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**REPORT OF THE EXECUTIVE DIRECTOR FOR 1998:
REGIONAL AND INTERREGIONAL OVERVIEW**

1. The ICPD+5 review and appraisal process constituted a major focus of the work of UNFPA during 1998. In countries in all regions of the world, the Fund provided technical and financial assistance to assess and evaluate progress achieved and obstacles encountered and overcome in the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). The review and appraisal indicates that considerable progress has been achieved in most countries in the areas of reproductive health, including sexual health and family planning; adolescent reproductive health; women's empowerment; and partnerships with civil society, including non-governmental organizations (NGOs). However, there are continuing constraints, including inadequate resources; lack of trained personnel; insufficient advocacy in support of population and reproductive health issues; inadequate quality of care; and minimal involvement of males.

2. During 1998, UNFPA continued to support programming in its priority areas: reproductive health, including sexual health and family planning; population and development strategies; and advocacy. Special emphasis was placed on promoting reproductive rights; improving quality of care; training service providers; integrating population and development strategies; encouraging partnerships with the private sector and civil society; and building national capacity. In several countries attention was focused on addressing the issues of adolescent reproductive health and violence against women. UNFPA continued its collaboration and coordination with other United Nations agencies and organizations, bilateral agencies and groups in civil society. The Fund also continued to be actively involved in the United Nations Development Group (UNDG) and continued to participate in and contribute to the United Nations Development Assistance Framework

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(UNDAF) and the Common Country Assessment (CCA) exercises. In accordance with decision 98/4, reporting on the following country and subregional programmes is included below under the relevant region: Algeria, China, Egypt, Nicaragua, the Pacific subregion, and Paraguay.

AFRICA

3. As part of the assessment of the implementation of the Programme of Action of the ICPD, in 1997 UNFPA collaborated with the Economic Commission for Africa (ECA) to review the achievements made and the constraints encountered in the Africa region since the ICPD in 1994. The review showed progress in most countries in the areas of reproductive health, adolescent reproductive health, women's empowerment and partnerships with civil society and also found that many African countries had adopted or revised their population policies in light of the ICPD. However, African countries still faced many constraints related to lack of financial resources, economic difficulties, lack of involvement of the private sector, lack of trained personnel and ineffective advocacy strategies. In addition, countries faced difficulties in changing gender attitudes and behaviour, and unequal opportunities for education for men and women still existed in most countries. Often, reproductive health services were compartmentalized; male involvement was minimal; and referral systems left much to be desired.

4. As part of the Fund's efforts to create an enabling environment for the implementation of the Programme of Action at the country level and to ensure that population is given attention in all United Nations initiatives, in 1998 UNFPA negotiated and secured the inclusion of the population sector as the fifth priority area of the United Nations Special Initiative for Africa. UNFPA also prepared an issues paper that identified priority population issues of concern to most African countries in which collective collaboration and coordination within the United Nations system and with other partners could have a positive impact and would add value to the efforts of individual agencies. UNFPA strengthened its collaboration with the World Bank, agreeing on priority areas and countries for closer collaboration. The Fund actively participated in the UNDAF exercises undertaken in 11 pilot countries in the region.

5. UNFPA continued its advocacy work with ministers and parliamentarians to ensure full support for the ICPD Programme of Action and its implementation. The Fund organized a conference for African women ministers and parliamentarians from 38 countries in July. Among the resolutions adopted, the participants committed themselves to continue to advocate for the elimination of violence against women and the eradication of harmful traditional practices, to support initiatives that ensure the reproductive health of adolescents, and to encourage open discussion of these issues by national leaders at all levels.

6. UNFPA recognizes the important role of religious leaders in promoting population and reproductive health issues in view of the strong influence that they have on their constituents. Religious leaders are well aware of the problems that grass roots level communities face in their daily lives and ensuring their support for the Fund's programmes means an increased outreach to the population. Indeed, sensitization of religious

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leaders from all denominations has resulted in an atmosphere more conducive to the open discussion of population matters. With a good understanding of the concept of reproductive health in a religious context, many of the religious leaders are advocating for and promoting reproductive health. The Fund sees them as important partners in achieving the goals of the ICPD. Consequently, the Fund organized an international conference on Islam and population in November in Niamey, Niger, for over 80 Muslim leaders and scholars from 19 sub-Saharan African countries and eight other countries. The meeting considered such topics as Islam and reproductive health, Islam and the status of women, and Islam, population and development and succeeded in proposing recommendations to further the implementation of the Programme of Action. Religious leaders were also increasingly involved in country-level activities. In Ghana, for example, eight religious organizations are currently preparing manuals to incorporate population and family life education into religious activities and to encourage parents to discuss sexuality with their children. The mid-term review of the UNFPA country programme in Uganda in November was attended by religious leaders and other members of civil society. The Muslim leaders in Uganda have developed a set of reproductive health guidelines for the country's imams. One constraint is the sustainability of these activities. This might be overcome by creating national and regional networks to promote and facilitate the sharing of information and experiences between religious groups and associations at the country and regional levels and by providing training in the use of information, education and communication (IEC) techniques.

7. In an effort to offer women and men more contraceptive choice, UNFPA in collaboration with Margaret Sanger International, organized a conference in Malawi from 15-18 November on strengthening reproductive health through emergency contraception. The meeting aimed at identifying where and how emergency contraception might be incorporated into reproductive health services within the countries of the Southern Africa Development Community (SADC) and at sharing experiences related to needs, public opinion and delivery of emergency contraception services. The conference activities were designed to maximize opportunities for South-South exchange of knowledge and experiences through a combination of focused plenary and small group activities. There were 19 presenters from the SADC, East Africa, the United Kingdom and the United States of America, and action plans for each country were developed by conference participants.

8. The seriousness of the HIV/AIDS epidemic and the reproductive health needs of youth and adolescents continue to be key priority issues in sub-Saharan Africa. In Rwanda, UNFPA provided a "one day HIV/STD prevention and family planning strategy" for couples in Kigali to improve the reproductive health of couples; follow-up activities showed that there was a clear increase in condom usage in the group. In Ghana, UNFPA developed very popular playing cards with IEC messages on HIV/AIDS prevention that have been widely disseminated. Reproductive health information and services, including for HIV/AIDS prevention, are offered through youth-friendly multipurpose centres in a number of countries, including Eritrea, Namibia, Senegal and Uganda. HIV/AIDS prevention modules have already been incorporated in the UNFPA-supported clinical skills training programmes offered at the Mauritius Institute of Health, as well as in the population IEC

programmes offered in Nairobi, Kenya and Abidjan, Côte d'Ivoire . The Fund participated in and supported the participation of delegates from 28 African countries in the Pan-African Conference on Women and HIV/AIDS, organized in December in Dakar, Senegal, by the Societies of African Women against AIDS. UNFPA also supported an international conference on HIV/AIDS in African prisons, held in Dakar in February 1998, and attended by participants from 35 African countries.

9. As with young people throughout the world, adolescents and youth in Africa are confronted by the consequences of early sexual intercourse, marriages and childbirths, which include high maternal mortality ratios. Teenage pregnancies often lead to girls dropping out of school and/or unsafe abortions. Early sexual intercourse also makes young people prone to sexually transmitted diseases (STDs), including HIV/AIDS. It is clear that educational, occupational and social opportunities are often curtailed for youth and adolescents, especially young women, in Africa because of preventable reproductive health problems. Therefore, UNFPA continued to support African Governments in addressing adolescent reproductive health needs in the region through a number of interventions, including promoting advocacy efforts, sharing lessons learned and best practices, supporting research, assisting in the provision of information and quality reproductive health counselling and services, creating youth-friendly community environments, and building skills for adolescents and providing population and family life education in and out of schools.

10. Provision of reproductive health information and services to youth and adolescents in Africa, as in other parts of the world, often encounters resistance from parents, some health care providers and communities. Another common constraint of the youth programmes is the limited coverage of the programmes that are developed. UNFPA-assisted programmes are working to overcome resistance by supporting community sensitization, mobilization and involvement in youth programmes. Youth-friendly services are often provided from multi-purpose youth centres jointly constructed or renovated by communities and Governments with assistance from UNFPA. Government ministries of youth and development usually coordinate the activities at the multi-purpose centres while the youth themselves are the peer mobilizers at the centres and within the communities. Because remuneration of youth peer mobilizers is not sustainable, UNFPA now supports skills development training and income-generating activities for peer mobilizers. In this context, support for micro-credit income-generating activities is being explored with other donors.

11. The reproductive health needs of African youth were addressed by initiatives in many countries during the year. Examples of countries that are providing youth-friendly reproductive information and services include Botswana, Côte d'Ivoire, Eritrea, Namibia, Senegal and Uganda. In Senegal, reproductive health services and counselling on contraceptives, prevention of unwanted pregnancies and sexual violence were provided by midwives and psychologists in five youth centres. A compact disk entitled "I Need to Know" was launched in Kenya on World Population Day 1998 to create awareness through music about youth reproductive health and rights and responsible sexual behaviour. This has already had considerable impact in encouraging open discussions on adolescent reproductive health issues. At a conference in April to celebrate the 40th anniversary of ECA, UNFPA, in collaboration with UNICEF and ECA, organized a discussion on the theme

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of "Africa's New Generation" and supported the participation of youth and adolescents from 22 African countries. The young people stressed that the provision of reproductive health information and services should include their participation. They also emphasized that Governments should work to ensure employment and education opportunities for youth.

12. The Fund continued to stress national capacity-building through a number of activities designed to provide national counterparts with both the technical and managerial skills required to develop, implement and monitor population programmes. In this context, advisers from UNFPA Country Support Teams (CSTs) organized and conducted on-the-job training in a number of countries on the logical framework (logframe) methodology and on subprogramme development. As a result, many country programmes that had experienced implementation delays made important strides in 1998. This was the case, for example, in Ghana, Mauritania, Nigeria and Senegal. However, experience during the year showed that, given the novelty of the logframe approach and the high turnover of personnel in government offices, more training is required. In some other countries, including Burkina Faso, Chad, Madagascar and Malawi, on-the-job training was carried out by country offices on the Fund's financial procedures. In some cases, this included the participation of auditors familiar with the Fund's procedures and with the most commonly observed weaknesses in audit reports. While weaknesses still persist in financial reporting in some countries, consistently good reporting was noted in many others.

13. Substantively, national capacity-building was pursued in several areas, including operational and sociocultural research, reproductive health and gender. For example, the CST in Harare, Zimbabwe, conducted a one-week training course on operational research in reproductive health for six countries in the SADC subregion -- Botswana, Lesotho, Malawi, Mozambique, Zambia and Zimbabwe. One concrete result of the training was the identification by participating countries of reproductive health issues requiring further research and the preparation of protocols for such research. The Fund collaborated with UNESCO to sponsor research in a number of countries, including Malawi and Mozambique, on sociocultural factors affecting demographic behaviour and their implications for the formulation and execution of population programmes. The findings of the research were disseminated in Malawi during a workshop attended by managers of the national population programme.

14. During the year, the Fund undertook efforts to reorient regional training in population and development strategies with a view to aligning the training with the ICPD recommendations, in particular as they relate to the integration of population into overall development planning. With a view to achieving the goal of a readily available critical mass of local experts in this area, the Fund initiated a search of African development institutes that could be strengthened to undertake training in population and development strategies locally.

15. During the year, UNFPA increased its support to populations in emergency situations and organized a consultative meeting on UNFPA assistance in emergency situations in Africa that included UNFPA

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Representatives and representatives of NGOs. The assessment and the recommendations of this meeting were used as inputs in the ICPD+5 technical meeting on reproductive health services in crisis situations held in November in Rennes, France. The consultation found that one major constraint in implementing activities in emergency situations was the difficulty in accessing funds.

16. UNFPA participated in joint assessments of the needs of refugees and displaced persons in a number of African countries during 1998, and assistance for emergency reproductive health services was provided in Angola, Comoros, Eritrea, Ethiopia, Guinea-Bissau and Lesotho. Despite the conflict situation that prevailed in the Republic of Congo, UNFPA continued to collaborate with the International Federation of Red Cross and Red Crescent Societies to meet the urgent reproductive health needs of Congolese women. Through this undertaking, three centres especially designed for the care of pregnant women have been established. They will contribute to the improvement of reproductive health services, the reduction of maternal mortality and the prevention of HIV/AIDS. A project was also developed to address the problem of sexual violence. Three teams of psychotherapists have been trained by the International Rescue Committee and they are working at three hospitals to provide counselling to victims of violence. UNFPA is also providing reproductive health services in refugee camps in the United Republic of Tanzania, in collaboration with one international and two national NGOs. Evaluations of those projects, which started in 1996, indicate that there has been a dramatic improvement in the quality of services and a reduction of maternal deaths in the refugee camps.

ARAB STATES AND EUROPE

Arab States

17. In the Arab States region, the year was dominated by the review of the achievements made towards achieving the ICPD goals as laid out in the Programme of Action. For example, countries in the region, with two exceptions, indicated that their development plans contained references to population goals or programmes, but only 11 out of the 21 had established clear-cut population policies. In another area, the review found that despite the commitment of Arab States to the promotion of gender equality, including the introduction of legal and administrative measures, the participation of women in higher administrative and political positions remained limited. Eleven Arab countries have ratified the Convention on the Elimination of All Forms of Discrimination Against Women, albeit sometimes with certain reservations. NGOs continue to play an important advocacy role in this area. Most countries still do not have a comprehensive approach to gender analysis as it relates to policy formulation, monitoring and evaluation. The review done as part of the ICPD+5 process indicates that only three countries in the region have introduced the concept of gender in their population policies. Nevertheless, UNFPA is collaborating with other United Nations agencies to assist Governments in mainstreaming gender.

18. The year 1998 saw such developments as the further integration of services and expansion to a wider array of services; a better translation of government efforts to mainstream gender by establishing national committees and by participating in the follow-up to the Fourth World Conference on Women; and greater

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attention to measuring achievements and progress in terms of both policy and programme objectives. Most countries in the region have introduced measures to increase the awareness of both men and women of reproductive health and rights and the exercise of those rights. However, access to information and services for adolescents and young people remains unavailable in many countries. The Arab States continued to promote the role of civil society, although to varying degrees in different countries. Sustained progress in this area requires support from Governments and international and bilateral development agencies in enhancing the participation of NGOs in the implementation of the ICPD Programme of Action.

19. Most UNFPA-supported country programmes in the Arab States region provide significant inputs to upgrade physical facilities, improve the skills of health-care providers, integrate basic counselling services, increase the availability of a wider mix of contraceptives, and institutionalize quality assurance systems to monitor and upgrade reproductive health services. Access to reproductive health services has been increased through the construction of new primary health care facilities and the provision of a comprehensive package of reproductive health services that include components on safe motherhood and family planning, prevention and management of STDs, including HIV/AIDS, and female genital mutilation.

20. There are numerous examples of how the Programme of Action is being translated into reality at the country level. IEC and income-generating activities and integrated reproductive health and women-in-development projects have been undertaken in underserved geographical areas in Jordan, the Sudan and Yemen. Similar efforts have taken place in Morocco, where decentralization was bolstered under a UNFPA-supported project designed for 13 of the most underserved provinces. Integration of reproductive health services has also been carried out in the context of populations in special circumstances, such as internally displaced persons and refugees. For example, the second phase of a project supporting the Women's Centre in the Al Burej camp for Palestinian refugees was launched to respond to the need for reproductive health services, social assistance, legal counselling and community education. To meet the needs of young people, Tunisia and Morocco undertook innovative programming for youth and adolescents, and Bahrain developed a strategic national framework for adolescent reproductive health. In Morocco, puppet shows were used in youth centres to convey messages on STDs, including HIV/AIDS, and on reproductive health and rights. The impact went beyond the intended audiences of the youth centres with a spillover effect on their families and friends.

21. To meet the need for accurate and reliable data, a number of countries, with technical assistance from the Fund, undertook efforts to generate meaningful indicators to monitor policy and programme achievements. With assistance from The Population Council, two situation analyses were conducted in Yemen and Jordan to help the Ministry of Health in each country to assess the quality of services in the public health facilities and to design appropriate interventions. The studies also aimed to transfer the methodology know-how to the participating national institutions. As a basis for a region-wide data bank on demographic and reproductive health indicators, the results of the Morocco survey of the Pan Arab Project for Child Development were

disseminated. These results revealed unprecedented achievements in reducing infant and child mortality rates and fertility levels. In Sudan, a complete registration and baseline survey conducted in the catchment areas of the UNFPA-funded projects provided reliable indicators for monitoring progress in achieving ICPD goals. In the Occupied Palestinian Territories, the 1997 census results were made available and led to the development of up-to-date and reliable data on the size, characteristics and distribution of the population. The CST in Amman, Jordan, assisted the Palestinian Central Bureau of Statistics in the development of a project to ensure effective utilization of census data and to strengthen local capacity for data analysis.

22. Breakthroughs were made in advocacy with such partners as the International Islamic Centre for Population Research, which organized, in February, the International Conference on Population and Reproductive Health in the Muslim World, held in Cairo under the auspices of the Grand Imam of Al-Azhar. Designed to enhance dialogue among Muslim scientists, intellectuals and policy makers on population and reproductive health issues, it drew participants from 42 Muslim countries and representatives from Islamic and other organizations, including NGOs. The conference made recommendations, *inter alia*, on population, reproductive rights and women's issues and reaffirmed the ICPD Programme of Action and 23 principles it termed consistent with the Shariah.

23. In-kind assistance and local financial support for UNFPA programmes and projects increased significantly during the year. In Egypt, the Government committed 10 per cent of the finances required for the country programme under a trust fund arrangement. The Government of the Syrian Arab Republic made its third payment under an agreement that increases the funds available for the fifth country programme by approximately 10 per cent. The Lebanese Government continued to demonstrate strong commitment to population issues by committing a total amount of \$2.5 million to the UNFPA-assisted programme.

24. UNFPA was an active partner in supporting the CCA and the UNDAF in the region. In Morocco, the CCA and the first UNDAF were completed in 1998. In Turkey, UNFPA contributed to the CCA planning exercise that took place in 1998. In the Syrian Arab Republic, UNFPA started discussions with other United Nations agencies to mainstream the Country Population Assessment within the CCA exercise that will begin in 1999 in preparation for the UNDAF starting in 2001.

25. Algeria. During 1998, Algeria formulated and consolidated the finalization of the subprogrammes and the component projects under the new approved country programme. The process of relationship-building with Government counterparts was strengthened during the year.

26. Egypt. During 1998, UNFPA continued to collaborate closely with Government counterparts in finalizing the subprogramme and component project documents, nearly all of which were finalized by year-end. An innovative new project was agreed with UNICEF and WHO and the Ministry of Social Affairs on controlling and preventing female genital mutilation. The project sets out an inter-sectoral approach in

dealing with information, education and service provision for women and adolescents who have been affected or are in danger of being circumcised.

Europe

27. European countries with economies in transition. The year 1998 was a particularly challenging one for European countries with economies in transition. While some countries in Central Europe and the Baltic region experienced impressive economic growth, 1998 also saw the serious deterioration of some economies. Gains that had been made in living standards are now receding, and the overall well-being of the population is declining in many parts of the region.

28. The year provided several opportunities to review progress made in the area of population and development within the context of the ICPD+5 process. An expert group meeting on "Reproductive Health: Implementing the ICPD Programme of Action in Central and Eastern Europe: Lessons Learnt Post-Cairo", was held in Copenhagen, Denmark, in September, and a regional population meeting was held in Budapest, Hungary, in December. Both meetings provided an opportunity to analyse current trends in the area of population and development and to make recommendations on key actions for the future.

29. On the demographic front, many countries in the region are experiencing unprecedented demographic change, and are in the midst of a health and mortality crisis. Issues such as low fertility and population ageing are perceived as having a profound impact on the economy. In the Commonwealth of Independent States and the Baltic countries, the health status of the population and mortality levels, particularly of men, are deteriorating. The reproductive health situation in the region remains diverse. The contraceptive prevalence rate is showing a slow but positive trend, and the abortion ratio has decreased. However, there remains a major discrepancy between the low contraceptive prevalence rate and low total fertility rate, suggesting that abortion still remains the main method of regulating fertility. Maternal mortality ratios in the region, although improving, are still five to ten times higher than in the rest of Europe. Also, despite the lack of reliable data, secondary infertility as a consequence of abortion is assessed to be quite high. The integration of reproductive health services into primary health care is currently the most pressing operational issue in the region.

30. A major problem in the region is the prevalence of STDs and the high rates of HIV infection. The reported number of syphilis cases has increased 30-40 times over the past few years, posing a significant threat of an immediate STD epidemic in the region. In addition, a cumulative rise of new HIV cases has occurred in many parts of the region, particularly in Belarus, the Russian Federation and Ukraine.

31. Adolescent reproductive health has become a critical issue in the region, particularly in light of deteriorating economic conditions that have left young people exposed to various forms of high-risk behaviour. Teenage fertility rates in the region were roughly three times as high as the average in Western Europe, and

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there has been an increase in the rate of teenage abortion in the past few years (every tenth abortion in the region was among girls below the age of 19 years); however, there are signs of stabilization. Although it is clear that reproductive and sexual education in schools plays an important role in preventing unwanted pregnancies and STDs, several countries in the region have been half-hearted in integrating such subjects into curricula, due to strong political opposition.

32. To address the above-mentioned trends, the Fund initiated numerous activities throughout the region in 1998. The year saw the takeoff of the UNFPA country programme for Albania, which had been approved in 1997. The programme focuses entirely on reproductive health. In addition, for the first time, UNFPA approved a project in 1998 to support the development of comprehensive reproductive health information and services in Bosnia and Herzegovina. UNFPA also continued to support comprehensive reproductive health programmes in Armenia, Georgia, Romania and Ukraine. All these programmes aim to improve the reproductive health status of women and men through training medical professionals and by carrying out IEC activities. To respond to the needs in regions hardest hit by the Russian economic crisis, UNFPA approved a six-month project to provide reproductive health services at the district level in the Russian Federation's Republic of Sakha (Yakutia). The Fund continues to support strengthening of national capacity in data collection and analysis. The Republic of Moldova's first reproductive health survey was published in 1998.

33. In 1998, UNFPA supported a number of country-specific activities related to adolescent reproductive health. In Romania and Armenia, UNFPA provided funds for surveys to better understand adolescent behaviour. The Fund also supported an information and awareness-creation programme to reduce the incidence of unwanted pregnancies and STDs conducted by a local youth NGO in Romania, the Youth for Youth Foundation. In the Russian Federation, UNFPA is providing support to the Russian Family Planning Association for the development of an appropriate peer-education programme for teenagers.

34. Eastern European countries continued to host large numbers of refugees and internally displaced persons, in particular in Armenia, Bosnia-Herzegovina, Croatia, Georgia and the Russian Federation. Many of the refugees and internally displaced persons have not been able to return to their countries or homes and face an uncertain future in refugee camps or collective centres throughout the region. The reproductive health situation in these centres is often very difficult, with cervical cancers and other cancers of the reproductive system being on the increase due to lack of proper screening and other preventive measures. In December 1998, UNFPA fielded a needs assessment mission to the Kosovo province of Yugoslavia. A proposal for providing emergency reproductive health assistance to displaced Kosovars was developed. It was superseded in early 1999 by activities in support to Kosovar refugees in Albania and Macedonia.

35. Turkey. UNFPA continued to provide assistance for the evaluation and strengthening of national population and reproductive health programmes in Turkey. The Fund has supported two main studies to assist in updating the major reproductive health indicators. It co-sponsored the 1998 demographic and health survey, whose preliminary findings indicate only a slight increase in the modern contraceptive prevalence rate

and an increase in the use of traditional methods. The Fund also supported a male survey. The findings of this survey will be utilized to develop a national IEC strategy, including a special emphasis on males and youth. In addition, UNFPA supported a maternal mortality study conducted with technical assistance from WHO.

ASIA AND THE PACIFIC

36. In keeping with the commitment to implement the ICPD Programme of Action, in 1998 the Asian and Pacific countries continued to pursue efforts to reorient their population and development policies and programmes along the lines of the Programme of Action, according to their own particular demographic, socio-economic and political situations. Political commitment to ICPD goals was maintained, and progress towards gaining the support of NGOs and civil society, especially in the area of reproductive health, was further strengthened. Operationally, 1998 witnessed approval of new UNFPA country programmes and the development of subprogrammes and projects for Bangladesh, Bhutan, China, the Democratic People's Republic of Korea, India, Maldives, Papua New Guinea, the Pacific subregion and Thailand, as well as approval of programme extensions for the Central Asian Republics, Azerbaijan, Kazakhstan, Pakistan and the Philippines. Furthermore, mid-term reviews were conducted in the Philippines and in countries in Central Asia, and Country Population Assessments were finalized for the Islamic Republic of Iran and the Philippines. As part of the ICPD+5 process, technical and operational reviews on the implementation of the ICPD Programme of Action were conducted in several countries.

37. As in the past, the major focus of UNFPA assistance in Asia and the Pacific in 1998 was primarily on the operationalization of reproductive health services, including adolescent reproductive health, with a focus on national capacity-building. UNFPA continued to support efforts made by most countries to revise or develop population and reproductive health policies, operational guidelines, and reproductive health clinic and protocol standards and to integrate their reproductive health services. For example, in Bangladesh, drawing upon operations research, an essential package of services has been developed as part of a comprehensive package of reproductive health services. UNFPA assistance helped in renovating 47 health centres to provide these services. A similar exercise has been undertaken in India. In Nepal, operational guidelines on reproductive health were prepared and a new strategy is being developed to tackle the problems of maternal morbidity and maternal mortality, based on the findings of a survey conducted in 1998. In the Philippines, an integrated package of ten components of reproductive health services is being piloted in Nueva Vizcaya province as a model for the rest of the country. A key lesson learned, however, was that even focusing on one province was still very ambitious in terms of attaining maximum impact. In Thailand, the Government recently announced the integration of reproductive health components into one package of services. The Islamic Republic of Iran has further strengthened the health network system by integrating a number of reproductive health services including family planning, prevention of STDs and pre-marriage counselling.

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38. Expansion of reproductive health services to remote areas with limited access to health services was a key feature of programmes in Bangladesh, Cambodia, the Islamic Republic of Iran, Laos, Papua New Guinea, the South Pacific subregion and Viet Nam. The reproductive health subprogramme in Viet Nam has improved considerably with direct funding to eight provinces, while continuing to strengthen capacity at central levels. UNFPA support was also extended to the provision of emergency reproductive health services in parts of Afghanistan that were affected by the earthquake that struck the country in May.

39. Obstacles that are being encountered in several countries in the shift to a holistic reproductive health approach involve mainly a shortage of appropriately trained staff, limited human resources at the local level, inadequate understanding of client needs, and difficulties in operationalizing reproductive health services within the limited existing health infrastructure. To overcome these barriers and improve the situation the Fund's support has focused on capacity-building through training of health professionals. Consequently, extensive training programmes in reproductive health, IEC and counselling skills were mounted in Cambodia, Bangladesh, India, Indonesia, the Islamic Republic of Iran, Mongolia, Nepal and Pakistan. For example, in Cambodia over 2,000 health workers were trained; in Mongolia, following a training programme and upgrading of health centres, services were provided to over 5,000 clients during a six-month period; in the Islamic Republic of Iran, services were extended to remote provinces; and in Bangladesh, 75 per cent of the health centres in 64 districts have been renovated to provide services.

40. The ICPD Programme of Action called on Governments and international agencies to promote effective partnership with civil society. An example of effective cooperation with civil society is seen in the Initiative for Reproductive Health in Asia (RHI), which is the largest cooperation arrangement between the European Commission, UNFPA and the non-governmental sector. The RHI was launched in 1997 and began its activities in 1998 in Bangladesh, Cambodia, Lao People's Democratic Republic, Nepal, Pakistan, Sri Lanka and Vietnam. Twenty-one European NGOs and over 60 national NGOs and other organizations have been involved in programme development of 38 country projects. During 1998, 20 projects were started, mostly in the area of adolescent reproductive health and in promoting inter-linkages and collaboration at the national level.

41. Successful partnerships with NGOs are exemplified by the activities undertaken in the Philippines where 34 per cent of UNFPA funding was provided to an umbrella project of 30 NGOs working in 18 provinces to complement services provided by the Government. NGOs worked to provide services to hard-to-reach target groups like commercial sex workers, unmarried women and adolescents. They also undertook to include services for poor and marginalized populations that are not adequately served by public or commercial services. NGOs have carried out innovative approaches in providing gender-sensitive services and IEC to promote women's empowerment, increase male participation and address adolescent reproductive health concerns.

42. The Fund continued to support efforts to promote male involvement and male responsibility. In this context, UNFPA and the Economic Cooperation Organization (ECO) jointly organized a conference on advocating and promoting the role of men in population and reproductive health programmes. The conference was hosted in Baku by the Government of Azerbaijan and concluded a series of four regional conferences organized since 1995 as a follow-up to the implementation of the ICPD Programme of Action in the ten member countries of the ECO. The conference debated the importance of an inherent focus on men's rights and responsibilities in population and reproductive health programmes. It concluded with a series of country situation reviews identifying the particularities of the topic in each of the ECO member states and proposing national operational responses that would enhance men's rights and responsibilities vis-à-vis reproductive health.

43. A second major focus of UNFPA assistance in Asia and the Pacific was in the area of adolescent reproductive health, which is becoming a priority concern. High levels of unprotected sexual activity both within and outside marriage were reported in most countries, leaving adolescents at high risk of unwanted pregnancy, and STDs/AIDS. The prevalence of unsafe abortions has been reported as a significant problem in Asia. Continuing adherence to the belief that sex education and access to services lead to promiscuity poses a major obstacle to promoting adolescent reproductive health in some countries. The situation is aggravated by the poor quality of adolescent reproductive health services in many countries. Several countries, including Malaysia, the Philippines and Thailand, have started the process of developing pilot activities by conducting an adolescent reproductive health needs assessment. Others, such as Indonesia, Mongolia, the Republic of Korea and Sri Lanka, have established a policy framework for dealing with adolescent reproductive health concerns. However, most countries have no such policy, and, even among those countries with adolescent reproductive health policies, services are often not easily available and accessible for adolescents.

44. In an effort to create wider awareness among policy makers and to overcome misconceptions about adolescent reproductive health, advocacy efforts, at the country and regional levels, intensified in 1998 through a series of high-level international conferences organized with UNFPA assistance. At the regional level, technical workshops and conferences were organized to assist in the formulation of specific policy and programme strategies for adolescent reproductive health in Bangkok, Thailand, and New Delhi, India. A set of strategies that would guide planners and policy makers in developing policies and implementing programmes for adolescents, especially for adolescent girls, was formulated.

45. At the country level, particularly in Bangladesh, Mongolia, Nepal, Papua New Guinea, the South Pacific subregion and Viet Nam, efforts have been supported to strengthen national capacity to conduct advocacy aimed at influential people, including policy makers, religious leaders and parents, to sensitize them to adolescent reproductive health issues. Several innovative approaches to reach adolescents include a telephone hot line in India, Mongolia and Viet Nam, peer education in the Philippines, working with religious groups and parents in Papua New Guinea and Sri Lanka, and sexuality education in Bhutan, India and

Indonesia. In Pakistan, there is a girl-child programme that focuses on training in leadership qualities, health and nutrition, women's rights and family life education.

46. The rapid and uneven economic and political developments with the concomitant social transformations in the last decade in the countries in the Mekong Delta region of south-east Asia brought to the attention of Governments the complex reality of sexual abuse and youth exploitation through prostitution and trafficking of women and children. The recent Asian economic crisis has aggravated the situation. Given the magnitude of the problem and in response to the concern expressed by several governments, UNFPA, in collaboration with the Economic and Social Commission for Asia and the Pacific and the Governments of Japan and Sweden, formulated a pilot project in 1998 for six countries of the Mekong Delta region. A training package for social service and health personnel is being developed that would serve as a model for application in other subregions of Asia and the Pacific and could be made available to interested training institutions.

47. China. In January 1998 the UNDP/UNFPA Executive Board approved the Fund's fourth programme of assistance (1997-2000) for the People's Republic of China. The \$20 million programme consists of four different components, focusing on the areas of reproductive health, women's empowerment, advocacy and South-South collaboration. A major project approved under the programme is the \$14 million reproductive health and family planning project, which was signed by all concerned parties in September 1998. The main activities completed so far under the project include a baseline reproductive health survey, needs assessments, orientation meetings and study tours. The main part of the project is being implemented throughout 32 counties in 22 provinces, and the Chinese Government has agreed to lift acceptor targets and birth quotas within these areas, while still pursuing China's overall national demographic targets. The project seeks to establish a client-oriented reproductive health approach that will provide a wide range of quality health services, encompassing maternal health care, treatment for reproductive tract infections and STDs, and extensive family planning services that make available a broad range of contraceptive methods. As part of the reproductive health and family planning project, there are also two pilot projects in urban areas that deal with adolescent reproductive health and social marketing.

48. As confirmation that the acceptor targets and birth quotas have been lifted, IEC materials addressing the qualitative approach towards reproductive health and family planning that was set out at the ICPD are to be distributed to households and clinics throughout the project sites. Due to the sensitive nature of these issues in China, considerable time was taken to develop appropriate materials. This, however, slowed down project activities at local levels. It is intended that the successful experiences from the 32 counties will contribute to the formulation of the Government's reproductive health and family planning strategies for the future.

49. With regard to the women's empowerment project, which is focusing on 15 counties, progress is being made in the finalization of the project document. The advocacy project will focus on client-centred reproductive health, esteem of the girl child, male involvement and adolescent reproductive health. It will be implemented in the same 15 counties as the women's empowerment project. Some pre-project activities have

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been approved while the project is being finalized. A South-South project is also in the process of being developed, and discussions are ongoing as to the most appropriate focus.

50. Pacific subregion. The Pacific subregion displays considerable socio-economic and cultural differences and, hence, the responses of various countries to the ICPD Programme of Action have varied considerably. Most Governments, however, have adopted the reproductive health approach and have accepted the main principles of the Programme of Action. In spite of this, in some countries there are still high levels of maternal mortality and morbidity, total fertility rates and population growth rates. Furthermore, new reproductive health problems have emerged, such as increasing rates of adolescent pregnancies and a rise in the incidence of STDs, including HIV/AIDS. A major challenge identified by the Pacific island countries is to improve access to quality reproductive health and family planning services, particularly to underserved groups such as adolescents and men and to populations living in rural outer islands.

51. The Pacific island countries undertook a thorough stocktaking of their experiences in the implementation of the ICPD Programme of Action in 1998 through a regional meeting in Fiji and, with the assistance of UNFPA, identified the major issues and challenges facing each country and the Pacific subregion as a whole. New initiatives have been started by Pacific island Governments and civil society groups, including: an integrated reproductive health programme in the Solomon Islands; a youth-to-youth health programme in the Marshall Islands addressing the needs of adolescents in a youth-friendly environment; and the use of reproductive health development theatre and drama through the Wan Smol Bag Theatre Group in Vanuatu to reach out-of-school youth and people living in remote rural areas. Fijian NGOs, such as the Fiji Women's Rights Movement and the Fiji AIDS Task Force are playing a key advocacy and programming role in addressing women's rights and gender issues as well as in forging a community response to the HIV/AIDS epidemic.

52. The second cycle of the Fund's programme of assistance in the Pacific subregion for the period 1998-2001 is addressing many of these issues in a comprehensive and integrated manner by focusing on improving national and regional capacities in the delivery of reproductive health services; strengthening national and regional capacities in the planning, management and delivery of reproductive health IEC interventions; contributing to the establishment of an updated and reliable reproductive health database; and expanding reproductive health services to youth and adolescents.

LATIN AMERICA AND THE CARIBBEAN

53. The year 1998 was a significant one for the Fund's work in Latin America and the Caribbean region. Partnerships with other United Nations system agencies and organizations and with NGOs and other groups in civil society were expanded and strengthened; emerging issues such as gender equity and male responsibility in reproductive health were addressed; and innovative and replicable initiatives were supported. Within the

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context of the ICPD+5 review and appraisal process a wide range of activities were pursued in the region which helped to consolidate the commitment to implementation of the ICPD Programme of Action. UNFPA also continued its participation in the UNDAF pilot exercise under way in Guatemala.

54. Adolescent reproductive health and rights. A key strategic priority for the region and a focus of UNFPA initiatives is adolescent reproductive health and rights. Poverty, unemployment, lack of training and educational opportunities, early pregnancy, unsafe abortion, high HIV/STD infection rates, and marked gender inequalities from an early age characterize the life challenges faced by adolescents.

55. Nearly all UNFPA-supported country programmes contain important advocacy, IEC and service components to promote adolescent health and rights. UNFPA participated in the Eighth First Ladies' Conference held in Santiago, Chile, in September, and in a regional parliamentary workshop with UNESCO, held in March in Santiago, Chile, to strengthen support for sexual education. In Haiti, the Fund supported a campaign on HIV/AIDS awareness, including a peer counselling project. In Peru, an Interministerial Accord for the Promotion of Healthy Lifestyles of Adolescents and Youth was celebrated on Population Day. In Venezuela, UNFPA continued working with a network of NGOs to support legislation and awareness-raising on adolescent reproductive health. In an innovative endeavour in the Dominican Republic, UNFPA supported two youth-serving NGOs in the first-ever collaborative effort on adolescent reproductive health undertaken by the Ministry of Health and NGOs. The project seeks to build youth leadership and self-esteem by strengthening a peer counsellor programme in 36 poor urban neighbourhoods. Using teachers, health providers and Catholic priests the project links counselling, IEC, and referrals to public health services. As follow-up to the 1997 Regional Conference on Adolescent Reproductive Health, UNFPA is supporting a multi-country research project of the Ibero-American Youth Organization on integrating adolescent reproductive health in employment training programmes. UNFPA also sought and secured additional resources for adolescent-friendly reproductive health care initiatives in Ecuador, Haiti, Honduras and Nicaragua.

56. In Barbados, UNFPA convened a Caribbean Youth Summit, in October, bringing together youth leaders, youth-serving public and private agencies, and a number of United Nations agencies and institutions from throughout the subregion. The summit provided a unique forum for youth in the Caribbean to voice their own concerns and priorities. The summit, which was opened with a keynote address by the UNFPA Executive Director, produced a regional action plan and a declaration negotiated by the youth on their sexual and reproductive health and rights. A UNFPA Youth Goodwill Ambassador scheme was also launched involving young people and NGOs from the Caribbean. In 1998, UNFPA also served as chair of the regional Inter-Agency Coordination Committee for the Americas on Follow-Up to the World Summit for Children.

57. A key lesson learned in the area of adolescent reproductive health is that even in a region where conservative and religious opposition is vocal and public, progress can be made if the right strategies are applied -- principally, that youth are their own best advocates and are effective in counteracting false charges and misrepresentation by opposition forces. A risk to keep in mind as programmes expand is that traditional

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and narrowly-defined approaches may result in conceptual gaps and biases. Close monitoring will be needed to ensure the adoption of a rights-based, gender-sensitive programme strategy that truly corresponds to adolescent reproductive health and development needs.

58. Quality of care. Quality of care with a focus on incorporating the gender perspective and responding to the needs of poor and indigenous women was a central programming concern during 1998. All UNFPA-supported programmes in the region focus on building national capacities to improve quality of care, and to ensure that both services and service providers are gender- and age-responsive and respectful of clients from all social and cultural backgrounds. The programme in Bolivia is illustrative of this approach and addresses the needs of indigenous people, who make up the majority of the population. In Ecuador, UNFPA continued to support an innovative project that combines traditional indigenous healing practices with modern medicine. In Bolivia and Peru, indigenous women were empowered through a unique methodology developed by the CST. It provides bilingual literacy (Quechua/Spanish), enabling the women to learn to read and write while simultaneously learning about sexual and reproductive health and rights, and gender equality, with a view to improving their well-being, health, and income-earning potential. The success of the methodology has fostered interest in replication in several other countries. A documentary on the methodology's field test in Peru won UNFPA its first-ever international film festival award in Havana, Cuba, in December. In June 1998, a regional seminar of indigenous women was convened in Peru by the Center for Amazonian Research and Promotion and UNFPA and it produced a follow-up plan addressing integrated health issues and focusing on the sexual and reproductive health and rights of South American indigenous women.

59. UNFPA has placed an increasing emphasis on working directly with municipalities to expand access of services to poor and hard-to-reach rural communities. Close collaboration with the ministries of health and education, women's health groups, universities, and other institutions all working in partnership at the local level has proved to be complex and often difficult to pursue, but the longer-term prospects for sustainability of activities are promising. Under its regional programme, UNFPA supported the International Planned Parenthood Federation (IPPF), Western Hemisphere Region, in preparing user-friendly self-assessment tools for reproductive health service organizations. The tools focus on quality of care; strategic planning; sustainability; and adolescents. Along with the Pan American Health Organization (PAHO), UNFPA continued to support a regional training programme on service management to improve service quality, access and coverage. The Fund's regional programme also supported maternal mortality prevention activities, including the Safe Motherhood advocacy and coalition-building efforts of Family Care International in Bolivia and Colombia.

60. During the year, UNFPA was invited to join NGOs and regional academic institutions in launching an initiative and follow-up work in the area of male responsibility, gender equality, and reproductive health. In October, a landmark regional conference, supported by UNFPA and organized by IPPF and AVSC International in Mexico, brought together over one hundred experts and programme professionals from

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throughout the region. UNFPA continued to support the formation of national networks and strategies to involve men in a positive way in reproductive health and in the gender equity agenda. In Bolivia, Ecuador, Nicaragua, and Paraguay, UNFPA continued to support an innovative line of work in collaboration with the Armed Forces to develop awareness-raising activities focusing on gender sensitivity, human rights and reproductive health for the primarily male audiences in the Armed Forces.

61. ICPD+5. Advocacy and other activities related to the ICPD+5 review and appraisal process were an important focus for the year. All UNFPA country offices mobilized to assist counterparts in preparing national reports and in responding to the UNFPA and other surveys undertaken for the ICPD+5 review and appraisal. The Fund provided support for the regional five-year review process undertaken by Economic Commission for Latin America and the Caribbean, including the meetings held in Aruba in May, in Trinidad and Tobago in November, and in Santiago, Chile, in December. Two regional events focusing on advocacy strategies for the ICPD+5 review and appraisal were supported in Mexico: a workshop on reproductive health and rights and on the broader issues of gender, population and development was organized bringing together journalists from the region; and a meeting of the regional representatives of the Latin American Council of Churches (Protestant denominations) was held. The meeting produced a declaration supportive of reproductive health and rights and the ICPD Programme of Action.

62. UNFPA also continued to support a multi-country innovative initiative developed by the Latin America and Caribbean Women's Health Network which focuses on monitoring the implementation of the ICPD Programme of Action. The monitoring is undertaken by women's groups and includes the preparation of national reports on progress achieved. In Peru, an outcome of this regional project was the creation of the National Tripartite Commission on Population and Development, which brings together various ministries, United Nations agencies, universities and women's groups. UNFPA efforts and support at the country level played a key role in the establishment of the Commission. The Commission became an important forum to seek national consensus and monitor quality of care concerns in the face of a public outcry and media publicity over alleged forced sterilizations. The Commission is considered a model for replication in other countries as it brings together, on an equal footing, all necessary partners from Government, civil society and multilateral organizations to promote quality of care and safeguard reproductive rights in the spirit of the ICPD Programme of Action. In 1998, Peru also finalized the National Population Plan 1998-2002.

63. The United Nations Inter-Agency Campaign Against Violence Against Women. Coordinated by UNIFEM with a leadership role played by UNDP, UNFPA and UNICEF, in collaboration with other agencies, the United Nations Inter-Agency Campaign Against Violence Against Women mobilized an impressive level of press coverage, sensitization activities, legislative initiatives, and most importantly, political commitment at all levels. The campaign, directly or indirectly, contributed to a series of important results: the Brazilian Government announced additional funds for safe houses; in Peru, a national multi-agency task force was established and developed a five-year action plan; in Nicaragua, fora were held in poor communities to raise women's awareness of their rights; in Venezuela, the pending bill against domestic violence was finally

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approved after two years of inaction; in Ecuador, school children's lunch bags and public transportation carried the logo and slogan of the campaign; and in Haiti, UNFPA supported advocacy for legislation on rape. The key lesson learned was that the United Nations, speaking in one voice while reaching out to national partners can be highly effective in making progress on critical human rights and gender issues. The United Nations Inter-Agency group held several meetings, including with PAHO, to develop follow-up and related initiatives for 1999 and 2000, including on fundraising strategies to capitalize on the commitment mobilized and to put programmes and services in place.

64. Hurricane Mitch. Responding to Hurricane Mitch became a top priority for UNFPA in the last quarter of 1998. UNFPA Representatives from countries in Central America and the Director of the Latin America and the Caribbean Division actively participated in inter-agency initiatives in Guatemala, Honduras and Nicaragua; attended a consultative meeting convened by the Inter-American Development Bank meeting focusing on reconstruction; and contributed to the United Nations Inter-Agency Transitional Appeal for Hurricane Mitch, as well as to developing medium-term reconstruction projects that include rebuilding health infrastructure and addressing reproductive health and gender concerns. In Honduras and Nicaragua, UNFPA supported needs assessments in reproductive health among the displaced population, provided emergency kits on sexual and reproductive health and supported counselling, primarily for female adolescents in shelters. The counselling included gender violence prevention.

65. Nicaragua. UNFPA provided technical assistance for the development of subprogrammes focusing on reproductive health and adolescents; and the integration of population dynamics into national development strategies. UNFPA supported the Ministry of Health's adolescent programme, as well as services for youth in 17 priority municipalities. In coordination with PAHO, the Fund supported the Ministry of Health in developing norms for the provision of adolescent health services and also continued support to the Bertha Calderon Hospital's Center for Adolescents in the capital. An agreement with the Ministry of Health and the United States Agency on International Development was reached to improve logistics management. In July the Government formulated a national population policy and a corresponding action plan. The lack of human resources in the area of population is being addressed, *inter alia*, through UNFPA-supported training and higher education in the relevant disciplines. For example, UNFPA supported 35 nationals from Nicaragua and other Central American countries who graduated in 1998 with a Master's Degree in reproductive health from the School of Medicine of Nicaragua.

66. In November 1998, following the devastation caused by Hurricane Mitch, the UNFPA country office accorded top priority to rehabilitation efforts. Work plans were revised to focus on the most vulnerable groups and to establish alliances with community representatives close to the affected population. In the area of reproductive health, UNFPA efforts focused on strengthening the primary health care system, including through re-equipping units and training service providers. Mobile information units (two vans) were provided to promote preventive care and health education in communities. Special attention was focused on promoting

the sexual and reproductive health and rights of adolescents. UNFPA has been instrumental in developing an innovative inter-agency emergency project with UNDP to meet the most pressing needs, including those of adolescent girls and women, in the 25 most affected municipalities of the northern provinces.

67. Paraguay. During 1998, the programme in Paraguay focused major attention on adolescent reproductive health. This included establishing specialized clinics providing integrated reproductive health services to adolescents and undertaking education initiatives on sexual and reproductive health. Special clinics, run by NGOs with support from UNFPA, are functioning in the metropolitan area of Asuncion and in the department of Guaira. A sex education project was also initiated in collaboration with Paraguay's Armed Forces. Every year 12,000 young males, mainly adolescents from the rural areas, are recruited for their mandatory military service. Education on sexual and reproductive health issues has been integrated in their training. In addition, the Armed Forces are providing selected reproductive health services, including the supply of contraceptives and services for the prevention of STDs/AIDS. It is believed that the combined effort of educating and offering sexual and reproductive health services to adolescents will bring down the high rate of adolescent pregnancies. Under the subprogramme on population and development strategies, training was provided at the local level to civil servants and government officials to enable them to integrate population concerns in policy formulation and decision-making. A regional workshop was organized in Paraguay to prepare for the 2000 round of censuses. Efforts are also under way to create a regional network of population and development experts from Argentina, Bolivia, Brazil, Chile and Uruguay to support upcoming activities.

INTERREGIONAL PROGRAMMES

68. Reproductive health. Since the ICPD, governmental and non-governmental organizations from developing countries concerned with the reproductive health of women, men and adolescents have been redesigning and broadening policies to integrate reproductive health components into primary health care systems. The reproductive health component of the interregional programme aids countries in these efforts in a number of ways. These include providing support for the development of new and improved contraceptive methods and assuring that such methods are safe and effective. Another activity is the development of guidelines, methodologies and operational approaches to integrate and strengthen reproductive health programmes and services. The inclusion of new reproductive health components into family planning programmes requires clear technical instructions on key issues of integration as well as on the content of each component. The development of feasible and cost-effective reproductive health interventions for application at the primary health care level is also essential. In conditions of poverty, for example, basic technology to deal with some reproductive health components is not available because it is very expensive. There is a need to develop simpler diagnostic tests and single diagnostic therapies for STDs. Interregional programmes also promote the concept of reproductive health as an overall approach to the health and well-being of women, men and adolescents.

69. In 1998 UNFPA continued to strengthen the development and assessment of contraceptive methods, contraceptive surveillance, and social science research in reproductive health. UNFPA focused its support on developing and conducting research on female-controlled methods, such as the vaginal ring, the female condom, emergency contraception, and new methods for males. Support provided by the Fund was instrumental in the development of an information package on the female condom. The status of male contraceptive development is promising, in particular for hormonal methods. UNFPA has begun to fund an innovative initiative that promotes the involvement of industry in developing new contraceptive agents that respond to the needs and perspectives of women. There are a variety of leads in this area, and several potential spermicides and microbicides are in initial clinical trials.

70. As part of efforts to operationalize reproductive health programmes, UNFPA funded the development of technical guidelines on key reproductive health issues, the development of tools for training NGO professionals in advocacy, gender issues, reproductive health, youth and institution-building, and the enhancement of reproductive health components in emergency situations. Providing support for the reduction of maternal morbidity and mortality is an ICPD goal as well as a UNFPA programme priority. In the context of reproductive health, UNFPA promotes policy and programmatic efforts to ensure women have ready access to well-equipped and adequately staffed essential maternal health care services, including emergency obstetric services. In this regard, the establishment of twinning arrangements between obstetric and gynaecological professional societies in developed and developing countries has been particularly valuable in helping to improve maternity services in developing countries, especially in the early detection, referral and management of life-threatening complications in pregnancy and childbirth.

71. There is a broad agreement that prevention of STDs, including HIV/AIDS, should be an integral component of reproductive health programmes. UNFPA is providing funding to UNAIDS to develop and test strategies for the successful integration of STDs and HIV/AIDS prevention activities into reproductive health programmes. In this regard, UNFPA last year provided support for the continued development of simple, rapid, diagnostic tests for syphilis, gonorrhoea and chlamydia. Strip tests for these STDs are still in progress.

72. To respond to the issue of how best to address the sexual and reproductive health of adolescents, UNFPA has been supporting activities to promote and underscore adolescent reproductive health issues through research, training, information and advocacy as well as by providing technical support. UNFPA support to adolescent sexual and reproductive health research aims at increasing the research capacity of institutions so that they can assess the health needs of adolescents, including their sexual and reproductive health needs, identify gaps in programmes, plan interventions to address those gaps and evaluate interventions that are implemented.

73. Population and development strategies. In its interregional support in the area of population and development strategies, UNFPA has funded the development of sustainable national integrated information

systems and the promotion of timely and cost-effective data collection efforts and analyses. It is recognized that continued support for the strengthening of integrated information systems is critical if countries are to be able to monitor programme implementation and to track country progress in reaching the goals of the ICPD as well as those of other United Nations conferences. For example, analytical findings in the form of graphs and maps can be put together at the lowest administrative level and for different thematic areas of country programmes with the use of the Geographic Information System. UNFPA has also supported the development and application of rapid assessment methodologies, which are particularly useful in assessing the modalities for operationalizing the reproductive health approach and in carrying out impact assessments.

74. In the area of population and the environment, the Fund has worked with other United Nations agencies and organizations, NGOs and universities to produce practical manuals to enable countries to formulate population and environment policies and interventions. In cooperation with UNEP and the World Conservation Union, UNFPA held an expert workshop to train country officials in the application of population and environment frameworks for sustainable development. Also, a memorandum of understanding between UNEP and UNFPA was initiated in 1998 and signed in 1999.

75. Among the principal research areas that have continued to be supported in the interregional programme are sociocultural research methodologies that seek to provide frameworks for, *inter alia*, the study of the impact of sociocultural factors on fertility behaviour and on the role and status of women. It is expected that the typologies developed will be adapted for country-level use. They can also be used for cross-country comparative studies. In supporting research on international migration, UNFPA has emphasized the need to study the situation of women migrants and to collect gender-specific migration data. UNFPA has pursued its work in the area of international migration with such partners as the ILO, the International Organization for Migration, the United Nations Statistical Division and the United Nations Population Division. The information dissemination projects funded under the interregional population and development strategies programme, such as the Population Information Network and the *Annual Review of Population and Law*, the Fund's *Inventory of Population Projects in Developing Countries Around the World*, have continued to be well received.

76. Certain recommendations have been advanced for improving the Fund's interregional activities in the area of population and development. Since many projects on population and development strategies are closely related, there is a need for more cross-area collaboration to further enhance the quality of outputs and to widen the dissemination of findings to a broader audience, including to policy makers. It has been suggested that the Internet should be used more extensively to expand the range of potential users of research findings and methodological innovations.

77. **Advocacy.** Advocacy is essential to raise awareness, galvanize broad-based political commitment and mobilize resources for population and reproductive health issues. It is also indispensable in placing population concerns on development agendas. Advocacy plays a key role in promoting the goals of the ICPD Programme

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of Action at the national, regional and global levels. Equally important is the fact that advocacy is essential for raising the profile of UNFPA in countries around the world and for generating public support for and awareness of the Fund's work in the areas of reproductive health, including sexual health and family planning, and population and development strategies. The UNFPA country offices play a crucial role in raising public awareness and government support for the work of UNFPA. To aid them in their work, the country offices use advocacy materials prepared by UNFPA headquarters supplemented by materials developed at the country level which respond to the social, cultural and language particularities of programme countries.

78. The Fund's interregional advocacy efforts have been mainly carried out through the production, distribution and dissemination of publications, computer software and audiovisual materials. Most of the projects launched under the current programme cycle were executed by well-established partners who, in carrying out their important advocacy role, have changed the project contents to reflect the ICPD focus. This is verified in an analysis of the outputs (publications and the provision of information databases through CD-ROMs) of 16 projects. It is also notable that a significant number of interregional projects have included technological elements (i.e., web sites, software packages, multimedia and digital broadcasting components) that have ensured wider access and dissemination of project findings and outputs.

79. The Fund's flagship publication, the *State of World Population 1998* report, focused on *The New Generations*, the largest-ever generation of youth and the growing numbers of elderly people world-wide. The report examined the social implications of these demographic trends, particularly young people's pressing needs for education, job opportunities and health care including reproductive health information and services. Launched in London and 24 other cities on 2 September 1998, the report and its major messages received extensive coverage in newspapers and leading radio networks around the world. An electronic version of *State of World Population 1998* was the most-visited document on the Fund'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 population and reproductive health issues, with an average of 800 visitors per day. In 1998 the variety and volume of information continued to expand. The site was redesigned and was made easier to navigate and use.

80. In response to the high level of interest generated by the ICPD+5 review and appraisal process, a new section was added to the UNFPA web site in 1998, and was regularly updated to provide timely information on the full range of activities being organized in connection with the ICPD+5 review and appraisal. The web site included press releases, photographs and documentation on the round tables and technical meetings organized by UNFPA, as well as information on the preparations for the International Hague Forum that took place in the Netherlands in February 1999.

81. Other key informational publications in 1998 included the *Annual Report*; a revision of the *Population Issues Briefing Kit*; 10 issues of the news bulletin *Dispatches* and four of the UNFPA magazine *Populi*; and a new booklet in the Fund's advocacy series, *UNFPA at Work: Five Country Profiles*, which describes the

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Fund's country-level operations in Burkina Faso, Eritrea, India, Nicaragua and the Syrian Arab Republic. In addition, UNFPA produced posters, exhibits and multimedia materials including: the 1998 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 were produced in 1998 on issues including safe motherhood, UNFPA Goodwill Ambassadors and the launch of the *State of World Population* report. A poster competition and poster production was organised for World Population Day.

82. The UNFPA "Face to Face" advocacy campaign was expanded successfully in 1998. The campaign, which was launched in 1997, uses celebrity Goodwill Ambassadors to raise awareness of reproductive health and population issues. Film stars and celebrities from Africa, Asia, the Arab States, Europe and the United States of America have been appointed UNFPA Goodwill Ambassadors. For example, Japanese Goodwill Ambassador, Keiko Kishi, actress and television personality, travelled to Senegal to produce three 30-minute documentary programmes for three Japanese television stations. Film actress Shabana Azmi, UNFPA Goodwill Ambassador from India, is helping to expand the "Face to Face" campaign to regions beyond Western Europe. The recent appointment of renowned Nigerian author Chinua Achebe as UNFPA Goodwill Ambassador will increase the roster of the Fund's Goodwill Ambassadors from developing countries.

83. Awareness among the general public on population related issues and reproductive health has been steadily increasing since the 1994 ICPD. As a result of successful media outreach efforts through, for example, video news releases, press conferences and the work of Goodwill Ambassadors, UNFPA finds itself increasingly well known by the general public, in both developed and developing countries, as an organization and by journalists as a reliable source of information on population related issues. However, despite these successes, UNFPA continues to face the challenge of convincing the public in developed countries of the importance of development and population issues, and in particular reproductive health. Opinion polls show that while citizens consider these issues important, they do not necessarily see direct connections between achieving ICPD goals and other issues that they regard as very important such as the environment, poverty, migration and war.

84. The outputs from the major interregional projects managed by UNFPA are of high quality in terms of presentation, content and coverage of the ICPD issues. Assessment of the outputs of these projects was undertaken through content analysis of publications, videos and public service announcements; a study of the size and composition of mailing lists; and a review of such feedback as clippings, independent reports and surveys. Publications with extensive circulations that are supported by UNFPA, such as *Studies in Family Planning*, *Population and Development Review*, *People and Planet* and *Entre Nous*, the European magazine for reproductive and sexual health, have generated considerable and sustained interest and support for the ICPD and its goals.

85. The Fund's experience has shown that working with partners in the population and development field with extensive networks and outstanding track records is essential to generate significant and sustained interest

and support for the ICPD Programme of Action. In order not to lose out on the value-added potential to be gained from interregional advocacy projects, there is a need to establish linkages between them. In addition, attention needs to be given to improving the use of materials developed through some of the projects and to maximizing the use of project outputs.

86. South-South cooperation. UNFPA continued its support to technical cooperation among developing countries through its South-South initiatives. In 1998, South-South cooperation continued to be an important mode for transferring skills, resources and capabilities among developing countries. Five South-South Centres in China, Indonesia, Mexico, Thailand and Tunisia have facilitated the sharing of best practices and experiences in the field of population and reproductive health in a systematic manner. Another important South-South initiative which UNFPA has been participating in is the Partners in Population and Development, an inter-governmental alliance that actively promotes South-South cooperation, not only in member countries but in other countries as well. The Partners in Population and Development is focusing specific attention on increasing the role and involvement of NGOs in South-South cooperation, including through the East African Reproductive Health Network and the PROFAMILIA Project on South-South Training in Sexual and Reproductive Health in Latin America.

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