$981 million in donor support in 2012, UNFPA further tightened the focus of its work to increase the impact in the organization's core areas of sexual and reproductive health, reproductive rights and maternal health to improve the lives of millions of women and young people in developing countries.

Until the middle of 2011, UNFPA had 13 major programming objectives, but after a review of its priorities and a fresh look at emerging challenges in developing countries, the organization narrowed its programming objectives to seven areas where it stands to have the greatest impact on the lives of women and young people:

- Expanding and improving maternal and newborn health.
- Increasing access to voluntary family planning.
- Making HIV and STI services more accessible to pregnant women, people living with HIV, young people and key populations.
- Advocating for gender equality and reproductive rights.
- Increasing young people's access to sexual and reproductive health services and information.
- Linking population dynamics, policymaking and development plans.
- Harnessing the power of data.

This annual report describes progress made toward the achievement of the seven programming objectives globally and in each region in 2012.

This page: © Ricardo Ramirez Arriola; Cover image: © Ivan Kashinsky/Aurora Photos/Corbis



Celebrating World Population Day in Divo, Côte d'Ivoire.

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Notre Défi : Sauver des vies de femmes



World Population Prospects: The 2014 Revision
Key Messages and Highlights
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http://www.un.org/en/development/desa/pop/publications.shtml





Foreword

Sexual and reproductive health is an indispensable accelerator of sustainable development.

When women and young people are in good health, and have the power and means to make informed decisions about how many children to have and when, they have a much better chance of escaping poverty and contributing more fully to the development of their societies.

Yet hundreds of millions of women and girls lack access to information and services that would allow them to avoid or plan a pregnancy, to remain healthy while pregnant or to have a safe delivery, free of complications that can lead to life-long disabilities.

Investing in universal access to sexual and reproductive health is therefore a crucial investment in healthy societies and a more sustainable future.

I applaud UNFPA, the United Nations Population Fund, for championing sexual and reproductive health and reproductive rights. This report demonstrates the difference UNFPA made in the lives of women and young people in 156 countries and territories, home to nearly 6 billion people.

As the world strives to achieve the Millennium Development Goals by 2015 and define an equally inspiring development agenda for the years beyond that deadline, UNFPA's activities will continue to play a central role in building a safer, more just, more sustainable and equitable world for all.

—United Nations Secretary-General Ban Ki-moon

From the Executive Director

KEEPING THE PROMISES OF RIGHTS AND HEALTH FOR WOMEN AND YOUNG PEOPLE

We can feel proud of how much has been achieved in the past two decades in terms of improving the health and protecting the rights of women and young people. But the remaining challenges call for more intense and focused efforts.

Each year, 287,000 women in developing countries die from complications arising from pregnancy or childbirth. A staggering 222 million women want to use contraceptives but lack access to them. Nearly 16 million girls between the ages of 15 and 19 give birth every year. And every day, 39,000 girls are married before the age of 18.

Behind each of these numbers is a human story: of a mother who died because there was no midwife to help her deliver her child; of a woman who was disabled by an unintended pregnancy; of an adolescent girl whose future was hijacked because she was forced to drop out of school to care for her baby; or of a young girl who was forced into marriage, which robbed her of her childhood, her education and the opportunity to set her own course in life.

No woman's or girl's life story should be allowed to end in needless tragedy. By supporting health, education, rights and choices, UNFPA supports women and young people in building brighter futures for themselves.

Throughout 2012 UNFPA, with support from its donors, partners, developing-country governments and other stakeholders, advanced its mission to deliver a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



SUPPORTING FAMILY PLANNING

In July, UNFPA partnered with the United Kingdom, the Bill & Melinda Gates Foundation and others at the London Summit on Family Planning. This led to \$2.6 billion in new commitments from donor nations—and significant new commitments from developing countries—to make voluntary family planning available to an additional 120 million women and adolescent girls by 2020. This builds on the work that UNFPA is doing as a global leader on family planning, and will significantly reduce the unmet need for modern contraceptives in many of the world's poorest countries.

In addition to saving and improving the lives of women and children, this commitment for family planning will empower women and girls, reduce poverty and ultimately build stronger nations. Countless studies have shown that women who use family planning are generally healthier, better educated, more empowered in their households and communities, and more economically productive.

Family planning is anchored in respect for human rights, women's empowerment, and social justice and

equality. To maintain the status quo of unmet need for family planning would be to accept the unacceptable.

Contraceptives are urgently needed. So are other affordable, effective and simple health supplies and medicines that could save millions of lives. Their availability and access to them are essential parts of well-functioning health systems that reach everyone, including the most vulnerable.

In response, in 2012 the United Nations established a Commission on Life-Saving Commodities for Women and Children, co-chaired by President of Nigeria Goodluck Jonathan and Prime Minister of Norway Jens Stoltenberg. UNICEF Executive Director Anthony Lake and I serve as Vice-Chairs. The Commission's work focuses on the needs of countries where the most women, newborns and children under five die from preventable causes.

INVESTING IN ADOLESCENT GIRLS

The United Nations General Assembly designated 11 October 2012 the first-ever International Day of the Girl Child, which UNFPA used as an occasion to draw attention to the practice of child marriage, an appalling violation of human rights that robs millions of girls of their education, their health and a brighter future.

No rationale, be it social, cultural or religious, can justify the damage these marriages do to young girls. Every girl everywhere should have the right to choose whom she marries and when.

A girl who marries later is not only more likely to stay in school, but is also more likely to work, reinvest her income into her household, and become a lever for development. A girl who marries later is more empowered to choose whether, when, and how often to have children. In turn, the whole family has a better chance to thrive, and she has a better chance of rising out of poverty.

In 2012, UNFPA pledged to invest an additional \$20 million over the next five years for comprehensive programming

to reach the most marginalized adolescent girls in 12 countries with high rates of child marriage.

Investing in young girls is smart, and UNFPA is committed to enabling them to expand their life choices, protect their rights and contribute to their own development as well as that of their communities.

DELIVERING ON OUR COMMITMENTS

This is just one of 26 overarching commitments UNFPA made in 2012 to become more effective, to focus on its core mandate, to stand ready to address emerging challenges, and to make a real difference in the lives of individual women and young people in developing countries.

UNFPA is also committed to informing and shaping the debate around the sustainable development framework that will succeed the Millennium Development Goals in 2015. The future vision for sustainable development will only be realized if it fully reflects the needs and aspirations of women and girls who are half the world's population.

Towards this aim in 2012, UNFPA led a global review of progress in achieving universal access to sexual and reproductive health and reproductive rights since the 1994 Cairo International Conference on Population and Development and its Programme of Action, which continues to guide UNFPA's work today. The findings of this review will greatly inform United Nations planning for the post-2015 sustainable development framework.

This annual report highlights UNFPA accomplishments in 2012. Our future success will depend on the extent to which we help change the lives of women and young people by ensuring they have the opportunities to shape their own futures. Women and young people in developing countries are counting on us. We must keep our promises to them so they live healthy, productive lives, built on a foundation of rights and equality.

—Dr. Babatunde Osotimehin



Dancers at UNFPA's "Condomize" event in Washington D.C.

Global initiatives

MEASURING 20 YEARS OF PROGRESS

In 2012, UNFPA, on behalf of the United Nations system, established a secretariat to lead a global review of progress towards achieving the Programme of Action of the 1994 International Conference on Population and Development (ICPD). The Programme of Action continues to guide UNFPA work worldwide.

The ICPD Beyond 2014 Review aims to identify achievements, gaps, outstanding issues and new challenges in relation to the implementation of the Programme of Action.

The findings of the review will be presented to the Secretary-General in the lead-up to the 20th anniversary of the ICPD in 2014.

The review will help shape the future of global population and development policy at national, regional and

global levels. It is a once-in-a-generation chance to define what needs to be done to deliver a more equitable, more sustainable world for the more than 7 billion people who share it.

Evidence of what has worked and where challenges remain is being collected through a global survey developed by UNFPA through regional and thematic conferences.

The first such thematic conference was a Global Youth Forum, which took place in Bali, Indonesia in December 2012. The event, hosted by the Government of Indonesia, drew hundreds of young people as well as representatives of governments, non-governmental organizations, United Nations entities and the private sector. Several other review-related events are planned for 2013.

A VISION FOR DEVELOPMENT AFTER 2015

Also in 2012, UNFPA joined other members of the United Nations family of organizations in consultations that will lead to a new global sustainable development framework that will succeed the Millennium Development Goals after 2015.

The UNFPA position for the post-2015 agenda is already clear: at the core of sustainable development are the empowerment of women, adolescents and young people to exercise their reproductive rights; universal access to sexual and reproductive health services within a framework of human rights and gender equality; and an understanding of the implications of population dynamics. The future global development agenda will succeed only if women, adolescents and young people are at its centre.

THE ICPD AND SUSTAINABLE DEVELOPMENT

In June, at the closing of the United Nations Conference on Sustainable Development held in Rio de Janeiro, world leaders adopted “The Future We Want,” a common global vision that reaffirmed commitments made at the ICPD in 1994. Delegates pledged, for example, “to reduce maternal and child mortality and to improve the health of women, youth and children” and reaffirmed their “commitment to gender equality and to protect the rights of women, men and youth to have control over and decide freely and responsibly on matters related to their sexuality, including access to sexual and reproductive health, free from coercion, discrimination and violence.”

SEXUAL AND REPRODUCTIVE HEALTH IN HUMANITARIAN CRISES

UNFPA implemented 70 lifesaving programmes in 39 countries affected by humanitarian emergencies and disasters in 2012.

In Syria, nearly 1 million women of reproductive age—including an estimated 200,000 pregnant women—



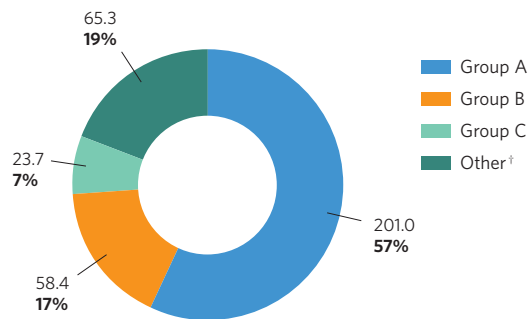
UNFPA launched a social media campaign, “Safe birth. Even here,” in September 2012 to raise awareness about the importance of providing maternal health services in crises. Through the platform www.unfpa.org/safebirth, the general public was encouraged to share the good news of safe births in humanitarian settings, such as in refugee camps in Jordan and Uganda.

urgently needed humanitarian assistance in 2012. Military checkpoints, roadblocks and violent clashes prevented health-service providers and patients from reaching facilities in a timely manner. Depleted stocks of reproductive health supplies and medications added to the challenge of safe delivery in the Syrian context.

Through an innovative voucher system, UNFPA enabled women to obtain free-of-charge maternal health and obstetric services at clinics of the Syrian Family Planning Association. Over 4,600 vouchers were distributed to women in the crisis-affected areas by outreach mobile teams or medical volunteers providing reproductive health services and information in order to reduce the need for emergency obstetric interventions, including Caesarean-section delivery.

REGULAR RESOURCES: EXPENSES BY COUNTRY GROUP*

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



*About the country groupings

Group A: Countries and territories in most need of assistance to realize goals of the International Conference on Population and Development

Group B: Countries that have made considerable progress towards achieving goals of the International Conference on Population and Development

Group C: Countries and territories that have demonstrated significant progress in achieving the goals of the International Conference on Population and Development

Other: Countries or territories that received technical assistance or project support from UNFPA but received no regular resources from UNFPA

† Includes Global and Regional Programmes

Improving maternal and newborn health

The number of women dying of pregnancy and child-birth-related complications almost halved in 20 years, according to a report released in May 2012 by UNFPA, the World Health Organization, UNICEF and the World Bank.

Trends in maternal mortality: 1990 to 2010 showed that from 1990 to 2010, the annual number of maternal deaths dropped from more than 543,000 to 287,000—a decline of 47 per cent.

Ninety-nine per cent of maternal deaths occur in developing countries. Every two minutes, a woman dies of preventable or treatable pregnancy-related complications.

While substantial progress has been achieved in almost all regions, many countries, particularly in sub-Saharan Africa, will fail to reach the Millennium Development Goal

target of reducing maternal death by 75 per cent by 2015.

In 2012 UNFPA, in partnership with UNICEF, the World Health Organization, the World Bank, UNAIDS and UNWomen, supported 49 countries' efforts to achieve Millennium Development Goal 4, to reduce child deaths by two-thirds, and Millennium Development Goal 5, to reduce maternal deaths by three-fourths. UNFPA helped chart strategic interventions, including increased access to voluntary family planning and emergency obstetric care, and the development of midwifery training and workforces.

In March 2012, UNFPA and UNICEF launched a high-level commission to improve access to essential but overlooked health supplies that could save the lives of millions of women and children every year.

President Goodluck Jonathan of Nigeria and Prime Minister Jens Stoltenberg of Norway were named co-chairs of the Commission on Life-saving Commodities for Women and Children. UNFPA Executive Director Dr. Babatunde Osotimehin and his UNICEF counterpart, Anthony Lake, were named vice-chairs. The Commission is part of the United Nations Secretary-General's Every Woman Every Child movement to support achievement of health-related Millennium Development Goals.

In October, at a ministerial meeting of the Commis-

NEARLY 7,000 WOMEN UNDERWENT SURGERY to repair obstetric fistulas with UNFPA support in 2012

UNFPA HELPED 33 COUNTRIES strengthen their midwifery workforces in 2012

WITH UNFPA SUPPORT, 47 COUNTRIES increased their capacities for financing or providing reproductive health supplies and services in 2012

sion, health ministers from seven African countries committed to speed up access to and use of 13 lifesaving commodities by 2015. The meeting was hosted by the Government of Nigeria with the support of the Commission Secretariat, UNFPA and UNICEF.

Also in 2012, non-governmental organizations and governments of developing countries procured and arranged delivery of more than \$26 million in reproductive health supplies, including contraceptives, using an innovative AccessRH tool managed by UNFPA. AccessRH was developed by the Reproductive Health Supplies Coalition and is supported by the Bill & Melinda Gates Foundation, the European Union, Germany and the United States. Through AccessRH, organizations that purchase reproductive health supplies can take advantage of the same volume pricing and quality assurance that come with products purchased from vendors that have been approved by UNFPA or the World Health Organization, often resulting in significant time and cost savings.

Increasing access to voluntary family planning

A study published by UNFPA and the Guttmacher Institute in July 2012 found that the number of women in developing countries who want to avoid pregnancy but do not have access to modern contraception declined from 226 million to 222 million between 2008 and 2012. However, in the 69 poorest countries—where 73 per cent of all women with unmet need for modern contraceptives reside—the number increased, from 153 million to 162 million, according to *Adding It Up: Costs and Benefits of Contraceptive Services—Estimates for 2012*.

The effects of filling the current unmet need for modern contraceptive methods would include:

- A two-thirds reduction in unintended pregnancies worldwide, from 80 million to 26 million.
- An estimated 26 million fewer abortions (including 16 million fewer unsafe procedures).
- About 7 million fewer miscarriages.
- A 79,000 reduction in the number of pregnancy-related deaths each year.
- An estimated 1.1 million fewer infant deaths.

On July 11, the United Kingdom and the Bill & Melinda Gates Foundation co-hosted with UNFPA and other partners a London Summit on Family Planning, which mobilized political will and extra resources needed to give 120 million women access to family planning by 2020. During the Summit, donor countries and foundations together pledged \$2.6 billion; developing countries also made significant pledges. UNFPA alone pledged \$378 million. UNFPA co-chairs a new FP2020 group, which is helping ensure that Summit commitments are fulfilled.

On July 11, UNFPA offices, governments and partner organizations around the world marked World Population Day through events that raised awareness about the need for universal access to reproductive health services, especially voluntary family planning.

In October, UNFPA published its annual *The State of World Population* report, which made the case that family planning is a basic human right that unlocks unprecedented rewards for women in terms of health, economic power and gender equality. The report, entitled “By Choice, Not by Chance,” also showed that making voluntary family planning available to everyone in developing countries would reduce costs for maternal and newborn health care by \$11.3 billion annually.

THE PERCENTAGE OF COUNTRIES REPORTING SERVICE DELIVERY points that offer at least three types of modern contraception rose from 27 in 2010 to 44 in 2012.

By enabling individuals to choose the number and spacing of their children, family planning has allowed women and their children to live healthier, longer lives, and it has a positive multiplier effect on development.

Through a Global Programme to Enhance Reproductive Health Commodity Security, UNFPA provided 86 million “couple years” of contraceptives in developing countries between 2008 and 2012. The Programme also helped increase access to medicines and supplies to prevent HIV infections and improve maternal health.

Also in 2012, UNFPA began developing its family planning strategy, *Choices Not Chance*, to be released in early 2013. The strategy will help UNFPA accelerate delivery of rights-based, voluntary family planning within the broader context of universal access to sexual and reproductive health and reproductive rights.

Making HIV and STI services more accessible

Every day, 2,400 young people between the ages of 15 and 24 become infected with HIV, accounting for two in five of all new infections worldwide. Because they bear a significant burden of the epidemic, young people must be central to the response to HIV and AIDS.

An event organized by YouthForce in July at the International AIDS Conference drew 200 youth leaders who expressed their views about what young people need—and about what they can do—to stop HIV and help those who are already living with HIV. YouthForce, which receives support from UNFPA, is a coalition of youth organizations that has been pivotal in keeping youth issues at the forefront of the international AIDS agenda.

Greater and better focused involvement of youth in the response to HIV and AIDS in recent years has yielded

positive returns: between 2001 and 2010, HIV prevalence declined among people between the ages of 15 and 24 in 21 of the 24 countries with an HIV prevalence rate of at least 1 per cent. The reduction has been attributed to changes in sexual behaviour patterns, including delayed sexual debut, fewer partners and increased use of condoms.

In addition to ongoing programming to address HIV and AIDS in developing countries, in 2012 UNFPA partnered with the World Health Organization and UNICEF to begin developing guidelines for HIV counselling and testing and care for adolescents living with HIV.

To help build demand for male and female condoms among young people and others, UNFPA in 2012 continued to support the “Condomize!” campaign, a partnership with UNAIDS, non-governmental organizations and private-sector partners that promotes condoms as an inexpensive, widely available and effective way to prevent HIV infection.

UNFPA supported an additional 15 countries in 2012 to develop comprehensive condom programming, a multi-faceted approach to increasing reliable access to condoms for young people, key affected populations and others and includes the formulation of national condom strategies, policies and plans; technical and financial assistance; marketing support and other interventions.

UNFPA also continued supporting initiatives

LAST YEAR,
UNFPA PROCURED
20 million female
condoms and 690
million male condoms

IN 2012, UNFPA
SUPPORTED 164
COMMUNITY-LED
ORGANIZATIONS
that address HIV-related
services for young
people

IN 86 COUNTRIES
IN 2012, UNFPA
supported initiatives
to reduce HIV risk and
vulnerability among key
populations

to prevent HIV infection among key populations, such as sex workers. In December 2012, UNFPA, the World Health Organization, UNAIDS and the Network of Sex Work Projects jointly released *Guidelines on Prevention and Treatment of HIV and Other Sexually Transmitted Infections for Sex Workers in Lower and Middle Income Countries: Recommendations for a Public Health Approach*. One month earlier, UNFPA, the World Bank and the Johns Hopkins Bloomberg School of Public Health published *The Global HIV Epidemic Among Sex Workers*.

Also in 2012, UNFPA supported the ministries of education of 38 countries to develop age-appropriate, comprehensive sexuality education, which typically includes information about condom use to prevent HIV, sexually transmitted infections and unintended pregnancy.

UNFPA helped 22 priority countries in 2012 slow mother-to-child transmission of HIV by supporting services that integrate sexual and reproductive health, including family planning, maternal, neonatal and child health, with HIV prevention and treatment.

UNFPA assisted nine countries in 2012 in assessing the degree to which policies, systems and services were linked for sexual and reproductive health and HIV prevention and treatment. Research has shown that where services are integrated, people are better equipped to slow the rate of new HIV infections, and people already living with HIV or AIDS are more able to access treatment.

UNFPA supported the development of six country action plans in 2012 that simultaneously aim to improve gender equality, eliminate gender-based violence and engage men and boys in national HIV strategies and plans. The initiative was organized by the United Nations Inter-Agency Working Group on sexual and reproductive health and HIV/AIDS linkages in partnership with the ATHENA Network, the MenEngage Alliance and Sonke Gender Justice.

Advocating gender equality and reproductive rights

There are 67 million girls in developing countries (other than China) who were married before the age of 18, according to *Marrying Too Young: End Child Marriage*, a report published by UNFPA on 11 October, the Day of the Girl Child. Half of these child marriages took place in Asia, with another fifth in sub-Saharan Africa. But the practice is also widespread in some communities in Latin America, the Middle East and Eastern Europe.

And if current trends continue, by 2020, an estimated 142 million girls will have been married by their 18th birthday, even though many countries have laws prohibiting child marriage.

The report called on governments and others to enact and enforce laws that raise the age of marriage to 18 for both girls and boys; use data to identify and target geographic hotspots with especially high numbers of girls at risk of child marriage; and expand programmes that empower girls, address the causes underlying the practice and mitigate the harmful impact of child marriage on girls.

CIVIL SOCIETY ORGANIZATIONS IN 32 COUNTRIES engaged men and boys in promoting gender equality with UNFPA support in 2012

UNFPA SUPPORTED 119 COUNTRIES in 2012 in their efforts to implement international agreements and national legislation for gender equality and reproductive rights

AT THE END OF 2012, 9,775 COMMUNITIES ACROSS AFRICA had abandoned female genital mutilation/cutting



Liberians participate in the International Day of the Girl Child.

The report made the case that child marriage denies a girl of her childhood, disrupts her education, limits her opportunities in life, increases her vulnerability to violence and abuse, and jeopardizes her health.

In Rio de Janeiro in June 2012, other aspects of gender equality and reproductive rights were taken up at the United Nations Conference on Sustainable Development, where world leaders resolved to unlock women's potential as drivers of sustainable development through empowerment and the repeal of discriminatory laws and harmful practices that act as barriers to gender equality: "We are committed to promote the equal access of women and girls to education, basic services, economic opportunities and health-care services, including addressing women's sexual and reproductive health, and ensuring universal access to safe, effective, affordable and acceptable modern methods of family planning."

Increasing young people's access to services

Today, an estimated 1.8 billion people are between 10 and 24 years old. Most of them live in developing countries.

Urgent action is needed to protect and fulfill young people's human rights, including their right to sexual and reproductive health services and comprehensive sexuality education. Only then will they be able to fully contribute to the development of their countries, according to a report by the Secretary-General to the 45th session of the Commission on Population and Development in April 2012.

Building on its work to empower adolescent girls and marking the International Day of the Girl Child, UNFPA pledged to invest an additional \$20 million over the next five years to reach the most marginalized adolescent girls in 12 countries with high rates of child marriage. The investment will allow UNFPA to deliver more systematic and integrated programmes at scale to support married and unmarried girls aged 10 to 18 years who are at risk of dropping out of school, of child marriage and of adolescent pregnancy.

In partnership with The Population Council and collaboration with governments, communities and others, UNFPA worked with thousands of vulnerable girls in poor and under-reached communities to provide them with safe and supportive networks to advance their education and life skills, prevent pregnancy, protect them from HIV and violence, and improve their economic skills to help access better opportunities.

EVERY YEAR,
14.2 MILLION
GIRLS ARE
MARRIED. That
translates to 39,000
every day

In the 12 targeted countries, UNFPA pledged to work with:

- Very young girls, between the ages of 10 and 12, to help them stay in school, gain financial literacy skills and transition to secondary education;
- Adolescent girls, between the ages of 13 and 15, to deal with increasing family pressures for earning through improving their financial literacy and economic and life skills; and
- Older girls, between the ages of 16 and 18, who are both married and unmarried to support leadership development, mentoring and exercising their human rights.

The investments in adolescent girls will contribute to delaying the age of marriage; preventing pregnancy, HIV and sexually transmitted infections; encouraging girls to stay in school; and improving girls' understanding about violence and safe sex options and their ability to negotiate safe practices.

In 2012, UNFPA developed a new Adolescent and Youth Strategy, to be released in 2013. Building on significant work to date, the strategy will enable UNFPA to play a pivotal role in the advancement of young people by ensuring interventions that help young people flourish on their road to adulthood and by advocating for better access to quality sexual and reproductive health services, including those to prevent and treat HIV.

Linking population dynamics to global discussions and policy making

In 2012 UNFPA continued to help countries link the development of plans, policies and services to major population trends and contributed to policy discussions for international summits, such as the United Nations Conference on Sustainable Development (“Rio+20”).

At Rio+20, world leaders committed to “systematically consider population trends and projections in our national, rural and urban development strategies and policies. Through forward looking planning, we can seize the opportunities and address the challenges associated with demographic change, including migration.”

Also during Rio+20, UNFPA released *Population Matters for Sustainable Development*, which called on countries to promote sustainable patterns of production and consumption—the defining features of the green economy—and address demographic change through human rights-based policies to achieve sustainability.

The report showed how demographic shifts, such as the trend towards living in cities, can reduce strains on the environment by reducing consumption of resources. A fall in fertility will allow households and countries to increase investment in people and productive capacities. “Investments that are built on—and take advantage of—demographic trends can help transform populations into rich human capital that can propel sustainable development,” the report stated.

A report published by UNFPA and HelpAge International in October showed that many countries are now seeing the average age of their populations rise and called

SEVENTY-THREE COUNTRIES FACTORED IN

population trends when formulating national development plans and policies in 2012 with UNFPA support

UNFPA HELPED 54 COUNTRIES

integrate sexual and reproductive health services, including family planning, into national health policies and plans in 2012

FORTY-THREE COUNTRIES ADDRESSED POPULATION

TRENDS such as ageing in national development plans in 2012

on governments of these countries to prepare—and benefit from—this demographic shift, or risk being overwhelmed by it.

According to *Ageing in the Twenty-first Century: A Celebration and a Challenge*, the ageing of societies is a cause for celebration, but it is also a huge challenge because it requires completely new approaches to health care, retirement, living arrangements and intergenerational relations.

The report, a collaboration of 20 United Nations and other organizations, showed that in 2000, for the first time in history, there were more people over 60 than children below 5. In just 10 years, the number of older persons will surpass 1 billion—an increase of close to 200 million over the decade. Today, two out of three people 60 or older live in developing countries. By 2050, this will rise to nearly four in five. If not addressed promptly, the consequences of these issues are likely to take many countries by surprise.

Harnessing the power of data

The United Nations biennial population projections are some of the most widely used numbers in demography. Researchers and policymakers alike rely on the figures to plan for present and future challenges. But few consider the story behind the statistics. UNFPA released a documentary in 2012 on conducting censuses in challenging environments, with a spotlight on Indonesia, Chad, the State of Palestine, Belarus and Bolivia.

Each of the countries featured has a different set of challenges, but all have received funding and training from UNFPA to help conduct their censuses. The documentary helped highlight both the difficulties of conducting censuses in regions with few resources.

UNFPA supported and advocated in 2012 for using mapping and geographic information systems (GIS)



Cartographers at work on the national census in Shatoo valley in Yakawlang district of Afghanistan.

to improve people's lives. At the 18th Conference of Parties to the United Nations Framework Convention on Climate Change in Doha, for example, UNFPA led an effort by 11 international agencies to put forward a common platform around the use of mapping and spatial data for understanding and addressing vulnerability to climate change and environmental disasters. UNFPA support to census data-processing and analysis has been critical in making data more useful for humanitarian response, planning for adaptation to climate change, and identifying vulnerable populations.

IN 2012,
103 COUNTRIES
built their capacity
to gather, analyse or
disseminate data as
part of censuses or
other surveys



Africa

23 SUB-SAHARAN AFRICAN COUNTRIES

received UNFPA support in 2012 to develop national health policies and plans that integrate sexual and reproductive health, including family planning



Getting fathers on board for birth spacing

Jean-Baptiste Sawadogo reflects the changing attitudes in his rural community in Burkina Faso. Sitting in the middle of his compound, consisting of three thatched huts, this 36-year-old farmer spoke about the importance of birth spacing, while Mariam, his 26-year-old wife, sat beside him.



Jean-Baptiste says he and his wife decided to start using contraceptives two months after the birth of their second child, who is now 18 months old. They travelled to a local clinic, where they first asked for an injectable contraceptive that lasts three months and later changed to pills, which Solange, a village volunteer community health worker, supplies.

"I personally make sure she does not forget to take the pill on a daily basis," says Jean-Baptiste. "Our second daughter will not have a younger brother until the time when she is able to say to me, 'Daddy, get me a toy from the market.' I now have two daughters and if I get a boy next, I'll perhaps stop there."

Local family planning services are provided through the country's Community-Based Services, which receive support from UNFPA. This innovative approach to community-based distribution of condoms, contraceptives and health information involves partners ranging from volunteer health workers and community-based organizations to government ministries.

According to *Adding It Up*, a joint UNFPA and Guttmacher Institute publication released in 2012, a common reason for not using modern contraceptives is opposition from partners. The initiative in Burkina Faso helps foster men's acceptance of their partners' use of voluntary family planning.



Fadi Abdul, whose obstetric fistula has been repaired, collects a sewing machine donated to her after receiving vocational training in the Jogana village, on the outskirts of Nigeria's Kano state.

CONTEXT AND CHALLENGES

Stronger economic growth and regional integration in sub-Saharan Africa have contributed to social progress, including improvements in sexual and reproductive health, in recent years. Since the 1990s, maternal deaths have fallen by 41 per cent, and the under-five mortality rate has also fallen, by 33 per cent. Still, major challenges remain. Poverty remains widespread, and youth unemployment rates are high.

Two in three Africans still have no access to essential services such as family planning, maternal health care, and HIV prevention and treatment. As a result, 440 women in sub-Saharan Africa die each day from complications of pregnancy and childbirth.

Many African countries are not yet on track to meet Millennium Development Goal 5, to reduce the incidence of maternal death by 2015. Challenges also remain in achieving Millennium Development Goal 3, to

eliminate gender disparities in education, and Millennium Development Goal 6, to achieve universal access to HIV treatment.

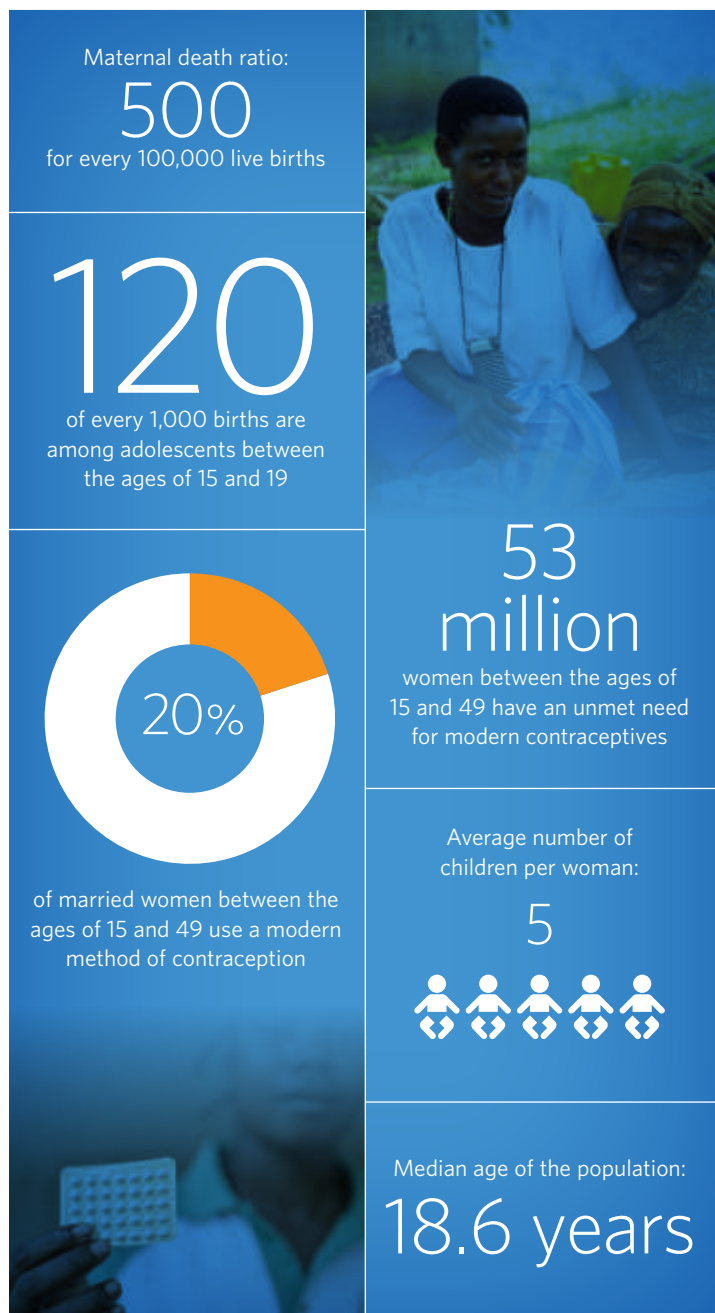
Gender inequality and sexual violence persist, partly as a result of conflict and humanitarian crises, which have diminished national capacities to address these challenges. The region's 10 countries with the highest maternal death rates are also the ones dealing with natural disasters or protracted armed conflicts.

PROGRESS

UNFPA support for sexual and reproductive health, women's reproductive rights and gender equality in the region remained strong in 2012.

As of 2012, more than three in four of the region's 46 countries had integrated sexual and reproductive health into their national primary health-care plans, with support from UNFPA.

Africa > REGIONAL INDICATORS



So far, 37 countries have launched the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) and implemented commitments, policies, activities and plans to improve maternal, newborn and child health; mobilized resources; strengthened health systems; and promoted programming that integrates HIV prevention and treatment, reproductive health and family planning services. CARMMA, launched in 2009, is a joint initiative of the African Union and UNFPA.

Through CARMMA, Equatorial Guinea has already achieved Millennium Development Goal 5, and the Congo, Eritrea, Ethiopia and Rwanda have reduced their maternal death rate by more than 60 per cent since 1990 and may also achieve Millennium Development Goal 5 by 2015.

Countries such as the Congo, Namibia, Sierra Leone and Zimbabwe now have extensive maternal and newborn health programmes. Sierra Leone, for example, started providing free health care for pregnant and lactating women and for children under the age of five. The Congo now offers Caesarean sections free of charge, greatly reducing maternal deaths.

Also as a result of CARMMA, Botswana, the Congo, Eritrea, Gambia and Uganda are training doctors, nurses and midwives in a range of reproductive health services, including comprehensive emergency obstetric and neonatal care and in the administration of long-acting contraceptives, such as intrauterine devices and implants. In other

**UNFPA
HELPED 41
SUB-SAHARAN
AFRICAN
COUNTRIES**
develop policies and
programmes to address
gender-based violence
and female genital
mutilation/cutting

countries, such as Cameroon, the Congo, Ghana, Malawi and Swaziland, UNFPA, through CARMMA, is providing equipment and medicines to ensure safe and healthy pregnancies and deliveries.

CIVIL SOCIETY ORGANIZATIONS IN 34 COUNTRIES in sub-Saharan Africa received UNFPA support in engaging men and boys in promoting gender equality

The global Campaign to End Fistula, spearheaded by UNFPA, was active in 37 African countries at the end of 2012. Also, 17 countries are implementing a UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting. As of 2012, 1,775 communities across the continent had made public declarations to abandon this practice, raising the total to 9,775.

UNFPA helped African countries in 2012 to strengthen comprehensive sexuality education. Through this regional initiative, existing primary and high school sexuality education curricula are being assessed, and curriculum-development specialists and non-governmental organizations have received training to design age-appropriate and evidence-based curricula in 10 countries.

Also in 2012, UNFPA supported the launch and implementation of the African Union Youth Volunteer Corps, a programme that helps young people participate in the continent's human development. So far, 300 volunteers have been trained and deployed. Thirty-two countries have ratified the African Youth Charter, a legally binding framework for governments to develop and accelerate the implementation of supportive policies and programmes for young people.

In 2012, UNFPA stepped up its support for reproductive health and rights among vulnerable groups, including indigenous peoples and the disabled.



Hauwa'u Mohammudu, whose obstetric fistula has been repaired, at the VVF centre in the Gesse district of Birnin Kebbi, Nigeria.



2012 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes regular and other resources)

Sub-Saharan Africa

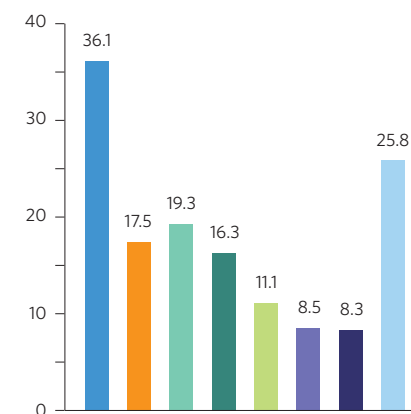
Angola	2,831
Benin	4,190
Botswana	2,081
Burkina Faso	9,379
Burundi	2,606
Cameroon	3,379
Cape Verde	1,359
Central African Republic	3,844
Chad	5,965
Comoros	2,140
Congo	3,150
Côte d'Ivoire	8,384
Democratic Republic of the Congo	13,461
Equatorial Guinea	1,787
Eritrea	2,682
Ethiopia	12,142
Gabon	1,356
Gambia	2,911
Ghana	2,981
Guinea	4,536
Guinea-Bissau	2,057
Kenya	5,773
Lesotho	2,772
Liberia	3,993
Madagascar	5,734
Malawi	6,240
Mali	3,301
Mauritania	4,094
Mauritius	43
Mozambique	6,801
Namibia	2,245
Niger	13,283
Nigeria	21,209
Rwanda	9,898
São Tomé and Príncipe	765
Senegal	4,339
Seychelles	91
Sierra Leone	12,510
South Africa	3,094
South Sudan	7,497
Swaziland	2,379
Togo	3,177
Uganda	19,872
United Republic of Tanzania (the)	12,019
Zambia	5,313
Zimbabwe	12,503
Total country programmes	262,166
Regional Programmes in Sub-Saharan Africa	14,798
Total	276,964

Note: All figures are provisional as of 25 March 2013.
Totals may not add up due to rounding.

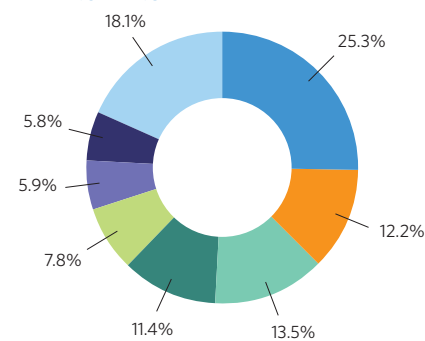
EXPENSES FOR 2012, SUB-SAHARAN AFRICA

IN MILLIONS OF US\$

(From regular resources)



BY PERCENTAGE



- Maternal and newborn health
- Population dynamics
- Data availability and analyses
- Gender equality and reproductive rights
- Family planning
- Young people's sexual and reproductive health and sexuality education
- HIV and sexually transmitted infection-prevention services
- Programme coordination and assistance (PCA)



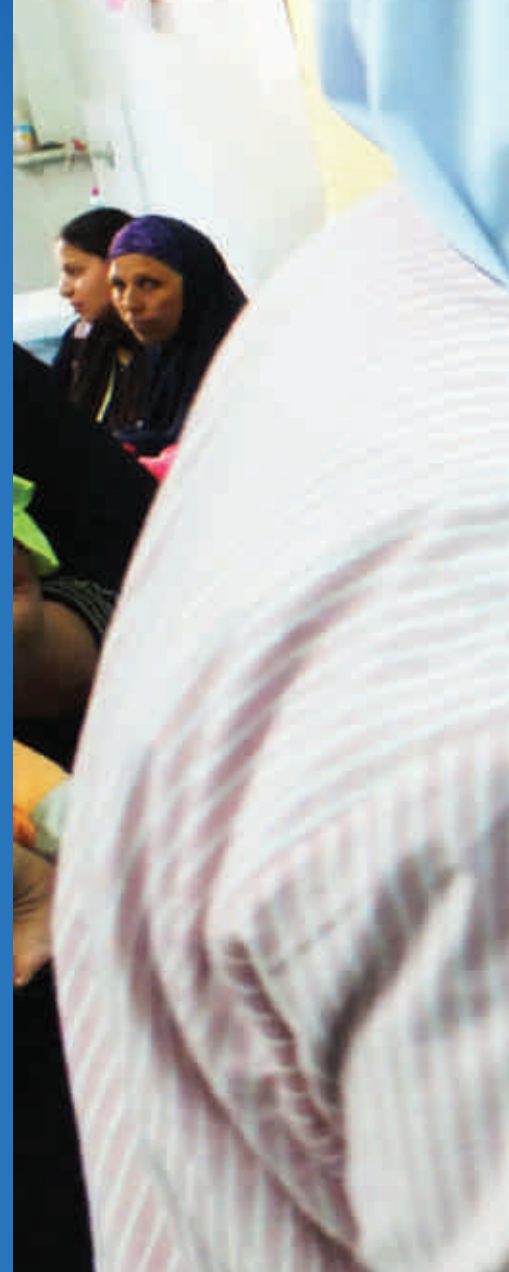
Arab States

13 COUNTRIES IN THE ARAB STATES REGION

receiving UNFPA support in 2012 have institutional mechanisms that partner with young people, including adolescents, in policy dialogue and programming

Driving the extra mile to ensure safe deliveries in rural Egypt

"We called her, she showed up immediately and provided us with quality treatment at home, step-by-step through to my wife's safe delivery," says a man in Minya





Governorate about the services provided by Ibtisam El-Khouli, a licensed and UNFPA-trained nurse-midwife.

Ibtisam has become a guardian angel for safe pregnancy and delivery in her community, where maternal mortality used to be a frequent tragedy because of limited access to quality services

and inadequate skills of traditional birth attendants, or *dayas*, attending home deliveries.

She visits families in their homes in remote communities, providing ante- and post-natal care. She is on call to respond to answer questions or provide urgent help. On her own initiative, she purchased a three-wheeled

motorized *tuk-tuk* to take her to where her clients live.

“The main thing is to keep a close eye on the women during pregnancy, and assisting those who face obstacles,” says Ibtisam. She was one of the 550 participants in UNFPA-supported training in delivery, ante- and post-natal care and timely referrals

through the Ministry of Health and Population in 2012. The training programme was designed to expand the network of female providers of culturally sensitive services in rural areas.

“My hope is that my colleagues will follow my footsteps and together we can reduce maternal mortality in Egypt,” Ibtisam says.

CONTEXT AND CHALLENGES

Since the Arab Spring, women's rights activists in some parts of the region say they have either lost ground or have made no new progress. UNFPA worked with a number of governments and civil society in 2012 to ensure that the rights of women are protected at a time of tremendous political transformation.

A number of Arab States faced shortages of midwives in 2012 because of limited training facilities, inadequate policy or legislative frameworks, or impediments to the formation of local midwifery associations. In Djibouti, Somalia, Sudan and Yemen, for example, there are too few qualified tutors to meet the demand for skills development. Additionally, midwives in these countries are not integrated into ministries of health, and the profession is unregulated. In partnership with the International Confederation of Midwives, UNFPA worked with national counterparts in 2012 to identify opportunities to empower midwives.

Throughout the region, governments support the principle of linking sexual and reproductive health with HIV prevention and treatment initiatives. However, in practice the two are often treated separately as "health" and "disease-control" issues. Steps needed to fully integrate the two include



harmonizing budgets; involving communities in actions to eliminate stigma associated with HIV and sexually transmitted infections and high-risk behaviours; and encouraging local acceptance of HIV care within reproductive health settings.

In 2012 UNFPA organized regional consultations that facilitated the development of national plans for integrating sexual and reproductive health and HIV services in priority countries.

PROGRESS

Through advocacy and policy dialogue in 2012, UNFPA helped increase access to voluntary family planning information, services and supplies in the region. UNFPA issued a brief for policymakers on women's need for family planning that highlighted current challenges and offered options for addressing them. Particular attention was given to enhancing capacities of policymakers, researchers and service-delivery managers in Algeria, Djibouti, Egypt, Iraq, Jordan, Morocco, the State of Palestine and Tunisia to engage in evidence-based policy dialogue. UNFPA also supported 12 civil society organizations in the Arab States to engage men and boys in promoting gender equality.

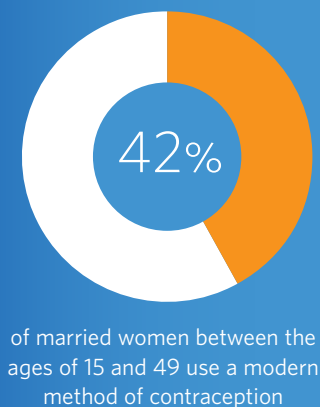
Also in 2012, UNFPA helped build local capacities by training officials in Iraq, Jordan, Lebanon, Libya, the State of Palestine and Syria in the procurement, management and distribution of reproductive health commodities, including contraceptives. In addition, UNFPA assisted Iraq, Sudan and Yemen in the development of new reproductive health commodity security strategies.

In response to the crisis in Syria, UNFPA trained non-governmental partners and governmental counterparts in neighbouring Iraq, Jordan,

Arab States > REGIONAL INDICATORS

Maternal death ratio:
140
for every 100,000 live births

43
of every 1,000 births are
among adolescents between
the ages of 15 and 19



Average number of
children per woman:

3



Median age of the population:

23.2 years

Lebanon and Turkey to provide Minimum Initial Service Packages for sexual and reproductive health.

To help governments meet the sexual and reproductive health needs of young people among refugees, UNFPA developed a *Y-PEER Training-of-Trainers Manual for Peer Educators in Emergency Settings*. The manual has so far been made available to governments and non-governmental partners and youth groups in Iraq, Jordan, Lebanon, Somalia, Sudan, Turkey and Yemen.

UNFPA developed a Strategic Action Framework for Programming on Young People in 2012 and has already rolled it out in Djibouti and Sudan. The framework provides guidance in using population data and analysis to formulate policies and programmes.

In partnership with UNAIDS co-sponsors, UNFPA helped develop the “Arab Convention on HIV Prevention and

Protection of People Living with HIV,” which has been endorsed by the Arab Parliament. This convention is a comprehensive agreement on the rights of people—including key populations—who are HIV-positive.

To advance dialogue on women’s health and rights in the region, UNFPA, in partnership with Centre for Arab Women Training and Research, engaged more than 200 non-governmental organizations from 11 countries to create in 2012 a regional Arab Women Coalition in support of the agenda of the International Conference on Population and Development (ICPD) beyond 2014. Similarly, UNFPA, the United Nations Economic and Social Commission for Western Asia, the United Nations Economic Commission for Africa, the League of Arab States and the African Union joined forces to build a coalition of youth-led non-governmental organizations, to support the ICPD Programme of Action.

Left: Women in UNFPA’s Oasis in Zaatari camp, Jordan.

Right: Women waiting outside UNFPA clinic in Zaatari camp, Jordan.



UNFPA continued in 2012 to strengthen regional and national capacities for carrying out or completing censuses in Jordan, Morocco, Tunisia and Yemen. To support improved governance and enhanced social equality, UNFPA paid special attention to strengthening capacities for data collection in humanitarian situations and supporting Somalia's first population estimation survey since 1975 through a joint initiative with United Nations and other development partners.

2012 PROGRAMME EXPENSES

IN THOUSANDS OF US\$
(Includes regular and other resources)

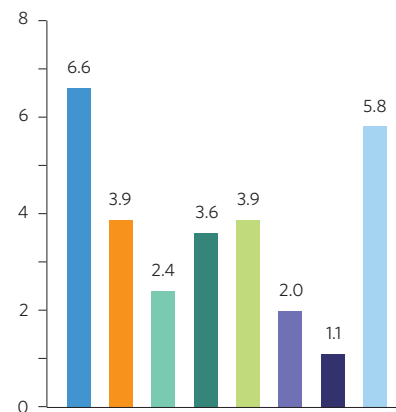
Arab States	
Algeria	525
Djibouti	969
Egypt	2,985
Iraq	7,487
Jordan	1,885
Lebanon	1,768
Lybia	752
Morocco	2,265
Oman	616
Somalia	4,645
State of Palestine	4,493
Sudan	15,183
Syrian Arab Republic	4,416
Tunisia	738
Yemen	2,994
Total country programmes	51,721
Regional programmes in Arab States	4,836
Total	56,557

Note: All figures are provisional as of 25 March 2013. Totals may not add up due to rounding.

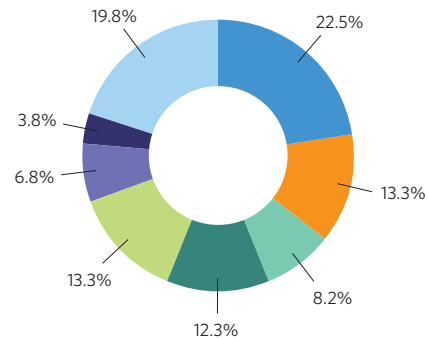
EXPENSES FOR 2012, ARAB STATES

IN MILLIONS OF US\$

(From regular resources)



BY PERCENTAGE



- Maternal and newborn health
- Population dynamics
- Data availability and analyses
- Gender equality and reproductive rights
- Family planning
- Young people's sexual and reproductive health and sexuality education
- HIV and sexually transmitted infection-prevention services
- Programme coordination and assistance (PCA)



Both pages: © UNFPA/David Gough



Asia and the Pacific

14 COUNTRIES IN ASIA AND THE PACIFIC
received UNFPA support in 2012 to increase their capacities
to provide essential sexual and reproductive health
services for young people



A child marriage prevented

Sixteen-year-old Usha Yadab would be married by now if not for Choose Your Future.

The feisty Nepali teenager was not in school when a recruiter persuaded her parents to let her take part in the UNFPA-supported classroom programme, which teaches girls about health issues and encourages the development of basic life skills.



More than a dozen out-of-school girls joined in her village, a poor community near Kapilvastu in the country's southern Terai region. They chose Usha to be their class leader.

Along with lessons about personal hygiene and the onset of puberty, the class was taught about the harmful effects of child marriage, widely practised in Nepal. They learned that teenage pregnancy is risky for mothers and infants,

and that marrying children before age 18 is against the law.

Then Usha discovered that her own parents were arranging her marriage.

"I was thinking, 'I am the class leader. If I can't prevent my own marriage, who will speak up for my classmates?'" Usha recalls. "So I confronted my mother with the help of my friends."

She brought home a group of her peers. The girls explained to the mother why child marriage is wrong, but also threatened to file a complaint with the local authorities if Usha's wedding was not stopped.

The intervention succeeded and the wedding was called off. But her mother wonders how they will afford her dowry when Usha does marry. In their culture, families of older brides must pay higher dowries.

After completing the Choose Your Future course, Usha and several classmates were allowed to start attending regular secondary school, which is free for Nepali girls.

Usha intends to make the most of the opportunity. "After I finish school, I could become a teacher or a doctor," she asserts. "Or at least I could be a shopkeeper."



Expectant mother
in Dili, Timor-Leste.

CONTEXT AND CHALLENGES

The world's most populous region, with 60 per cent of the world's people, may also be the most diverse, contributing to the complexity of the challenges UNFPA is addressing in Asia and the Pacific.

Rapid economic expansion is propelling a growing number of nations towards middle-income status, but some countries in the region have been left behind and all have persistent pockets of poverty and rising economic inequality. While emphasizing the needs of the most vulnerable, UNFPA is systematically shifting programme support to policy dialogue and evidence-based engagement with governments, intended to ensure that economic gains translate into inclusive, equitable and sustainable growth.

Family size in most East Asian countries has fallen below replacement level (the total fertility rate is 1.6,

on average, for the subregion), but remain higher in South Asia (2.7) where UNFPA is working to help reduce the considerable unmet need for family planning. In Afghanistan and Timor-Leste, women still have six children on average.

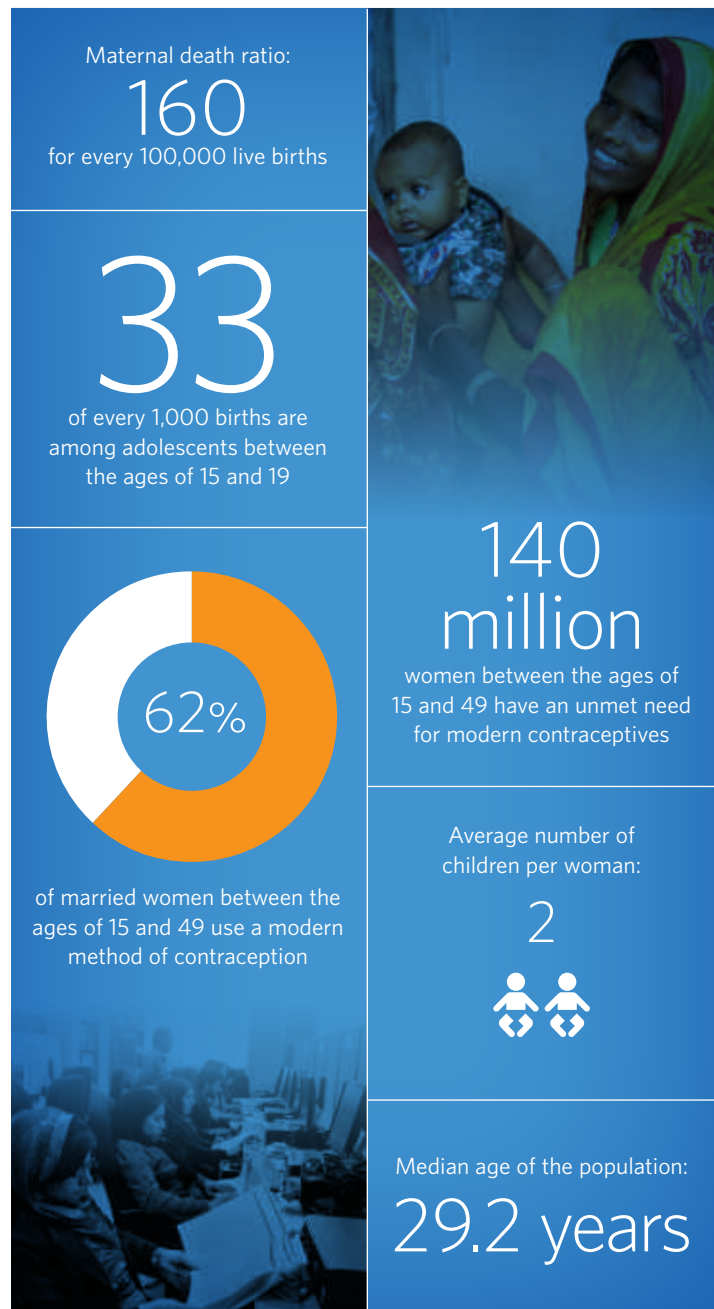
Countries where fertility has declined rapidly face the challenge of supporting rapidly ageing populations, while at the same time, due to recent high fertility, many countries have large youth populations in need of education, health care and employment opportunities. Young and unmarried people across the region routinely lack adequate access to sexual and reproductive health information and services. Child marriage and early childbearing remain a challenge that UNFPA is counteracting in several South Asian countries.

Maternal death has been reduced significantly across the region, but South Asia still accounts for nearly 30 per cent of mothers' deaths worldwide. Inequity in health care is most pronounced with regard to antenatal care and deliveries attended by skilled health personnel, and UNFPA continues to give priority to helping countries improve access to quality reproductive health services for low-income and marginalized groups.

In China and India, with the world's two largest populations, a persistent preference for sons is driving widespread prenatal sex selection; the practice is also occurring in a few other countries. As a result, Asia has the world's highest ratio of boys to girls. UNFPA has taken a leading role in addressing this issue in several countries.

Asia and the Pacific is the world's most disaster-prone region, while also experiencing recurring conflicts and complex emergencies. Governments in the region assume strong leadership in the responses. Hence, in delivering

Asia and the Pacific > REGIONAL INDICATORS



assistance, UNFPA recognizes the critical importance of effective engagement with governments and coordination among humanitarian agencies.

PROGRESS

UNFPA supported many Asian and Pacific countries' efforts to improve maternal and newborn health services and reduce maternal death in 2012. The Lao People's Democratic Republic, for example, increased skilled birth attendance, with UNFPA technical and financial assistance. Over 400 newly accredited community midwives have been trained and deployed to health facilities and are serving communities. Additional midwifery teachers from provincial schools have been trained, and the government plans to establish a direct-entry midwifery programme.

The Lao People's Democratic Republic has one of the highest levels of maternal death in Asia, but the situation is improving with UNFPA assistance. Results released in 2012 from the Lao Social Indicator Survey, supported by UNFPA and UNICEF, indicate that skilled health personnel attended 42 per cent of Lao births in 2011, up from 18.5 per cent in 2005. Contraceptive prevalence increased from 35 per cent to 50 per cent of married couples in the same period. At 357 deaths per 100,000 live births, the maternal death ratio remains high despite the improvements, but is lower than the previous 405 per 100,000.

Governments' support for family planning grew stronger in much of the region in 2012. For the first time, health ministries in Myanmar, the Philippines and Timor-Leste included in their national budgets funds to procure contraceptives and other reproductive health commodities, as UNFPA had

advocated. Other countries, including Kiribati, Mongolia and Nepal, have also increased their commitments in this area.

A number of countries made great strides in developing services for young people, with the majority now having standards and guidelines for adolescent-friendly services. In Sri Lanka, for example, the UNFPA-supported Y-PEER network trained other youth organizations to provide peer education about sexual and reproductive health and reproductive rights, and developed interactive learning tools in all three national languages. Y-PEER also reached out to young people through a nationwide debate competition, and by using social media to create a “flash mob” during a cricket tournament to raise awareness about HIV.

In parts of South Asia, most girls are married before age 18. To help the region counter the practice in 2012, UNFPA mapped policies and programmes in five high-prevalence countries, produced a video report on community actions to delay marriage, developed advocacy briefs for parliamentarians and, with UNICEF, launched a partnership against child marriage with the South Asian Association for Regional Cooperation.

The HIV and Sex Work Collection: Innovative Responses in Asia and the Pacific, published in 2012, documents experience in the region about what is effective in delivering HIV prevention, treatment and care, and addressing structural factors that adversely affect these efforts.

In 2012, following 14 years of advocacy by civil society groups, with support from UNFPA, lawmakers in the Philippines enacted a comprehensive reproductive health bill that ensures public access to voluntary family planning and age-appropriate sexuality education that includes guidance on countering peer pressure. The law is expected to lead to fewer maternal deaths and unintended pregnancies, particularly teenage pregnancies, thereby contributing to broader development efforts.

UNFPA supports censuses and other surveys across the region. In 2012, for example, UNFPA helped the Government of Myanmar prepare to undertake a population and housing census in 2014, for the first time since 1983. In a complex, fast-changing country with huge data gaps, the results are expected to provide critical evidence for development decision-making.

10 COUNTRIES
DESIGNED OR
IMPLEMENTED
sexual and
reproductive health
programmes to
reach marginalized
adolescent girls





© UNFPA/Bruce Campbell

2012 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes regular and other resources)

Asia and the Pacific

Afghanistan	8,757
Bangladesh	11,086
Bhutan	1,545
Cambodia	4,145
China	4,861
Democratic People's Republic of Korea	1,422
India	12,623
Indonesia	6,331
Iran (Islamic Republic of)	1,493
Lao People's Democratic Republic	2,639
Malaysia	446
Maldives	572
Mongolia	2,680
Myanmar	7,315
Nepal	4,945
Pakistan	8,229
Pacific Island countries and territories ^a	6,015
Papua New Guinea	2,877
Philippines	11,176
Sri Lanka	3,645
Thailand	2,621
Timor-Leste	3,168
Viet Nam	2,780
Total country programmes	111,372
Regional programmes in Asia and the Pacific	8,804
Total	120,176

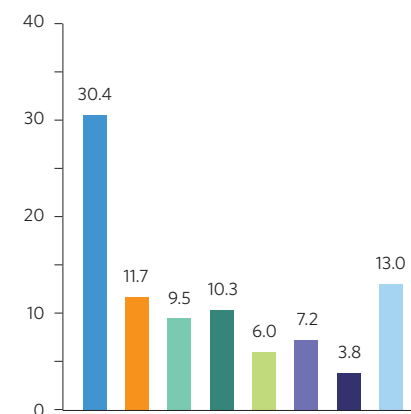
Note: All figures are provisional as of 25 March 2013. Totals may not add up due to rounding.

^a Figures for Pacific multi-islands comprise several islands which, for reporting purposes, are classified under one heading, including the Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Palau, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

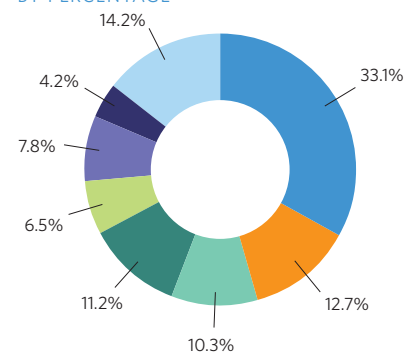
EXPENSES FOR 2012, ASIA AND THE PACIFIC

IN MILLIONS OF US\$

(From regular resources)



BY PERCENTAGE



- Maternal and newborn health
- Population dynamics
- Data availability and analyses
- Gender equality and reproductive rights
- Family planning
- Young people's sexual and reproductive health and sexuality education
- HIV and sexually transmitted infection-prevention services
- Programme coordination and assistance (PCA)



Eastern Europe and Central Asia

19 COUNTRIES IN EASTERN EUROPE AND CENTRAL ASIA
received UNFPA support in 2012 to implement international agreements
and national legislation on gender equality and reproductive rights

From child worker to youth activist

When Almazbek Suiunbekov came to Bishkek, Kyrgyzstan as a boy, he seemed destined for a life of poverty and exclusion. He lived in squalid conditions in the outskirts of the city, worked in the market to help his mother, and had no access to health



care and other services.

"I had no resources, no means, no self-esteem. I didn't believe in dreams," he remembers.

But today Almazbek, 22, is enrolled in a programme to prepare him for studies in software engineering at a prestigious university while he volunteers for Y-PEER, where he

shares his experiences with other young people struggling with many of the same challenges in life.

Y-PEER is a youth network initiated by UNFPA in the region to help young people teach each other about contraception, HIV prevention, relationships and other sexual and reproductive health issues, as well as leadership skills.

Almazbek credits the non-governmental Centre for Protection of Children for enabling him to turn his life around. He received food, clothes and money for school material. He went back to school, received training, and became a trainer himself. "I started to believe in myself. I started to have dreams about my future," Almazbek says.

At a Y-PEER youth conference in 2007, Almazbek got in touch with youth activists from all over the country. "I saw other young people working on youth issues. I wanted to be like them. I didn't know how, but I knew I wanted to be like them," he says.



Children at a camp for Syrian refugees in Turkey.

CONTEXT AND CHALLENGES

Many countries in Eastern Europe and Central Asia have shrinking and ageing populations accompanied by low fertility and high male death rates. Meanwhile, the region is experiencing large-scale migration. Turkey and some Central Asian countries, however, have large youth cohorts and populations that are growing.

In the face of declining populations, a number of countries are exploring or pursuing policies designed to increase fertility rates. Use of modern

contraceptives—particularly hormonal and long-term methods—has stagnated.

The region has seen great progress in reducing maternal death, although some countries, mainly in Central Asia, and vulnerable population groups such as Roma, are still facing high mortality rates.

Rapidly changing lifestyles and labour migration have increased vulnerability to HIV. Unlike most other regions, Eastern Europe and Central Asia are seeing a rise in HIV and AIDS, mostly among young injecting

drug users, sex workers and their clients and partners. High levels of cervical cancer are also a serious concern.

Young people's access to sexual and reproductive health services and comprehensive sexuality education remained limited in 2012, partly because of legal barriers and opposition from some groups.

Gender-based violence and discrimination are widespread problems across the region, although there has been progress in improving legal frameworks. The practice of gender-biased prenatal sex selection has led to significant sex-ratio imbalances in some countries in South-Eastern Europe, the Caucasus and Central Asia. Child marriage still constitutes a threat to the lives and future prospects of young girls in some countries.

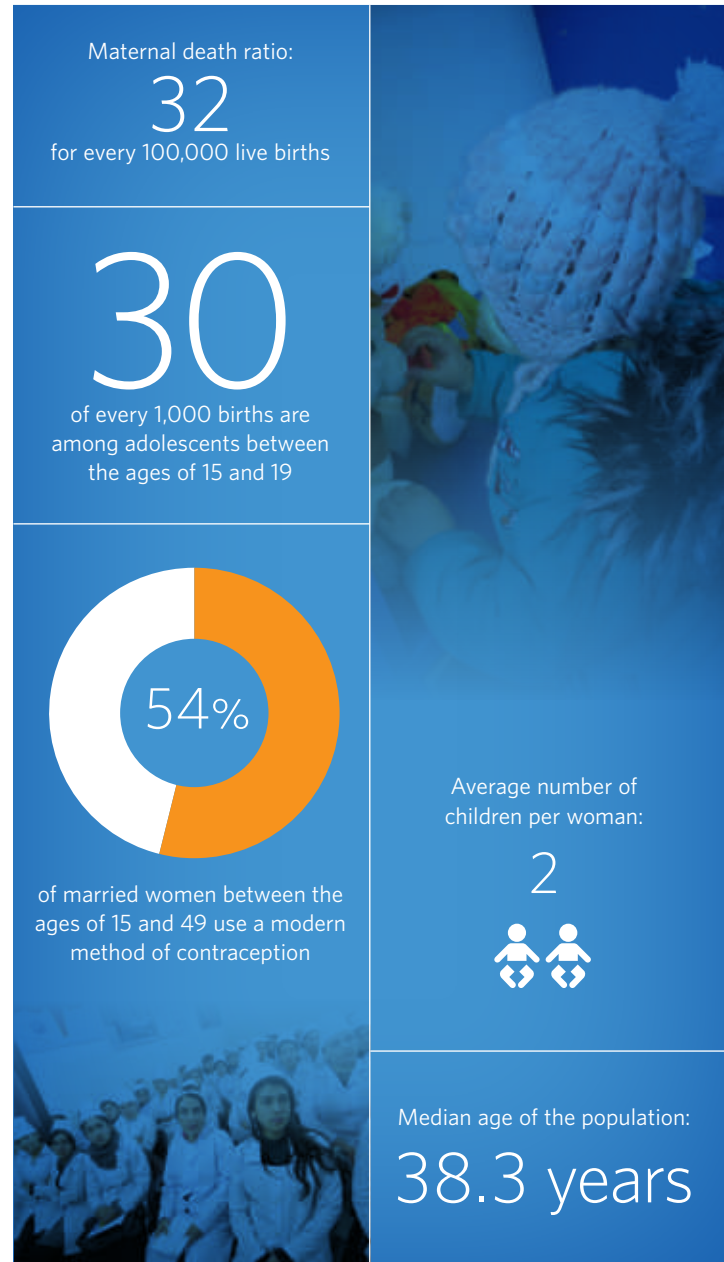
The effects of the global financial crisis, declining donor assistance and dwindling national resources for health care threaten to reverse notable progress towards improving sexual and reproductive health and reproductive rights.

PROGRESS

UNFPA helped mobilize youth across the region in 2012 to help set priorities for government action. In Belarus, for example, the Y-PEER youth network received UNFPA support in organizing consultations with young people on education, employment, sexual and reproductive health and youth participation.

In Central Asia, UNFPA continued to support national systems to ensure reproductive health commodity security. As the result, none of the countries faced stock-outs of contraceptives. In

Eastern Europe and Central Asia > REGIONAL INDICATORS



Turkey, UNFPA responded to the Syrian refugee crisis by providing 40,000 dignity kits containing hygiene items for women and girls in refugee camps.

UNFPA contributed to the prevention of HIV among sex workers through the regional Sex Workers' Rights Advocacy Network in Kyrgyzstan. The Network advocated against the penalization of sex work on the grounds that it would increase sex workers' vulnerability to abuse, violence, HIV and sexually transmitted infections.

The participation of policymakers in regional demography courses supported by UNFPA in 2012 resulted in better understanding of population and development issues and increased commitment in addressing current population challenges through a human rights-based approach. Following UNFPA's "Too Young to Wed" campaign in 2012, the elimination of child marriage was included in Kyrgyzstan's 2013–2017 development strategy.

In South-Eastern Europe, UNFPA helped raise awareness about child marriage and early pregnancies among Roma communities. As a result, policymakers in some countries in the region began revising national programmes and strategies on Roma inclusion, to fully apply a human rights-based approach to reproductive health and gender equality.

UNFPA supported the efforts of Kazakhstan, Moldova and Romania to train health managers and service providers in developing and implementing clinical guidelines on sexual and reproductive health.

With support from UNFPA in 2012, the National Statistical Service of Armenia began revamping the national population registry, drawing on 2011 census data.

UNFPA HELPED
14 COUNTRIES
in the region factor
population trends
into policymaking
in 2012



A high school girls' folk dancing team in their traditional costumes, in Beypazarı, Ankara Province, Turkey.

New data released in 2012 show that the Russian Federation has made tangible progress in improving sexual and reproductive health since UNFPA began working in the country in the mid-1990s. According to Russia's first Reproductive Health Survey, which was conducted with support from UNFPA, access to antenatal services



2012 PROGRAMME EXPENSES

IN THOUSANDS OF US\$
(Includes regular and other resources)

Eastern Europe and Central Asia

Albania	821
Armenia	616
Azerbaijan	710
Belarus	733
Bosnia and Herzegovina	846
Bulgaria	26
Georgia	1,518
Kazakhstan	904
Kyrgyzstan	1,155
Republic of Moldova	614
Romania	212
Russian Federation	935
Serbia*	664
Tajikistan	966
The former Yugoslav Republic of Macedonia	398
Turkey	2,021
Turkmenistan	803
Ukraine	702
Uzbekistan	1,406
Total country programmes	16,048
Regional programmes in Eastern Europe and Central Asia	5,499
Total	21,547

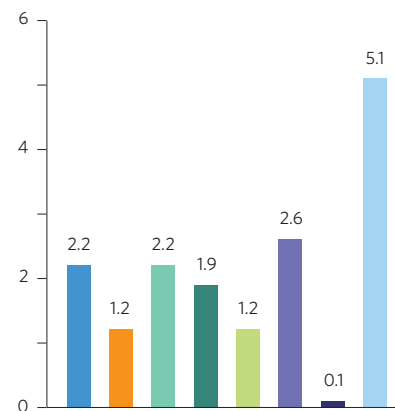
Note: This schedule provides a breakdown of programme expenses by region and by country during the year 2012. All figures are provisional as of 25 March 2013. Totals may not add up due to rounding.

*Includes figures for Kosovo.

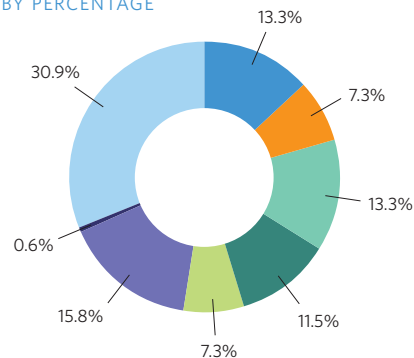
EXPENSES FOR 2012, EASTERN EUROPE AND CENTRAL ASIA

IN MILLIONS OF US\$

(From regular resources)



BY PERCENTAGE



- Maternal and newborn health
- Population dynamics
- Data availability and analyses
- Gender equality and reproductive rights
- Family planning
- Young people's sexual and reproductive health and sexuality education
- HIV and sexually transmitted infection-prevention services
- Programme coordination and assistance (PCA)

is now almost universal, with 99 per cent of deliveries taking place in hospitals. The rate of abortion decreased from 43 per 1,000 women in 2005 to 34 per 1,000 women in 2011. Improved knowledge of sexual and reproductive health issues among youth led to increased use of contraceptive methods, particularly condoms. For example, 59 per cent of sexually active women aged 15 to 24 reported that they or their partner had used condoms for dual protection against pregnancy and HIV infection.



Latin America and the Caribbean

25 COUNTRIES IN LATIN AMERICA AND THE CARIBBEAN received UNFPA support to partner with adolescents and young people in the development of policies and programmes in the fields of sexual and reproductive health, gender equality and poverty reduction



Support for survivors of sexual violence in Guatemala

When Silvia was 15, she survived a sexual assault while walking to a store in her neighbourhood in Guatemala. Her mother reported the crime to the police, who apprehended the perpetrator. The Public



Prosecutor's forensic physician took an exam and gathered evidence, which was later used to convict the perpetrator, who was sentenced to 15 years in prison.

The conviction is a reflection of the improvements in the way Guatemala responds to sexual violence and survivors. With UNFPA support, the country

adopted a "comprehensive care" model that addresses the prevention and detection of sexual violence and care for survivors through coordinated action by the health, justice and security sectors in partnership with civil society organizations. The model is built on principles of human rights, gender equality and respect for cultural diversity.

After the assault, Silvia—and her mother—received psychological care from Fundación Sobrevivientes (Survivors Foundation), a UNFPA partner that plays an important role in Guatemala's comprehensive care network. At the same time, the Foundation's lawyers representing Silvia met regularly with forensic investigators and the Public

Prosecutor's office as the case was investigated.

Surveys indicate that 5.8 per cent of Guatemalan women between the ages of 15 and 49 have experienced sexual violence at some time in their lives.



UNPFA supports programmes to assist vulnerable homeless teenagers in Mexico.

CONTEXT AND CHALLENGES

In 2012, Latin America and the Caribbean faced a number of longstanding challenges, particularly with inequalities in income and access to services, but some of the countries are being presented with new opportunities.

Continued high rates of adolescent pregnancy, however, prevented a number of countries from fully benefiting from demographic dividends in 2012. Growing awareness of this issue has resulted in new efforts to understand and address the causes and consequences of adolescent pregnancy. Guatemala, for example, began taking sexual and reproductive health indicators into account when formulating youth policies. In addition, 10 countries in the region introduced comprehensive age-appropriate sexuality education programmes in 2012.

While some countries in the region have made strides in improving maternal health, others still suffer from high rates of maternal death. For example, Costa Rica has a maternal mortality ratio of 40 deaths for every 100,000 live births, while in Haiti there are 350 deaths for every 100,000 live births. In most countries in the region, a significant percentage of maternal deaths occur among women aged 24 or younger. A scarcity of culturally sensitive maternal health services in some parts of the region contributes to a higher-than-average maternal death rate among indigenous populations.

Violence against women, particularly sexual violence, remained a concern in the region in 2012. Between 30 per cent and 40 per cent of women are estimated to have experienced some manifestation of violence.

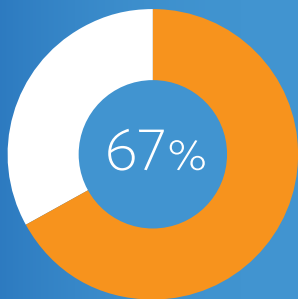
Latin America and the Caribbean > REGIONAL INDICATORS

Maternal death ratio:

81
for every 100,000 live births

79

of every 1,000 births are among adolescents between the ages of 15 and 19



of married women between the ages of 15 and 49 use a modern method of contraception



23
million

women between the ages of 15 and 49 have an unmet need for modern contraceptives

Average number of children per woman:

2


Median age of the population:

27.6 years



PROGRESS

In 2012, 24 Latin American and Caribbean countries agreed to expand access to sexual and reproductive health, step up investments in young people, and bolster efforts to take population data and trends into account in policymaking. The agreement, which is in line with UNFPA programming, was reached at a special regional meeting on population and development organized by the Economic Commission for Latin America and the Caribbean.

Also in 2012, ministers of health of the Andean countries renewed commitments in November to prevent adolescent pregnancy through interventions such as age-appropriate sexuality education.

Meanwhile, UNFPA consultations with networks of women, indigenous women, afro-descendants, youth and faith-based organizations in 2012 resulted in 10 statements supporting the objectives of the Programme of Action of the International Conference on Population and Development.

UNFPA backed the development of innovative contraceptive service-delivery systems in five countries in the region, improving the reliability of supplies to the point where no stock-outs were reported in 2012. Additionally, a number of countries increased funding for reproductive health commodities.

As the supply of reproductive health commodities improved, so has the range of options available to women and men. For example, 10 countries received UNFPA support in 2012 to increase access to both female and male condoms through a Regional Comprehensive Condom Programme.

To identify gaps in maternal health services, UNFPA worked with a number of countries to improve monitoring of maternal deaths to determine where improvements are most urgently needed. UNFPA also helped strengthen midwifery programmes in Haiti and Guatemala in 2012 through the dissemination of information about best practices and global standards set by the International Confederation of Midwifery.

In Guatemala, El Salvador, Honduras and Nicaragua, UNFPA supported the development of comprehensive systems for addressing violence against women that cut across the health, security and justice sectors. In most countries of the region, UNFPA continues to advocate for stronger legal frameworks to prevent such violence and to support survivors. One important breakthrough in this area was Nicaragua's new Comprehensive Law on Violence against Women, which drew on UNFPA technical expertise in that country. Also in 2012, Bolivia approved its first National Strategy on Prevention of Gender-Based Violence in Disasters and Emergencies.

Data collection through censuses and other surveys and the analysis of data to guide policymaking continued throughout the region in 2012. Bolivia, Cuba, Chile and Paraguay carried out censuses with support from UNFPA. Other countries are taking population trends into account in their policymaking. Uruguay, for example, is now factoring changing age structures into national policies and plans for health care, and the Dominican Republic launched a study on migration trends.





2012 PROGRAMME EXPENSES

IN THOUSANDS OF US\$

(Includes regular and other resources)

Latin America and the Caribbean

Argentina	753
Bolivia (Plurinational State of)	3,094
Brazil	2,727
Chile	276
Colombia	4,045
Costa Rica	936
Cuba	880
Dominican Republic	1,768
Ecuador	2,089
El Salvador	2,235
Caribbean countries and territories ^a	4,161
Guatemala	5,835
Haiti	6,346
Honduras	2,323
Mexico	2,441
Nicaragua	5,606
Panama	1,079
Paraguay	810
Peru	2,423
Uruguay	1,276
Venezuela (Bolivarian Republic of)	6,491
Total country programmes	57,594
Regional programmes in Latin America and the Caribbean	9,789
Total	67,383

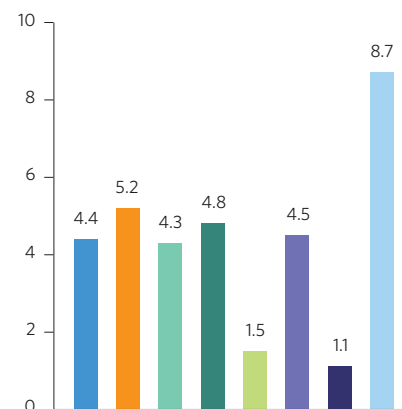
Note: All figures are provisional as of 25 March 2013. Totals may not add up due to rounding.

^a Figures for Caribbean countries and territories comprise several countries and islands which, for reporting purposes, have been classified under one heading, including Anguilla, Antigua and Barbuda, the Bahamas, Barbados, Belize, Bermuda, the British Virgin Islands, the Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Montserrat, Saint Kitts, Saint Lucia, Saint Vincent and the Grenadines, the Netherlands Antilles, Suriname, Trinidad and Tobago, and the Turks and Caicos Islands.

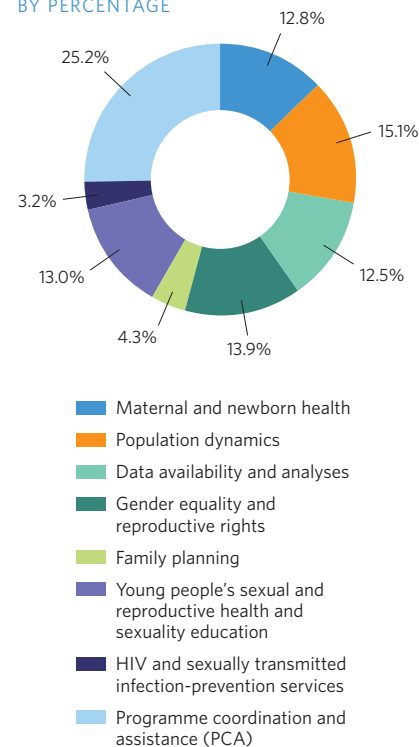
EXPENSES FOR 2012, LATIN AMERICA AND THE CARIBBEAN

IN MILLIONS OF US\$

(From regular resources)



BY PERCENTAGE





Warehouse
in Tenkodogo,
Burkina Faso.

Resources and Management

REVENUE AND EXPENSES 2012

IN MILLIONS OF US\$

Revenue

Regular Resources Contributions	437.5
Contributions to Other Resources	503.1
Other Revenue	40.8
Total Revenue	981.4

Expenses

REGULAR RESOURCES	
Programme Expenses	348.4
Institutional Support Expenses	134.3
Other	1.0
Total Expenses from Regular Resources	483.7

OTHER RESOURCES

Programme Expenses	336.4
Procurement Services and Junior Professional Officers Programme	5.6
Total Expenses from Other Resources	342.0
Total Expenses	825.7

REVENUE OVER EXPENSES 155.7

ALL FIGURES ARE PROVISIONAL as of 25 March 2013

TOP 20 DONORS TO UNFPA* CONTRIBUTION IN US\$

Donor	Regular Contributions ¹	Donor	Co-financing Contributions ²
Sweden	66,314,379	United Kingdom of Great Britain and Northern Ireland	151,646,878
Norway	59,423,662	Netherlands	105,516,414
Netherlands	49,019,608	United Nations Inter-organizational transfers	87,800,689
Denmark	44,012,955	European Commission	35,098,901
Finland	36,024,845	Canada	19,543,330
United Kingdom of Great Britain and Northern Ireland	31,796,502	Sweden	19,380,071
United States of America	30,200,000	Japan	12,517,082
Japan	24,910,167	Germany	11,332,978
Germany	20,740,645	Luxembourg	9,836,449
Canada	17,350,000	Denmark	8,263,551
Switzerland	15,053,763	Norway	7,988,321
Australia	14,861,000	France	6,435,006
Belgium	7,383,420	Colombia	6,138,491
New Zealand	5,038,175	Australia	5,269,580
Ireland	4,155,496	Sierra Leone	3,736,275
Luxembourg	3,423,773	United States of America	3,642,182
Spain	1,948,052	Venezuela (Bolivarian Republic of)	3,225,420
China	1,050,000	Nigeria	3,156,882
France	531,209	Packard Foundation	2,000,000
Pakistan	518,672	Republic of Korea	1,800,000

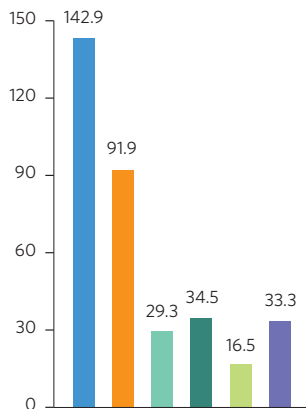
¹ These amounts represent the contribution revenue recorded for 2012 for regular resources.

² These amounts represent the contribution revenue recorded for 2012 for co-financing resources. Includes multi-year co-financing agreements which were recognized in 2012 upon signature of the agreement in accordance with UNFPA's revenue recognition policy. Programme implementation continues to be linked to actual receipt of resources.

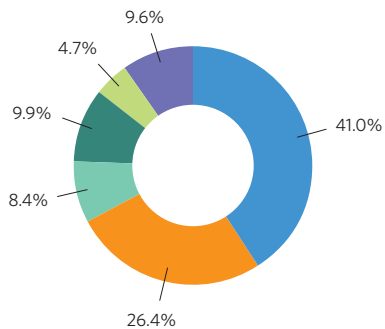
* All figures are provisional. Interim report prepared is based on preliminary data as of 25 March 2013.

UNFPA ASSISTANCE FOR 2012 BY REGION

IN MILLIONS OF US\$
(Programme expenses from regular resources)



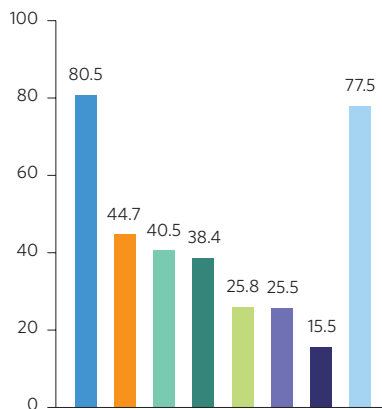
BY PERCENTAGE



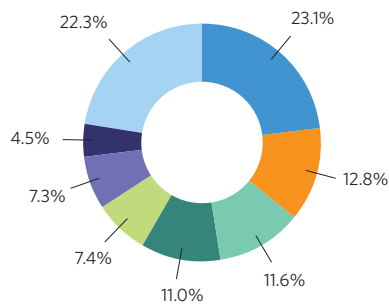
- Sub-Saharan Africa
- Asia and the Pacific
- Arab States
- Latin America and the Caribbean
- Eastern Europe and Central Asia
- Global and Other Programmes

UNFPA ASSISTANCE FOR 2012 BY DEVELOPMENT RESULTS FRAMEWORK OUTCOMES

IN MILLIONS OF US\$
(Programme expenses from regular resources)



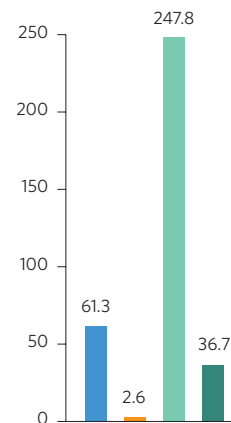
BY PERCENTAGE



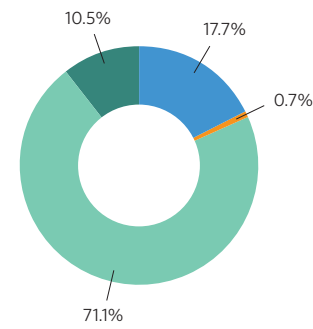
- Maternal and newborn health
- Population dynamics
- Data availability and analyses
- Gender equality and reproductive rights
- Family planning
- Young people's sexual and reproductive health and sexuality education
- HIV and sexually transmitted infection-prevention services
- Programme coordination and assistance (PCA)

UNFPA ASSISTANCE FOR 2012 BY IMPLEMENTING AGENCY

IN MILLIONS OF US\$
(Programme expenses from regular resources)



BY PERCENTAGE



- Governments
- UN Agencies
- UNFPA
- Non-governmental organizations

Where UNFPA Works

This map shows the 156 countries, territories and other areas where UNFPA worked in 2012 through a network of 112 country offices, five regional and six subregional offices* and liaison offices in Addis Ababa, Brussels, Copenhagen, Geneva, Tokyo and Washington, D.C. In 2012, all UNFPA offices combined had a total of 2,343 regular staff. This map also illustrates maternal mortality ratios in countries, territories and other areas where UNFPA works and for which recent data are available. This map does not show maternal mortality ratios in major donor countries or places where UNFPA does not work. Next to the name of each of the countries, territories or other areas for which recent data are available is a number, showing the extent of progress towards Millennium Development Goal 5-A, reducing maternal mortality ratios annually since 1990, as follows:

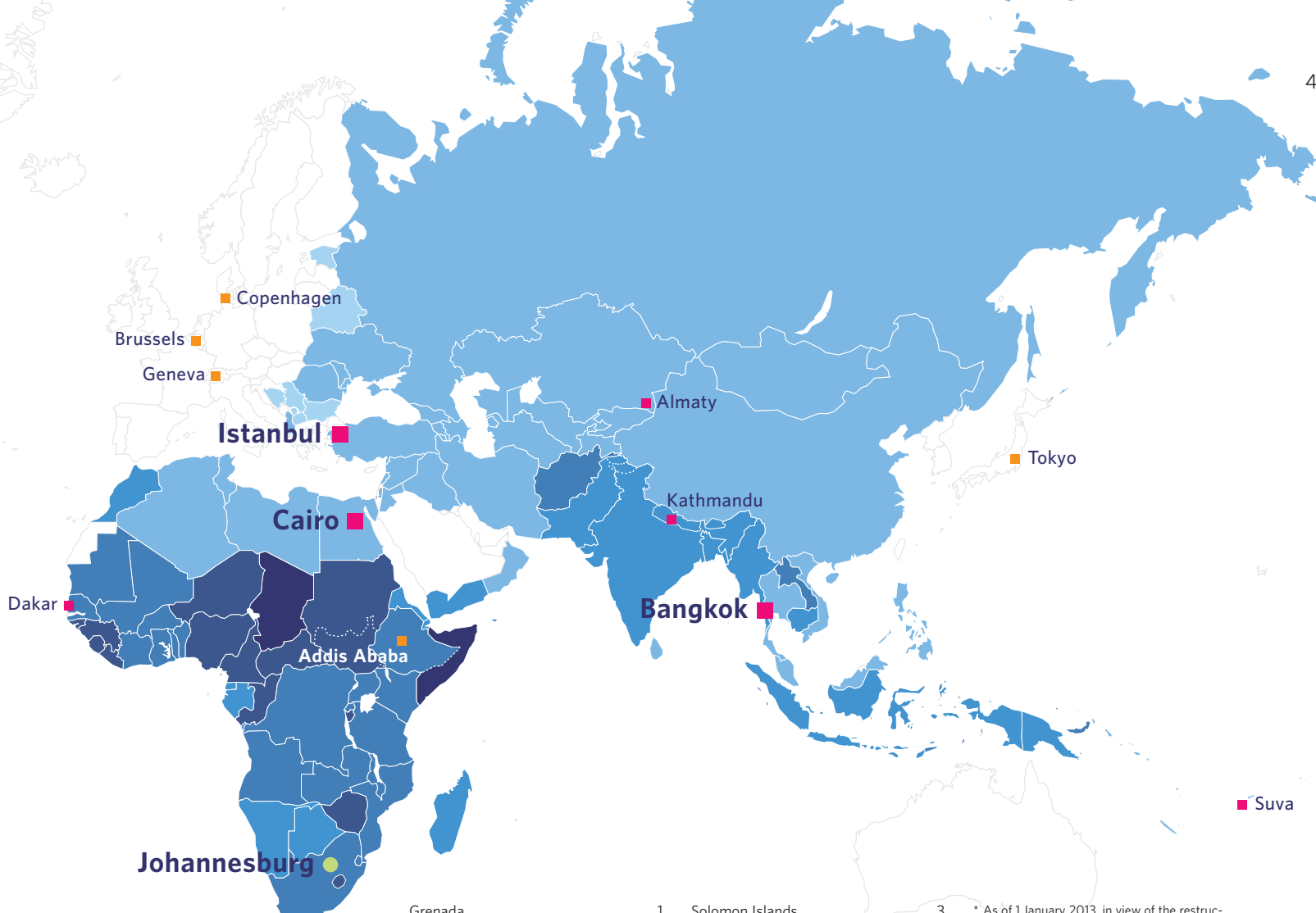
- 1 Countries with maternal mortality ratios less than 50 in 1990.
- 2 Countries that are "on track," with at least a 5.5% annual decline in maternal mortality ratios since 1990.
- 3 Countries that are "making progress," with maternal mortality ratios that have fallen between 2% and 5.4% annually.
- 4 Countries that have made "insufficient progress," with maternal mortality ratios that have fallen less than 2% annually.
- 5 Countries that have made "no progress" in reducing maternal mortality ratios.

Other countries and territories in which UNFPA works, but for which there is no recent data on maternal mortality ratios, are: Anguilla, Antigua and Barbuda, Bermuda, British Virgin Islands, Cayman Islands, Cook Islands, Dominica, Kiribati, Marshall Islands, Montserrat, Nauru, Netherlands Antilles, Niue, Palau, Samoa, Saint Kitts and Nevis, Tokelau, Turks and Caicos Islands, Tuvalu.



MATERNAL MORTALITY RATIOS IN COUNTRIES WHERE UNFPA WORKS (deaths per 100,000 live births)

Greater than 1000 ■■■■■	Ethiopia	3	Comoros	3
Chad	Gambia	3	Djibouti	4
Somalia	Ghana	3	Dominican Republic	4
550-999 ■■■■■	Haiti	3	Ecuador	3
Burundi	Kenya	4	Equatorial Guinea	2
Cameroon	Lao People's Democratic Republic	2	Eritrea	2
Central African Republic	Malawi	3	Gabon	4
Congo	Mali	3	Guatemala	4
Guinea	Mauritania	3	Guyana	5
Guinea-Bissau	Mozambique	3	Honduras	3
Lesotho	Rwanda	3	India	3
Liberia	Senegal	3	Indonesia	3
Niger	South Africa	5	Jamaica	1
Nigeria	Swaziland	5	Madagascar	3
Sierra Leone	Timor-Leste	2	Micronesia (Federated States of)	4
Sudan	Togo	3	Morocco	3
Zimbabwe	Uganda	3	Myanmar	3
300-549 ■■■■■	United Republic of Tanzania (the)	3	Namibia	5
Afghanistan	Zambia	4	Nepal	2
Angola	100-299 ■■■■■		Pakistan	3
Benin	Bangladesh	2	Papua New Guinea	3
Burkina Faso	Bhutan	2	Suriname	1
Côte d'Ivoire	Bolivia (Plurinational State of)	3	Tonga	1
Democratic Republic of the Congo	Botswana	5	Vanuatu	3
	Cambodia	2	Yemen	3



20-99

Albania	1
Algeria	3
Argentina	1
Armenia	1
Azerbaijan	1
Bahamas	1
Barbados	3
Belize	1
Brazil	3
Cape Verde	3
Chile	1
China	2
Colombia	3
Costa Rica	1
Cuba	1
Egypt	2
El Salvador	3
Fiji	1
Georgia	1

Grenada	1
Iran (Islamic Republic of)	2
Iraq	1
Jordan	3
Kazakhstan	1
Kyrgyzstan	1
Lebanon	1
Libya	1
Malaysia	1
Maldives	2
Mauritius	1
Mexico	1
Moldova, Republic of	1
Mongolia	3
Nicaragua	3
Oman	2
Panama	4
Paraguay	4
Peru	3
Philippines	3
Romania	2
Russian Federation	1
Saint Lucia	1
Saint Vincent and the Grenadines	1
São Tomé and Príncipe	3

Solomon Islands	3
Sri Lanka	1
State of Palestine	4
Syrian Arab Republic	2
Tajikistan	1
Thailand	1
Trinidad and Tobago	1
Tunisia	3
Turkey	1
Turkmenistan	1
Ukraine	1
Uruguay	1
Uzbekistan	1
Venezuela (Bolivarian Republic of)	1
Viet Nam	2

Less than 20

Belarus	1
Bosnia and Herzegovina	1
Bulgaria	1
Estonia	1
Serbia [†]	1
The former Yugoslav Republic of Macedonia	1

* As of 1 January 2013, in view of the restructuring of the Africa Regional Office into two Regional Offices, one for East and Southern Africa and another for West and Central Africa, the UNFPA sub-regional offices in Dakar and Johannesburg will no longer exist.

** Maternal mortality ratios for Sudan are from 2010, before South Sudan became a state in 2011. The border between Sudan and South Sudan, however, is indicated on the map.

† Includes programmes in Kosovo.

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. The 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.

2012 DONOR COMMITMENTS AND PAYMENTS *

CONTRIBUTIONS TOWARDS REGULAR RESOURCES IN US\$

Donor	Commitments for Current Year	Payments Received	Donor	Commitments for Current Year	Payments Received	Donor	Commitments for Current Year	Payments Received
Afghanistan	2,000	2,000	Honduras	2,495	2,495	Saint Lucia	-	500
Albania	-	1,000	Hungary	65,000	65,000	Samoa	3,000	-
Andorra	13,158	13,158	Iceland	69,169	169,169	Saudi Arabia	500,000	500,000
Antigua and Barbuda	5,000	5,000	India	497,446	497,446	Senegal	18,221	-
Argentina	-	2,500	Indonesia	36,869	36,869	Serbia	1,000	1,000
Armenia	2,500	2,500	Iraq	10,000	10,000	Seychelles	2,000	-
Australia	14,861,000	14,861,000	Ireland	4,155,496	4,155,496	Sierra Leone	6,897	-
Azerbaijan	-	3,822	Israel	20,000	20,000	Singapore	5,000	5,000
Bahamas	1,000	1,000	Japan	24,910,167	24,910,167	Slovak Republic	6,425	6,425
Bangladesh	25,000	25,000	Jordan	50,141	100,141	Solomon Islands	1,000	2,000
Belgium	7,383,420	7,402,597	Kazakhstan	99,970	99,970	South Africa	25,610	23,937
Belize	5,000	5,000	Kenya	10,119	10,119	Spain	1,948,052	-
Benin	4,000	13,265	Kuwait	10,000	10,000	Sri Lanka	18,000	18,000
Bhutan	5,807	5,807	Lao People's	-	-	State of Palestine	4,923	4,923
Bolivia (Plurinational State of)	987	987	Democratic Republic	2,000	2,000	Suriname	100	-
Burundi	643	643	Lesotho	3,246	3,246	Swaziland	10,000	10,000
Cambodia	3,200	3,200	Liberia	10,000	-	Sweden	66,314,379	64,854,243
Cameroon	19,747	-	Liechtenstein	53,957	75,121	Switzerland	15,053,763	26,500,848
Canada	17,350,000	17,350,000	Luxembourg	3,423,773	3,519,256	Thailand	96,000	96,000
Chad	23,910	73,150	Madagascar	10,000	-	Togo	5,924	6,066
Chile	5,000	-	Malawi	8,615	12,615	Trinidad and Tobago	5,000	5,000
China	1,050,000	1,050,000	Malaysia	215,000	215,000	Tunisia	17,857	17,857
Congo	49,241	-	Maldives	5,000	-	Turkey	150,000	150,000
Cook Islands	278	1,236	Mali	5,909	-	Turkmenistan	3,000	3,000
Costa Rica	5,831	6,315	Mauritius	3,306	3,306	Tuvalu	3,000	-
Cuba	5,000	5,000	Mexico	66,679	66,679	Uganda	10,000	9,475
Cyprus	5,160	5,160	Monaco	19,691	19,691	United Arab Emirates	10,000	10,000
Czech Republic	12,500	12,500	Mongolia	4,000	4,000	United Kingdom of	-	-
Democratic People's	-	-	Mozambique	-	2,000	Great Britain and	-	-
Republic of Korea	10,035	-	Myanmar	248	232	Northern Ireland	31,796,502	31,746,112
Denmark	44,012,955	44,933,230	Namibia	4,500	4,500	United Republic of	-	-
Djibouti	1,000	-	Nauru	498	498	Tanzania (the)	4,467	4,386
Dominican Republic	30,000	-	Netherlands	49,019,608	49,019,608	United States of America	30,200,000	30,200,000
Ecuador	5,000	5,000	New Zealand	5,038,175	5,038,175	Uruguay	25,000	-
Egypt	111,512	111,512	Nicaragua	1,000	1,000	Viet Nam	4,500	4,500
El Salvador	2,000	-	Niger	10,436	50,436	Yemen	24,973	24,973
Eritrea	2,000	2,000	Niue	136	180	Zimbabwe	30,000	30,000
Estonia	58,442	58,442	Norway	59,423,662	59,423,662	Private Contributions	81,015	72,522
Ethiopia	1,657	1,657	Oman	10,000	10,000	Others	54,540	54,540
Fiji	4,396	-	Pakistan	518,672	1,052,138	Governments' local	-	-
Finland	36,024,845	35,539,216	Palau	100	-	contributions	318,108	318,108
France	531,209	531,209	Panama	10,000	10,000	Grand Total	437,499,419	446,625,176
Gabon	9,481	-	Papua New Guinea	4,831	-			
Gambia	10,714	18,844	Paraguay	500	500			
Georgia	10,000	10,000	Peru	8,074	8,044			
Germany	20,740,645	20,740,645	Philippines	35,411	35,411			
Ghana	18,000	-	Poland	10,000	10,000			
Guatemala	1,993	4,997	Republic of Korea	100,000	100,000			
Guinea-Bissau	1,000	-	Romania	10,000	10,000			
Guyana	500	2,000	Russian Federation	300,000	300,000			
Haiti	40,000	50,000	Rwanda	500	1,000			

* Other donors for 2012 with contribution revenue recognized in its entirety in prior years are: Botswana, The Comoros, Côte d'Ivoire, Equatorial Guinea, Guinea, the Marshall Islands, Federated States of Micronesia, Nigeria, The Republic of Moldova, Tonga, Uzbekistan and Vanuatu.

The 2012 figures are presented consistently with the full accrual basis of accounting adopted by UNFPA in 2012 with the implementation of the International Public Sector Accounting Standards (IPSAS). Consequent to the adoption of IPSAS, no comparative figures are available for prior years. The most significant effect of the new accounting basis is that expenses are shown based on the delivery principle and the recognition of some expenses may be deferred (e.g. fixed assets and inventory).

SOURCES FOR REGIONAL INDICATORS

Maternal death (mortality) ratio: The State of World Population 2012

Adolescent birth rates, ages 15 to 19: The State of World Population 2012

Contraceptive prevalence rate, modern methods, married women between the ages of 15 and 45: The State of World Population 2012

Number of women who have an unmet need for modern contraception: UNFPA and the Guttmacher Institute. 2012. Adding it Up. Also, Leontine Alkema, Vladimira Kantorova, Clare Menozzi, Ann Biddlecom. 2013. "National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: a systematic and comprehensive analysis." The Lancet, 12 March 2013.

Median age of the population: United Nations Population Division.

Note: Some data unavailable for some regions.

Delivering a world where
every pregnancy is wanted,
every childbirth is safe and
every young person's potential is fulfilled.



UNITED NATIONS POPULATION FUND

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