

Annual Report 2016



Millions of lives transformed





UNFPA Annual Report 2016

UNFPA

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

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Dr. Babatunde Osotimehin

From the Executive Director

Now more than ever, we must ensure that the marginalized, the forgotten—the ones often left behind—can exercise their fundamental human right to decide, free of coercion, discrimination and violence, when or how often to have children.

UNFPA, the United Nations Population Fund, is proud to have enabled millions of women of childbearing age to exercise that right and to have helped to nearly double modern contraceptive use worldwide from 36 per cent in 1970 to 64 per cent in 2016.

Increasing access to voluntary planning has not only empowered more women to make decisions about the timing and spacing of pregnancies, but it has also led to better health outcomes for women and has helped reduce maternal deaths globally from 532,000 in 1990 to 303,000 in 2016.

But the number of maternal deaths is still too high. We must get to zero. No woman should die giving life.

We know how to reach zero maternal deaths. But in many cases, resources are still insufficient to make sure every pregnant woman has at least four antenatal care visits, every birth is attended by skilled workers and life-saving medicines are available to everyone who needs them.

Without continued political and financial support from donor countries and renewed commitments from developing nations, we risk losing the momentum made towards saving mothers' lives, increasing access to voluntary family planning and achieving universal sexual and reproductive health and rights. We also risk falling short of our shared goal to leave no one behind as we move forward with the global sustainable development agenda.

In times of budgetary constraints, governments need to reassure constituencies that investing in UNFPA yields results.

This annual report shows how funds entrusted to UNFPA have enabled us to protect and promote the health and rights of millions of women and young people and enable them to realize their full potential.

The numbers in this report speak for themselves.

In 2016, for example, contraceptives supplied by UNFPA reached 20.9 million people, helped avert an estimated 11.7 million unintended pregnancies and nearly 3.7 million unsafe abortions and prevent an estimated 29,000 maternal deaths.

The returns on donor and developing country investments in UNFPA are quantifiable. But the more important measure of success is the survival, health and well-being of women and young people whose rights have been upheld and whose lives have been transformed as a result of our programmes in 155 countries and territories.

This annual report shows how funds entrusted to UNFPA have enabled us to protect and promote the health and rights of millions of women and young people and enable them to realize their full potential.



Pregnancy by choice, not by chance



One-hundred seventy-nine governments agreed in 1994 that individuals have the right and should have the means to freely decide whether or when they want to start a family. Yet, an estimated 225 million women in developing countries are unable to exercise that right because they are not using, or have no access to, contraception.

Unmet demand for family planning translates into nearly 60 million unintended pregnancies annually in developing countries.

UNFPA, the United Nations Population Fund, is helping respond to the unmet demand and enabling more women to exercise their right to decide whether, when or how often to become pregnant. Increased access to contraception also leads to fewer abortions and reduces risks to women's health.

Contraceptive needs vary from woman to woman. Some prefer the pill, others may

prefer injectables or implants. And still others prefer condoms, which also reduce the risk of sexually transmitted infections, including HIV.

UNFPA helps countries provide reliable supplies of a full range of high-quality contraceptive options.

The majority of contraceptives provided by UNFPA are funded through the UNFPA Supplies programme, an initiative focused on increasing access to modern contraception in the 46 developing countries with the highest unmet demand. Donor countries and foundations together contributed \$77.2 million towards the initiative in 2016. Through the UNFPA Supplies Programme and the organization's regular family planning programmes combined, UNFPA provided nearly 7 million female condoms and nearly 268 million male condoms.

Contraceptives provided by UNFPA in 2016*

20,900,000 reached
people

11,700,000 averted
unintended pregnancies

3,680,000 averted
unsafe abortions

29,000 averted
maternal deaths

\$716,000,000 savings
in healthcare costs

The UNFPA Supplies Programme funded, in 2016

168,600,000
male
condoms

34,852,080
doses of injectable
contraceptives

21,350,104
cycles of oral
contraceptives

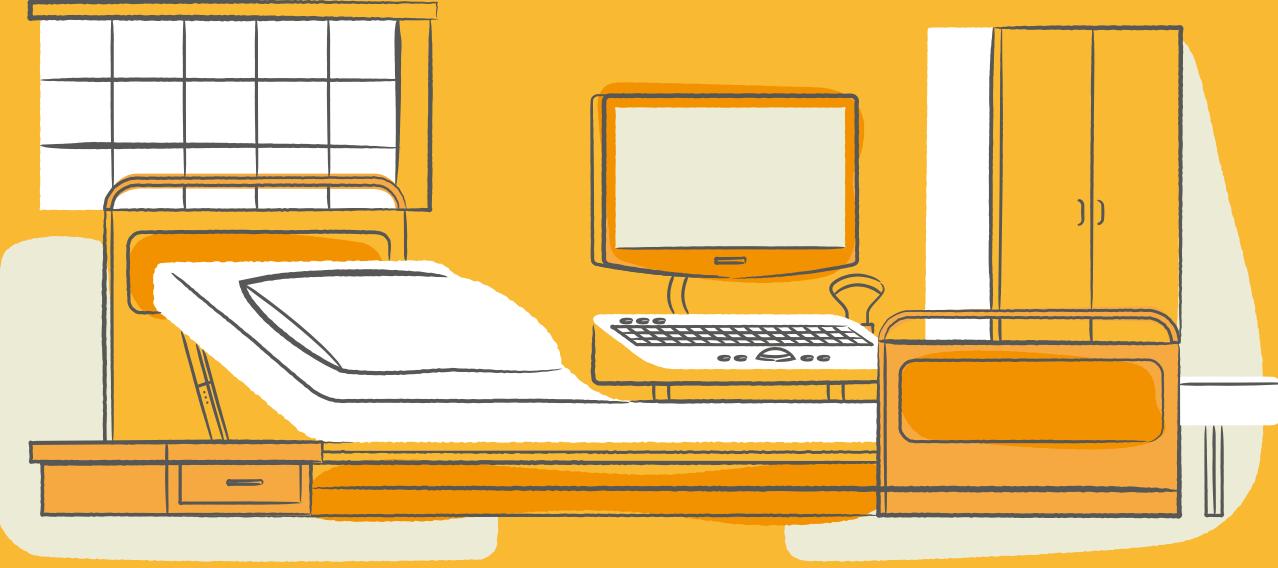
5,400,000
female
condoms

2,946,213
contraceptive
implants

1,178,419
intrauterine devices

711,780
doses of emergency
contraception

Saving mothers' lives



Every day, 830 women die from preventable causes during pregnancy or childbirth.

UNFPA makes pregnancy and delivery safer in developing countries by building the midwifery workforce, increasing access to antenatal and emergency obstetric care and providing life-saving medicines and medical equipment.

In 2016, UNFPA, through its maternal health thematic fund, supported by donor governments, foundations and professional organizations, strengthened health care, particularly maternal and newborn health services, in 39 countries with high rates of maternal death.

The UNFPA Supplies programme in 2016 funded maternal health medicines, such as oxytocin and magnesium sulfate, to treat postpartum haemorrhage or hypertension during pregnancy.

UNFPA supports safe pregnancies and deliveries even in humanitarian settings, such as camps for refugees or internally displaced people or in the aftermath of man-made and natural disasters.

At the onset of a crisis, UNFPA provides an initial basic set of services to protect the lives of mothers and newborns, prevent and manage the consequences of gender-based violence and reduce vulnerability to HIV infection.



Impact of the maternal health thematic fund

15,638 women
underwent surgery to repair obstetric fistulas

5,200 midwives
trained

200 schools
of midwifery received textbooks and teaching materials

39 countries
bolstered midwifery education and regulation

10 countries
expanded comprehensive maternal health services for young mothers

Impact of UNFPA services in humanitarian settings in 2016

11,400,000

people had access to sexual and reproductive health services and services to address gender-based violence

10,000

youth peer educators trained in sexual and reproductive health

2,488

health facilities with emergency obstetric care

741

facilities with clinical management of rape

485

safe spaces for girls and women

481

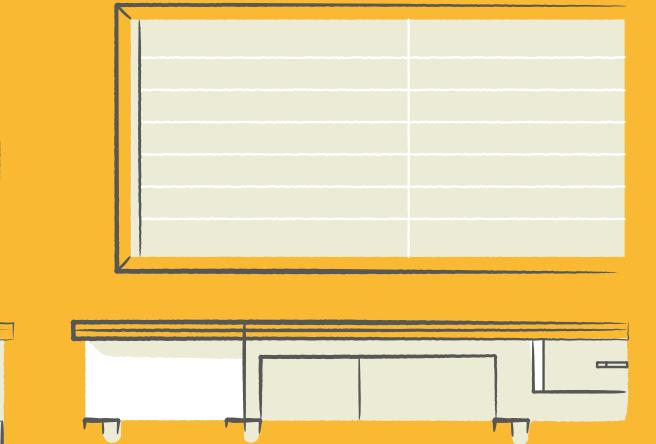
mobile maternal health clinics in 27 countries

Empowering the next generation



Young people, ages 10 to 24, account for about 24 per cent of the world's 7.4 billion people.

UNFPA in 2016 helped millions of young people, especially adolescent girls, remain healthy and avoid pregnancy. UNFPA also helped protect them from harmful practices and enabled them to realize their full potential.



The UNFPA-UNICEF joint Global Programme to Accelerate Action to End Child Marriage aims to **stop child marriage in 12 countries** and protect the health and rights of girls who are already married. Between March 2015 and March 2016, the programme **empowered 65,000 adolescent girls with life skills, sexual and reproductive health information and access to services**. The programme also **raised awareness of 285,000 community members about girls' rights**.

In Uganda alone, the programme has been shown to raise the likelihood that participating girls engage in income generating activities by 72 per cent, reduce teen pregnancy by 26 per cent and early entry into marriage or cohabitation by 58 per cent.

In addition, UNFPA contributed to the development of national strategies for ending child marriage in Burkina Faso, Mozambique, Uganda and Zambia.

As a result of UNFPA programmes in 2016

23,000,000
adolescents gain access to sexual and reproductive health services



730,000

girls and women received comprehensive services related to female genital mutilation

2,906

communities declared the abandonment of female genital mutilation

Africa, East and Southern

- 407 maternal deaths per 100,000 live births
- 56% of births attended by skilled personnel
- 23% of women married or in a union with an unmet need for family planning
- 4.4 children born to average woman in childbearing years (total fertility rate)
- 32% of population between the ages of 10 and 24

Young people make up the largest and fastest-growing share of the region's population. How governments in the region invest in their health, education and capabilities in the years ahead will determine whether the region will reap a demographic dividend.

A demographic dividend is the potential for economic growth that can result from shifts in a population's age structure, when the share of the working-age population expands relative to the non-working-age population.

A demographic dividend is linked to a demographic transition, which begins when child and infant death rates decrease in response to increased access to vaccines, antibiotics, safe water, sanitation and better nutrition. As couples realize that they do not need to have as many children to reach their desired family size, fertility rates then begin falling.

Investing in the human capital of the region's young people entails expanding access to sexual and reproductive health services, including contraception and HIV prevention. Nearly half of all new HIV

infections worldwide occur in the region, which is also home to more than half of all people living with HIV. An estimated 640 adolescent girls and young women in the region are infected with HIV every day.

About one in four women in the region has given birth before age 18. There is a one-in-15 chance that a girl in the region will die from pregnancy or childbirth-related complications.

Investments in the region are also needed to expand young people and women's access to contraception. About one in four women wants to prevent a pregnancy but is not using a modern method of family planning.

About one in two women in the region has experienced physical or sexual violence. In some countries, nearly nine in 10 women have been subjected to gender-based violence.



5,979
women underwent surgery to repair
obstetric fistulas

23

communities declared the abandonment
of female genital mutilation

15,000
maternal deaths
averted

1,600,000
unsafe abortions
prevented

5,400,000
unintended pregnancies
prevented

Saving mothers' lives

3,500 health workers

received training in integrating HIV and AIDS services into sexual and reproductive health services.

2,000 health-care professionals

received training in providing emergency obstetric care, gender-based violence case management and the clinical management of rape in crises.

Empowering the next generation

811,000 adolescents

who were not in school had access to comprehensive sexuality education through the Safeguard Young People programme.

Pregnancies by choice, not by chance

82,000 people

affected by crises had access to family planning.

Midwifery in 10 countries

was strengthened because of UNFPA training programmes. The size of the midwifery labour force grew in eight countries.

8 in 10 births

attended by skilled personnel in Botswana, Comoros, Namibia, South Africa and Swaziland.

17,000 teachers

trained through UNFPA and UNESCO programmes to deliver comprehensive sexuality education.

80,000,000

condoms were made available to young people

14,000,000

youth received sexual and reproductive health messages through social media

1,500,000

adolescents and youth had access to sexual and reproductive health services

913,616

women and girls in humanitarian settings had access to reproductive health services to prevent and treat the effects of gender-based violence

445,000

survivors of gender-based violence received services in humanitarian settings

Includes core and non-core resources

Angola	1,992	Mauritius	79
Botswana	1,079	Mozambique	11,440
Burundi	5,448	Namibia	1,299
Comoros	782	Rwanda	4,169
Democratic Republic of the Congo	21,357	South Africa	2,179
Eritrea	1,605	South Sudan	17,474
Ethiopia	14,757	Swaziland	1,462
Kenya	14,115	Uganda	15,122
Lesotho	1,522	United Republic of Tanzania	13,163
Madagascar	5,864	Zambia	7,629
Malawi	8,214	Zimbabwe	13,259

Programme expenses in thousands of US\$

Country/territory programmes	164,010
Regional projects	16,924
Total programme expenses	180,934

Resources	Non-Core	Core	Total
Integrated sexual and reproductive health	87.4	36.3	123.7



Adolescents	18.4	7.0	25.4
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Gender equality and rights	9.0	5.2	14.2
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Data for development	4.0	11.6	15.6
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Organizational efficiency and effectiveness	1.0	1.0	2.0
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Programme expenses by purpose in millions of US\$

Africa, West and Central

A woman in West and Central Africa is 120 times more likely to die from pregnancy-related complications than a woman in a developed country.

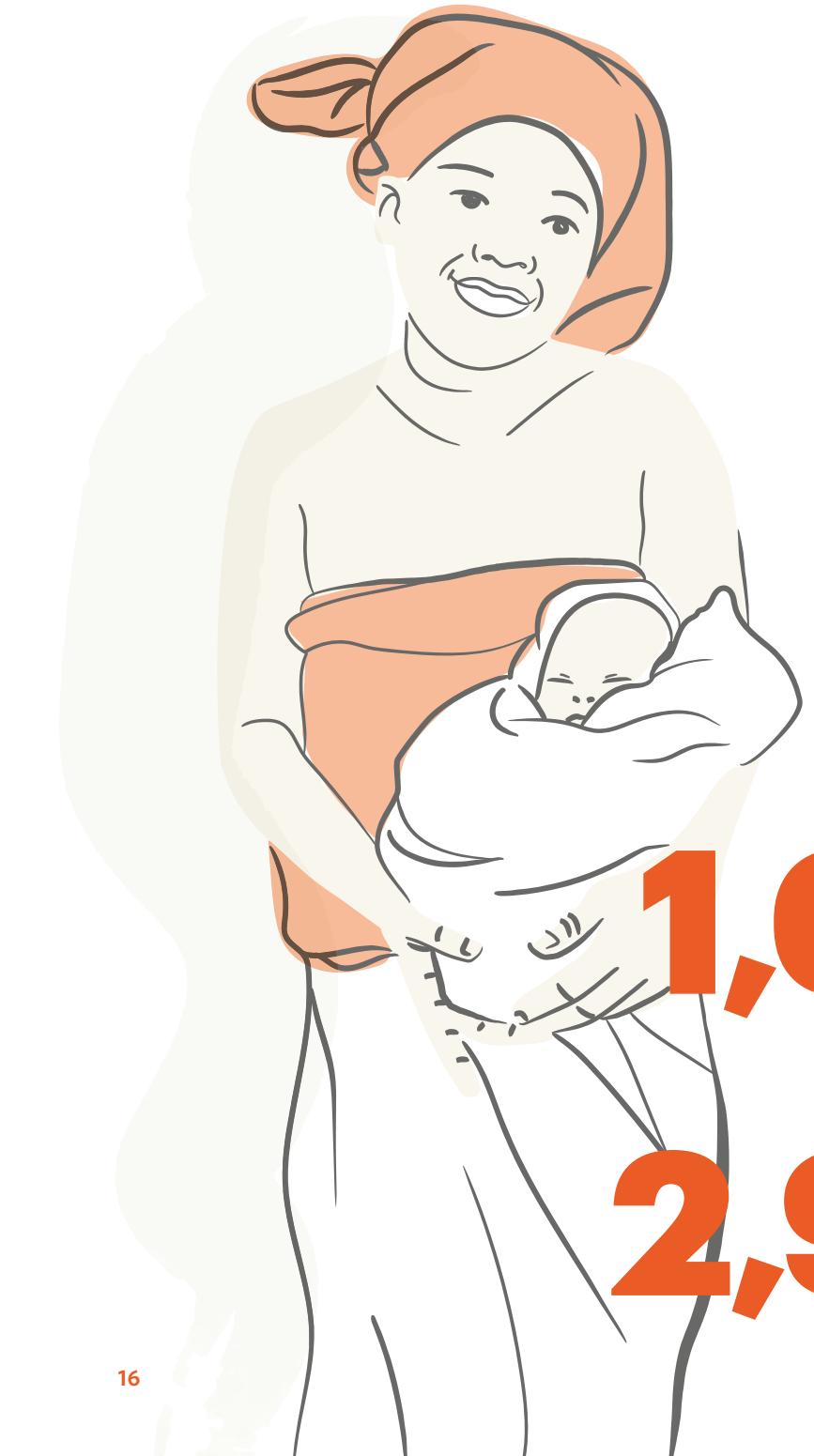
In the region, one woman in six uses modern contraception, contributing to an average fertility rate of more than five children per woman. High fertility rates are buoyed in part by high rates of child marriage and adolescent pregnancy, which in turn increase the economic and social vulnerability of girls and undermine investments in their education and prevent them from realizing their full potential. The region has the world's highest child marriage rates, with an average of two of five girls married before age 18. About 6 per cent of girls give birth before age 15.

Educational attainment for girls is lower in West and Central Africa than any other region in the world. For every 100 boys, there are only 89 girls enrolled in primary school. At the secondary level, for every 100 boys enrolled, there are only 83 girls. Low rates of educational attainment affects future job prospects. Jobs for young people are scarce,

and the World Bank estimates that over the next 10 years, only one in four young people in the region will secure paid employment.

Key challenges in 2016

- Reducing maternal mortality
- Increasing use of modern methods of contraception
- Accelerating the demographic transition to pave the way for a demographic dividend
- Stopping harmful practices such as early marriage and female genital mutilation
- Keeping girls in school
- Matching training to decent jobs
- Participation of young people in decision-making



8,195

women underwent surgery to repair obstetric fistulas

1,768

communities declared the abandonment of female genital mutilation

12,000

maternal deaths averted

1,000,000

unsafe abortions prevented

2,900,000

unintended pregnancies prevented

Saving mothers' lives

3,000 women

underwent surgery to repair obstetric fistula.

800 midwives

received training in emergency obstetric and newborn care.

Pregnancies by choice, not by chance

\$33,000,000

invested in contraceptives, especially for disadvantaged women in rural areas.

Empowering the next generation

2,400 adolescents

in Sierra Leone gained access to life-skills training through girls clubs.

600 midwifery students

attended pre-service training.

44 institutions

for midwifery training were strengthened.

6 countries

strengthened management of reproductive health supplies.

16% → 56%

Safe spaces where married adolescents in Niger learned about health and gender also led to an increase in contraceptive use from 16 per cent to 56 per cent in eight months.

5,200,000

additional women gained access to family planning information and services

2,300,000

women had access to sexual and reproductive health services

2,262,303

women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence

1,600,000

adolescents had access to sexual and reproductive health services

10,000

service providers trained in sexual and reproductive health

Includes core and non-core resources

Benin	4,382	Guinea	7,028
Burkina Faso	6,739	Guinea-Bissau	2,146
Cameroon	6,826	Liberia	6,377
Cape Verde	629	Mali	5,722
Central African Republic	4,458	Mauritania	2,635
Chad	6,303	Niger	10,064
Congo	2,181	Nigeria	26,634
Côte d'Ivoire	8,086	São Tomé and Príncipe	1,048
Equatorial Guinea	1,927	Senegal	6,222
Gabon	672	Sierra Leone	12,800
Gambia	1,509	Togo	3,015
Ghana	3,632		

Programme expenses in thousands of US\$

Country/territory programmes	131,035
Regional projects	8,907
Total programme expenses	139,942

Resources	Non-Core	Core	Total
Integrated sexual and reproductive health	68.4	27.1	95.5



Adolescents	8.2	6.2	14.4
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Gender equality and rights	9.4	3.9	13.3
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Data for development	4.7	11.0	15.7
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Organizational efficiency and effectiveness	0.2	0.8	1.0
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Arab States

- 162 maternal deaths per 100,000 live births
- 73% of births attended by skilled personnel
- 16% of women married or in a union with an unmet need for family planning
- 3.3 children born to average woman during childbearing years (total fertility rate)
- 28% of population between the ages of 10 and 24

Much of the Arab States region continued to be affected by conflict and natural disasters in 2016, endangering the health and lives of hundreds of thousands of pregnant women. In Syria and neighbouring countries alone, 5.3 million women were of childbearing age that year, and an estimated 440,000 were pregnant.

Women and adolescent girls bear extraordinary burdens as wars and disasters leave a trail of turmoil and destruction. Without the usual protection of family and community, women and adolescent girls frequently become victims of sexual violence, unwanted pregnancies and sexually transmitted infections. Basic needs for family planning, reproductive health care and safe childbirth are rarely met when women and adolescents become untethered from the lifeline of health systems.

In Yemen, displacement and instability have heightened the vulnerability of 2.6 million women and girls to gender-based violence, which has increased by 63 per cent over the past two years. In addition, child marriages are on the rise.

In Iraq, fighting in and around Mosul has resulted in large-scale displacement and has blocked women's access to maternity care.

Elsewhere in the region, a number of governments faced economic and political challenges to expanding access to sexual and reproductive health services, including family planning.



950,995

women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence

169

communities declared the abandonment of female genital mutilation

498

maternal deaths averted

272,000

unsafe abortions prevented

823,000

unintended pregnancies prevented

Saving mothers' lives

402,651 women and adolescents

in Iraq had access to antenatal and post-natal care and contraceptives, had safe deliveries and received treatment for sexually transmitted infections. Five hundred fifty-five medical personnel in Mosul were trained in emergency obstetric care.

100,000 women

in North and Central Darfur states in Sudan received life-saving reproductive health medicines and supplies.

2,500 safe deliveries

supported by UNFPA in Iraq.

64,000

unintended pregnancies were averted in Sudan.

Pregnancies by choice, not by chance

2,015 safe deliveries

in Za'atari refugee camp in Jordan.

1,219

health-care providers in Syria were trained in reproductive health, including emergency obstetric care.

563 operations

to repair obstetric fistulas.

52 mobile teams

provided services, including safe deliveries, in conflict-affected parts of the Yemen.

16,500 women

and adolescents

in refugee camps or in host communities gained access to, and could choose from, four modern methods of contraception in Jordan.

722 youth peer counsellors

now trained and deployed in Syria.

Empowering the next generation

39,056 young people

in two governorates in Egypt and in Cairo gained access to health services.

2,000,000

Syrian women and girls had access to life-saving reproductive health services through 1,331 facilities, mobile clinics and outreach teams in Syria, Egypt, Iraq, Jordan and Turkey

1,000,000

people in Yemen gained access to reproductive health services or services to support survivors of gender-based violence

740,000

people gained access to family planning in Yemen

650,000

people in 10 governorates gained access to family planning in Syria

211,000

unintended pregnancies averted through family planning in Somalia

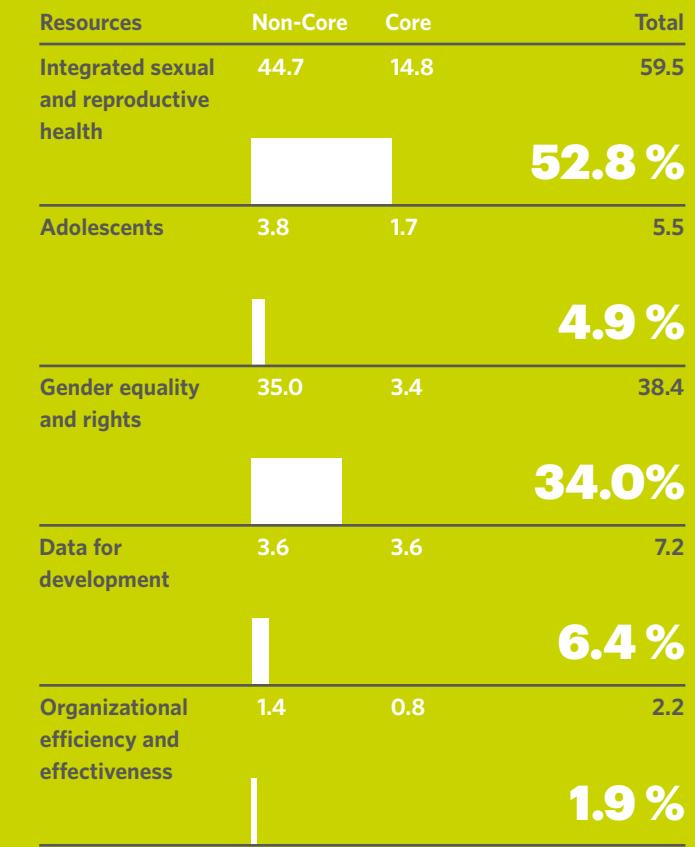
Includes core and non-core resources

Algeria	431	Oman	1,174
Djibouti	1,066	Palestine	2,573
Egypt	3,999	Somalia	13,393
Iraq	22,101	Sudan	13,761
Jordan	13,847	Syrian Arab Republic	10,506
Lebanon	3,013	Tunisia	816
Libya	1,640	Yemen	14,281

Programme expenses in thousands of US\$

Country/territory programmes	103,616
Regional projects	9,227
Total programme expenses	112,843

Programme expenses by purpose in millions of US\$



Asia and the Pacific

Dramatic socioeconomic gains in Asia and the Pacific, home to almost 60 per cent of the world's population, have benefited hundreds of millions of people. Despite these gains, hundreds of millions of others still face formidable development challenges. This imbalance must be addressed urgently if countries—and the region as a whole—are to achieve the Sustainable Development Goals and the vision for progress that leaves no one behind.

While many countries have improved access to sexual and reproductive health services for their citizens, millions of women still lack access to family planning, leading to unintended pregnancies and unsafe abortions. Of the estimated 114 million pregnancies in the region in 2016, about 45 million were unintended.

An estimated 83,700 women and adolescent girls, mainly in South Asia, continue to die each year from complications related to pregnancy and childbirth where there is little or no access to quality health facilities and trained personnel, especially midwives.

The majority of young people in and out of school receive no basic information about their bodies and reproduction, let alone comprehensive sexuality education that would empower them to make responsible choices and decisions as they mature into adulthood.

Child marriage remains widespread, although efforts by governments and civil society in some countries to counter harmful practices and violence against women are gathering momentum.

All of these challenges are exacerbated in several countries by pressures to limit the work of civil society organizations, including some that advocate for access to sexual and reproductive health services.

Asia and the Pacific is the world's most disaster-prone region, resulting in additional vulnerabilities for women and adolescent girls in their childbearing years. Long-running conflicts in several countries have also taken a toll on girls and pregnant women, especially those who have been displaced or who have fled to neighboring countries.

127 maternal deaths per 100,000 live births

70% of births attended by skilled personnel

10% of women married or in a union with an unmet need for family planning

2.1 children born to average woman during childbearing years (total fertility rate)

24% of population between the ages of 10 and 24



244,473

women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence

901

women underwent surgery to repair obstetric fistulas

927

maternal deaths averted

299,000

unsafe abortions prevented

1,100,000

unintended pregnancies prevented

Saving mothers' lives

6,000 clean delivery kits

distributed in conflict-affected zones of Myanmar.

600 midwifery graduates

received their licences in Bangladesh.

Pregnancies by choice, not by chance

5,200 women

in poor, remote areas of Nepal gained access to long-acting modern contraceptives, such as intrauterine devices and implants, through visiting providers and satellite clinics.

Empowering the next generation

600 teachers trained

in providing comprehensive sexuality education in the Lao People's Democratic Republic, reaching 12,000 students.

70 women per day

received sexual and reproductive health services as they returned to Afghanistan from Pakistan.

Free contraceptive implants

made available to poor women in remote areas of Myanmar.

385,000

young people in Indonesia received information through social media about sexual and reproductive health

49,000

young people received life-skills training through 16 UNFPA-supported youth-development centres

20,000

contraceptive implants supplied in the Lao People's Democratic Republic

4,000

women received life-saving reproductive health services, including antenatal care, family planning and safe deliveries after Cyclone Winston struck Fiji

Includes core and non-core resources

Afghanistan	26,461	Malaysia	680
Bangladesh	10,722	Maldives	391
Bhutan	735	Mongolia	3,685
Cambodia	2,627	Myanmar	9,981
China	1,940	Nepal	5,598
Democratic People's Republic of Korea	2,092	Pacific Multi Islands* ..	4,914
India	8,154	Pakistan	8,302
Indonesia	3,439	Papua New Guinea	6,312
Islamic Republic of Iran	1,231	Philippines	6,253
Lao People's Democratic Republic	2,989	Sri Lanka	950
Thailand		Timor-Leste	1,900
Viet Nam	3,805		

Programme expenses in thousands of US\$

Country/territory programmes	114,151
Regional projects	7,733
Total programme expenses	121,884

Resources	Non-Core	Core	Total
Integrated sexual and reproductive health	19.6	30.0	49.6

40.7 %

Adolescents	4.3	8.6	12.9
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10.6 %

Gender equality and rights	10.5	8.6	19.1
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15.7 %

Data for development	21.7	16.0	37.7
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30.9 %

Organizational efficiency and effectiveness	0.2	2.4	2.6
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2.1 %

*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.

Eastern Europe and Central Asia

The Eastern Europe and Central Asia region consists of middle-income countries with significant resources at their disposal and corresponding levels of public services and infrastructure. Antenatal care, for example, is nearly universal, and maternal mortality rates have fallen by more than half since the early 1990s, from 66 to 25 deaths per 100,000 births.

But economic inequalities and lack of job opportunities remain commonplace and have contributed to migration, both within countries and within the region, the inability of many couples to have as many children as they desire, and wide disparities in access to services, including sexual and reproductive health services.

Masked by national data, marginalized and disadvantaged groups, such as national minorities, refugees and migrants, young people and the poor, face particular challenges in realizing their reproductive rights and accessing information and services.

Some 17 million women have an unmet demand for modern contraception in the region, with two thirds of them relying on

traditional methods, putting them at higher risk of unintended pregnancy and sexually transmitted infections. In most countries of South-Eastern Europe and the South Caucasus, rates of modern contraceptive use are lower than the average in the world's least developed countries.

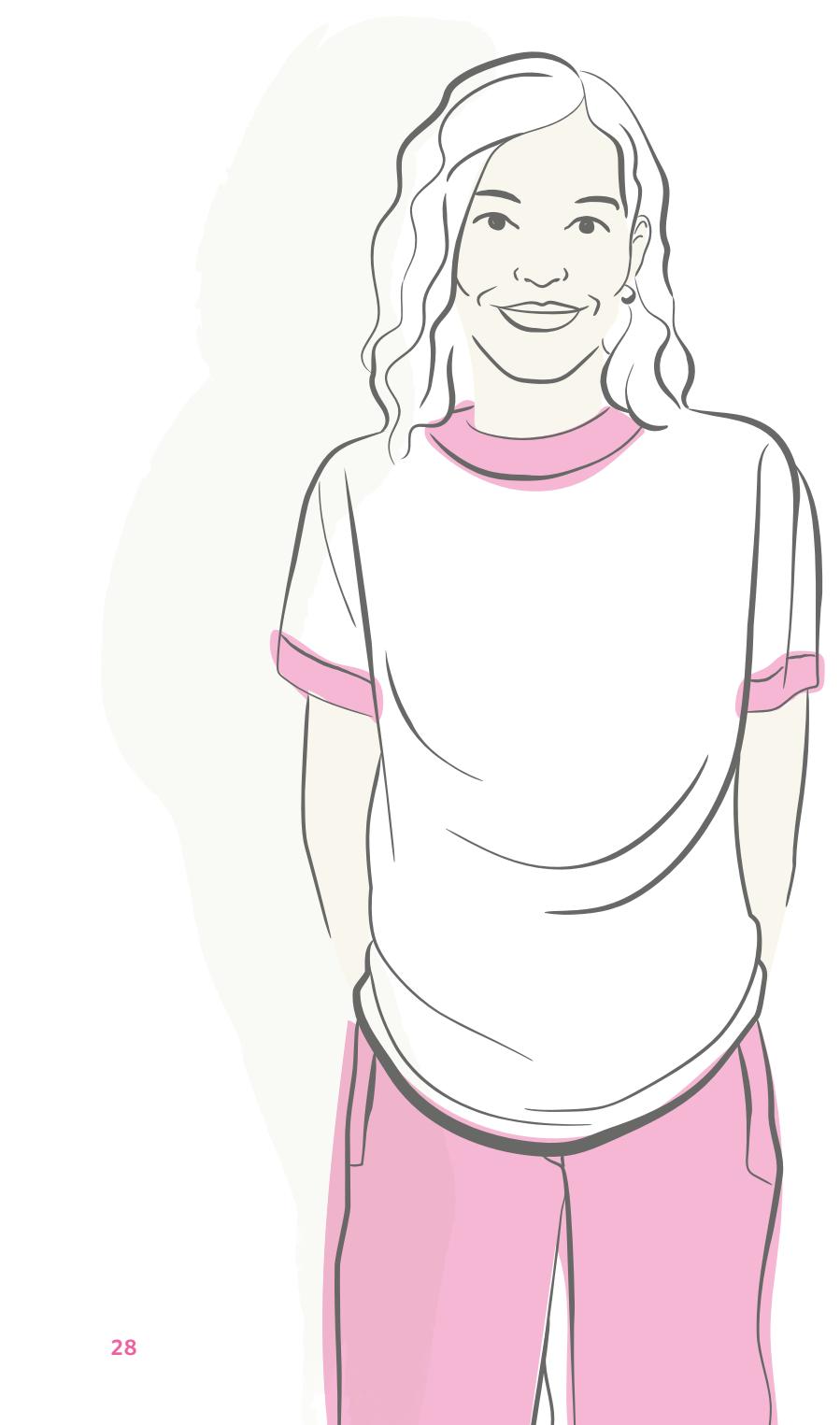
For every 1,000 live births in the region (including Russia), there are 257 abortions, and every year, 443,000 teenagers give birth, a rate three times that of Western Europe.

HIV is still on the rise in the region, with an estimated 190,000 new infections every year, and sexual transmission rapidly becoming the predominant factor.

The region has a high incidence of "secondary infertility": 12.6 million women between the ages of 22 and 44 are unable to have another baby.

Gender inequality still permeates societies in the region and manifests itself in discrimination of women, gender-based violence and harmful practices such as gender-biased sex selection in parts of Southeastern Europe and the South Caucasus.

- ④ 25 maternal deaths per 100,000 live births
- ④ 98% of births attended by skilled personnel
- ④ 11% of women married or in a union with an unmet need for family planning
- ④ 2 children born to average woman during childbearing years (total fertility rate)
- ④ 22% of population between the ages of 10 and 24



849,535

women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence

45

maternal deaths
averted

67,000

unsafe abortions
prevented

231,000

unintended pregnancies
prevented

Pregnancies by choice, not by chance

8,700 more women

in Armenia gained access to a contraceptive method of their choice as a result of improvements to the country's logistics management information system for family planning supplies.

150 family doctors

were trained in Bosnia and Herzegovina in counselling women and men in family planning options.

Saving mothers' lives

500 midwives

based in hospitals in Uzbekistan were trained in 2015 and 2016 in preventing post-partum haemorrhaging, a leading cause of maternal death in the country.

+ 10%

increase in the number of women screened for cervical cancer in Moldova.

Empowering the next generation

Eradicating child marriage

In a move to eradicate child marriage, Kyrgyzstan enacted a law banning religious marriage ceremonies for underage girls and boys. Child marriage is illegal in Kyrgyzstan, but before the new law came into force, this prohibition was often circumvented by holding informal ceremonies.

100,000

refugees and migrants in Turkey received sexual and reproductive health services

45,000

refugees and migrants who survived gender-based violence had access to services provided through 24 safe houses in Turkey

27,000

young people learned about sexual and reproductive health and rights through a pilot programme in Moldova

10,000

survivors of gender-based violence in conflict-affected areas of Ukraine received psychological support from UNFPA mobile teams

Includes core and non-core resources

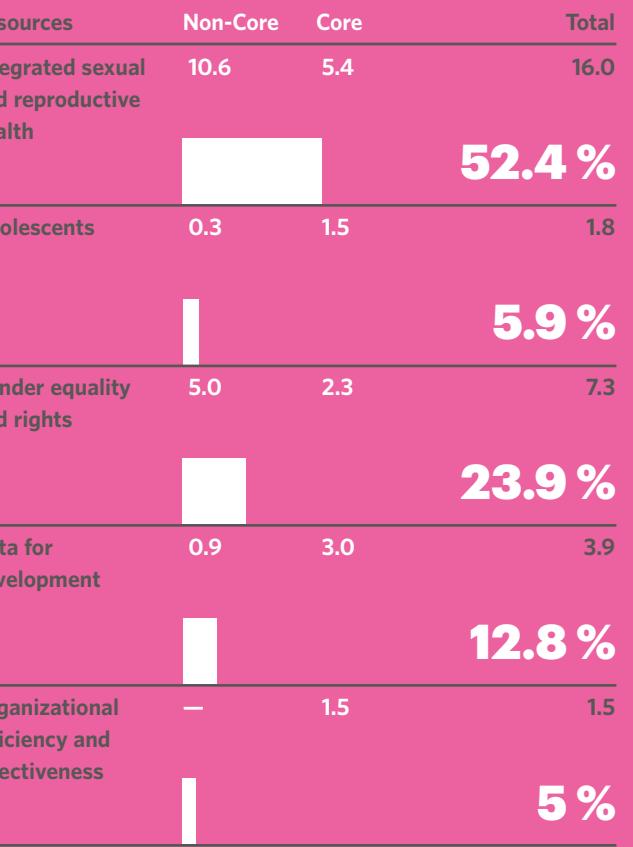
Albania	1,026	Serbia*	929
Armenia	776	Tajikistan	1,632
Azerbaijan	498	The former Yugoslav Republic of Macedonia	408
Belarus	655	Turkey	10,340
Bosnia and Herzegovina	690	Georgia	1,033
Kazakhstan	567	Turkmenistan	463
Kyrgyzstan	960	Ukraine	2,524
Republic of Moldova	705	Uzbekistan	728

*Includes Kosovo

Programme expenses in thousands of US\$

Country/territory programmes	23,934
Regional projects	6,565
Total programme expenses	30,499

Programme expenses by purpose in millions of US\$



Latin America and the Caribbean

Latin America and the Caribbean is a region of contrasts and diverse challenges. While the region has the largest number of young people in its history, it also includes countries with a rapidly increasing share of the population that is older. While there is enormous wealth, there is also extreme poverty, disproportionately affecting indigenous groups, Afrodescendants and millions living in precarious settlements vulnerable to the effects of climate change.

Meanwhile, the region's overall gross domestic product contracted by 1.1 per cent in 2016, resulting in a 2.2 per cent decline in per capita gross domestic product, continuing an economic slowdown that began in 2011, resulting in large numbers of people trapped in, or falling into, poverty.

And while quality sexual and reproductive health services, including family planning, are increasingly available to affluent, educated and urban individuals, access to services in some countries is limited in poorer and rural communities, and among young people, including adolescents. On average, one in every 10 women in the region

- ④ 68 maternal deaths per 100,000 live births
- ④ 93% of births attended by skilled personnel
- ④ 11% of women married or in a union with an unmet need for family planning
- ④ 2 children born to average woman during childbearing years (total fertility rate)
- ④ 26% of population between the ages of 10 and 24



1,617

women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence

3

communities declared the abandonment of female genital mutilation

497

maternal deaths averted

392,000

unsafe abortions prevented

1,000,000

unintended pregnancies prevented

Saving mothers' lives

15 maternity wards

rehabilitated after Hurricane Matthew struck Haiti.
Mobile clinics dispatched to provide services to
survivors of gender-based violence.

Pregnancies by choice, not by chance

14 public
health facilities

made contraceptive implants available through
a pilot project in Uruguay.

Empowering the next generation

20 teachers and
18 midwives

in Chile received training in adolescent sexual and
reproductive health services, including contraception.

Midwifery training

strengthened in 20 countries of the region.

8 countries' health-
care institutions

received training in rights-based approaches
to family planning.

18 countries

identified legal barriers to young people's
access to sexual and reproductive health
services, with UNFPA support.

500,000

condoms distributed and information
about HIV and Zika prevention provided
in Brazil during the Olympics

1,500

adolescent peer educators in Honduras
received training in comprehensive
sexuality education and
gender equality

130

young people trained to advocate
for health and rights of the region's
adolescents and youth

*Figures for Caribbean, English- and Dutch-speaking, 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 and Nevis, Saint Lucia, Saint Vincent and the Grenadines, the Netherlands Antilles (Aruba, Curacao, and St. Maarten), Suriname, Trinidad and Tobago and the Turks and Caicos Islands.

Includes core and non-core resources

Argentina	214	El Salvador	1,772
Plurinational State of Bolivia	2,618	Guatemala	6,167
Brazil	1,383	Haiti	3,524
Caribbean, English and Dutch speaking*	1,703	Honduras	3,489
Chile	175	Mexico	1,239
Colombia	2,736	Nicaragua	1,013
Costa Rica	602	Panama	743
Cuba	622	Paraguay	886
Dominican Republic	607	Peru	813
Ecuador	1,007	Uruguay	1,233
Bolivarian Republic of Venezuela	638		

Programme expenses in thousands of US\$

Country/territory programmes	33,184
Regional projects	7,266
Total programme expenses	40,450

Resources	Non-Core	Core	Total
Integrated sexual and reproductive health	10.1	9.5	19.6



Adolescents	2.7	4.2	6.9
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Gender equality and rights	4.3	2.1	6.4
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Data for development	1.4	4.7	6.1
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Organizational efficiency and effectiveness	0.2	1.3	1.5
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Resources and management

Gross Contributions to UNFPA totaled \$848 million in 2016. The amount includes \$353 million towards the organization's "core resources" and \$495 million earmarked for specific programmes or initiatives.

Core resources are the bedrock of UNFPA programmes that serve women and young people around the world. Core resources enable long-term planning as well as rapid response to emerging priorities. Core resources also enable UNFPA to have a universal presence, even in fragile contexts, such as in conflict zones or in refugee situations.

In 2016, contributions to core resources were \$45 million lower than in 2015, because of decreases of contributions from some of UNFPA's major donors and the unfavourable exchange rates between major donor contribution currencies and the US dollar.

Earmarked contributions in 2016 included \$80 million for the UNFPA Supplies Programme, which expands access to contraceptives and reproductive health services, and for the UNFPA Maternal Health Thematic Fund, which supports midwifery programmes, the Campaign to End Fistula and other actions to protect the health and lives of mothers.

Earmarked contributions also included \$155 million to protect the health and lives of more than 11 million women and adolescents in crises in Afghanistan, Haiti, the riparian countries of the Lake Chad Basin, Syria and neighboring countries, Myanmar, South Sudan, Ukraine, Yemen and about 40 other countries and territories.

While maintaining relationships with traditional donors in 2016, UNFPA also established or strengthened partnerships with non-traditional donor governments and multilateral institutions to ensure sufficient resources are mobilized to meet the reproductive health needs of millions of women and adolescents.

UNFPA continued to partner with other United Nations entities to scale up humanitarian and development programmes. Earmarked contributions in 2016 included a total of \$109 million through inter-organization transfers. This consists of agency-to-agency transfers and funds received as a participant in pooled inter-agency funding mechanisms.

Top 20 donors¹ contributions in US\$

Core Contributions ²	
Sweden	59,044,049
Norway	46,845,794
Netherlands	39,106,145
United States of America	30,700,000
Denmark	28,113,350
United Kingdom of Great Britain and Northern Ireland	25,000,000
Germany	24,369,027
Finland	20,000,000
Japan	19,023,833
Switzerland	16,145,308
Canada	11,685,393
Belgium	7,891,770
Australia	7,037,319
New Zealand	4,008,016
Ireland	3,171,008
Luxembourg	2,899,344
Italy	2,040,816
China	1,200,000
France	835,897
Pakistan	551,839

Non-Core Contributions³

United Kingdom of Great Britain	116,288,544.61
United Nations and Interorganizational transfers	108,796,815.04
Canada	42,229,874.21
United States of America	32,562,030.51
European Commission	23,819,835.57
Sweden	17,705,623.50
Japan	17,282,097.17
Switzerland	15,666,793.56
Australia	10,778,457.38
Belgium	10,706,967.90
Republic of Korea	9,299,222.00
Luxembourg	8,387,646.02
El Salvador	7,993,676.32
Norway	6,252,925.85
Denmark	5,778,114.50
Finland	5,462,648.39
Bill and Melinda Gates	4,000,365.00
France	3,311,258.28
Liberia	3,300,000.00
Saudi Arabia	3,000,000.00

Expenses⁴ In millions of US\$

Core resources	
Contributions to core resources - gross	352.8
Less: transfers to other revenue for reimbursement of tax charges ⁵	(5.8)
Other revenue	52.1
Total core resources revenue	399.1
Non-core resources	
Contributions to non-core resources - gross	494.9
Less: refunds to donors	(4.4)
Less: indirect costs	(34.7)
Other revenue	4.6
Total non-core resources revenue	460.4
Total revenue	859.5
Core resources	
Country programmes, Global and Regional Interventions (GRI) and other programme activities	258.3
Institutional budget	136.8
Corporate	12.6
Total core resources expenses	407.7
Non-core resources	
Country programmes, Global and Regional Interventions (GRI) and other programme activities	505.2
Corporate	9.6
Total non-core resources expenses	514.8
Total expenses	922.5

1. All figures are provisional as of 21 April 2017.

2. These amounts represent the contribution revenue recorded for 2016 core resources.

3. The amounts represent contribution revenue for trust funds. They include multi-year co-financing agreements which were recognized in 2016, in accordance with UNFPA accounting policies. Programme implementation continues to be linked to actual receipt of resources.

4. All figures are provisional as of 6 April 2017, as published in the United Nations Population Fund Statistical and Financial Review, 2016, subject to external audit and, as a result of rounding, may not add up to the totals.

5. This amount represents reimbursement of income taxes to the nationals of one Member State. It is included in the 'Other revenue' amount.

2016 programme and institutional budget by purpose

	Non-core resources	Core resources	Institutional budget	Total	
Integrated sexual and reproductive health	343.5	127.6	—	471.1	 52.3 %
Adolescents	38.6	30.4	—	69.0	 7.7 %
Gender equality and rights	80.3	28.6	—	108.9	 12.1 %
Data for development	36.6	53.4	—	90.0	 10.0 %
Organizational efficiency and effectiveness	6.2	18.3	136.8	161.3	 17.9 %
Total	505.2	258.3	136.8	900.3	

2016 programme expenses by implementing agency

	Non-core resources	Core resources	Total	
Governments	76.3	33.7	110.0	 14.5 %
Non-governmental organizations	112.6	25.0	137.6	 18.0 %
United Nations agencies	1.0	0.9	1.9	 0.2 %
UNFPA	315.3	198.7	514.0	 67.3 %
Total	505.2	258.3	763.5	

2016 programme and institutional budget by region

	Non-core resources	Core resources	Institutional budget	Total	
East and Southern Africa	119.8	61.1	17.2	198.1	 21.9 %
West and Central Africa	90.9	49.0	17.3	157.2	 17.5 %
Arab States	88.5	24.3	10.8	123.6	 13.7 %
Asia and the Pacific	56.3	65.6	17.3	139.2	 15.5 %
Latin America and the Caribbean	18.7	21.8	11.4	51.9	 5.8 %
Eastern Europe and Central Asia	16.8	13.7	6.0	36.5	 4.1 %
Office in Addis Ababa	—	1.0	—	1.0	 0.1 %
Global activities	114.2	21.8	56.8	192.8	 21.4 %
Total	505.2	258.3	136.8	900.3	

2016 expenses by gender marker

	Non-core resources	Core resources	Total	
Primary objective of the activity is contribution to gender equality and/or women's empowerment (gender stand-alone)	90.6	27.2	117.8	 15.5 %
Significant contribution to gender equality (gender mainstreaming)	267.9	102.4	370.3	 48.5 %
Some contribution to gender equality and/or women's empowerment	115.4	105.5	220.9	 28.9 %
No contribution to gender equality and/or women's empowerment	31.3	23.2	54.5	 7.1 %
Total	505.2	258.3	763.5	

1. All figures are provisional as of 6 April 2017, as published in the United Nations Population Fund Statistical and Financial Review, 2016, subject to external audit and, as a result of rounding, may not add up to the totals.

1. All figures are provisional as of 6 April 2017, as published in the United Nations Population Fund Statistical and Financial Review, 2016, subject to external audit and, as a result of rounding, may not add up to the totals.

Donor commitments 2016

Contributions towards core resources in US\$

Algeria	10,000
Andorra	11,089
Angola	20,000
Argentina	5,000
Armenia	3,000
Australia	7,037,319
Bahamas	1,000
Bangladesh	25,000
Belgium	7,891,770
Belize	2,500
Bhutan	5,950
Bolivia (Plurinational State of)	6,022
Botswana	5,072
Burkina Faso	13,259
Burundi	577
Cameroon	16,678
Canada	11,685,393
Chad	25,000
Chile	5,000
China	1,200,000
Comoros	500
Costa Rica	5,314
Côte d'Ivoire	28,618
Czech Republic	19,223
Democratic People's Republic of Korea	6,766
Denmark	28,113,350
Djibouti	1,000
Dominican Republic	14,646
Equatorial Guinea	10,000
Eritrea	5,000
Estonia	63,492
Ethiopia	2,834
Fiji	2,488
Finland	20,000,000
France	835,897
Gabon	17,233
Georgia	20,000
Germany	24,369,027
Ghana	18,000
Guatemala	2,041
Guinea Bissau	1,000
Guyana	500
India	487,911
Indonesia	27,882
Iran (Islamic Republic of)	29,790
Ireland	3,171,008
Israel	55,000
Italy	2,040,816
Japan	19,023,833
Jordan	49,995
Kazakhstan	50,000
Kenya	10,000
Kiribati	15,279
Kuwait	10,000
Lao People's Democratic Republic	3,000
Lesotho	2,216
Liechtenstein	25,907
Luxembourg	2,899,344
Malawi	5,411
Malaysia	15,000
Mali	7,529
Mauritania	3,025
Mauritius	2,786
Mexico	70,000
Micronesia (Federated States of)	3,000
Monaco	5,587
Mongolia	4,000
Morocco	11,958
Myanmar	154
Nepal	4,706
Netherlands	39,106,145
New Zealand	4,008,016
Nicaragua	5,000
Norway	46,845,794
Oman	10,000
Pakistan	551,839
Panama	10,000
Papua New Guinea	3,486
Philippines	31,867
Poland	10,070
Qatar	59,950
Republic of Korea	99,000
Russian Federation	300,000
Samoa	3,000
Saudi Arabia	500,000
Sierra Leone	30,000
Singapore	5,000
Slovakia	5,571
South Africa	35,584
Sri Lanka	18,000
Swaziland	10,000
Sweden	59,044,049
Switzerland	16,145,308
Tajikistan	889
Thailand	150,006
Togo	5,003
Trinidad and Tobago	5,000
Tunisia	13,047
Turkey	150,000
Uganda	15,000
United Kingdom of Great Britain and Northern Ireland	25,000,000
United Arab Emirates	10,000
United States of America	30,700,000
Uruguay	30,000
Vanuatu	864
Viet Nam	20,000
Zimbabwe	30,000
Private Contributions	16,379
Subtotal	352,525,563
Government contribution to local office cost	282,234
Total	352,807,797

Top 10 private sector partners, 2016

Contributions in US\$

Togo	5,003
Trinidad and Tobago	5,000
Jordan	49,995
Tunisia	13,047
Kazakhstan	50,000
Turkey	150,000
Uganda	15,000
United Kingdom of Great Britain and Northern Ireland	25,000,000
United Arab Emirates	10,000
United States of America	30,700,000

Subtotal **352,525,563**

Government contribution to local office cost

Total **352,807,797**

Strategic partnerships

Contributions in US\$

Partnerships with the private sector—corporations, foundations, academic institutions, individuals and other stakeholders—are critical to achieving the Sustainable Development Goals.

Through partnerships in 2016, UNFPA mobilized funding and in-kind contributions valued at \$12.8 million, a 24 per cent increase over 2015. During the year, 72 agreements were signed with 50 partners.

Some of the partnerships have helped fund UNFPA programmes around the world, while others have involved technical assistance or expertise to enable UNFPA to deliver programmes more effectively or advocate for the rights and health of women and adolescents.

New partnerships with global companies, foundations and individuals have amplified UNFPA's ability to support life-saving initiatives through the Safe Birth Even Here Campaign, which raises awareness about urgent unmet needs and vulnerabilities of pregnant women in conflicts and in the aftermath of natural disasters.

	Co-financing	In-kind contribution goods	In-kind contribution services	Total
Bill & Melinda Gates Foundation	4,000,365		1,250,000	5,250,365
Zonta International Foundation	2,000,000			2,000,000
Children's Investment Fund Foundation (through Crown Agents Limited)	1,150,000			1,150,000
UN Foundation (through United Nations Fund for International Partnerships)¹	884,631			884,631
Terre de hommes Mission in Albania	788,954			788,954
MacArthur Foundation	432,000			432,000
Merck Sharp & Dohme B.V.		389,074		389,074
Global Medical Aid		311,715		311,715
Relief International²		286,902		286,902
Ford Foundation	225,000			225,000

1. With co-financing from: Bill & Melinda Gates Foundation, Bloomberg Philanthropies, Government of Canada, National Philanthropic Trust, Novo Foundation.

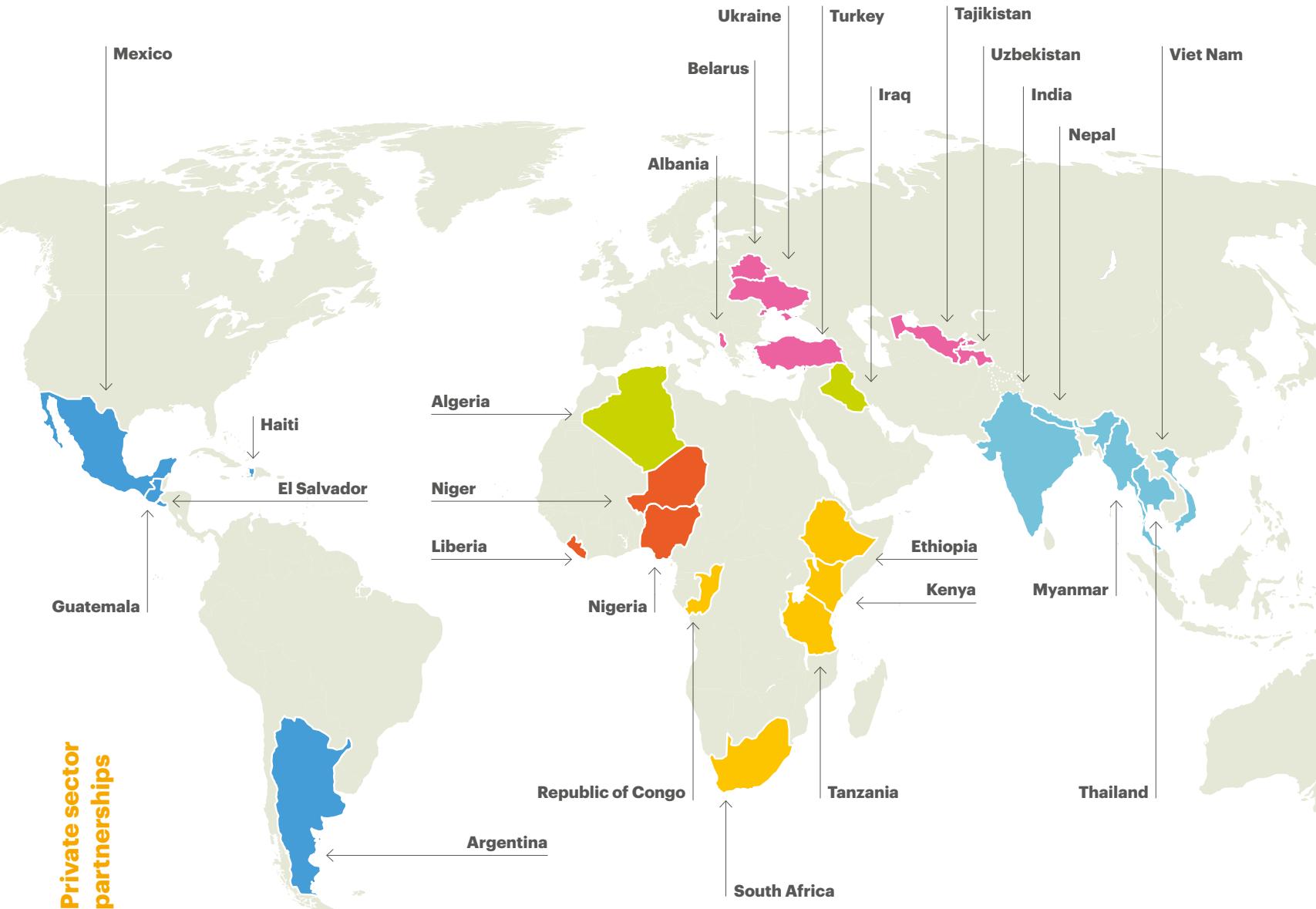
2. Acted as a conduit for funds from the Iraq Humanitarian Pooled Fund.

Through other partnerships in 2016, academic institutions helped UNFPA advance the sustainable development agenda, and UNFPA engaged with the private sector in corporate social responsibility programmes and cause-related marketing initiatives and with information technology firms to develop data monitoring and collection systems that boost the effectiveness of UNFPA offices.

In Kenya, UNFPA, other United Nations agencies and the private sector established the Private Sector Health Partnership in 2016 to improve health care for women and children. In Liberia and Niger, an international foundation has supported UNFPA programmes for adolescent girls.

In Copenhagen, Geneva and elsewhere in 2016, UNFPA also engaged with parliamentarians to sustain or increase political support and funding for efforts to protect the sexual and reproductive health and rights of women and adolescents.

In 2016, private sector partnerships were leveraged globally and in 26 countries to support women and adolescents



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 former 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.

Sources for Indicators

United Nations Population Fund (UNFPA)

United Nations Maternal Mortality Estimation Inter-agency Group (MMEIG)

United Nations Population Division

Regional statistics are based on UNFPA programme countries.

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UNFPA programmes reached women and young people in 155 countries, territories and other areas in 2016 through a network of 123 country offices, six regional and three subregional offices and liaison offices in Addis Ababa, Brussels, Copenhagen, Geneva, London, Tokyo and Washington, D.C.. These offices combined had a total of 2,638 regular staff in 2016.



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