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**REPORT OF THE EXECUTIVE DIRECTOR FOR 1998:
PROGRAMME PRIORITIES**

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Introduction

1. Nineteen ninety-eight was one of UNFPA's most productive years ever. Carrying out activities in some 155 countries, the Fund achieved the highest implementation rate in its history. This is indicative of the quality of the programmes that have been developed over the past few years and the efficiency of the Fund in implementing them. It is also an indication of the level of need for reproductive health and population programmes in developing countries and shows that UNFPA could effectively utilize more financial resources if they were available. In addition to its operational successes, 1998 was also a year of review and assessment for UNFPA. In particular, the five-year review of the implementation of the Programme of Action of the International Conference on Population and Development (ICPD), informally known as the "ICPD+5" process, provided UNFPA with a unique opportunity to assess what had been learned to date in implementing the Programme of Action and to consider how those lessons could be applied to the Fund's programmes in the future.

2. As part of the ICPD+5 process, during the course of 1998 the Fund organized three round-tables on major themes connected with implementing the Programme of Action: adolescent reproductive health (New York, 14-17 April); reproductive health and rights, including gender concerns (Kampala, Uganda, 22-25 June); and partnerships with civil society (Dhaka, Bangladesh, 27-30 July). The Fund also sponsored a series of technical meetings and symposia on international migration (The Hague, Netherlands, 27 June - 1 July); ageing (Brussels, Belgium, 6-9 October); population change and economic development (Bellagio, Italy, 2-6 November); reproductive health in emergency situations (Rennes, France, 3-5 November); and use of new information technologies (Ankara, Turkey, 1-4 December).

3. Also as part of the ICPD+5 process, UNFPA conducted a global *Field Inquiry* that was sent to developing countries and countries with economies in transition to collect information in four areas: (a) policies and programmes in population and development; (b) gender equality, equity and empowerment of women; (c) reproductive rights and reproductive health; and (d) government partnerships and collaboration with civil society. Out of 139 countries that received the inquiry, 114 responded, for an overall response rate of 82 per cent. A smaller and different inquiry was conducted among developed countries. It focused on their experiences in implementing the Programme of Action; their views on progress achieved and constraints encountered by developing countries; and issues related to resource mobilization. There were 18 responses out of 21, for a response rate of 86 per cent.

4. The responses from the inquiries were coded and entered into a database for analysis, and the results were compiled and published in a report. The resulting database allows for a comparison of changes in policies and programmes since the ICPD and can be used, in general terms, as a barometer to measure progress made in implementing the Programme of Action. Its focus on lessons

learned and constraints encountered provides valuable guidance for the further implementation of the Programme of Action, as well as useful insights for UNFPA programmes.

5. During the year the Fund also published a series of technical reports and programme advisory notes dealing with a variety of issues concerning UNFPA programmes. Particularly relevant to the assessment of the implementation of the Programme of Action were a technical and policy paper on "Issues in Measuring and Monitoring Maternal Mortality"; technical reports on "The Sexual and Reproductive Health of Adolescents" and "Operationalizing Advocacy in Support of Population and Development Programmes at Country Level"; programme advisory notes on "Reducing Maternal Mortality and Morbidity" and "Reproductive Health Effects of Gender-Based Violence"; and a publication on "Indicators for Population and Reproductive Health Programmes".

6. Also during the course of the year, UNFPA undertook thematic evaluations of UNFPA-supported safe motherhood strategies and HIV/AIDS-prevention interventions as well as a study to assess progress in implementing the integrated reproductive health approach set out in the ICPD Programme of Action. Reference to some of the findings of these evaluations, all of which are crucial to attaining the ICPD goals, will be made below; more details can be found in Part II of this report. Also in 1998, the Fund began work on systematically collecting and analysing lessons learned and best practices as detailed by the UNFPA Country Support Teams (CSTs) as they undertook missions to programme countries in all regions of the world. The formulation of these syntheses is being refined, and they are expected to have considerable impact on the Fund's work in the future.

7. All of these review, evaluation and technical activities were designed to provide input to strengthen UNFPA's work in its three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy as well as in such cross-cutting areas as promoting gender equity and equality and the empowerment of women, and encouraging cooperation with civil society.

I. REPRODUCTIVE HEALTH, INCLUDING FAMILY PLANNING AND SEXUAL HEALTH

8. The UNFPA *Field Inquiry* found that more than half the countries responding reported having taken significant measures to improve the quality of reproductive health services since the ICPD in 1994. More service providers are being trained; health infrastructure and facilities are being improved; monitoring and evaluation are being strengthened; and referral to reproductive health services is being enhanced. There has also been greater recognition of reproductive rights, with several countries having formulated policies and laws against female genital mutilation (FGM) and sexual and gender violence. But more progress has to be made in adding new components to existing reproductive health programmes and in integrating reproductive health services into primary health care systems. Greater effort is also needed to promote the decentralization of health care

systems. Major challenges include improving financial resources, strengthening human resources and addressing sociocultural issues.

9. The "Expert Round-table Meeting on Ensuring Reproductive Rights, and Implementing Sexual and Reproductive Health Programmes, Including Women's Empowerment, Male Involvement and Human Rights", organized in Kampala by UNFPA in collaboration with the Population Division of the United Nations, provided useful insights applicable to the Fund's programmes. The round-table was attended by some 50 experts and observers from around the world, including government and NGO representatives from both developing and developed countries, as well as experts on reproductive rights and health from academic and research institutions and United Nations agencies. Its aims were: (a) to identify strategies that had emerged since the ICPD in ensuring reproductive rights and in making sexual and reproductive health programmes operational; (b) to identify successes and constraints in the policy, legal, administrative, managerial, strategic and financial aspects of such programmes; and (c) to agree on actions needed to accelerate progress towards achieving the goals of the ICPD.

10. The round-table focused on actual case studies, which served as the basis for the discussions. For example, the experiences of Zambia provided insights into the process of developing a sexual and reproductive health policy. The case of Bangladesh was the focus of the discussion on broadening the constellation of services within existing systems. The experiences of PROFAMILIA, a Colombian non-governmental organization (NGO), shed light on the participation of NGOs in providing services. And Uganda's Reproductive, Education and Community Health Programme (REACH), which has been successful in reducing the practice of female genital mutilation (FGM), provided an example of the importance of creating the necessary conditions for implementing sexual and reproductive health and rights.

11. The Kampala round-table reinforced many of the findings of the *Field Inquiry*. For example, while various elements of reproductive health care are available in many countries, they are not always well connected with each other. Most programmes still have vertical administrative structures and compartmentalized budgets and staff, all of which inhibit coordination among institutions and limit programme effectiveness. There is a need to strengthen collaboration among national ministries and institutions and to decentralize health-care systems to ensure that care actually reaches the local level through coordinated networks of services.

12. The *Field Inquiry*, round-table and other follow-ups have, therefore, all shown that a central challenge to realizing the goals of the ICPD in the area of reproductive health is to reduce vertical structures and to continue to work to integrate all aspects of reproductive health into primary health-care systems. A related challenge is to integrate different institutional structures or at least improve collaboration among them. Other challenges include the need to improve logistics systems and training and to overcome social and cultural barriers to access to services, including men's understanding of their roles and responsibilities concerning women's health.

13. The recommendations of the round-table addressed many of these challenges. Several focused on health sector reform. For example, health systems should be reoriented to ensure that sexual and reproductive health policies, strategic plans and all aspects of implementation are rights-based, cover the life cycle and serve all who require reproductive health services. Change should be incremental and phased according to resource availability, and the process should be participatory and involve all partners, including those from civil society. A related recommendation called for the creation of an enabling environment at all levels of society that will promote women's empowerment and involve males in securing sexual and reproductive rights within a human-rights framework.

14. Country-level initiatives. UNFPA is attempting to address these challenges through a series of initiatives in its country programmes. For example, in Pakistan, by the end of 1998, the Fund had helped the Ministry of Population Welfare carry out an evaluation of all of its family planning outlets and to report on a range of areas and aspects of service provision that needed interventions in order to begin to establish an integrated reproductive health system incrementally. The issues that emerged from the monitoring visits will enable the Government to undertake targeted activities in 1999 designed to improve the quality and variety of reproductive health services that are available.

15. Elsewhere, in Kenya for example, the Fund is supporting the development and implementation of comprehensive, integrated reproductive health services. In the last two months of 1998, UNFPA took part in a team of Ministry of Health officials and other international partners that undertook a study of six selected districts in the country to assess their commitment, capability and preparedness to implement integrated comprehensive reproductive health programmes.

16. In the United Republic of Tanzania, UNFPA was actively involved, through its country programme, in helping the country ensure that reproductive health elements were not lost or marginalized as it undertook a major health sector reform during the year. Also during the year, the country office obtained \$4.2 million in multi-bilateral assistance to supplement the Fund's regular programme of providing comprehensive integrated reproductive health services in 38 underserved districts, with a major emphasis on reducing maternal mortality and morbidity.

17. Another example is provided by Cambodia, where in 1998 UNFPA helped the Government extend a wide range of reproductive health services to eight new provinces and helped to provide reproductive health services in more than 50 per cent of the country's health centres. The Fund also helped develop a national strategy for information, education and communication (IEC) in support of reproductive health.

18. An innovative activity was the inauguration in 1998 of a network of "Well Women's Clinics" in Sri Lanka. These new clinics are based on a holistic approach to women's reproductive health needs. UNFPA's country office helped to set up the clinics by promoting and participating in a consultative process with the Government and with professional colleges such as the colleges of obstetricians and gynaecologists, pathologists, and surgeons.

A. Reducing maternal mortality

19. Reducing maternal mortality continues to be an important aspect of UNFPA-supported reproductive health policies. This was particularly true in 1998 – which was proclaimed the "Year of Safe Motherhood" by the Safe Motherhood Inter-agency Group, which is composed of WHO, UNICEF, UNFPA, the World Bank, the International Planned Parenthood Federation (IPPF), Family Care International and The Population Council. The proclamation attempted to bring to the world's attention the fact that more than 600,000 women continue to die each year from childbirth-related illnesses and injuries, most of them in developing countries. Events included a special ceremony at the World Bank headquarters in Washington, D.C., on World Health Day, 7 April. In preparing for the event, UNFPA collaborated in the production of "The Safe Motherhood Action Agenda: Priorities for the Next Decade".

20. The 1998 events followed on the completion of the first decade of the global Safe Motherhood Initiative, which had been launched in 1987 to improve maternal health and which had had the goal of cutting the number of maternal deaths in half by 2000. During its first decade, the Safe Motherhood Initiative did not achieve the progress that had been hoped for, but it did accumulate a variety of important lessons learned, many of which were elaborated on at a technical consultation that had taken place in Colombo, Sri Lanka, in October 1997. These lessons included, for example, that in order to make motherhood safer it is necessary to have a network of linked community health care providers, clinics and hospitals readily available. Among the integrated services that such a network should provide are community education; antenatal care and counselling; skilled assistance during childbirth; care for obstetric complications; postpartum care; management of complications from abortions; and family planning counselling, information and services. The experience of the decade shows that the single most effective way to reduce maternal deaths is to ensure that a health professional with the skills to conduct a safe, normal delivery and to manage any complications is present during childbirth. There is, however, a chronic shortage of such professionals in poor and rural communities in developing countries.

21. In order to translate these lessons into practical advice for use in its country programmes, in 1998 UNFPA issued a programme advisory note on reducing maternal mortality and morbidity. The note was based on the basic premise that pregnancy and childbirth are among the leading causes of morbidity and mortality among women of reproductive age and that making motherhood safer is essential for women's health and survival. Safe motherhood interventions are, therefore, key components of efforts to improve women's reproductive health.

22. The programme advisory note, which draws on research of WHO and uses data from a joint WHO/UNICEF/UNFPA/World Bank statement, recommended actions to reduce the numbers of women who die in pregnancy or childbirth as well as the numbers who survive only to live with lifelong disabilities and ill-health. The note identified specific actions that are required within families, in communities and in society at large; at the legal and policy level; and in health systems.

The main thrust of these actions is that reducing maternal mortality requires a national strategy to bring about three essential changes: (a) societal commitment to ensuring safe pregnancy and birth; (b) improvements in access to, and the quality of, health care; and (c) commitment to meeting the special needs of girls and women throughout their lives. The note also recommended actions for UNFPA in helping to build up health-sector capacity to reduce maternal mortality.

23. The thematic evaluation on UNFPA-supported Safe Motherhood projects found a number of areas in which strengthening of the Fund's programmes was required. For example, the activities often seemed to be based on national-level data and were monitored at the central level. However, assessments of need and monitoring of results at the local level were sometimes neglected. In addition, the activities promoted antenatal care as a strategy to reduce maternal deaths, but such care, in and of itself, cannot bring about significant reductions in maternal mortality since all pregnancies pose risks for the mother. Likewise, training of traditional birth attendants (TBAs) has not had the impact that was hoped. If TBAs are to be involved in providing maternal care, they must be made an integral part of the formal health-care system.

24. Country-level initiatives. A pilot programme in Uganda supported by UNFPA encompasses many of the elements that the Safe Motherhood Initiative had shown to be essential in ensuring maternal survival. Indeed, a survey commissioned by UNFPA has shown that Uganda's rural emergency relief programme has helped reduce maternal deaths significantly in the Iganga District where it was piloted. The programme developed an effective system of referral for emergency obstetric cases by: (a) establishing a communications link between traditional birth attendants (TBAs) and health units and between the health units and hospitals; (b) providing transportation from the TBAs to the health units and from the units to the district hospital; and (c) providing supplies and equipment and training staff in how to use them. As a result, supervised deliveries have increased significantly since 1995. At the same time, the number of babies delivered in hospitals and health units has increased, while the number delivered by TBAs has decreased.

25. World Health Day provided Nepal with an ideal opportunity to draw national attention to safe motherhood. The Prime Minister appealed to all politicians, journalists, social workers and health personnel to play a constructive role in making information and services available for safe deliveries. The country's Safe Motherhood Network, a consortium of women's NGOs with which UNFPA collaborates, organized a procession to raise awareness of safe delivery and safe motherhood. The procession observed a minute of silence to commemorate all those who had died in childbirth. In addition, the UNFPA country office released a cassette of songs on the theme of maternal mortality.

26. Several other initiatives are worth noting. For example, in order to improve understanding of maternal mortality in Zambia, UNFPA funded a year-long study, the results of which will be ready in early 1999. The aim of the study is to clarify the extent and nature of maternal mortality in Zambia to enable the country's health service to focus its efforts in the areas most needing attention. UNFPA supported a similar study in Turkey, which was conducted with technical assistance from WHO. The results of the study are being analysed. In Latin America and the

Caribbean, the UNFPA regional programme supports activities to prevent maternal mortality, including the Safe Motherhood advocacy and coalition-building efforts of Family Care International in Bolivia and Colombia.

B . Adolescent reproductive health

27. The UNFPA *Field Inquiry* found that the countries of the world are gradually formulating policies and initiating effective programmes to address the reproductive health needs of adolescents. There is growing acceptance that adolescents need information and education in order to protect themselves and make informed decisions, at the same time recognizing that parents have important rights and responsibilities in that regard. But resistance persists. Some people fear that educating young people about sexuality and providing them with related information and services will lead to irresponsibility and promiscuity, although studies have shown that the reverse is true. For their part, many adolescents are reluctant to seek help from adults either within their families or in professional settings. They therefore do not get the information, counselling or services they need, which in turn often results in a worsening of the problem.

28. These and many other concerns brought together some 60 experts and young people from around the world to participate in a round-table on adolescent reproductive health, which was sponsored by UNFPA and hosted by the Ford Foundation and held in New York in April. The discussion focused on four main issues: promoting an enabling environment; health promotion; providing youth-friendly services; and innovative approaches to involve youth in programmes. The sessions combined presentations by leading experts in the field with interventions by youth participants who provided their personal perspectives on important issues.

29. Two other important events concerning the reproductive health of young people took place in August 1998 in Portugal – the first-ever World Conference of Ministers Responsible for Youth in Lisbon, and the World Youth Forum in Braga. UNFPA supported several of the delegations that attended the forum and provided expert assistance in drafting the "Braga Youth Plan of Action", which was endorsed by the Secretary-General of the United Nations and formed a major part of the Lisbon Declaration, adopted by the Ministers. The Lisbon Declaration invited UNFPA to give greater support to national youth policies and programmes within its country programmes.

30. UNFPA also worked to foster regional cooperation in the area of adolescent reproductive health. In the Caribbean, for example, in October UNFPA sponsored the Caribbean Youth Summit, providing an opportunity for young people to voice their concerns and priorities. In the Africa region, UNFPA organized, in collaboration with UNICEF and the Economic Commission for Africa (ECA), a discussion on the theme of "Africa's New Generation", bringing youth and adolescents to the ECA to present their views and needs to the region's leaders. In Asia, two regional technical workshops were organized to help participants formulate specific policies and programme strategies on adolescent reproductive health: The South Asia Conference on Adolescents in New Delhi, India, in July; and the Technical Seminar on Adolescent Reproductive Health in Bangkok, Thailand, in

October. And in the Arab States region, the International Islamic Centre for Population Research organized the International Conference on Population and Reproductive Health in the Muslim World, which made significant recommendations on such issues as reproductive rights, women's issues, youth and the family.

31. All of the initiatives that took place during the year underlined a few important key lessons in implementing adolescent reproductive health programmes: the need to engage and involve young people in the design and implementation of programmes and the advantage of mobilizing them in advocating for appropriate information and services; the importance of involving parents and the community; and the effectiveness of utilizing media that youth themselves use and understand. It is also critically necessary to foster an enabling environment. This requires, in particular, equipping adults to help adolescents. Training and sensitization are essential. Adult family members of both sexes have to be informed of the need and value of sexuality education for adolescents. They also have to be reassured that young need their support. In addition, the religious community needs to know that the goals of sexuality education are not inimical to moral development but can help young people make responsible choices and decisions.

32. Country-level initiatives. Adolescent reproductive health concerns were addressed in practically all UNFPA country programmes in 1998. Effective programmes have been developed based upon the lessons outlined above. For example, in Kenya, on World Population Day, 11 July, UNFPA helped launch a compact disc (CD) entitled "I Need to Know", which was an initiative by young Kenyan artists aimed at creating awareness of youth reproductive health rights and responsible sexual behaviour. The song was produced in various versions and achieved a considerable amount of local and international media attention, including in the international edition of *Newsweek* magazine. The song became the signature tune of the Kenyan Broadcasting Corporation's Youth Variety Show, which is produced through a UNFPA-funded project executed by the Family Planning Association of Kenya.

33. In the Islamic Republic of Iran, UNFPA assisted the Ministry of Education in printing a booklet on adolescent reproductive health issues designed especially to involve parents in helping their children to understand population issues as well as their health. The booklet was distributed to teachers and parents through the national parent-teacher association. UNFPA also assisted the Family Planning Association of Iran in developing materials to educate young people on matters related to their reproductive health; the materials are being pilot-tested. In another pilot project, UNFPA is supporting reproductive health for young girls in one province. Under the project, Ministry of Health and Medical Education personnel train women health volunteers who then pass their knowledge onto mothers, who in turn are to educate their daughters. If successful, the project will be extended nationwide.

34. The Programme for Enhancing Adolescent Reproductive Life (PEARL) in Uganda is another example of UNFPA-Government collaboration in this area. It is a community-based programme aimed primarily at out-of-school youth aged 10-24. The approach is twofold: to create a safe,

conducive environment where adolescents can engage in recreational activities; and to create awareness and provide reproductive health counselling and services. Although the programme is targeted mainly at adolescents, it also seeks to involve parents and religious and community leaders and to sensitize them to the importance of providing such counselling and services. In fact, the importance of involving parents has been one of the most important lessons learned in the programme.

35. Several other initiatives are worth noting. In Nicaragua, the UNFPA country office supported national counterparts in the production of videos on adolescent pregnancy and helped to create a nationwide network of youth theatre and puppet groups that address priority concerns and problems of Nicaraguan young people. In Algeria, UNFPA provided support to train the directors of 48 provincial youth centres in IEC techniques related to adolescent reproductive health, as well as in interpersonal communication skills with young people. In Tunisia, UNFPA worked with governmental and non-governmental organizations to train peer educators in adolescent reproductive health. In the Maldives, UNFPA helped carry out a workshop on adolescent reproductive health at the Malé Youth Centre that covered reproductive and sexual health, communication skills, and smoking and drug abuse.

C. Reproductive health in emergency situations

36. In November, in Rennes, France, a technical meeting on "Reproductive Health in Crisis Situations" reported that women and girls suffered the most in crisis situations because of social inequity. The breakdown of the social structure of communities often lead to widespread sexual violence, and, in several recent conflicts, rape has been used as an instrument of terror. Since the ICPD, UNFPA has helped refugees and displaced people in 33 countries, spending a total of \$6.4 million on 52 projects executed by 24 partner agencies. UNFPA has cooperated with a number of other agencies to provide reproductive health services to refugees and displaced persons. These include the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNHCR, WHO, UNICEF, the International Federation of Red Cross and Red Crescent Societies (IFRC), and CARE (Cooperative for American Relief Everywhere), among others.

37. The meeting in Rennes concluded that reproductive health should be made an integral part of general health care in all situations, including that provided to refugees and displaced persons. In that regard, the meeting called for increased funding and greater human resources to provide reproductive health care to people displaced by war and natural disasters. UNFPA also pointed out the need to have more reliable data on such refugees and their needs.

38. Country-level initiatives. Notable among UNFPA efforts during the year was the provision of emergency reproductive health kits to the victims of Hurricane Mitch in Central America. Given the extensive devastation caused by the natural disaster, UNFPA's Nicaragua field office assigned maximum priority to rehabilitation efforts that fell within its mandate. It participated in an inter-agency emergency project with the aim of responding to the most pressing needs of vulnerable

population groups affected by the hurricane. In particular, it provided assistance to meet the urgent needs in sexual and reproductive health of women and adolescent girls in the 25 most-affected municipalities in the northern provinces.

39. In the United Republic of Tanzania, UNFPA supported a project for refugees and impacted communities in the western parts of the country that were affected by war in the neighbouring Democratic Republic of the Congo. An evaluation exercise confirmed that UNFPA-supported projects were responding to the needs of the refugees, especially in terms of referral and emergency obstetric care and in the provision of equipment and training. The evaluation noted the dramatic improvement in the quality of services and a corresponding reduction in maternal deaths as a result of UNFPA's efforts. A three-day monitoring visit, however, found that IEC materials in the refugee camps were inadequate, mostly because of language problems; arrangements were made with the UNFPA office in Rwanda to supply materials in French and Kirundi. In Rwanda itself, UNFPA carried out an evaluation of the reproductive health needs in the camps established for internally displaced persons and supported the provision of equipment and supplies to those camps.

40. UNFPA also provided emergency assistance in several other situations. For example, in Papua New Guinea, the Fund provided assistance in response to the tidal wave disaster in Aitape on the north coast in the form of medical supplies and clean delivery kits, both to meet the immediate needs of the disaster as well as to replenish supplies and equipment in health centres. UNFPA also provided assistance to fill urgent gaps in meeting reproductive health needs that resulted from the economic crisis in Indonesia. The Fund approved a project to help meet the immediate contraceptive needs in the country and helped launch a global appeal to overcome the shortfall in contraceptives envisioned for the coming two years. UNFPA also procured emergency medical supplies and provided emergency assistance to meet the urgent needs of flood-stricken counties in the Democratic People's Republic of Korea.

D. HIV/AIDS prevention

41. In collaboration with the Joint United Nations Programme on AIDS (UNAIDS), UNFPA helped to develop specific goals for HIV/AIDS prevention for the years 2005 and 2010. Such goals call for assured access to HIV/AIDS information, education and services for at least 90 per cent of males and females aged 15-24 in 2005 and at least 95 per cent in 2010. They also call for a 25 per cent reduction of HIV infection among this age group in the most affected countries by 2005, and a 25 per cent reduction globally among this age group in 2010. These goals are currently being considered by the Preparatory Committee for the Special Session of the General Assembly for the Review and Appraisal of the Implementation of the ICPD Programme of Action.

42. At the global level, UNFPA supported a number of HIV/AIDS-prevention activities during 1998. UNFPA joined the UNICEF/WHO/UNAIDS initiative on prevention of mother-to-child transmission of HIV/AIDS and is now participating in the preparations to operationalize the programme on a pilot basis in seven countries: Cambodia, Cote d'Ivoire, Rwanda, Uganda, United

Republic of Tanzania, Zambia and Zimbabwe. In March, the Fund participated in the UNAIDS Cosponsors Retreat held in Venice, Italy. Along with WHO and UNAIDS, UNFPA was requested to take leadership in the follow-up regarding the establishment of a consensus-building mechanism for policy and technical guidance, which has since been completed.

43. UNFPA also provided support to promote the use of condoms and to conduct social research on condom use and research on the effect of steroid hormonal contraceptives on the progression of HIV, undertaken by the UNDP, UNFPA, WHO and the World Bank and co-sponsored by the WHO Special Programme of Research, Development and Research Training in Human Reproduction (HRP). UNFPA is supporting a number of UNESCO-executed projects designed to promote AIDS awareness and prevention in various in-school and out-of-school education activities. UNFPA continued to prepare and disseminate its annual *AIDS Update*, which reports on UNFPA-supported activities at the country, regional and global levels.

44. At the regional level, UNFPA provided support, *inter alia*, to various conferences that seek to raise awareness and build political support for different aspects of reproductive health, including HIV/AIDS prevention, women and HIV/AIDS, and men's participation in reproductive health. Support was also provided for meetings that targeted special groups such as women parliamentarians. Training activities that include HIV/AIDS issues were another key area supported by the Fund at the regional level. In addition, UNFPA-supported reproductive health programmes at the regional level, in particular those aimed at adolescents and youth, include HIV/AIDS prevention.

45. Since HIV/AIDS activities are usually an integrated part of reproductive health activities they are monitored and evaluated as part of those activities. In order to assess the specific impact of UNFPA-supported HIV/AIDS-related interventions a thematic evaluation was carried out in seven countries by the Fund's Office of Oversight and Evaluation in 1997 and 1998. The evaluation highlighted the comparative advantage of the Fund's reproductive health approach to HIV/AIDS prevention and stressed the need to strengthen the technical capacity of field offices to promote a focused, appropriate and efficient response to the epidemic utilizing UNFPA resources to have the greatest possible impact. The evaluation recommended more rigorous planning to improve the sustainability and replicability of programmes and underscored the need to make condoms even more central to HIV/AIDS-prevention strategies. The evaluation also recommended strengthening interventions aimed at youth; improving the quality of IEC materials and designing IEC materials and strategies suited to specific target audiences; and enhancing advocacy to generate political will and community support. The evaluation findings are being disseminated within UNFPA with the aim of translating key findings into improved programming in the area of HIV/AIDS prevention.

46. Country-level initiatives. In 1998, UNFPA supported HIV/AIDS-prevention activities in more than 130 countries. All were developed in cooperation with national Governments and coordinated through the theme group mechanism of UNAIDS, in which the Fund plays an active role. These activities were conducted as part of an integrated reproductive health approach, in line

with the Fund's reproductive health guidelines issued in November 1997. An important aim of this approach is to add HIV/AIDS-prevention services to existing family planning and maternal health services and broaden the scope of those services. Such an approach, *inter alia*, promotes the use of condoms for double protection (pregnancy and STD/HIV/AIDS prevention) and the detection and management of STDs, as some STDs increase the risk of HIV transmission.

47. During 1998, the Fund participated actively in the UNAIDS theme groups in 124 countries, serving as chair of the groups in 13 of them. The theme groups were important mechanisms in coordinating activities among the co-sponsoring agencies and in planning and implementing joint activities. NGOs were implementing partners of UNFPA-supported activities in 108 developing countries and countries with economies in transition. The HIV/AIDS-prevention activities supported by UNFPA focused on providing reproductive health services; training service providers and counsellors on HIV/AIDS issues; supplying and/or distributing condoms (including female condoms in a few countries); providing counselling services; creating awareness and conducting advocacy campaigns; integrating HIV/AIDS components into in-school and out-of-school education; and providing information and services to young people. Preliminary estimates indicate that expenditures for UNFPA-supported HIV/AIDS activities in 1998 totaled \$23 million – \$22 million at the country level and \$1 million at the regional/global level.

48. UNFPA supported targeted awareness-raising and advocacy activities in over 120 countries. These took various forms and used various channels. Some innovative examples included orientations on HIV/AIDS for religious leaders and government officials in Bangladesh, and for community leaders and Catholic priests in Ecuador, as well as activities conducted during such sporting events as the African Cup soccer matches in Burkina Faso. Sensitization activities aimed at men in general or at groups made up primarily of males, such as the police or military forces, were supported in Bangladesh, Nepal, Nicaragua, Nigeria and the Philippines. In Paraguay, UNFPA-supported projects for the armed forces and the police focused on educating military and police personnel on HIV/AIDS transmission and prevention and on providing condoms for distribution in military and police units around the country. In the Philippines, support was provided to an empowerment-education project benefiting female sex industry workers. To encourage participation in the project and promote the use of the services offered, the project makes use of the casual setting of a café, which also serves as a clinic.

49. UNFPA supported educational activities for in-school and out-of-school youth in 96 countries and counselling and other services for youth in 30 countries. These services were provided by health workers, peer counsellors, teachers and parents. Telephone hotlines proved a popular source of information in India, the Philippines and Poland. In Lithuania, preparations were taken to establish five youth centres, which will provide peer counselling, a telephone hotline for adolescents, and reproductive health counselling and services from a trained midwife and a part-time doctor. In Uganda, as a result of the success of youth-friendly services in attracting adolescents, services will be expanded to four new districts each year. It is hoped that this will contribute to the current positive trend towards falling HIV-prevalence rates among adolescents in the country.

50. Information and awareness-raising activities for young people have been provided outside of schools through such channels as the theatre in Jordan, Malawi, Moldova and Rwanda; youth camps in Jordan, Latvia, Romania and the Syrian Arab Republic; parent education in Estonia, Poland and Uganda; discussions with and among young people in Bhutan and South Africa; anti-AIDS clubs in Guinea and "Cool Clubs" in Haiti; magazines in Honduras; pre-marriage counselling in the Islamic Republic of Iran; youth competitions in Mali and Myanmar; festivals in Mauritania; sports activities in Niger; parent/church activities in Papua New Guinea; and film screenings in South Africa and Togo.

51. Recognizing the wide reach and impact of the media, UNFPA supported radio and television serials focusing on reproductive health issues, including HIV/AIDS, in several countries, including Ethiopia, Nepal, Papua New Guinea, Rwanda, Sao Tome and Principe, and the United Republic of Tanzania. In Eritrea, UNFPA assisted the Ministry of Education in conducting a radio audience listenership survey that showed that HIV/AIDS messages had been fairly well understood.

52. Promoting condom use is an essential part of HIV/AIDS-prevention strategies. During 1998, UNFPA provided 177.5 million condoms worth \$5.1 million to 52 countries and procured an additional 39.1 million condoms on behalf of other donors. Female condoms were provided to five countries. Community-based services supported by the Fund included the distribution of condoms in Azerbaijan, Benin, the Central African Republic, India, Madagascar, Mali and South Africa. In Azerbaijan, female volunteers from the NGO Women and Development Centre were trained to disseminate information about reproductive health, including materials promoting behaviour that would minimize the risk of STDs and HIV/AIDS. The approach appears to be working as there has already been a significant increase in condom use in some of the areas covered by the Centre.

II. POPULATION AND DEVELOPMENT STRATEGIES

53. In the area of population and development strategies, UNFPA carried out several notable activities intended to increase knowledge and global awareness of some of the population challenges that the world will be facing in the next century. These included devoting the year's edition of *The State of World Population* report to an investigation of the strains being caused by the fact that, because of past fertility increases, the world now has the largest-ever generation of young people and, because of declining mortality rates and increased life expectancies, rapidly increasing numbers of elderly. Issues involving the elderly were also discussed during the year at a meeting on population ageing. UNFPA sponsored technical meetings that addressed other important issues as well, including international migration and the effects of population change on economic development. The Fund also made a significant step in its ability to monitor progress in achieving ICPD goals with the publication of "Indicators for Population and Reproductive Health Programmes".

54. Notable among these activities was the launching of *The State of World Population 1998* in London and 24 other cities throughout the world on 2 September. The event and the major messages contained in the publication received extensive coverage in newspapers and leading radio networks around the world. *The State of World Population 1998* was subtitled "the new generations", in reference to the new challenges faced by the world in dealing with unprecedented numbers of young people and the elderly. The report examined the social implications of these demographic trends, including young people's pressing needs for education, job opportunities and health care, and the strains on national economies and social structures as they confront the need to support rapidly growing populations of older persons.

55. Ageing. On the topic of ageing, UNFPA also sponsored a "Technical Meeting on Population Ageing" in Brussels in October in collaboration with the Population and Family Study Centre of Belgium. One of the chief themes of the meeting was that in many developing countries there are almost no provisions for support of elderly persons outside of the family. As societies attempt to provide such supports, it will necessarily be very expensive and could threaten other development gains. Governments therefore need to respond in a timely fashion to these emerging challenges and promote collaboration among a broad range of government institutions and international organizations. It was stressed that old-age security systems to alleviate poverty among the elderly have to address gender inequality. The meeting agreed that the reproductive health of all people, especially women, should be ensured throughout their life course, because of its importance to the quality of life at later stages.

56. Migration. Another issue of great importance to countries as they formulate and implement development strategies is that of international migration. UNFPA took part in the organization of a "Technical Symposium on International Migration and Development", which was held in The Hague, Netherlands, in June and July. More than 100 migration specialists from both developing and developed countries reviewed case studies on various aspects of migration, including its root causes, return migration and migration of women, and also discussed issues concerning refugees. The aim of the symposium was to improve understanding of migration's causes and consequences from the point of view of both sending and receiving countries and to suggest ways to foster more orderly migratory flows and prevent the economic and social marginalization of migrants.

57. Among the topics explored at the symposium were: poverty and environmental degradation as root causes of international migration; the effects of global and regional economic integration; the positive impact of migrants' remittances on sending countries' economies; the circumstances surrounding the migration of women; the import of skilled labour and the "brain drain"; unauthorized employment of migrants; return migration; the distinction between political and economic refugees; and the tightening of asylum policies since the end of the Cold War.

58. In its conclusions, the symposium noted that international migration by definition involved more than one government and that bilateral and multilateral cooperation were necessary in a number of areas. Although participants recognized that it would be difficult to reach large-scale agreements

on the complex issues involved, they agreed that there were a number of smaller steps that could be very useful. In particular, it was felt that policies to manage the flow of people across borders and to protect migrants' rights had to be based on reliable data and a careful analysis of migration's costs and benefits.

59. Population change and economic development. In another activity organized as part of the ICPD+5 review process, the Rockefeller and Packard Foundations sponsored, on behalf of UNFPA, a symposium organized by the Carnegie Endowment for International Peace to look at the overall consequences of population change in the development process. Entitled "Population Change and Economic Development", the symposium was held in Bellagio in November. Speakers at the symposium pointed out that for years economists have been reluctant to make strong statements about the direction and magnitude of the effects of demographic change on economic growth. However, some recent analyses suggest that there is a fairly strong, direct relationship between the two.

60. Symposium participants identified four issues that need to be considered when assessing this relationship: (a) the effect is conditioned by the level of development – the lower the initial level of per-capita income, the greater the net positive impact of demographic changes, especially of fertility decline; (b) the positive effect of the demographic changes associated with the demographic transition probably depends strongly on the economic policy that accompanies the transition; (c) fertility decline is not only a possible cause of more rapid economic growth but is also an outcome of factors associated with economic growth, including increased education, better functioning markets and so forth; and (d) increases in economic growth per capita exaggerate real income gains to the extent that such increases reflect unsustainable degradation of natural resource wealth.

61. The symposium also addressed the policy implications of the relationship. Participants noted that economic growth was not an end in itself but a means to attain the larger objectives of improving well-being. Thus the new and more convincing evidence that high fertility constrains economic growth does not in itself provide a rationale for public interventions to reduce fertility, particularly if the means to reduce fertility compromise the well-being and rights of individuals. However, the growing evidence that high fertility exacerbates poverty and that, among the poor, some portion of high fertility is unwanted and unintended does justify policies and interventions that can be shown to improve the situation of poor families, particularly the kind of reproductive health and family planning programmes that are included in the ICPD Programme of Action.

62. Development of reproductive health and population indicators. Since the adoption of the Programme of Action, increasing emphasis has been placed on the use of indicators for measuring progress in the implementation of population and reproductive health programmes. To that end, in October UNFPA issued "Indicators for Population and Reproductive Health Programmes", the result of a process that had begun in early 1996. In addition to the indicators, the publication also included

detailed discussion of issues considered in developing the indicator framework and their implications for data collection systems.

63. The indicators are based on the recognition that the key to successful programme and project management is performance monitoring and evaluation. The thematic indicators are designed to monitor progress in achieving the ICPD goals and to track performance in population and reproductive health programmes. Indicators were developed for each of the Fund's three core programme areas: reproductive health, including family planning and sexual health; population and development strategies; and advocacy. They were also designed to serve as markers to measure programme performance in conjunction with the logframe programme methodology that is now being used in the development of all UNFPA country programmes.

64. UNFPA also acted as the secretariat for the Inter-Agency Working Group on Common Country Assessment (CCA) Indicators that was formed by the United Nations Development Group (UNDG). The working group devoted its time to developing a new core indicator framework for use in CCA exercises, which are part of the United Nations Development Assistance Framework (UNDAF), taking into account the goals and targets of the major global conferences that have taken place over the last decade. UNFPA helped in the design of the indicator framework, including the filtering and selection of the indicators, which are to be issued in 1999.

65. Country-level initiatives. The area of population and development strategies accounted for approximately 24 per cent of the Fund's expenditures in 1998. The aim of UNFPA's work in this area is to strengthen the national capacity of programme countries to produce and analyse data; to provide timely, reliable and relevant information for policy formulation, programme development and monitoring and evaluation; and to develop and carry out programmes relevant to their own population situations. A large number of UNFPA-supported activities were undertaken in these areas in 1998.

66. Preparing for and conducting censuses was a major activity in many countries throughout the year. In Cambodia, for example, the National Population and Household Census was the highlight of the year. It was the country's first census since 1962 and was a great success, enumerating 99 per cent of the population. The census has already begun to yield data that will assist in planning for the future development of the country. It also helped build national capacity in this area, training over 36,000 enumerators and census supervisors, as well as more than 4,400 staff in such skills as mapping, data entry and editing.

67. Namibia started preparations for its 2001 census and asked UNFPA to provide technical assistance, through its Country Support Team in Harare, on census planning and design and on cartography work. Nepal agreed to the joint suggestion of UNFPA, UNICEF, UNDP and UNIFEM to create a gender-disaggregated database beginning with its 2001 National Population Census. In Panama, UNFPA provided limited but strategic technical assistance for the 2000 census, and Zambia

provided training for enumerators in census cartography as part of its preparations for the 2000 census.

68. UNFPA supported many other capacity-building initiatives during the year as well. For example, in Ecuador, the Fund supported a project with the university of Cuenca to examine the linkages between population and sustainable development at the community level. The University is using graduate students it trained in this area to conduct community-level censuses to assist the Ministry of Public Health in assuring that its decentralization efforts respond to community realities and identified needs.

69. In the Islamic Republic of Iran, as part of continuing efforts to develop a unified demographic data system, UNFPA is helping the Government to design a survey to evaluate the coverage of the registration of vital events in the country. The Fund also assisted the Plan and Budget Organization in drafting the country's first-ever population policy paper. The draft paper is being used as an input for the preparation of the population chapter of the country's third five-year development plan. UNFPA also supported the Statistical Centre in intensifying its efforts to analyse the results of the 1996 census and to disseminate the findings.

70. In Sudan, the curriculum for a master's of science degree in population and development was revised and updated, and training in research methodology for the national project directors of UNFPA-supported projects was provided by the Central Bureau of Statistics. Moreover, baseline surveys for all integrated reproductive health and family planning projects were carried out, and the reports on them are to be circulated in early 1999.

71. Sociocultural research provided a wealth of information for future programming in Malawi. Studies on such issues as "Patterns of sexual behaviour of men and women in Malawi", "Socio-cultural determinants of women's reproductive health decision-making in Malawi", and "Beliefs and perceptions of parents, teachers and students" highlighted the role and bearing of initiation rites and ceremonies on sexual behaviour in Malawi. They also confirmed the importance of such research as a major programming tool.

III. ADVOCACY

72. In recent years, UNFPA has assumed a vigorous advocacy role promoting the goals of the ICPD Programme of Action. UNFPA's advocacy efforts at the international level work to raise awareness of reproductive health and population issues in developed and developing countries in order to mobilize support and resources for the implementation of the ICPD and to enhance the visibility of UNFPA as an organization. They are also designed to reinforce messages at the country level. The Fund's advocacy activities at the country level are an integral part of UNFPA-supported country programmes and are designed to assist countries in reaching the goals of national population programmes.

73. Many of the issues brought forward at the ICPD still need to be fully understood, promoted and adopted at the national and community levels, especially in such sensitive areas as gender-based violence, quality of care, male involvement, and adolescent reproductive health and rights. Promoting support for the ICPD is the focus of much of the advocacy work that UNFPA undertakes at the country level as part of its country programmes. Such advocacy activities are necessarily intertwined with the substantive activities being supported -- adolescent reproductive health and reduction of violence against women, for example -- and, as such, are likewise integrated into the various topics examined throughout this report.

74. The aim of advocacy, in general, is threefold: to support a particular cause or issue; to promote or reinforce change in policy, programmes or legislation; and to create a supportive environment for programmes and to mobilize resources. Advocacy is, by its nature, public-policy oriented and oppositional at times and requires networking and coalition-building to broaden the base of support.

75. The Fund's "Face to Face" campaign is one of the key activities used to achieve greater public awareness of population and reproductive health issues. The campaign, which uses celebrity Goodwill Ambassadors as spokespersons on a variety of issues, was expanded successfully throughout 1998. In January, Linda Gray, Face to Face campaign chairperson and spokesperson for the United States, hosted a high-level executive women's round-table seminar attended by senior-level corporate women from throughout the United States. Waris Dirie, UNFPA Special Ambassador for the Elimination of Female Genital Mutilation and Face to Face Campaign spokesperson, was a popular speaker for the elimination of FGM at international conferences and in many media interviews. She was a keynote speaker at the Fiftieth Anniversary Celebration of the Universal Declaration of Human Rights at the Peace Palace in The Hague on 29 October. Other Goodwill Ambassadors included Geri Halliwell of the United Kingdom, a singer and entertainment personality; Kattis Ahlstrom, a Swedish journalist and radio/television host and producer; Magenta Devine, a radio and television personality based in the United Kingdom; Mikko Kuustonen, a Finnish songwriter, singer, and human rights activist; and Keiko Kishi, a Japanese actress and television personality.

76. Informational publications issued by UNFPA in 1998 that were designed for international audiences included the *State of World Population 1998: The New Generations*; the *Annual Report*; a revision of the *Population Issues Briefing Kit*; 10 issues of the news bulletin *Dispatches* and four issues of the UNFPA magazine *Populi*; and a new booklet in UNFPA's advocacy series, *UNFPA at Work: Five Country Profiles*, which described the Fund's country-level operations in Burkina Faso, Eritrea, India, Nicaragua and the Syrian Arab Republic.

77. An electronic version of *State of World Population 1998* was the most-visited document on UNFPA's popular World Wide Web site (www.unfpa.org). The Internet site is now a key source of information to the public on the Fund's work and on population and reproductive health issues generally, with an average of 800 visitors per day. In 1998 the variety and volume of information

continued to expand. The site was redesigned to accommodate more information and was made easier to navigate and use. The ICPD+5 section of UNFPA's web site, created in 1998, was continuously updated to provide timely information on the full range of activities being undertaken in connection with the five-year review.

78. UNFPA produced a great variety of posters, exhibits and multimedia materials in 1998, including a UNFPA CD-ROM containing 30 web sites with more than 84,000 cross links and 50 software applications; an institutional video, *UNFPA is Making a Difference*; six video news releases on issues including safe motherhood, UNFPA Goodwill Ambassadors and the launch of the *State of the World Population* report. A poster competition and poster production were organized for World Population Day on 11 July.

79. Such advocacy efforts seem to be having some effect. Opinion polls have shown that awareness among the general public on population-related issues and reproductive health has been steadily increasing since the ICPD. As a result of successful media outreach efforts through, for example, video news releases, press conferences and the work of the Goodwill Ambassadors, UNFPA has become increasingly well known by the general public, in both developed and developing countries. It also continues to enjoy credibility among journalists as a reliable source of information on population-related issues. Despite these successes, opinion polls in developed countries have shown that while the public considered such issues to be important, they did not necessarily see direct connections between achieving ICPD goals and other issues that they regarded as being crucial to the future of the world, such as the environment, poverty, migration and war.

The role of new technologies

80. To discuss the role that new communication technologies might have in promoting the goals of the ICPD Programme of Action some 60 experts from around the world gathered at an international seminar in Ankara, Turkey, in December, organized by UNFPA in collaboration with the Government of Turkey. For the first time, experts, policy makers and practitioners from two separate fields – the information and communication technologies (ICT) sector and the population communication field – had the opportunity to share their experiences and lessons learned, envision future trends and propose future actions for population advocacy. The seminar was based on the premise that traditional top-down and one-way information flows do not work. People must be able to communicate with one another and have access to the information they need to make informed decisions on complex issues that affect their lives.

81. The discussion focused on new concepts and the operational implications of new technologies for future advocacy strategies in support of the ICPD. Three questions guided the discussions: (a) how is the changing ICT environment affecting the advocacy efforts to implement the Programme of Action; (b) how can new technologies be harnessed as a tool for social mobilization beyond traditional top-down information-sharing activities; and (c) how can ICPD

advocacy be strengthened by promoting the use of new technologies and expanding inter-agency dialogue.

82. All participants emphasized the opportunities that the new technologies offer: access to new ideas; improved access to strategic information; and wider delivery of information to the public in general and to marginalized groups in particular, thereby providing them with tools for networking and community organizing. The new technologies also have the capacity to bridge the geographic, social and economic gaps that currently exist in access to information around the world. However, they also have the potential to widen the gap between those who have access to such technologies and systems and those who do not.

83. The recommendations that emerged from the discussions stressed that ICT applications need to be gender-responsive and located in institutions to which women already have access; community owned and operated; decentralized to local community organizations; and enlist private-sector support, among others. The seminar also pointed out the limitations of information and communications technologies, most notably that their effectiveness depends on their accessibility.

IV. EMPOWERING WOMEN AND ELIMINATING VIOLENCE AGAINST WOMEN

84. Empowering women and eliminating violence against them are essential to effective reproductive health programmes, as both have a direct effect on women's ability to exercise autonomy in the use of reproductive health services. They are also among the key actions called for in chapter IV of the Programme of Action. These include, among other things, assisting women to establish and realize their rights, including those that relate to reproductive and sexual health (para. 4.4(c)); eliminating violence against women (para. 4.4(e)); and making special efforts to emphasize men's shared responsibility and promote their active involvement in responsible parenthood and sexual and reproductive behaviour (para. 4.27).

85. A majority of countries responding to the *Field Inquiry* have taken at least some measures since the ICPD to protect the rights of women and promote women's empowerment. The greatest changes have been in policy: protecting women's employment and inheritance rights; prohibiting harmful traditional practices; protecting women from acts of violence; and establishing Women's Affairs Offices. But considerable barriers remain. Over half of the respondents cited social and cultural attitudes as the major constraint in achieving gender equity, while a quarter cited the lack of financial resources and poverty as the major obstacles. All UNFPA-assisted programmes support actions to encourage gender equality and equity and the empowerment of women in one form or another. Below are selected examples of some of them.

86. Country-level initiatives. In the Islamic Republic of Iran, gender equality and equity continued to be a high priority. Training in gender sensitization was conducted at the national level, and the Centre for Women's Participation conducted seven regional workshops on gender issues with over 10,000 participants. The workshops provided an important forum for discussing gender

issues, in particular the gaps and priorities in current programmes. The workshops led to the adoption of measures and decisions by high-level authorities at the provincial level.

87. Gender issues also figured prominently in the programme in Malawi. The Ministry of Women, Youth and Community Services showed the video on "Voices of Young Mothers" to a cross-section of Malawian society including policy makers, chief executives, members of Parliament, women's groups and NGOs. It was also shown to over 30,000 villagers and students in the areas in which the video had been shot. The showings provided a unique opportunity to discuss the issues arising from the video and helped raise awareness of critical aspects of gender relations and adolescent fertility.

88. Zambia also made creative use of information materials, disseminating through high schools and other avenues books entitled "Woman Know Your Place", which is a gender analysis of the messages in popular Zambian popular songs, and "Women in Politics", which gives profiles of famous Zambian women who can serve as role models for girls.

89. In Thailand, the first project approved under the new country programme will develop a research agenda towards a gender-sensitive reproductive health programme. The first phase of the project ended with a national seminar to identify priority issues relating to gender and reproductive health and to examine research methodologies. The second phase, which is to begin in early 1999, will prepare a training curriculum for research on sociocultural and gender issues in reproductive health; conduct a short-term training course for researchers; select and prepare research proposals; carry out the research in four regions; and disseminate the findings for use in policy-making and programming.

Reproductive health effects of gender-based violence

90. One of the major gender-related issues that was highlighted during 1998 was the level of violence against women and the means necessary to eliminate it. UNFPA issued a programme advisory note during the year on the reproductive health effects of gender-based violence to raise awareness and understanding of the pervasiveness and nature of gender-based violence as well as the specific effects it has on reproductive health. It also pointed to directions that programmes need to take to enable women and girls to live free of violence.

91. The programme advisory note examined the reproductive and sexual health consequences of gender-based violence at various stages of the life cycle. It also analysed the effects of such violence on reproductive health decision-making and choice. For example, gender-based violence has a direct effect on women's ability to exercise autonomy in the use of reproductive health services. It also limits their ability to protect themselves from HIV infection and STDs. The treatment of the effects of such violence imposes additional demands on health-care systems and thus represents a hidden and costly burden on these systems.

92. The note identified strategic entry points within UNFPA's three core programme areas, using UNFPA projects as innovative examples of ways to meet the major challenges to addressing gender-based violence in each programme area. In the area of reproductive health, for example, the note looks at ways to develop a nationwide, institutionalized approach to the problem that would promote partnerships with community constituencies, involve men and youth, and reach out to community-based workers. In the area of population and development strategies, data collection and research stand out as major entry points for providing important and essential support to the work on gender-based violence. So do developing national strategies on gender equality and equity and promoting women's participation in public life. The area of advocacy is a critical tool in lifting the secrecy and denial associated with the culture of silence; its strategy, therefore, must focus on building constituencies, effecting legal reform, enforcing laws and fostering empowerment.

93. As part of its advocacy series of booklets, UNFPA produced, and distributed widely, a publication entitled "Violence Against Girls and Women: A Public Health Priority", which was based on the programme advisory note.

94. Country-level initiatives. The experience of Uganda's REACH programme in reducing FGM in the district of Kapchorwa only two years after it was begun was highlighted at the Kampala round-table and its lessons extracted in order to benefit other countries. The success of the programme led to the Sabinu Elders' Association being awarded the 1998 Population Award. Four elements were critical to the programme's success: it enlisted the elders and got their support at the beginning of the campaign; it was able to separate FGM from the cultural values it was supposed to serve; it proposed alternative activities to sustain those ideals; and it reached out to the custodians of community ethics. The success of the programme represented a dramatic turnaround from a 1989 effort to outlaw the practice, which had led to an increase in the rate of female circumcision in Kapchorwa District as a reaction to what was perceived as outside interference.

95. In Burkina Faso on the occasion of the 50th Anniversary of the Universal Declaration of Human Rights, a campaign was launched to combat violence against women that included a wide variety of advocacy activities. On 2 December the Government presented the results of a study that had been carried out on domestic violence against women, which presented evidence on its extent and analysed the causes and consequences. This followed two previous studies, one on sexual violence against girls in schools and one on forced marriage. In May and June, the Government held five days of seminars with journalists to study communications strategies for combatting female genital mutilation.

96. Panama also used the window of opportunity provided by the 50th Anniversary of the Universal Declaration of Human Rights to launch an inter-agency campaign entitled "A life free of violence: It's our right". This topic was discussed in meetings with women's NGOs and with the mass media, as well as in the ongoing consultative process to prepare the five-year National Plan of Action for reproductive and sexual health.

97. In the Philippines, the integrated package of reproductive health services in Nueva Vizcaya Province contains a social component to address violence against women. The component, which is being managed by the Provincial Social Welfare Development Office, employs a multisectoral task force involving such agencies as the social welfare office, the provincial health board, the provincial police office, and selected local NGOs.

98. In Nepal, the Ministry of Women and Social Welfare drafted a bill to protect women against domestic violence. The bill proposes the establishment of a Family Court to deal with such violence. Violence against women was also the focus of advocacy activities of various women's groups, NGOs and women journalists. Moreover, the Minister for Women and Social Welfare addressed a two-day workshop organized by Tribhuvan University on gender equality and changing society.

Male involvement

99. Numerous activities focused on male involvement and male responsibility during 1998. For example, from 20 March to 3 April, the first conference in francophone African countries on the subject of male participation was held in Ouagadougou, Burkina Faso. The conference focused on identifying barriers to the participation of men in reproductive health and on developing strategies and action plans to overcome those barriers. Representatives from 15 countries took part in the conference, which concluded with the adoption of the "Ouagadougou Declaration".

100. A regional conference in Santiago, Chile, in June discussed how men see male sexuality, identity and power. The conference, entitled "Gender Equity in Latin America and the Caribbean: Challenges for Male Identities", was organized to promote a region-wide examination of male identities, gender equity, power systems, and sexual and reproductive health and rights.

101. In Zambia, a study on male involvement was carried out during the year with the aim of producing IEC materials and providing a basis for training service providers. In Sri Lanka, two workshops were conducted with NGOs and government service delivery personnel on ways of incorporating male participation into the national reproductive health programme. In Nepal, gender equality and male responsibility were included in the orientation of newly elected local leaders, and male responsibility was promoted in a radio programme.

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