Center for Global Development

1969–1987
Rafael M. Salas
(Philippines)

1987–2000
Nafis Sadik
(Pakistan)

2000–2010
Thoraya Ahmed Obaid
(Saudi Arabia)

2011–
Babatunde Osotimehin
(Nigeria)

Focus UNFPA

Four Recommendations for Action

Report of the CGD Working Group on UNFPA's Leadership Transition

Co-chairs
Rachel Nugent, David E. Bloom, and Jotham Musinguzi

Center for Global Development

Focus UNFPA

Four Recommendations for Action

Report of the CGD Working Group on UNFPA's Leadership Transition

Co-chairs
Rachel Nugent, David E. Bloom, and Jotham Musinguzi

ISBN 978-1-933286-63-1

Front cover photos, left to right: United Nations/Milton Grant (Salas); United Nations/Susan Markisz (Sadik); United Nations/Eskinder Debebe (Obaid); United Nations/Eskinder Debebe (Babatunde).

Editing, design, and production by Communications Development Incorporated, Washington, D.C., and Peter Grundy Art & Design, London.

Working Group on UNFPA's Leadership Transition

Working Group Co-chairs

Rachel Nugent, Center for Global Development
David E. Bloom, Harvard School of Public Health
Jotham Musinguzi, Partners in Population and Development

Working Group Members

Ellen Chesler, Roosevelt Institute
Robert Engelman, Worldwatch Institute
Alex Ezeh, African Population and Health Research Center
Linda Harrar, Linda Harrar Productions
Emmanuel Jimenez, The World Bank
Melinda Kimble, United Nations Foundation
Albert Koenders, former Minister for Development Cooperation (The Netherlands)
Peter Lamptey, Family Health International
Nandini Oomman, Center for Global Development
Luis Rosero-Bixby, Central American Population Center, University of Costa Rica
Fred Sai, former Chairman of the Main Committee of the International Conference on Population and Development
Sara Seims, The William and Flora Hewlett Foundation
Gamal Serour, International Islamic Center for Population Studies and Research
Jeremy Shiffman, American University
Steven W. Sinding, former Director General of the International Planned Parenthood Federation
John Worley, International Planned Parenthood Federation

Staff

Elizabeth Cafiero, Harvard School of Public Health
Katie Stein, Center for Global Development

Members of the Working Group were invited to join in a personal capacity and on a voluntary basis. The report of the Working Group reflects a consensus among the members listed above, with two exceptions. Peter Piot withdrew from the Working Group before this report was completed due to responsibilities in his new position as director of the London School of Hygiene and Tropical Medicine. Gita Sen, Professor at the Center for Public Policy at the Indian Institute of Management, withdrew from the Working Group. This report does not represent the view of the organizations with which the Working Group members are affiliated, the Harvard School of Public Health, Partners in Population and Development or its funders, or the Center for Global Development's funders or Board of Directors.

Table of contents

Boxes

Figures

Tables

Preface

In January 2011, Dr. Babatunde Osotimehin became the fourth executive director of the United Nations Population Fund (UNFPA). In August 2010, the Center for Global Development (CGD) convened the Working Group on UNFPA's Leadership Transition to produce recommendations for the new executive director to further the shared goal of making UNFPA central to achievement of the Millennium Development Goals and other important development milestones.

The Working Group, led by Professor David E. Bloom, Dr. Jotham Musinguzi, and Dr. Rachel Nugent, concluded that UNFPA needs to sharpen its focus on a limited set of outcomes related to sexual and reproductive health and reproductive rights, including access to family planning.

A focused mandate will help UNFPA lead among the many organizations and interests that comprise the population and development and sexual and reproductive health and rights communities. These groups went through a remarkable period in the 1990s, resulting in agreement on a broad and ambitious agenda encapsulated in the 1994 International Conference on Population and Development (ICPD) Programme of Action. In the 2000s, the global health community went through its own transformation, one that resulted in its own complex and crowded field of United Nations (UN) agencies, international and national nongovernmental organizations, and funders formulating and promoting different agendas. Many of the agenda issues were taken up by new agencies and actors, while others were relatively neglected. Two decades of profound institutional change have culminated in the need to refocus on UNFPA's core issues in the global development dialogue. Now is the time for UNFPA to find its voice in the crowd.

CGD's Working Group strove to combine the many population, reproduction, sexuality, health, and rights issues facing the agency—all of them complex and challenging—into a practical and sharpened mission. The Working Group concluded that UNFPA has the opportunity to build on the ICPD Programme of Action and the impetus from the global health movement to take focused action on what should be its main objective: helping governments assure universal access to sexual and reproductive health services and promoting reproductive rights. The Group offers the new executive director specific suggestions for change in four areas to reach those goals: revitalize a more focused mission, define and measure goals, strengthen human resources, and improve communication.

This report continues a CGD tradition of offering impartial, frank, and concrete guidance to new executives that are taking the reins of our multilateral institutions. I hope Dr. Osotimehin will carefully consider these important recommendations as he begins his work at UNFPA.

Nancy Birdsall
President
Center for Global Development

Acknowledgments

We are grateful to the many people who contributed to this report. First and foremost, we thank the members of the Working Group on the United Nations Population Fund's (UNFPA) Leadership Transition, who gave their valuable time and knowledge to consider how best UNFPA can meet the sexual and reproductive health needs of people across the world and ensure that reproductive rights are met and respected for *all* people. The diverse experiences of the Working Group—which included policymakers, filmmakers, funders, academics, and advocates—reflected the broad range of functions and relationships in which UNFPA engages, and their open minds reflected the need to reconsider and revive how UNFPA works. We especially thank Working Group member Ellen Chesler, who applied her professional writing skills and deep knowledge of the field to improve the report in numerous ways. Working Group member profiles are in appendix 2.

We appreciate the early guidance from former Center for Global Development (CGD) Vice President Ruth Levine, who originally suggested that an independent view of the United Nations' influence on population issues would be timely, and from CGD President Nancy Birdsall, who wisely advised us to focus on UNFPA and its unique contribution. Insights and perspectives arising from the World Economic Forum's Global Agenda Council on Population Growth were brought into our discussions by Working Group members Emmanuel Jimenez (current chair of the Global Agenda Council on Population Growth) and David E. Bloom (chair of the Global Agenda Council on Aging and former chair of the Global Agenda Council on Population Growth).

Informative background papers by Lori Ashford, Rachel Sullivan Robinson, Miriam Temin, and Nancy Yinger shaped this report. Their work helped guide the Working Group through discussions on difficult and important issues. We thank each author for her excellent analysis and clarity in presentation.

UNFPA, a field-based organization, must be understood and considered in this context for its achievements and challenges. The Working Group did its best—in view of time, resource, and geographic limitations—to gather information from "the field." We are grateful to Oladele O. Arowolo, Joan Kaufman, Ahmed Ragab, and Jui Shah for writing excellent country case studies. We thank Diana Nambatya and her colleagues at Partners in Population and Development, who organized a consultation meeting in Kampala, Uganda, with representation from across the African continent; Geeta Misra from Creating Resources for Empowerment and Action and Jay Satia from the Indian Institute of Public Health and Public Health Foundation of India for organizing an informative consultation meeting in New Delhi; and the European nongovernmental organizations, which graciously offered their annual meeting as a venue for us to hold a discussion among organizations that partner with and advocate on behalf of UNFPA and its mission. Thanks are due as well to Suzanne Petroni at the Public Health Institute for convening youth leaders from across the world for a consultation about UNFPA's involvement in issues of concern to young people. Of course, the diverse attendance at the consultation meetings is what made them so informative. We thank each person for thoughtful input and a willingness to meet with us.

We interviewed more than a hundred people throughout the Working Group process, and additional people offered feedback and edits on this and earlier drafts of this report. The Working Group valued the feedback and carefully reviewed each submission. Among those who generously offered their thoughts on UNFPA's past and future were current and former members of UNFPA's staff. Dr. Thoraya Obaid graciously invited the Working Group secretariat team for a fascinating discussion of issues facing the agency, and then extended the full support of her leadership team to our inquiry. We also spoke with former UNFPA staff members, who generously shared their informed views. In particular, we extend our gratitude to Stan Bernstein for providing specific

edits to several drafts of this report in the interest of helping us be accurate and sensitive to the reality of the UN system. A partial list of people and organizations consulted is in appendix 3. We regret any omissions.

Many of our colleagues at CGD provided valuable feedback throughout the research, consultations, and writing. This report greatly benefited from the input of Nancy Birdsall, Amanda Glassman, Lawrence MacDonald, and John Osterman.

We thank the William and Flora Hewlett Foundation for its financial support and key engagement throughout this project. The Working Group's greatest debt of gratitude is reserved for Elizabeth Cafiero and Katie Stein for their limitless energies, their thoughtful and constructive contributions, their consummate professionalism, and their extraordinary collegiality.

Any errors or omissions of fact remain the responsibility of the authors.

Acronyms

CGD	Center for Global Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
H4+	The Health Four Group
ICPD	International Conference on Population and Development
MDGs	Millennium Development Goals
NGO	nongovernmental organization
SWAps	sector wide approaches
STIs	sexually transmitted infections
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
USAID	U.S. Agency for International Development
WHO	World Health Organization

Executive summary

The United Nations Population Fund (UNFPA) was established in 1969 to generate resources for family planning and provide global leadership on population issues. Since then, the diverse needs of countries and evolving global views of population have placed complex issues on UNFPA's doorstep. The Center for Global Development Working Group on UNFPA's Leadership Transition recommends that UNFPA narrow its focus to again become one of the most important and visible vehicles for promoting sexual and reproductive health and reproductive rights globally and in developing countries. Supported by experts within and outside the United Nations (UN), UNFPA should also help countries take account of population issues in the process of pursuing sustainable development.

UNFPA is and will continue to be a field-based organization, its primary objective being to help countries achieve the goals of the International Conference on Population and Development (ICPD) Programme of Action. In a remarkable demonstration of leadership, UNFPA used the 1994 conference to reframe population and development issues from an emphasis on population numbers to a greater focus on sexual and reproductive health and women's empowerment. That framing endures and was most recently reaffirmed by the UN General Assembly in December 2010.

However, UNFPA has been engaged in a broad range of activities that lack a unifying vision and strategy. UNFPA's objective of promoting sexual and reproductive health and reproductive rights has been more effectively advanced by other organizations, both public and private. The involvement of many actors is positive—UNFPA cannot accomplish the ICPD goals alone. However, UNFPA's contribution to achieving the ICPD goals should be prominent and evident. UNFPA has diluted that contribution by spreading its limited resources into activities that are also the responsibility of other organizations. One area of concern is that the unmet need for family planning worldwide continues to be high, despite agreement on its centrality to the mission of UNFPA. UNFPA's reports show that as little as 13 percent of the budget is spent on identifiable family planning programs.

UNFPA needs to sharpen the focus of its mission and operations. Its financial resources—60 percent discretionary—have grown remarkably in the last decade. Increased resources have allowed it to expand programs in core areas. They also give management a great deal of flexibility to set priorities and allocate resources. Since UNFPA will likely face flat or reduced resources at least for the next few years, it is essential that it select and concentrate its activities to maintain momentum on the ICPD Programme of Action. However, it is not UNFPA's financial resources that will make the difference in achieving the ICPD goals: its income growth has been insignificant relative to the estimate of resources needed to accomplish the ICPD Programme of Action and to the growth in overall global health funding during the period. Instead, its international convening capacity and its ability to galvanize action on the ICPD goals will make the difference.

The issues that fall within UNFPA's mandate are receiving greater attention and support than ever. This support is evident in many recent initiatives: the creation of the UN Entity for Gender Equality and the Empowerment of Women (UN Women), the 2006 Maputo Plan of Action on Sexual and Reproductive Health and Rights, the new donor Alliance for Reproductive Health, and the UN Secretary-General's leadership on the Global Strategy for Women's and Children's Health—to name a few. Australia, the United States, and the United Kingdom have reaffirmed their support for UNFPA's agenda. And in December 2010, the UN General Assembly extended the ICPD Programme of Action and requested a review of its progress in 2014—opening the door for UNFPA's new executive director, Dr. Babatunde Osotimehin, to pursue a reinvigorated ICPD agenda and report on achievements in three years.

The Working Group recommends that Dr. Osotimehin and his governing bodies take four bold actions to make UNFPA one of the most important and visible vehicles for integrating population dynamics into development and promoting sexual and reproductive health and reproductive rights.

Four recommendations for action

The time is right to reinvigorate UNFPA. Seventeen years after the groundbreaking ICPD meeting, UNFPA needs to make itself the lead agency for population, sexual and reproductive health, and reproductive rights in the UN system, as well as be more visible externally. The Working Group recommends Dr. Osotimehin and his governing bodies:

- Establish and pursue a limited set of priorities closely related to UNFPA's unique mission.
- Improve UNFPA's performance measurement and reporting.
- Align UNFPA's human resources with its renewed agenda.
- Define and communicate UNFPA's role in population, sexual and reproductive health, and reproductive rights.

Recommendation 1: "One objective, one agenda"

UNFPA needs to review its mission in the context of today's world and recalibrate its role and central focus. UNFPA's primary objective should be to achieve universal access to sexual and reproductive health and to promote reproductive rights—while significantly reducing the unmet need for family planning. UNFPA is uniquely charged with this objective globally and nationally. Looking forward, UNFPA should also embrace an agenda that helps countries integrate population dynamics into development. This new focus can be encapsulated as "one objective, one agenda."

Recommendation 2: Refine goals and transparently measure progress

UNFPA's accountability—both for financial resources and program results—has been a major concern of its donors and recipient governments. In the mid-2000s, UNFPA took steps to create better outcome measures. But the breadth of UNFPA's core areas of programming makes it difficult to distinguish what is being accomplished and what the impact is. And while UNFPA states clear and time-bound milestones, the incentives and consequences for missing them are not similarly clear and imminent.

To restore the confidence of its donors, UNFPA needs to address several issues. It should select a limited set of goals with indicators that are widely accepted and visible. It should report progress on those goals publicly and on a frequent basis with a simpler and more streamlined system of reporting. The system must be able to track spending and progress, distinguish between the failure to achieve real impact and the difficulty of attribution, and clearly define methods of quantitatively and qualitatively assessing progress toward universal access to sexual and reproductive health and reproductive rights. Regardless of the outcomes, UNFPA's successes and failures must be transparently communicated to funders, partners, and recipient countries.

Recommendation 3: Align human resources with a focused and renewed mission

A more focused mission requires a review and realignment of UNFPA's human resource capabilities and structure. Effective engagement in the global health and development discourse requires attracting top quality talent, working more closely with external experts, and reorienting existing staff to "one objective, one agenda." We recommend that Dr. Osotimehin commission an independent study of UNFPA's human resource needs and capabilities to provide a roadmap toward creating a culture of outstanding performance at UNFPA. The report should recommend steps to recruit, retain, and reward top-quality staff—and suggest how to identify and use well-known and reputable external advisors.

Recommendation 4: Rebrand UNFPA as the lead agency for sexual and reproductive health and reproductive rights

There is currently a visible global groundswell of support for UNFPA's issues related to maternal and child health and the ICPD Programme of Action. UNFPA must use this attention to reframe and renew relationships with key partners within and outside of the UN system and communicate more effectively its relevance to those partners and the global community.

Focus UNFPA

Four Recommendations for Action

Chapter 1

A moment to reinvigorate UNFPA

An estimated 76 million pregnancies each year are unplanned and unwanted.[1] Some 215 million women lack access to the modern contraceptives needed to avoid unwanted pregnancies.[i,2] Despite substantial progress in recent years, there are still approximately 350,000 maternal deaths worldwide each year.[3] The advances since the International Conference on Population and Development (ICPD), held in Cairo in 1994, in protecting sexual and reproductive health and reproductive rights have by-passed large portions of Africa, the Middle East, and South Asia, and have not sufficiently reached poor men and women.

Human sexuality and reproduction have enormous influence over an individual's personal contentment and well-being. This is why global discourse about human rights in recent years has established protective frameworks related to sexuality and reproduction. Yet, if sex and reproduction have individual consequences, they also have collective ones. Personal decisions about childbearing aggregate into broad demographic outcomes, with serious political, social, economic, and ecological implications. Protecting sexual and reproductive health and reproductive rights is now widely understood not just as a moral obligation, but also as a necessary condition of sustaining democratic institutions, alleviating poverty, protecting the earth's fragile natural environment, and promoting overall progress. Recognizing these stark realities, the United Nations (UN) has long maintained its interest in sexuality and reproduction from the twin perspectives—and with mutual accountability—of its human rights bodies and its population and development agencies. Most democratic societies guarantee individual freedom of decision-making around those issues, and it is a global moral responsibility to extend and support the conditions that will lead to those freedoms where they do not yet exist.

i. This estimate includes women of childbearing age who report that they want to postpone a conception for at least two years or do not want to become pregnant at all, are currently married or sexually active and able to become pregnant, and are not using an effective contraceptive method.

The United Nations Population Fund (UNFPA) is the UN's preeminent population and development agency. It is responsible for helping countries act on the principles and agreements adopted by UN Member States and for implementing supportive programs to achieve specific sexual and reproductive health outcomes. The processes and milestones that led to these agreements are described in box 1.1. They form the moral and legal foundations of UNFPA's work around the world. Global demographic trends are described in box 1.2.

The meaning of ICPD

If there is anything we have learned from the past 50 years of organized population and development activity, it is that today's challenges in global health, population, and environment cannot be solved by technological innovation alone. A half century of effort led by the UN has taught us that meaningful improvements in human well-being occur only when strategies to provide resources and programs are delicately balanced with efforts to address the violations in human rights that still prevent individuals—and especially women—in so many parts of the world from developing the will, claiming the authority, and taking the necessary actions to improve their own lives. This double lens of accountability to development and human rights is the unique intellectual and moral framework that has guided the work of the UN since its inception, and it must continue to do so. The ICPD Programme of Action emphasizes the ability of women to exercise their rights and realize their full potential, placing the choice of whether to have children and to determine how many to have and when firmly with women and couples as a basic human right. At the same time, the ICPD Programme of Action draws renewed attention to the larger relationship between fertility and social and economic development by reaffirming that States must provide family planning services as an aspect of comprehensive human development.[4]

The ICPD Programme of Action was endorsed by 179 governments, though there were significant reservations from countries. The

Box 1.1
United Nations' history related to population and family planning

The UN's responsibilities in matters relating to sexual and reproductive rights, including family planning, are founded on rights established by the Universal Declaration of Human Rights (UDHR) of 1948, which guarantees women freedom from coercion in decisions about marriage and divorce and creates an obligation for the State to care for children in cases of divorce or abandonment. The UDHR was the first formal document to claim private domestic arrangements as appropriate subjects of civil concern, not a category privileged and protected by customary or religious law, or even by national sovereignty.

The UN created a Commission on the Status of Women to address the human rights concerns of women, and made incremental efforts over two decades to secure women's civil status. At a conference celebrating the 20th anniversary of human rights in Tehran in 1968, governments adopted resolutions encouraging support for development programs to advance women's status. For the first time, family planning was identified as a human right. A decade later, in 1979, the human rights of women were codified in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), one of the five pillars on which global human rights implementation now stands, along with treaties on civil and political rights, social and economic rights, race, and torture. CEDAW provides women binding protection for a broad range of rights in marriage and family relations, including property, inheritance, and access to health care, and again explicitly mentions family planning.

These developments occurred during the 1960s and 1970s, as contraceptive access and modern technologies advanced in Europe and the United States and as concern about the spiraling rate of world population growth and resource limits gained urgency. Donor governments incorporated support for family planning services into their own foreign assistance programs, overcoming years of organized opposition on religious and moral grounds in many places and making possible the adoption of a UN resolution on population in 1966 and the creation of a dedicated agency for marshaling resources and technical support for family planning.

Since its founding, the UN had been collecting and publishing demographic data through the UN Population Commission. In 1969, however, the United Nations Fund for Population Activities, later renamed UN Population Fund, but still known as UNFPA, was established as an operational agency under the UN Development Programme (UNDP), and within a year was supporting services in Pakistan. The 1970s saw rapid growth of funding and programs for family planning in Asia, for research and training in Latin America, and for population censuses in Africa. By 1980, UNFPA had become its own autonomous agency and undertaken planning for the first of what would be three major world population conferences—in Bucharest in 1974, Mexico City in 1984, and Cairo in 1994.

The UN's twin framework of rights and development came to the fore at the International Conference on Population and Development (ICPD) held in Cairo in 1994. By the time the world's governments and nongovernmental organizations gathered that year, population policies and programs had grown increasingly controversial, despite their widely acknowledged success in helping to reduce birthrates in many places. Policymakers and activists from around the world brought many years of practical experience in sexual and reproductive health and an intense motivation to address high-profile abuses of human rights by numbers-driven population programs, especially in China and India, and persistent problems elsewhere, which were undermining a long-established

(continued)

Box 1.1 (continued)
United Nations' history related to population and family planning

consensus that family planning is an essential tool of sound health and development practice.

The ICPD Programme of Action established a 20-year blueprint to address women's empowerment as a central dimension of population and development policy. Its detailed action agenda called for expanded investment in sexual and reproductive health through research, education, advocacy, and the promotion of universal access to high-quality services that provide women a range of contraceptive options. Family planning programs were to be integrated into comprehensive primary health care, screening and treatment for sexually transmitted infections, sex education and counseling, and other health referrals. For the first time in such an agreement, the needs of adolescents were also recognized, as was the role of men in respecting women and according them rights. This agenda was reaffirmed and made more specific at the Fourth UN Summit on Women in Beijing in 1995, in 1999 in the Netherlands, and at the Women Leaders Summit in 2000. As we approach that 20-year milestone, it is time to review progress and set goals for the next 20 years.

Source: Chesler (2005), pp. 9–24.

Programme is viewed by its supporters as an example of the UN at its very best, and by a small minority of detractors as over-ambitious or misguided. Its passage marked a moment in which contending interests were harmonized and consensus was achieved. But the years since have witnessed a remarkable resurgence of conservatism, fundamentalism, and a backsliding of women's rights and autonomy in some countries. The UN has been the fulcrum of disputes on those issues, and the ICPD Programme of Action has been a particular target of criticism among activists on the political right. On these matters, the UN has marked few milestones in the years since 1994. One measure of conservative influence is the silence of the official MDGs as adopted in 2000, on the subjects of sexuality and reproduction, even as they highlight improvements in the status of women and reductions in maternal mortality as principal objectives.

UNFPA's evolving mission

Finding itself often at the center of fiercely contested debates, grappling with social and technological swings, and expected to serve both national and global masters, UNFPA has at times struggled to find its mandate and mission. Its current mission statement is an example.

> UNFPA is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. We support countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free from HIV/AIDS, and every girl and woman is treated with dignity and respect. UNFPA—because everyone counts.[5]

While mission statements are meant to be broad and aspirational, UNFPA's essence is difficult to find in its current mission statement. This is partially because population can serve as a frame for a number of different issues (for example, development, environment, and women), but also because of UNFPA's constant need to defuse political tension over its core areas of activity. Hence, specific language has disappeared from the mission statement and has been replaced by generalities. And for similar reasons, UNFPA is hesitant to seize the bully pulpit to promote women's sexual and reproductive needs and population-related issues. All UN agencies are servants of the member states and, as such, must be guided by the policies laid down by the UN membership. But UNFPA is uniquely charged within the UN system with promoting sexual and reproductive health and reproductive rights, even where country and individual demand is not strong. This has led to a blurring of its mission—perhaps in an attempt to locate its agenda and activities on less contested ground.

Box 1.2
The changing global demography

There is much left to do to realize the aspirations of the ICPD Programme of Action. Until 1960, the world's population had grown only to 3 billion people, but in the 50 years since, despite successful efforts in many parts of the world to reduce family size and slow the rate of growth, those numbers have more than doubled to an estimated 6.9 billion, and regional differences have expanded. Understanding the reasons for those differences, manifested in different human capabilities and preferences, forms the basis for human rights-based solutions to demographic and environmental challenges. Even so, future crises involving current consumption patterns for energy, water, food, and health will surely be more challenging with 9 billion people than with 8 billion (which represents a plausible lower bound on world population in 2050).

Demographers project that the next 20 years will bring continued population growth, greater longevity, substantial changes in the age composition of countries, and more concentrated human settlements. These and other—less predictable—events and conditions form the context for UNFPA's future agenda of health and development. All eyes are on the population clock as it ticks toward 7 billion people, but the face of the clock is a diverse one.

Between 1970 and 2005, the world as a whole recorded a remarkable 45 percent decline in fertility, but regional variations—and disparities within regions—were large, with East Asia, South Asia, and Latin America experiencing drops of 63 percent, 46 percent, and 55 percent, respectively, while Sub-Saharan Africa has seen an average decline of only 21 percent.[1] So extreme are the resulting disparities that in parts of Asia and Europe, population decline or aging now constitutes the major demographic concern; simultaneously at least 100 countries continue to expand in absolute numbers, their momentum in growth propelled by the coming of age of a still largely young citizenry.

High-fertility countries are concentrated in South Asia and Sub-Saharan Africa, while fairly low fertility predominates in Europe, Japan, and even some developing countries. The figure shows the regional average

(continued)

Global shifts in views about population, sexual and reproductive health, and reproductive rights have co-evolved with shifts in UNFPA's mission and programming. UNFPA's original mandate, in effect from 1973, read as follows:

1. To build the knowledge and the capacity to respond to needs in population and family planning.
2. To promote awareness in both developed and developing countries of population problems and possible strategies to deal with these problems.
3. To assist with their population problems in the forms and means best suited to the individual countries' needs.
4. To assume a leading role in the United Nations system in promoting population programs, and to coordinate projects supported by the Fund.[6]

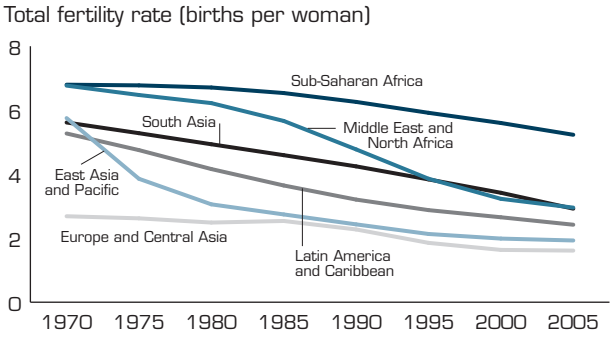
More than 25 years passed before the original mission statement was altered. When it was, it sought to reflect the broader expectations that emerged from ICPD. The Programme inspired substantial operational changes at UNFPA, including a new set of priorities approved by the Executive Board in 1995, a new resource allocation strategy in 1996, and new technical and program guidelines in the following two years. A one-page mission statement soon followed, describing UNFPA's mission through three core areas of work: ensuring universal access to reproductive health, including family planning and sexual health, by 2015; supporting population and development strategies; and promoting awareness of population and development issues and advocating for the mobilization of the resources and political will around these issues. Drawing on language from the ICPD Programme of Action, the mission also

Box 1.2 (continued)
The changing global demography

fertility rates over the past 40 years to illustrate the vast changes that have taken place already and the significant differences remaining.

Policy needs vary, with a continuing imperative to focus attention on high fertility and high mortality in some countries and vulnerable subpopulations in others through an emphasis on family planning, maternal health, and the human rights of women and young people. UNFPA's role in expanding access to those services constitutes its unique value. In addition, those countries with recent fertility decline will see population continuing to grow due to momentum, but they also may have a window of opportunity to boost development significantly with proper employment and education policies. Conversely, countries in East Asia and Latin America are experiencing rapid population aging. For them and for a growing number of countries, UNFPA may need to serve as a source of information about demographic transitions, including developing in-house expertise and building regional capacity in demography and statistics. Finally, all countries will be forced to address their respective and differential contributions to global climate change and resource scarcities.

Trends in fertility across regions of the world



Note: Countries were classified into regions based on the World Bank Classification system that is outlined in the 2009 World Development Indicators Database. Total fertility rate represents the number of children that would be born to a woman if she were to live to the end of her childbearing years and bear children in accord with prevailing age-specific fertility rates.

Source: World Bank (2009).

1. World Bank (2009).

states that all couples and individuals have the right to decide freely and responsibly the number and spacing of their children as well as the right to the information and means to do so and references a universally accepted aim of stabilizing world population.[7]

UNFPA's evolving mission statement reflects the changing tableau of issues as viewed through the lens of the day. It also reflects the mindset of each of UNFPA's executive directors about what he or she *should* and *could* accomplish going forward. Since its creation in 1969, UNFPA has had three directors: Mr. Rafael Salas (1969–1987), Dr. Nafis Sadik (1987–2001), and Dr. Thoraya Obaid (2001–2010). However unfair, if one were to choose a single word to describe the over-arching theme of each director, it would be "population" for Mr. Salas, "women" for Dr. Sadik, and "culture" for Dr. Obaid. The energetic and visionary Mr. Salas propelled UNFPA in its early days from being simply a fund to being a fully operational, dispersed institution, with a strong mandate to address population writ large. The charismatic and politically astute Dr. Sadik wove together many strands of the complex social dialogue that prevailed in the 1980s and drew attention to the rights and needs of individual women and men as the basis for larger scale change. She captured the passion and energy for social advancement and turned it into an agenda. In the past decade, Dr. Obaid, a skillful and warm Saudi-American anthropologist educated in Egypt and America, underlined how the philosophical and policy underpinnings of sexual and reproductive health and reproductive rights intertwine with culture and she used UNFPA's field presence to chart various paths to achieving it. Each executive director has brought great skills and

energy to the job of managing the Fund as the demands placed on it became ever more complex.

The 42 years of UNFPA's existence have seen remarkable change in global population conditions. UNFPA has become a mature organization in that time, with all the warts and weariness inherent in that status. As population and development goals have evolved over the decades to address declining fertility, urbanization, aging, HIV/AIDS, migration, and greater attention to human rights, UNFPA's responsibilities have multiplied and demands for assistance have increased on many fronts. On some issues, the field has become crowded and others have wielded more influence, as the World Bank has on matters of population and development; while others have exerted greater nimbleness, as with direct service providers working across the globe. At times, UNFPA has been only marginally involved in high-level activities (such as the development of the new Partnership for Maternal, Newborn, and Child Health now based at the World Health Organization) or absent altogether (on innovative financing mechanisms for global health). Now is a time when UNFPA can reinforce its strengths and relinquish activities that no longer fit today's and future demands.

Looking ahead

This report is motivated by several important development events in the UN. The first is the appointment of a new UNFPA executive director. In November 2010, Secretary-General Ban Ki-moon appointed Dr. Babatunde Osotimehin, former Minister of Health of Nigeria, as UNFPA's fourth executive director. The direction he takes is especially important in light of the extension, planned review, and UN special session in 2014 on the ICPD Programme of Action. The second development milestone is 2015, the deadline for achievement of the MDGs. Multiple processes are now under way to define the next set of development goals. UNFPA will be called upon to demonstrate the relevance of its agenda for inclusion in any new goals. The third milestone is the 20-year anniversary of the Beijing Platform of Action (1995–2015), adopted by the Fourth World Conference on Women. The decisions made in Beijing do not expire, but a revision of UNFPA's future responsibilities related to gender, sexual and reproductive health, and reproductive rights may be reflected or endorsed at a Beijing 2015 review. This is made more likely by the creation last year of the UN Entity for Gender Equality and the Empowerment of Women (UN Women). A swift and clear division of duties and arrangements for collaboration between UNFPA and UN Women is crucial to the success of both agencies.

Dr. Osotimehin's primary challenge is to forge a path that maintains the firm commitment of the UN to the principles and goals established in the ICPD Programme of Action, while also sharpening UNFPA's mission and strengthening its influence globally and in many countries where it operates. Interviews conducted for this report conveyed a widely held concern within and outside of UNFPA that, despite the capable, well-intended, and politically skillful leadership of Dr. Obaid, it has struggled to achieve impact as it tries to meet a widening set of demands in the face of diminishing resources and continued controversy.

UNFPA's new leadership has an unprecedented opportunity to assert an agreed vision of sexual and reproductive health, reproductive rights, and the integration of population dynamics into major development agendas. UNFPA will need to define its goals in light of its capabilities and constraints: no one believes the job of UNFPA is done, but no one believes it can move strongly ahead without reorienting its mission and methods. This alignment hands Dr. Osotimehin a unique opportunity to redefine and reinvigorate his agency—an opportunity that may produce a welcome new vision of UNFPA's role and reassert its leadership in development circles generally.

This report is offered to Dr. Osotimehin, his senior management and governing bodies, and the organizations that support and partner with UNFPA, both within and outside the UN system. More information on the Working Group and its methods is in box 1.3.

Notes

1. Bongaarts and Sinding 2009.
2. Singh and others 2009.
3. Hogan and others 2010; WHO 2010.
4. Chesler 2010, p. 311.
5. UNFPA n.d.
6. UNFPA 2008c.
7. UNFPA 1997, p. 49.

Box 1.3
About the CGD Working Group on UNFPA's Leadership Transition

The Working Group on UNFPA's Leadership Transition was organized by the Center for Global Development (CGD) in August 2010 as an independent ad hoc panel with the mandate to develop recommendations for UNFPA's new executive director and associated bodies. The members of the Working Group volunteered their time as individuals, not representing institutions. The Working Group's terms of reference are in appendix 1.

CGD has previously offered independent policy recommendations to major international organizations when they have had leadership changes. These include the World Bank (2006), Global Fund to Fight AIDS, Tuberculosis and Malaria (2006), African Development Bank (2006), and the Joint United Nations Programme on HIV/AIDS (2009). Such transitions provide an opportunity for the international community to ask questions and hold a broad-based dialogue about institutional mandates, policy focus, resources, and governance of global agencies. The recommendations that emerge from such processes are independent of the leadership and staff of the institutions themselves and are based on consultative meetings, one-on-one interviews, expert-panel deliberation, and literature reviews.

Prior to convening the first Working Group meeting, CGD conducted a series of interviews, held a small consultation meeting, and prepared a background paper to define the rationale and scope for the project. Later, to inform the deliberations of the Working Group, CGD commissioned background papers on the resources of UNFPA, the history of the international population movement, and the influences on UNFPA. We conducted more than 100 interviews (appendix 3), commissioned four independent local and international experts to write country case studies on Ethiopia, Egypt, China, and Cambodia, and convened five meetings (in Africa, Asia, and Europe, among youth leaders, and an on-line consultation on a draft report). The consultations elicited suggestions from informed individuals about UNFPA's special role in the region or topic, the ways in which regional and topical needs are changing and expected to change in the next two decades, and how to maximize UNFPA's impact.

This report synthesizes the Working Group's findings and conclusions. The Working Group conducted neither an evaluation of UNFPA nor a full assessment of activities in international population policy, sexual and reproductive health, and reproductive rights. Further, time and resource limitations did not allow for a comprehensive survey of needs and conditions across UNFPA's client landscape. In particular, the authors were limited in gathering information at the country and regional levels—where most certainly every country has unique needs and lessons—to a handful of commissioned case studies and regional consultation meetings.

In addition to publicly accessible information on UNFPA, the Working Group received support from UNFPA's prior leadership in obtaining some of the requested data and documents and had access to current and retired UNFPA officials. But there are cases where information limitations or lack of in-depth knowledge prevented a more detailed analysis. Recommendations are made to remedy information gaps. UNFPA's new executive director, Dr. Babatunde Osotimehin, was appointed during the course of our deliberations. Thus this report, while independent, unofficial, and unsolicited, is being provided directly to Dr. Osotimehin and Secretary-General Ban Ki-moon for their consideration.

Chapter 2

UNFPA's role on the international stage

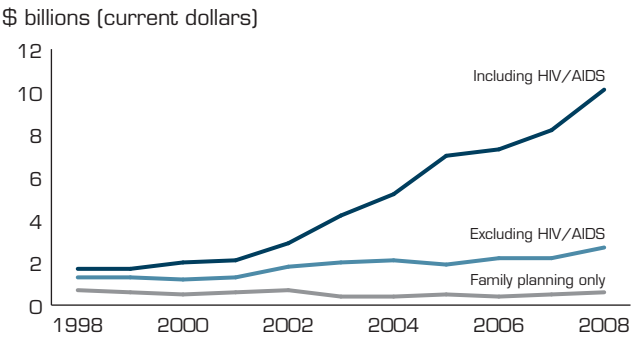
Multiple organizations are working to achieve sexual and reproductive health, advance human rights, and integrate demographic change into development. How UNFPA shares responsibility while earning a leadership position in a crowded field will be a major test of the new executive director. This chapter describes UNFPA's structure and resources and places them in the context of international funding for population assistance.

Trends in international population assistance

UNFPA defines population assistance as donor funding for those activities in the costed population package—that is, resource targets agreed upon in the ICPD Programme of Action.[i] Since 1997, UNFPA has contracted with the Netherlands Interdisciplinary Demographic Institute to collect annual data on international and domestic funds for population programs. The ICPD-costed package includes funds for family planning services, maternal health care, prevention and treatment of sexually transmitted infections (STIs) and HIV/AIDS, other reproductive health services (such as diagnosis and treatment of reproductive tract infections and information and counseling services), education and communication programs, training, data collection, research, and policy analysis.[1]

International donor assistance for population activities grew steadily in the last decade and surpassed $10 billion for the first time in 2008.[2] In current dollars, international population assistance grew from $1.7 billion in 1998 to $10.1 billion in 2008 (figure 2.1), representing 19 percent annual growth on average and almost a sixfold increase over 10 years. Even after adjusting for inflation, average growth over 1998–2008 was 15 percent annually, representing a fourfold increase in constant dollars.[3]

Figure 2.1
International population assistance



Note: Includes grants from country donors, the United Nations system, foundations, nongovernmental organizations, and development banks. If loans from development banks were added, the totals would range from $2.1 billion in 1998 to $10.4 billion in 2008.

Source: UNFPA (2010c).

However, most of the growth in international population assistance since 2000 has been for HIV/AIDS programs, including prevention, treatment, and care. In 1995, immediately after ICPD, funding for STIs and HIV/AIDS made up only 9 percent of international population assistance, but by 2008, it represented 74 percent of the total (figure 2.2). The middle line on figure 2.1 shows an increase in funds for a broad range of services included in the reproductive health category from $1.3 billion to $2.7 billion.[4] The third and lowest line shows the portion of overall population assistance that is separately designated as family planning; it declined from $723 million in 1998 to $572 million in 2008.[5]

The relative shares of total international population assistance spent on these major categories are shown in figure 2.2. Funds identified as family planning decreased from 55 percent of international

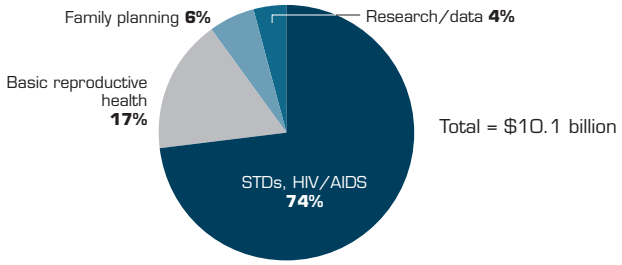
i. The term *population assistance* is understood to encompass a specific broad scope of donor-funded activities as listed above and tracked by agencies such as the Netherlands Interdisciplinary Demographic Institute and Organisation for Economic Co-operation and Development/Development Assistance Committee.

population assistance in 1995 to 6 percent in 2008. Basic reproductive health services (including maternal health care) stayed fairly steady at 18 percent in 1995 and 17 percent in 2008, while the data, research, and policy component declined from 18 percent to 4 percent. The emphasis on activities that are labeled reproductive health, even when they contain significant family planning and other components, foreshadows a similar shift in how UNFPA tracks funds. As a consequence, it has become impossible to confidently track long-term spending on specific activities.

Despite the overall increase, population assistance has fallen far short of needs related to the ICPD Programme of Action. According to UNFPA, which tracks both donor and developing country spending on population and sexual and reproductive health, estimated resource needs were $65 billion in 2010.[ii,6]

In 2008, population assistance accounted for about 7.5 percent of official development assistance grants and 39 percent of the $26 billion in official development assistance for health in 2008.[7] Population assistance is provided mainly to governments in developing countries by governments in wealthy countries. Of the $10.1 billion provided for population assistance in 2008, about $1.2 billion passed through multilateral agencies and 6 percent came from private foundations and nongovernmental organizations.

Figure 2.2
International population assistance by program category, 2008



Source: UNFPA (2010c).

Resources at UNFPA

UNFPA is a relatively small organization within the UN and is entirely financed by voluntary contributions. It is the largest recipient of international population assistance among multilateral agencies, with a budget of $845 million in 2008—about 8 percent of total population assistance that year.[8]

Offices and staff

UNFPA's staff numbers more than 2,000 (including special programs and seconded staff), with more than 80 percent located in 129 country offices and in the 10 liaison and regional offices (figure 2.3). In 2009, UNFPA worked in 155 countries and territories—almost one-third of them in Sub-Saharan Africa.

UNFPA is and will continue to be a field-based organization, its primary objective being to support countries in realizing the goals of the ICPD Programme of Action, including achieving universal access to sexual and reproductive health, promoting reproductive rights, and integrating population dynamics into human development. UNFPA does not provide sexual and reproductive health, maternal health, or family planning services, per se. Rather, its primary role is to facilitate access to improved services within countries and carry out advocacy and policy work, while at global and regional levels it also develops frameworks and guidelines, procures and distributes reproductive and maternal health supplies, trains health and gender professionals, and advocates for improved policies and programs.

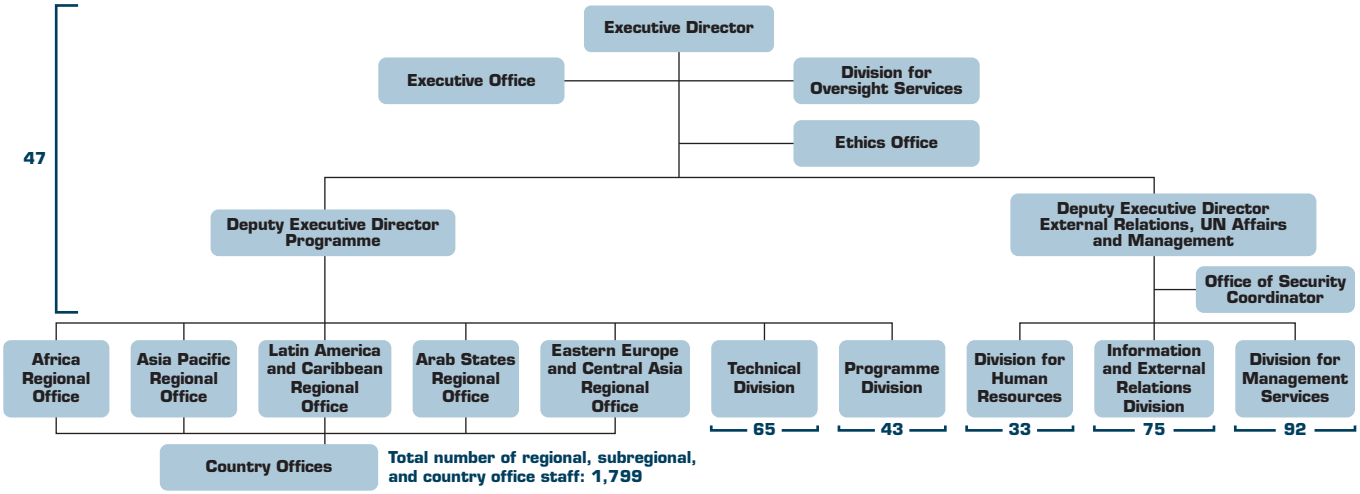
Sources of UNFPA income

UNFPA does not receive automatic contributions from countries. It receives voluntary contributions that vary from year to year, though there are some multiyear commitments. Thus, its income is neither assured nor predictable. UNFPA receives at least 90 percent of its income from more than 100 national governments, a small amount from other international organizations, and less than 10 percent from private foundations. The executive director has wide fundraising latitude but has little control over the amount of funds that will be received in a given year.

UNFPA has enjoyed both deep and broad support from Member States, especially when the United States withheld funding from 2002 to 2008. European donors rallied around UNFPA and nearly all developing countries pledged funds. Many developing countries gave small amounts of financial support, but their contributions through multiyear pledges provided important political and moral support. Additional details about UNFPA's donors are in appendix 5.

ii. See also UNFPA (2010c), p. 69. For additional information on estimating resource requirements for sexual and reproductive health, see Singh and others (2009), pp. 33–36.

Figure 2.3
Organizational structure of UNFPA, with staff numbers, 2010



Note: Staffing data is as of December 1, 2010. Numbers include staff only and exclude nonstaff categories such as Service Contracts, Special Services Agreements, interns, and volunteers.

Source: Division for Human Resources, UNFPA.

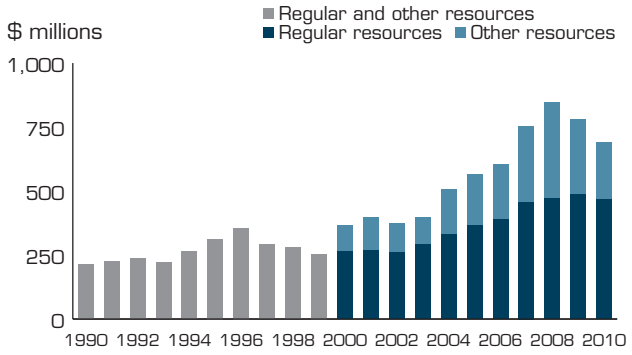
UNFPA's income reached the highest point in the organization's history in 2008, at $845 million (figure 2.4). Funding dipped to $783 million in 2009 due to the economic recession (and currency fluctuations) and is estimated at $690 million for 2010. It is not clear when contributions will return to the higher levels.

UNFPA thematic funds

In addition to core funding provided by member countries, UNFPA receives extra-budgetary funds both centrally and in countries. UNFPA's "other" contributions, which are largely earmarked for specific initiatives both at headquarters and in countries, increased substantially from 2003 to 2008. Other resources accounted for 38 percent of total funding in 2009, and in some countries these funds exceed core funding. However, the fact that these funds are not itemized in UNFPA's annual reports or financial reports to the Executive Board creates a lack of transparency in the relative priority placed on specific initiatives in comparison with core programming.

Thematic funds allow UNFPA to assure funders of a strong focus on their preferred issues. For example, the Maternal Health Thematic Fund, called for in the current Strategic Plan, was established in 2008 to accelerate progress to reduce maternal mortality.

Figure 2.4
UNFPA income, 1990–2010



Note: *Regular resources,* also called core resources, comprise mostly government contributions and provide flexible support for UNFPA programs. They are also used for program administration and management. Income from *other resources* is earmarked for specific activities and encompasses trust funds, cost-sharing program arrangements, and other restricted funds. 2010 data are provisional.

Source: UNFPA annual reports.

The Global Program on Reproductive Health Commodity Security, established in 2005, is another example of donors using extra-budgetary funds to take a strong hand in UNFPA programming. Born in part out of widespread concerns over supply problems for family planning and maternal health services commodities, it was initiated by several private donors and led by the United Kingdom. The largest of the thematic funds, it forms a central piece of a global initiative, coordinated through the Reproductive Health Supplies Coalition, to enhance commodity security for family planning, HIV/AIDS prevention, and maternal health. In 2009, the Global Program allocated 81 percent of its total expenditures of $87 million to commodities, and 90 percent of those were for contraceptives.[10]

UNFPA spending

UNFPA's strategic plan from 2008 to 2011 (recently extended to 2013) establishes a development-results framework intended to guide the organization's programs, management, and evaluation. The strategic plan identifies three goals and 13 outcomes.[11]

By program area

UNFPA reports spending according to its 13 outcomes, rather than by project type. Expenditures of regular resources also include "program coordination" for country offices.

The three goals, or focus areas, of its mission are defined in the strategic plan as population and development, reproductive health and rights, and gender equity. Figure 2.5 shows expenditures of regular resources in 2009 for the three main categories and program coordination.[12]

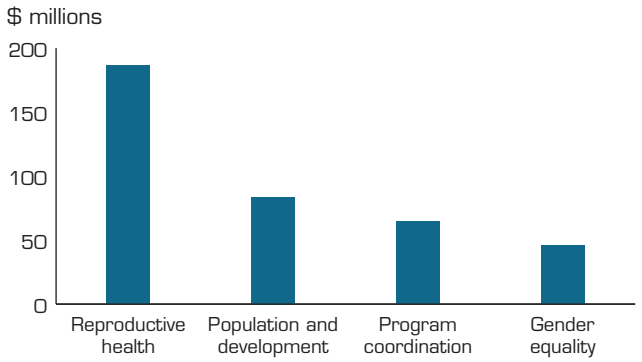
With both its regular and other resources, UNFPA's largest spending category is reproductive health, accounting for 49 percent of regular spending and 75 percent of other resources in 2009. In that year, regular program spending on reproductive health was divided as shown in table 2.1.[13]

Family planning spending

There is a strong perception that family planning has been deemphasized in the years following ICPD. Some believe that HIV/AIDS eclipsed family planning as a major health concern, especially in Sub-Saharan Africa; and that family planning services suffered as a result. Absolute and relative spending on family planning has declined while the size of the total population assistance pie has grown dramatically. Many hold the view that donor assistance for family planning has not kept pace with the growing size of reproductive-age populations and the growing desire for smaller families in developing countries.

UNFPA's expenditure data reinforce these concerns, notwithstanding that UNFPA's reports often stress the need to reinvigorate family planning programs (especially in Sub-Saharan Africa, where unmet need for contraception is high) to fully achieve the goals set forth in the ICPD Programme of Action. Only by examining individual reports of the thematic global programs can we discern that there is still a large commitment to family planning, but, as mandated by ICPD, this assistance is given to support sexual and reproductive health programs more broadly, not just family planning. UNFPA reported spending $101 million on family planning in 2009, roughly 13 percent of overall expenditures in that year.[iii] Following the mandate of the ICPD Programme

Figure 2.5
UNFPA spending by program area, 2009



Source: UNFPA (2010h).

iii. Working Group member Ellen Chesler disagrees with using a specific figure to represent UNFPA expenditures on family planning. First, she is concerned the figure may significantly underestimate actual resources devoted to family planning because of UNFPA's mandate since ICPD to integrate contraceptive services under the umbrella of reproductive health programs. Second, the contributions of other expenditures, such as program coordination and assistance, that benefit family planning should be considered. She endorses the Working Group's call for greater transparency in resource allocation.

Table 2.1
Reproductive health components of UNFPA's budget, 2009

Component	$ millions	Regular resources (%)
Increased access to and use of maternal health services	70.2	20
Promoting an essential package of sexual and reproductive health services and integrating into development policies	47.5	13
Improving young people's access to sexual and reproductive health services, including HIV/AIDS and gender-based violence prevention	21.4	6
Increased demand, access, and use of HIV/AIDS and sexually transmitted infection–prevention services	16.6	4.8

Source: UNFPA (2010h), p. 16.

of Action, programming at UNFPA has become far more integrated, and this number likely understates UNFPA's spending on family planning.

If making access to family planning universal is at the core of UNFPA's mission—as this Working Group believes it should be—then improved documentation of agency and recipient government spending specifically for family planning, along with the effectiveness of that spending, will be a critical indicator of impact for UNFPA. Direct tracking of family planning expenditures and their impact should include clear measures of how corollary programming to empower women and improve their status enhances family planning effectiveness.

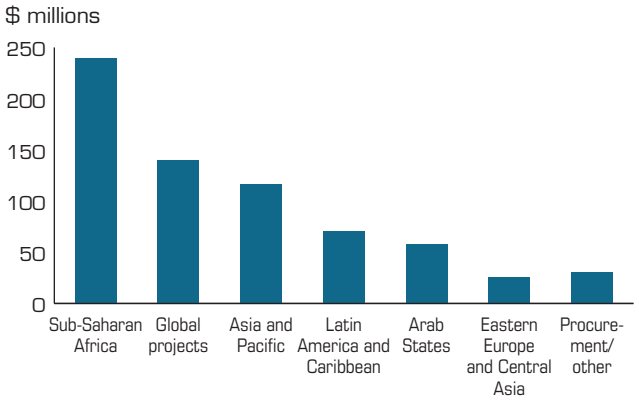
By region and country

The region receiving the largest share of funds from UNFPA is Sub-Saharan Africa (35 percent of program expenditures), followed by Asia and the Pacific, Latin America and the Caribbean, Arab States, and Eastern Europe and Central Asia (figure 2.6). In addition, 21 percent of expenditures were for global programs and 4 percent for procurement and other programs at the global level such as fellowships.

UNFPA country allocations are based on an index related to country progress. The highest priority countries (referred to as A countries) are those that have made the least progress in achieving the ICPD Programme of Action—namely reducing unmet need for family planning, lowering fertility (including adolescent fertility), and reducing maternal and infant mortality. These countries are mainly in South Asia and Sub-Saharan Africa. The top 10 countries that received UNFPA assistance in 2009 were all in Sub-Saharan Africa, except for India, which was the sixth largest that year (see table 2.2 and appendix 8 for a map of priority countries).

The Working Group gathered information about country and regional activities from case studies and regional consultations. The primary findings from the country studies are highlighted in box 2.1, and the conclusions of the regional consultations are summarized in box 2.2. Africa and Asia were closely examined because UNFPA's activities are concentrated in those two regions (figure 2.6). Conclusions drawn from these investigations are not intended to be representative of UNFPA's activities and impacts across the world. However, information gathered in these exercises synchronizes well with information gathered through other means, and contributed to the Working Group's conclusions.

Figure 2.6
UNFPA spending by region, 2009



Source: UNFPA (2010a).

Table 2.2
Top 10 recipients of UNFPA funds, 2009

Country	$ millions	Country	$ millions
Sudan	19.9	India	12.3
Ethiopia	16.4	Uganda	12.0
Democratic Republic of Congo	16.3	Nigeria	10.5
Mozambique	13.2	Chad	10.2
Zimbabwe	12.7	Côte d'Ivoire	9.5

Source: UNFPA (2010a).

Box 2.1
UNFPA in the field

With 76 percent of its staff based outside of headquarters, UNFPA is a predominantly field-based organization. Its role and performance in the field is a matter of active debate, as was learned from four commissioned country case studies and three field consultation meetings. Quantitative and qualitative information gathered from the country case studies is summarized in this box (see table).

The case studies commissioned by the Working Group were chosen to represent a diversity of country conditions in UNFPA's two most important regions. The major purposes were to learn how UNFPA deals with the variability of needs for its geographic presence, and look for anecdotal evidence of its successes and challenges. The case studies are used in conjunction with other information gathered by the Working Group to inform its conclusions and recommendations.

In **Cambodia,** UNFPA has successfully played a convening and facilitating role for population, gender, and sexual and reproductive health discussions that informed the government's policy development. UNFPA has carried out a broad range of activities in Cambodia: population policy development, census, reducing gender violence and human trafficking, gender mainstreaming in government agencies, health provider training, emergency obstetric care, and midwifery training curriculum, among others. UNFPA is currently preparing its fourth Country Programme in collaboration with the Cambodian government, and is at a crossroads in deciding its future role. One area calling for greater UNFPA involvement is family planning advocacy, where implementers noted a surprising absence. In particular, there is a view that UNFPA could bring good evidence to bear on the question of why contraceptive prevalence is low in Cambodia. There is an expressed desire from stakeholders in Cambodia for UNFPA to improve communication, especially related to its advocacy role for social change. Respondents suggested that UN Women could become a unifying agency on gender issues, once it has developed in-country capacity. Similarly, they argued that UNFPA should be a unifying voice to coordinate agencies involved in sexual and reproductive health and family planning. This may avoid the confusion that has sometimes arisen over which UN agency speaks

(continued)

Box 2.1 (continued)
UNFPA in the field

Summary of UNFPA's involvement in four countries

Country	Began	Resources	Roles	Issues
Cambodia	1994	$24 million (2010–15)	Census, birth spacing services, national policy documents, training	Shift from current role as facilitator to strong advocacy role or technical advisor
China	1979	$22 million (2011–15)	Policy dialogue, demography training, census and surveys, family planning training for service delivery	Lack of impact on gender and birth ratios, need to address youth needs
Egypt	1972	$18 million (2007–11)	Monitoring and evaluation, gender-disaggregated population data, female genital cutting elimination, quality reproductive health care	Must partner with community and religious leaders, gain greater visibility
Ethiopia	1973	$96 million (2007–11)	National policy development, census, enable access to reproductive health information and services	Employ "One UN," need measurable progress indicators, need to limit scope of activities

Source: Country and regional case studies commissioned for this report (see appendix 4).

first on these issues. Finally, a stronger role for UNFPA in commodity security—including filling a need to work with and energize the private sector—is encouraged.

UNFPA has worked in **China** since long before China's One Child policy and continued to provide advice to the Government of China throughout the period of international criticism. Thus developed a strong relationship that paves the way for UNFPA to be a trusted advisor and exert a modernizing influence in China. An example is UNFPA's successful use of moral suasion to make progress on human rights and the principles of the ICPD Programme for Action. UNFPA has had longstanding and substantial impact on policy development but now needs to develop alliances beyond the National Population and Family Planning Commission. This includes finding ways to work with the Government of China on aging and perhaps more directly addressing gender issues such as the "bare branches" phenomenon of wifeless men. On demographic issues, UNFPA could stimulate a policy discussion about migration, urbanization, sex ratios, and other social and economic phenomena in a manner well supported by population data and analysis. Health care in rural areas is not adequate to deal with growing sexually transmitted infection prevalence. Limited access to services is the norm, and women are typically most deprived. This again suggests the importance of a partnership between UNFPA and UN Women on women's rights. Greater attention is planned in the next five years to emergency preparedness, vulnerable populations, and climate change, among other issues.

In **Egypt,** UNFPA must focus headlong on youth, who are currently deprived of information and choices related to sexuality and reproductive health. Yet this must be done in a context of rising social conservatism. Therefore, alliances with community and religious leaders are crucial to success. At the same time, Egypt can foresee the closing of the demographic window and needs UNFPA's economic advice on how to reduce the challenges of a growing dependency ratio. There are many international organizations working on gender and reproductive health in Egypt, and UNFPA should become a stronger coordinator of activities in Egypt's

(continued)

Box 2.1 (continued)
UNFPA in the field: summary of four country case studies

decentralized governance system. UNFPA needs to raise its visibility and can do so by scaling up its work in a few areas rather than continuing the many pilot projects in which it is currently involved. UNFPA needs to reach to the community level in order to navigate the religious opposition; at the same time, it is imperative that UNFPA establish a good working relationship with Egypt's new Ministry of Family and Population, as its previous counterpart, the National Population Council, will be less powerful.

In **Ethiopia,** a well-articulated population policy contrasts with poor outcomes on sexual and reproductive health and maternal indicators. The country has one of the highest maternal mortality ratios in the world (850/100,000 live births) and retains a high total fertility rate (5.4 in 2005). Early and poorly spaced births are the norm for Ethiopian women. The National Population Policy was developed with support from UNFPA and its targets are consistent with ICPD and the MDGs. UNFPA is engaged in its sixth Country Support Program in Ethiopia and interacts often and constructively with the Government of Ethiopia. However, capacity within government and in research institutions is a limiting factor; therefore, implementation of the population policy is haphazard. UNFPA's role in coordinating, helping to build capacity for implementation, and furthering policy development in the form of action plans is most in line with its comparative advantage in a country as large as Ethiopia. Our case study suggests that others should mobilize resources to conduct program implementation, particularly in sexual and reproductive health and gender, as UNFPA is not resourced well enough to carry out its current breadth of activities.

In each of the countries, respondents spoke about the connection to the environment and climate change, a need for UNFPA to narrow its activities in order to achieve greater impact and clarity of roles vis-à-vis other partners, and strong and successful interaction with governments that is not mirrored in its interactions with nongovernmental organizations. A common suggestion across the country cases was for UNFPA to take greater leadership in areas such as linking environmental sustainability to women's empowerment and control over their reproductive choices, as well as gender and development where they are directly related to reproductive health, such as sex ratios at birth in China.

Source: Cambodia Case Study on UNFPA, by Jui A. Shah; China Case Study on UNFPA, by Joan Kaufman; Egypt Case Study on UNFPA, by Ahmed Ragaa A. Ragab; Ethiopia Case Study on UNFPA, by Oladele O. Arowolo. Available at www.cgdev.org/unfpa.

Evolving priorities

Each of the three past executive directors of UNFPA imprinted his or her vision on UNFPA while navigating a changing environment. The history of Dr. Obaid's era has not yet been written. When it is, it will likely reflect the constant need to parry and counter opposition to abortion and even contraception from the political and religious right, along with a more subtle need to avoid controversy over coercion related to family planning. During the 2000s, Dr. Obaid had to view almost all decisions about programming and interactions with funders and partners through the lens of possible controversy. She sought a moderate ground, emphasizing programming on issues such as gender-based violence and female genital cutting that would avoid direct challenge from opponents. In addition, from the beginning of her tenure, Dr. Obaid encouraged UNFPA to understand and adapt to cultural contexts in countries as a way to achieve acceptable, enduring change. Although cultural sensitivity had been a distinct hallmark of Dr. Obaid's tenure, it was not always well understood by UNFPA staff or carried out successfully in the field.[14]

Changes within UNFPA under Dr. Obaid's leadership included decentralization and reforms in its management operations. But the major action was happening outside of UNFPA. Despite strong

Box 2.2
UNFPA in a changing world

Issues in Asia. Demographically, Asia is the most diverse and fast-changing region in the world. It includes low-low fertility countries (South Korea) and very high fertility countries (Nepal). Many in Asia are asking UNFPA to redefine its activities in order to be relevant to the range of conditions experienced in the region. In particular, they seek greater UNFPA attention to how demographics relate to their diverse stages of development.

A strong realism pervaded our discussions about UNFPA in Asia. It emphasizes that UNFPA is a small player in many Asian countries and should define its role in a narrow way to have impact. A view expressed at the Asia consultation and shared by the Working Group is that: "Governments often see UNFPA as an implementing agency. UNFPA shouldn't be providing direct services in places like India, Cambodia, or China, where civil society or governments can be implementers." In its place, commentators urged UNFPA to concentrate resources in areas where its impact could be more obvious, such as intensive monitoring, data production, sharing, and analysis to provide evidence for advocacy and policy, training demographers, serving as a convener and mediator between governments and civil society, and advocating for issues that have been neglected. For instance, a successful example in the last decade is UNFPA's work in India on gender inequality related to missing girls. UNFPA paved the way for other nongovernmental organizations, academic groups, and governments to take interest.

But the view was also expressed in the consultation that there are many pressing issues that could be addressed and that UNFPA needs to have a process for deciding among them and focusing its activities. A guiding principle should be to do those things that UNFPA is uniquely mandated to do. For instance, nobody else has the platform for sexual and reproductive health and rights. Another guiding principle is that there should be coordination with other UN agencies but that UNFPA must not lose sight of its core mandate. For women's empowerment more broadly, there has been confusion about what UNFPA should or should not do. UNFPA needs to learn to work with other UN agencies and with women's ministries on this. Some felt that environment and climate change are a core part of UNFPA's mandate only in relation to sexual and reproductive health.

Asians call on UNFPA to help redefine the population field at the global and country level in light of changed demographics. Even here, there is an important division of duties. Population research is carried out by the UN Population Division, and there needs to be better coordination between UNFPA and the Population Division on who does what. Specifically, the Population Division does not have a country presence, so UNFPA needs to take responsibility for strengthening national capacity for demographic analysis. Multiple voices called for UNFPA to strengthen the training capacity of population institutions in countries and facilitate south-south collaboration. In Asia, aging is generally seen as an important population issue, but with vastly different needs across countries.

Another emerging issue in some Asian countries is the need to advance rights. Participants expressed the view that there is a strong role for UNFPA to talk about rights even within the context of longstanding issues such as safe abortion.

Issues in Africa. Our consultation in Africa and a commissioned paper on UNFPA in Africa suggested that change is underway and UNFPA should identify its value-added role. In the past, UNFPA played a critical role in

(continued)

Box 2.2 (continued)
UNFPA in a changing world

developing census capacity in Africa, effectively carried out institutional capacity building and scientific training, and contributed to national policy development. Some of these activities were discontinued by UNFPA in the past couple of decades. Now, many African governments have become actively involved in defining their interests in the field of population and sexual and reproductive health, new global health initiatives and institutions are very active, and there is a sense that UNFPA is not clear where it is most needed. In the context of UN reform that promotes joint programming, UNFPA has the opportunity to lead other UN agencies to address population distribution and dynamics, as well as population and development issues, including links to the environment and changing labor force. The consensus of views was that UNFPA had not yet found its footing in a leadership role, which should be balanced with UNFPA's support for programming carried out by others.

Some examples of UNFPA's effective presence in Africa were offered:

- In Uganda, close work with the parliament has resulted in a robust national population policy in spite of strong resistance from high government levels.
- In Tanzania, UNFPA has been involved in the development of sector-wide approaches, resulting in maintenance of sexual and reproductive health funding.
- In Kenya, UNFPA has worked with NGO partners to get a separate budget line established for family planning.
- In South Africa, UNFPA used its limited resources to act as an incubator and innovator on issues such as spurring the South African Government on integration of HIV/AIDS with reproductive health.

However, UNFPA resources are insufficient to achieve the needed scale, particularly where UNFPA has "chased neglected issues." In Uganda, UNFPA works in 8 districts of 117 countrywide. There was a view expressed that UNFPA needs to carefully assess what it can do in a sustainable manner, to be very clear and forceful in articulating its sexual and reproductive health agenda, and to develop a portfolio of closely related services that country governments can select according to their needs. Finally, there was a push to consider reducing the breadth of country offices (from 45 country offices) by using a subregional approach. If this suggestion from the regional consultation was to be taken up, it would have to be reconciled with skepticism about the benefits of UNFPA's recent move to regionalization.

fundraising in recent years, UNFPA has struggled to remain relevant in a world with declining fertility rates, a multiplicity of new development agendas and actors, and a global health movement dominated by HIV/AIDS. UNFPA's agenda took a back seat to many others during the late 1990s and early 2000s. An example of UNFPA's marginalization is the drawn out effort to secure an important place for family planning and reproductive health and rights in the Millennium Development Goals (MDGs). The eight MDGs and their subsidiary targets, globally agreed upon following the UN Millennium Summit in 2000, contained no mention of reproductive health until the targets were revised in 2007. A more recent example is the spotlight on achieving the health MDGs, particularly maternal, newborn, and child health, requiring UNFPA and other agencies to demonstrate nimbleness in redefining programs, relationships, and objectives—or risk being sidelined in global health discourse.

Gaps

Forty years after the establishment of UNFPA, there is abundant evidence of an unfinished agenda for population, sexual and

reproductive health, reproductive rights, and demographic dynamics as a factor in development. There is also a vast community of experts, advocates, and officials who define UNFPA's agenda in different ways, each of them based in the ICPD Programme of Action but not equally central to UNFPA's unique mission.

The first unfinished agenda is inequitable and uneven provision of family planning and safe abortion services within an integrated sexual and reproductive health agenda. According to surveys, 215 million women have an unmet need for family planning—that is, they want to avoid a pregnancy but do not use modern contraception. In addition, there are 20 million unsafe abortions every year.[15] The second unfinished agenda is linking ICPD's broader vision of the centrality of sexual and reproductive health, including family planning, to human rights and women's empowerment and, in turn, of women's empowerment to effective family planning into programs and policies.

A third unfinished agenda is a better understanding of the link between population dynamics and all aspects of development, including environmental sustainability and poverty reduction especially in the current context of global climate change. Specifically, a movement has recently emerged among African national leaders to embrace and implement family planning programs as part of the sexual and reproductive health and reproductive rights agenda. They are driven in part by awareness of the demographic dividend—in the form of economic growth—that may result from lowering birth rates and reducing the size of the dependent (youth) population. This movement is reflected in the Maputo Declaration (2006), the Kampala Family Planning conference (2009), and other events of the past few years, and mirrors prior advances in Latin America and South Asia to expand access to modern contraception and increase its use through nationally funded service delivery. This unfinished agenda connects demographic trends with sexual and reproductive health and family planning.

Finally, new agendas are emerging around demographic challenges—such as aging, rapid urbanization, and environmental sustainability—that require analysis and appropriate policy responses. For example, UNFPA's *State of World Population 2009* focused on population and climate change.[16] In Asia, there is increasing demand for UNFPA to work on aging. In an era of shrinking budgets, however, UNFPA will need to determine where it is likely to have the greatest impact.

UNFPA's future success depends on choosing a small number of specific objectives from within those broad and important agendas and on tracking progress and impact with concrete measures. While there is room for country and regional variation in *how* to achieve them, UNFPA is advised to bring far greater uniformity and purposefulness to its choice of *what* it seeks to achieve.

Notes

1. UNFPA (2010c), p. 5–6.
2. UNFPA (2010c), p. 9–10.
3. UNFPA (2010c), table 2, p. 9.
4. UNFPA (2010d).
5. UNFPA (2010c), p. 27.
6. UN (2009).
7. Kaiser Family Foundation (2010).
8. UNFPA (2010c), p. 15.
9. UNFPA (2010g).
10. UNFPA (2010e).
11. UNFPA (2007).
12. UNFPA (2007), p. 28.
13. UNFPA (2010h).
14. Temin (2011).
15. Singh and others (2009).
16. UNFPA (2009b).

Chapter 3

Conditions affecting UNFPA's ability to achieve impact

The Working Group has identified a small number of areas that determine UNFPA's effectiveness and impact. These include UNFPA's ability to establish and pursue a well-defined set of priorities that are closely related to its unique mission, its commitment to and technical capacity for performance measurement and reporting, its human resource capabilities, and the management of relationships with important constituencies. The recommendations in chapter 4 are focused on these areas. This chapter describes each of the issues and emphasizes how UNFPA's unique mandate carries with it both impediments and opportunities to succeed. We begin with the scope of issues that fall within UNFPA's mandate and the choices it needs to make regarding priorities.

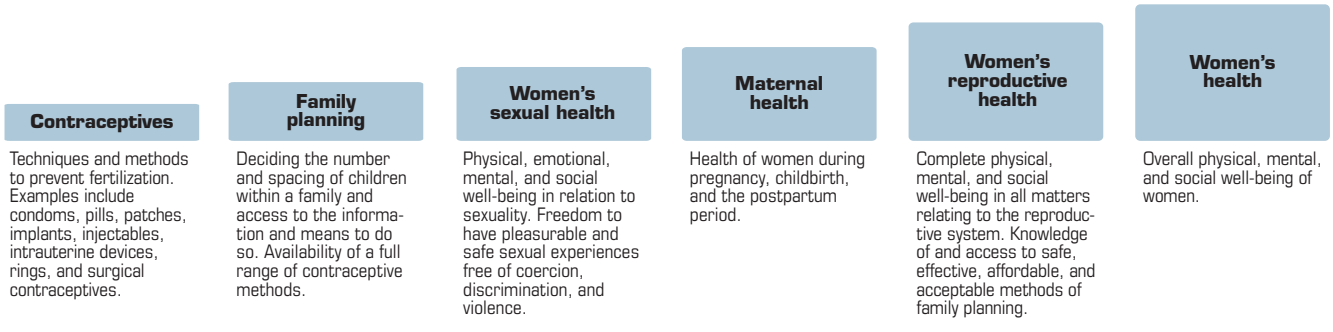
Mission and focus

With its clear responsibility for promoting the ICPD Programme of Action, UNFPA must work closely with the population and women's rights community—a diverse group that includes some powerful contrasting voices, as well as strong networks of common interests. That community includes public and private sector health and service providers, donors, academics, research organizations, and advocacy groups. It also divides by discipline—ranging from demographers, population scientists, and gender experts to community workers who deliver services—and by topical area—such as health, development, and legal, ethical, social, and behavioral issues.

The focus of international population policy has evolved over 40 years, from population control to the individual rights perspective reflected in the ICPD Programme of Action. Also, the geopolitical balance of power has shifted from North to South, and many new issues have emerged, such as obstetric fistula, female genital cutting, human trafficking, low fertility, climate change, changing age structures, HIV/AIDS, and the youth bulge. Some terms, such as population control or regulation, have fallen out of favor for good reasons, while others remain even as the means to respond to them change. Included in the latter category are issues that UNFPA has addressed in varying degrees in recent years.

The result is an overlapping array of terms, each with its own advocacy constituencies. Figure 3.1 offers definitions of the most

Figure 3.1
Hierarchy of commonly used terms in the international population environment



Source: Authors' construction

common terms that arise in UNFPA's work. It is imperfect: parts of the global health and development communities use terms in different ways. But while terminology is sometimes chosen as a matter of convenience or custom, for population issues, words matter.

At times, a political agenda is implicit in word choice—such as abandonment of the ICPD Programme of Action or meekness about controversial topics. At other times, terminology signals choices about where or how to take action—for example, maternal health indicates a preference to focus on women's health at the time of childbirth, or family planning might signal a focus on married individuals to the exclusion of unmarried, young, or non-heterosexual individuals. There is also a lack of clarity about where sexual and reproductive health and reproductive rights fit in to other global health and development agendas and initiatives, which are multiplying at a dizzying pace. While the lack of language conformity and clarity plagues the field of global health, it creates a perceived lack of cohesion in UNFPA's programming and messaging, which should, at a minimum, be clarified in order to better delineate UNFPA's work with partners. Agreement on the definition of terms used in figure 3.1 would be welcomed by donors, implementers, and developing country governments.

There are also many emerging and reemerging issues within the ICPD Programme of Action that receive inconsistent attention from UNFPA. They include the environment, declining fertility, international and internal migration, urbanization, demographic research training,[i] and links between population and development—and particularly between population and poverty. At times, UNFPA has devoted attention to global topics such as climate change. The 2009 *State of the World Population* was about climate change; UNFPA supported African countries in their preparation for climate change negotiations in Cancun in 2010 and produced a well-respected monograph on climate change and population dynamics in collaboration with the International Institute for Environment and Development.[1]

But UNFPA's attention to population and development has not been consistent, and it has not connected work at the global level on demographic change with needs at the local level for sexual and reproductive health and reproductive rights. It could work more closely with, for example, the UN Population Division to do so. In fact, many UN agencies have roles on global issues—such as international migration (International Migration Organization), environment (UN Environment Program), and urbanization (Habitat), as well as small roles on others, such as the World Bank on population and poverty—but do not adequately incorporate the role of population dynamics as a driver. The connections across agencies—and therefore high-level messaging and policy responses from the entire UN system—are thereby lost. An example is the importance of delivering contraception in refugee populations consistent with women's rights and freedom from gender violence.

Governments, donor agencies, and the NGO communities have widely varying interests in these issues, and place demands on UNFPA for programs that reflect their individual priorities. As a result, UNFPA is pulled in many directions, and—to the extent that it has yielded to those demands—many observers believe the agency has lost focus and impact. The ICPD Programme of Action does not rank issues but aims to bring together the different strands of population, sexual and reproductive health, and reproductive rights. The same can be said of the MDGs, but they have the virtue of brevity. There is a widespread, though not universal, view that substantive disagreements about ICPD have dissipated and that what remains to be resolved are differences in emphasis in implementing the agreement. Whether this view is correct, most observers agree that UNFPA faces a dilemma in trying to achieve the right balance in its priority themes and activities.

Documents prepared for the Working Group as well as many interviews with experts revealed a near unanimous conviction that UNFPA should recalibrate its programming. A small minority would prefer a decisive shift to family planning. A different small minority would prefer a normative role for UNFPA and urges it to move out of the business of commodity provision. These views are not widely held, according to our research. By and large, there seems to be agreement that UNFPA should steadfastly pursue the ICPD Programme of Action to improve conditions for women everywhere to achieve their needs—a view recently endorsed unanimously by the UN General Assembly. Moreover, there is agreement that UNFPA should do so by scaling up a smaller number of programs and by ensuring a greater priority is placed on family planning as a means to achieve other goals.

---

i. UNFPA shut down most of its research training programs, particularly those in its regional training centers. For example, UNFPA withdrew funding from the Regional Institute for Population Studies in Ghana in the early 1990s. It still exists now but without UNFPA support.

Performance measurement

In the mid-2000s, UNFPA's Executive Board and interested donors encouraged UNFPA to create better outcome measurements. In response, in its 2008–2011 Strategic Plan, UNFPA included a section entitled "Development and Management Results Frameworks: Indicators, Baselines and Targets." In the Development Results Framework, UNFPA defined three high-level goals:[2]

- Goal 1: Systematic use of population dynamics analysis to guide increased investments in gender equality, youth development, sexual and reproductive health, and HIV/AIDS for improved quality of life and sustainable development and poverty reduction.
- Goal 2: Universal access to sexual and reproductive health by 2015 and to comprehensive HIV prevention by 2010 for improved quality of life.
- Goal 3: Gender equality advanced and women and adolescent girls empowered to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence.

Progress on each goal is measured by several indicators. In addition, UNFPA tracks 13 outcome indicators, each of which has several measures and targets. Targets are based on MDG and ICPD targets, surveys of progress in countries, and internal management discussions and agreements. The target year specified for all the outcome level indicators is 2011, and a mid-term review of the Strategic Plan is under way. If this review includes progress reports on the targets and outcome indicators on which UNFPA holds itself accountable, it should be made public and discussed with external advisory bodies as soon as possible.

In addition to the Development Results Framework, UNFPA's Strategic Plan includes a Management Results Framework. It has nine outputs as goals, each with two or three indicators.

UNFPA's accountability—both for financial resources and program results—has been a major concern of its donors and recipient governments. Problems related to accountability can be traced to many factors, including the complexity of reporting requirements and weak capacity in UNFPA's field offices and among its implementing partners. But accountability is more than thorough expenditure tracking. It requires a clearly defined and manageable set of agreed-upon goals, along with the resources and expertise to accomplish them. It should then be put into action with a transparent incentive system, ideally including time-bound milestones and consequences for failure to achieve the goals.

UNFPA's effort to define impact indicators for its programs is a well-intentioned move toward clarity and accountability, but most of the above elements are missing. The breadth of UNFPA's three core areas of programming makes it hard to distinguish what is being accomplished. A wide range of activities has been legitimized, many of them at the small scale with little discernible impact on primary goals. Clear and time-bound milestones are stated, but incentives and consequences for missing them are not.

To restore the confidence of its donors, UNFPA needs to address several issues in assessing program performance. For example, outcome indicators for the second goal of the Development Results Framework include measuring the unmet need for family planning, the proportion of births attended by skilled health personnel, and the contraceptive prevalence rate (modern methods). These are important reproductive health indicators and indisputably related to UNFPA's mission. UNFPA must define how its work contributes to such broad, population-level outcomes. If it cannot, it must reassess its programming in order to achieve a direct link.

In addition to attribution challenges (which, not incidentally, plague other development and health agencies, especially those working in close partnerships and those that are not direct implementers), the value-added quality of UNFPA's work is not easily demonstrated. A nonscientific but widespread view that emerged from interviews for this report strongly suggests that UNFPA must improve the quality of its performance, which is said to vary widely across countries. Independent evaluation is needed to help distinguish between failure to achieve real impact and difficulty with attributable measures. Greater specificity and attention to state-of-the-art monitoring and evaluation methodologies could help UNFPA to better measure its contribution to progress and demonstrate its successes to external audiences.

Human resources

UNFPA reports that most of its professional staff is in the social sciences, including demography, statistics, sociology, gender, international relations, international development, and economics. Other professional staff members have backgrounds in public health, medicine, public administration, and related fields.[3] Although this list encompasses a wide range of technical capacities, observers sense that UNFPA staffing patterns and personnel capacity have not kept up with the changing population landscape and needs of countries. This concern relates both to types and distribution of expertise across offices.

For example, India was the sixth-highest recipient of UNFPA funds in 2009. UNFPA has a longstanding and effective presence in India, parts of which continue to suffer from high maternal mortality, unmet need for family planning, and other core services offered by UNFPA, despite the country's economic emergence. India has not only strong technical and economic capacity of its own, but also many larger external sources of funds than UNFPA. Therefore, UNFPA's role in India should be managed to carefully leverage its assets with those of others so as to achieve the largest impact possible. This role may include being an advocate for policy change with state governments or providing technical assistance to local service delivery organizations. Our research underscored UNFPA's effective contribution to policy advocacy in countries (see box 2.2), but there were no examples given of a strategic approach to advocacy across the organization nor a modern approach, using, for example, social networking and other new technologies that could more easily allow reach and impact to be monitored.

Staff expertise at headquarters also needs to be tailored to the most important functions. For example, well-respected economic and financial staff is needed to remain abreast of global financing mechanisms and promote UNFPA's interests in a range of circumstances. Preferred foreign assistance modalities vary across donors. In the last decade, basket funding and sector-wide approaches (SWAps) were favored by European and some multilateral donors. A current example is a possible expanded role for the Global Fund to Fight AIDS, Tuberculosis and Malaria in financing maternal, newborn, and child health. The Global Fund's Policy and Strategy Committee discussed options for "enhancing Global Fund support to maternal, newborn, and child health" at its October 2010 meeting, and the Global Fund Board considered the issue at its December 2010 meeting. No consensus has yet emerged, but UNFPA's headquarters should be in a position to advocate with evidence on the costs and benefits of an expanded Global Fund mandate to scale up support for MDGs 4 and 5, focused on child and maternal health. In addition, economists are needed at global and regional offices to provide donors and finance ministries with information about the contribution of family planning to poverty reduction and other economic benefits of sexual and reproductive health and family planning programs, especially in relation to cost.

Another example of the importance of specialized staff is in the area of logistics. Until the creation of the thematic fund for sexual and reproductive health supplies, UNFPA had a poor track record on managing or supporting governments in commodity procurement, demand forecasting and other information systems, and supply-chain logistics. It now has staff dedicated to these purposes. An estimated 250 staff from country offices, local offices of UN agencies and organizations, and government counterparts who work in the field of sexual and reproductive health commodity security were trained in procurement and logistics in 2009. An example of its success in Madagascar is the increase from 29.7 percent in 2007 to 83.8 percent in 2008 and 86.5 percent in 2009 in the districts reporting stock-on-hand data. In addition, the percentage of service delivery points reporting no stock-out of contraceptives in early 2010 increased from 63.3 percent in 2008 to 74.7 percent in 2009.[4] While the track record is impressive, UNFPA and its donors should consider whether this successful model can be transferred eventually to public or private partners to integrate reproductive health commodity delivery with other supply chains.

Hiring and firing personnel within the UN system are challenging. In the past, UNFPA has used early retirement and other incentives to create much needed flexibility in its staffing. The extent to which its methods have been effective is unclear, and there is a widespread view that further staff turnover is needed to make room for new skills. UNFPA will need to work more aggressively to ensure that country's needs are matched with technical expertise. An independent human resources assessment could give a framework and impetus to the personnel changes that may be needed to accompany a refocused mission.

Communicating with UNFPA's key partners

UNFPA's Strategic Framework 2008-2011: Accelerating Progress and National Ownership of the ICPD Programme of Action provides direction for UNFPA's work at all levels. The framework was recently extended to 2013 as part of a broader effort to align UN agencies' planning cycles. The executive director and senior staff make decisions about administrative, financial, and program matters—including strategic plans and major structural and procedural changes—with the approval of the Executive Board.

Executive Board

The Executive Board, which is shared with the United Nations Development Programme (UNDP), meets three times a year and

comprises 36 geographically balanced UN member countries.[ii] At Board meetings, Member States are joined by a number of observers, which include large international NGOs, such as the International Planned Parenthood Federation and Partners in Population and Development, UN agencies with related mandates such as UNICEF and WHO, and others.

According to those familiar with Board proceedings, the meetings are more of a forum for politicking than for governing. Conditions that reportedly plague the Board's operations—and that contain serious implications for UNFPA's programmatic coherence and impact—include the following:

- Minimal substantive discussions about program priorities take place at Board meetings.
- Conflicts are often played out through predictable blocs of countries and tired and unproductive arguments.
- Board meetings are dominated by finance, governance, and audit issues rather than substance and programming.
- Board members do not, individually or collectively, help UNFPA respond to political controversy or promote UNFPA in relevant international forums.

Leadership and staff

UNFPA has achieved greatest progress when the executive director is associated with a strong objective and the definition of success is clearly articulated and embraced by UNFPA staff at all levels. A single-mindedness of purpose, while not a prerequisite, adds to the aura of success, at least from the vantage point of history. However, leaders rarely achieve major change alone, and large bureaucracies do not readily embrace their efforts if the change needed is internal. Therefore, UNFPA's executive director will need to rely on change agents within the organization if new priorities are to be realized.

UNFPA's executive director works closely with two deputies, an Executive Committee and an Operations Committee. The Executive Committee is chaired by the executive director and includes UNFPA's senior management—that is, two deputy directors, eight division directors, chief of staff, heads of budget, finance, and other directors. Under the Executive Committee is the Operational Committee, chaired by the deputy executive director for programming and includes deputy directors and branch chiefs. Both committees have a role in offering strategic oversight, advice, and decision-making on major policy issues to meet UNFPA's goals.

Key external relationships

UNFPA faces an expanding partner landscape. These include other UN agencies—UNDP, UNICEF, WHO, the UN Population Division, UNAIDS, UN Women, the UN Secretariat's Humanitarian Affairs office, and the World Bank—depending on the policy issue or project. It also includes funders (such as the UK Department for International Development and other bilateral donors, the World Bank, the Bill & Melinda Gates Foundation, and others), and advocacy organizations (such as Marie Stopes International, International Planned Parenthood Federation and affiliates, Population Action International, the new Partnership for Maternal, Newborn, and Child Health, and others). In addition, UNFPA receives advice from three external advisory panels (box 3.1).

In the UN

A broad range of UN institutions work on population-related issues, whether at the global level, in developing countries, or both (figure 3.2). UNFPA is assigned clear leadership within the UN on sexual and reproductive health and reproductive rights, but it shares that playing field with other UN agencies, notably WHO's unit on reproductive health research, UNAIDS, and UNICEF. UN Women will soon become a major partner on sexual and reproductive rights and other UNFPA interests. There is overlap in responsibility across UN and affiliated agencies on many other UNFPA topics and functions, such as maternal and child health, HIV/AIDS prevention, education and training, policy, and advocacy.

Although there is great potential in partnering, clear guidelines on specific roles and desired outcomes are valuable to all involved, especially as roles shift within countries to match re-oriented missions. UNFPA reported carrying out 221 joint programs with other UN organizations in 2009.[5] Most UN agencies use demographic data to design and evaluate their own programming, at a minimum; many also produce data and analysis that other agencies use. However, many entities do more, including policy advocacy and project

ii. Members are elected by the UN Economic and Social Council on a regional basis: 8 from Africa; 7 from Asia and the Pacific, including the Middle East; 4 from Eastern Europe; 5 from Latin America and the Caribbean, and 12 from the bloc known as "Western Europe and others group," which includes all former Western bloc countries in Europe, the United States, Canada, Australia, New Zealand, and Israel.

Box 3.1
External advisory panels to UNFPA

Dr. Thoraya Obaid established three formal external advisory bodies in recent years. These include the Youth Advisory Panel (established in 2004), the External Advisory Panel (established in 2007), and the NGO Advisory Panel (established in 2010). There is no formal relationship between the External Advisory Panel and the Executive Board, and no formal relationship among the panels. The advisory groups were created in response to feedback that UNFPA needs more independent advice and perspectives. The panels can issue recommendations, but the process for responding to those recommendations is not clear.

The existence of these internal and external advisory bodies is a standard tenet of good management and offers the potential for UNFPA to receive a substantial amount of useful advice about what its priorities should be. However, the system for selecting and involving advisory committee members is not evident, and how their advice is used is not transparent. If UNFPA interacts productively with these entities in listening to their advice and then transparently reflecting or rejecting it, UNFPA should be able to expect that, in return, those groups will help promote and carry out the priorities chosen. However, effective use of these mechanisms requires UNFPA's executive director to build and maintain relationships, to be adaptable and responsive to those communities, and to exert leadership to win their support when needed.

implementation. What emerges are blurring lines of responsibility for statistical work, policy dialogue, and in-country project assistance related to population and development.

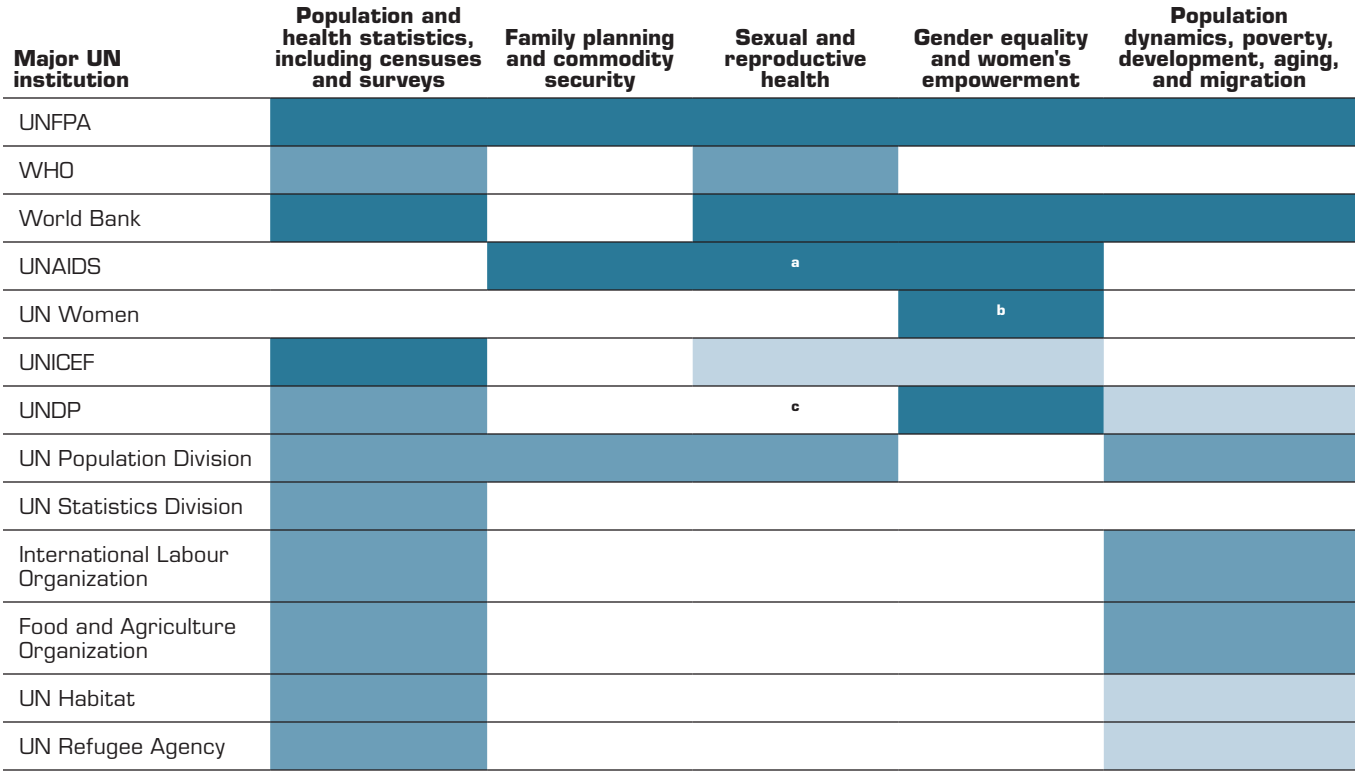
UNFPA has actively implemented the UN Secretary-General's *Deliver as One* campaign. Now being piloted in a handful of countries, "One UN," if fully implemented, would consolidate all UN country programs under one roof, with one budget, management plan, and country leader. Its aim is to increase the coherence of UN assistance and reduce the transaction costs associated with having a large number of agencies work with local counterparts. Although still at an early stage, the initiative has major implications for how UNFPA country offices will collaborate with other agencies and allocate funds in the future. It particularly raises questions about how outcomes in recipient countries will be measured and attributed to UNFPA.

Progress has been slow in moving toward One UN. The relationships between agency heads reportedly lay the foundation for cooperation and collaboration at all levels. While all appears cordial at the meetings of the UN Development Group, where the heads of agencies, funds, and programs meet regularly, there is a high degree of rivalry and tension in these relationships. While aspects of other agencies' agendas are controversial, respondents observed that UNFPA is different in that its entire agenda is controversial. It would not be difficult to conclude that the political controversies surrounding UNFPA have prevented more open support from sister UN agencies for both UNFPA and its agenda.

UNFPA has also spent considerable time in recent years improving management systems and internal operations. However, its relatively low profile in recent development processes implies a lack of effectiveness in getting its objectives accepted and supported by other UN agencies. UNFPA's ability to achieve its objectives with the full endorsement and participation of its sister UN agencies depends in part on its effective inclusion in the follow-up processes that implement development agendas and initiatives, such as the MDGs and Group of Eight agreements. Those agendas greatly influence international donor decisions, particularly with respect to women and children. They are important not only because they are agreed upon by governments—with the moral, political, and financial weight implied—but because they are increasingly used to establish and circumscribe priorities for attention and funds.

Close allies of UNFPA are concerned that it is not sufficiently integrated into the proliferating ad hoc global health and development discussions and partnerships and has failed to keep up with the changing global aid architecture. In particular, representatives of donor agencies cite UNFPA's inability to interact with funding platforms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance. Lost opportunities include financing that could target sexual and reproductive health and other population needs—such as long-acting contraception or fistula repair in low-resource settings—and working with global health partners on improving supply-chain efficiency. The lack of

Figure 3.2
International agencies working on population and development



a. UNFPA has a lead role on sexual health and HIV prevention; UNAIDS promotes treatment, care, and support more comprehensively.

b. Programs are under development.

c. UNDP plays a supportive role on sexual and reproductive health work through special initiatives and partnerships and as Resident Coordinator.

UNFPA's voice for sexual and reproductive health in global health partnerships implies that UNFPA's interests may be severely disadvantaged by the use of donor basket-funding and similar non-targeted funding approaches.

UNFPA is a participant in the H4+ (UNFPA, WHO, UNICEF, the World Bank, and recently UNAIDS), which has concentrated its resources in the countries with the highest maternal mortality ratios.[6] Observers applaud this as a strategic relationship, and as the smallest partner, UNFPA can achieve more by leveraging collaborative action than it can on its own. However, UNFPA has not used the H4+ as a vehicle for highlighting additional intersections of interest across those UN sister agencies—such as with WHO on maternal health or UNICEF on girls' sexual health. More direct engagement will demand specific functional assignments and evaluation of the needed investments, or efficiencies to be achieved, in working together.

In general, the relationships between agencies are described as better at the country level than at the global level. However, UNFPA's presence in countries tends to be small, thus limiting its influence on the One UN development agenda, compared with that of larger agencies. A looming test is UNFPA's ability to develop a shared set of objectives and coordinated operations with UN Women in the countries where both will eventually operate. Box 3.2 contains information about the founding of UN Women.

Box 3.2
The creation of a new UN agency for women

The UN has a weak track record in implementing gender equality. In order to end the fragmentation of efforts in this area, in July 2010 the UN General Assembly created the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), and in September named former president of Chile, Dr. Michelle Bachelet, as the first executive director. The vision of this new entity—which merges four previously distinct parts of the UN system—is to eliminate discrimination against women and girls, empower women, and achieve equality between women and men. Its main roles will be to:

- Support intergovernmental bodies to form policies, global standards, and norms.
- Help Member States implement these standards by providing technical and financial support.
- Hold the UN system accountable for its own commitments on gender equality.[1]

Its focus areas will be violence against women, peace and security, leadership and participation, economic empowerment, national planning and budgeting, human rights, and the Millennium Development Goals.[2] The expected annual budget for UN Women is $500 million[3]—an estimated $125 million for administrative capacity at the country, regional, and headquarters level, and $375 million for country-specific UN programmatic support.[4] However, like many UN agencies, funding will be voluntary. UN Women has embarked on a fundraising campaign for its first year budget, but the results have so far been lackluster.

Clearly, much of the work needed to accomplish UN Women's mandate overlaps with the ICPD Programme of Action, which has implications for UNFPA. Heated discussion has already begun over what—if any—activities UNFPA should hand over to UN Women. Handing off a carefully defined piece of its portfolio to UN Women may actually be useful to the UNFPA. Examples that might warrant review of best agency fit include UNFPA's work on establishing safe spaces for sports, art, and socialization for youth or economically empowering women and youth in vocational training and self-employment—both recent activities and self-reported accomplishments of UNFPA in Haiti. A promising area for collaborative work is that of sexual and reproductive rights. An example is the possibility for UN Women and UNDP to both play a stronger role in providing the legal and social protections that advance gender equality, both as desirable ends themselves, and as means to advance UNFPA's specific goal of universal access.

Ultimately the success of both agencies will hinge on working together. However, serious doubts have been raised about UN Women's capacity for work in countries. This underscores the need for a clear description of respective roles for the two agencies—and others, including reporting and monitoring of program responsibilities.

Notwithstanding its need to raise funds for its mission, UN Women provides an opportunity for UNFPA to focus its own mission, and improve performance on its primary target.

1. www.unwomen.org/about-us/about-un-women/, accessed October 14, 2010.
2. http://www.unwomen.org/focus-areas/, accessed February 25, 2011.
3. www.unwomen.org/about-us/faq/, accessed February 25, 2011.
4. http://ipsnews.net/news.asp?idnews=52024, accessed October 14, 2010.

With donors

Government and private donors are notably fickle, and changes in favored topics and funding mechanisms impose well-documented challenges for UN agencies and the recipient countries they work in. Attention to global health issues can shift quickly and run in cycles, as has happened in recent years with HIV/AIDS, other infectious and neglected diseases, girls' education and health, and, most recently, maternal, newborn, and child health.

UNFPA has a large donor base, including all African countries in the mid-2000s. One very important group of like-minded donors includes the Nordic and UK governments (along with Germany and, until recently, the Dutch and Canadians). This group is unified in its strong commitment to sexual and reproductive health and rights. Although they have much in common in their relationships with UNFPA, they often operate independently, rather than as a cohesive group speaking with one voice.

Donors rarely use or withhold funding as leverage to stimulate major, far-reaching changes. This situation is not exclusive to UNFPA but echoes the observation that Executive Board meetings are not a forum for detailed discussion about what UNFPA does with its funding. A prominent sexual and reproductive health and rights advocate described how "donors use their carrots but not their sticks" with UNFPA. Donors reportedly use their resources to promote particular programs, but they do not use penalties to hold UNFPA accountable.

Donors use thematic funds to leverage core funding for higher impact and greater scale. However, they also require UNFPA to establish parallel management and reporting systems. Some thematic funds—for example, the Campaign to End Fistula, which is part of the Maternal Health Thematic Fund—support activities that are not central to UNFPA's mission. Both types of thematic funds—mission-central and nonmission-central—pose issues for management to grapple with. According to respondents working for donor governments, the donors themselves are to blame for some of UNFPA's problems in defining priorities. They observed that their agencies constrain UNFPA with one-year funding and small budgets accompanied by high expectations. These respondents and others described UNFPA's donors as fickle, in that they fund pet issues and frequently move from one issue to the next. According to one respondent, donor expectations are contradictory, for example, when major donors insist that UNFPA "move upstream" and support health system strengthening and sector-wide funding approaches, which make the attribution of results difficult, while at the same time demanding better reporting on results.

With civil society

Partner organizations relate to UNFPA in various ways, serving as implementers of UNFPA programs, as research and technical organizations that provide knowledge and technical inputs for UNFPA programming, and as civil society that advocates for UNFPA objectives at the global and national levels. They all play critical roles in helping UNFPA achieve its goals, and those relationships need to be managed with respect and transparency.

About 90 percent of UNFPA's funds were channeled to government entities in 2009, about 10 percent provided to NGOs as implementing agencies.[7] In-country partners vary in terms of capacity, creating myriad management and evaluation challenges. A great deal of progress has occurred in some of UNFPA's primary thematic issues, such as maternal mortality, but how much of that progress can be attributed to UNFPA is hard to determine. The challenge for UNFPA in pursuing its mission by supporting local organizations and governments to deliver services is that it has little direct control over the desired outcomes for which donors wish to hold it accountable.

Moral and political sensitivities to some of UNFPA's front-line responsibilities, such as abortion and sexuality, have made both effective programming and communicating a coherent message difficult for UNFPA. International NGOs have filled in some of the gaps, but UNFPA remains the target of criticism even from allies who perceive that their issues have been marginalized. Examples include the needs of young people in regard to sexual education and reproductive rights. UNFPA has employed special initiatives such as the Youth Advisory Panel to build bridges and move the dialogue forward, but these efforts are not widely perceived as sufficient.

With national governments

UNFPA's vast network of country offices means it has working relationships with many developing countries. Developing countries play an important role in influencing UNFPA's agenda, though the influence is stronger at the country level than the global level. Dr. Obaid was known for listening to developing countries and making a genuine effort to balance their views with those of the major donors when the Executive Board was divided along North–South lines. A more recent development is UNFPA's increased attention to regional

intergovernmental bodies such as the Southern African Development Community and Association of Southeast Asian Nations.

As a country-based organization, UNFPA can direct financial resources, human resources, and its own influence toward promoting sexual and reproductive health, reproductive rights, and population goals in client countries. One particularly sensitive issue is the allocation of staff to country offices. Governments sometimes view the rank and number of UN staff based in their countries as a sign of prestige within the halls of the UN and vis-à-vis their neighbors. Even where changes in country needs might dictate changes in staffing, countries jealously guard their prerogative to maintain staffing levels. UNFPA's relationship with national governments is a critical element of country programs. In fact, the centrality and fragility of these relationships can hamper UNFPA's willingness to engage in reproductive rights advocacy in conservative settings, lest it upset government partners. Some respondents observed that a greater willingness of UNFPA's leadership to articulate clear positions even on controversial issues and take risks at the global level will open the path for a more assertive UNFPA presence at the country level.

Notes

1. Guzman and others (2009).
2. UNFPA (2008b).
3. Communication with UNFPA human resources (December 8, 2010).
4. UNFPA (2010f).
5. UNFPA (2010a).
6. UNFPA (2010a).
7. UNFPA (2009a).

Chapter 4

Recommendations

The time is right to reinvigorate UNFPA. With several global initiatives being launched, such as UN Women, and others approaching their target dates, such as the MDGs, UNFPA has a unique opportunity to redefine itself for the next generation. The December 2010 extension of the ICPD Programme of Action should be seen by UNFPA not as a reprieve, but as a galvanizing moment. Fifteen years after ICPD, UNFPA needs to strengthen its priorities and mechanisms for measuring and demonstrating progress. The moment also merits a revitalization of staffing aimed at a better mesh with global and country population discourse. That discourse should be influenced by strong and clear communication from UNFPA to its many constituencies.

The first three chapters of this report described UNFPA's purpose and challenges. UNFPA still has a significant unfinished agenda in achieving universal access to sexual and reproductive health and promoting reproductive rights—especially the unmet need for family planning. The competitive funding environment makes UNFPA vulnerable. Political opposition curtails its influence in the field and sometimes isolates it within the UN system. Nevertheless, opportunities abound and the arrival of a new executive director can motivate UNFPA to strongly assert an agenda that includes sexual and reproductive health, reproductive rights, and demographic dynamics. UNFPA should command a role as facilitator and leader. The following recommendations offer Dr. Osotimehin a road map for advancing the unfinished agenda, redefining priorities for the coming decade, creating the right processes, building capacity where needed, and communicating its message clearly.

Recommendation 1

UNFPA's *objective* should be to achieve universal access to sexual and reproductive health and promote reproductive rights—while significantly reducing the unmet need for family planning. UNFPA should embrace an *agenda* that helps countries integrate population dynamics into development. A new strategy should be designed to reach "one objective, one agenda."

UNFPA needs to review its mission in the context of today's world and recalibrate its role and central focus. Looking forward, UNFPA should embrace a mission *to promote universal access to sexual and reproductive health and reproductive rights—including a significant reduction of the unmet need for family planning—and to help countries integrate population concerns into their development strategies.*

The new executive director should align UNFPA's operations with its revitalized mission. **Specifically, Dr. Osotimehin should:**

a. *Adjust UNFPA's portfolio* to make the promotion of universal access to sexual and reproductive health and reproductive rights its central focus, including meeting the unmet need for family planning. Variations still exist across and within countries regarding family planning acceptance and use, and UNFPA needs to draw attention to the issue, in the context of rights-based access to and use of sexual and reproductive health services. In so doing, UNFPA could focus and intensify efforts to reduce the significant levels of unintended pregnancies wherever they occur, and, rather than any specific fertility rate, that should be a central measure of performance by UNFPA and governments.

b. *Conduct a process to identify, within the ICPD Programme of Action, the most pressing longer-term priorities and most important gaps in achieving progress on universal access to sexual and reproductive health and reproductive rights.* Included in the process should be not only UNFPA staff and governing bodies, but important external stakeholders, in order to reach agreement that all involved will support publicly and in their actions. UNFPA should provide results from this exercise to the 2014 implementation assessment recently mandated by the UN General Assembly.

c. *Work with funders to ensure that earmarked resources support the central focus* of universal access to sexual and reproductive health and reproductive rights, and indicators used in evaluating the activities supported by those funds are consistent with the results framework.

The Secretary-General and relevant agencies within the UN system should:

a. *Commence an exercise to take stock of specific UN agency contributions to addressing the demographic and health needs of countries with a goal of identifying the comparative advantage of each agency.* Individual agency strengths and weaknesses should be examined, and steps should be taken to expand the modalities that work (acknowledging that this may differ by context), re-examine those that have not demonstrated impact, and develop new approaches, including well-defined collaboration, where needed. For UNFPA, activities may include providing technical assistance as requested by governments on issues such as migration, urbanization, aging, needs of youth, low fertility, gender equity, and population and development concerns, such as resource sustainability, with the cooperation of and supported by evidence from UN partner agencies.

b. *Support UNFPA to limit its engagement in topic areas that do not directly relate to the central mission.* This should be done gradually to ensure the continuity of programming. For example, the creation of UN Women is an opportunity for UNFPA to reinforce its focus on gender issues that relate to sexual and reproductive health and reproductive rights, including family planning, in order to bolster efforts to meet the goal of universal access. Other activities to improve the status of women and girls should be explored in close coordination with UN Women to clarify where they are sufficiently within the sphere of sexual and reproductive health and reproductive rights to retain UNFPA involvement. Some valuable activities may be assumed by other entities, including UN Women. As UN Women develops over the coming months, its new executive director, Dr. Michelle Bachelet, and Dr. Osotimehin should work together to identify their agency's relative strengths and coordinate efficiently on the full range of gender issues in the UN system.

Recommendation 2

UNFPA should revisit its goals and performance indicators with the objective of pursuing a limited set of goals with indicators that are widely accepted and visible. It should report progress on those goals publicly and frequently.

a. *UNFPA is urged to develop the right tools, systems, and capacities to measure progress* toward the central objective of universal access to sexual and reproductive health and reproductive rights. UNFPA's Results Framework for Development should be consistent with a focused mission. A limited set of agreed-upon goals with specific time-bound targets should be established and conveyed to UNFPA country offices and implementing partners. First and foremost, this system must be able to track spending and progress by clearly defining and disseminating quantitative and qualitative methods of measuring progress, including working with other UN agencies and credible outside experts to improve existing and, where needed, develop new globally adopted and applied measures.

b. *UNFPA should institute and communicate to its staff a limited number of intended outcomes, progress indicators, measurement tools, and expected milestones. It should then identify clear incentives within the organization for achieving progress on those indicators.* Incentives should be paired with consequences for failure. Specifically, UNFPA should choose outcome measures consistent with those of other global organizations dealing with sexual and reproductive health and reproductive rights, and with the results of the executive director's priorities and gaps exercise. A good model is the new UK Framework for Results on Reproductive, Maternal and Newborn Health, which establishes four clear goals and five clear indicators for accomplishing its objectives in these fields.

c. *UNFPA's results framework should enable attribution of impact.* Recognizing that UNFPA is structured differently from its sister agencies, such as UNICEF and UNDP, in that it does not implement through its own staff, UNFPA needs accounting tools and systems that enable it to track and report on the performance of partners. UNFPA should provide support to its partners for impact evaluations of programs and delivery strategies. A mechanism is needed that requires all

partners that receive funding from UNFPA to embed rigorous and timely monitoring and evaluation into project activities. Results should be used to guide future engagements with partners.

d. *UNFPA should expand its focus on results-based management,* initiated in the 2008–2011 Strategic Plan. The system should identify weaknesses in management and program operations, with incentives to reward results. UNFPA should review the indicators on a regular basis with the aim of increasing the use of indicators that measure outcomes.

e. *UNFPA should share financial and other information more transparently* with funders, partners, and recipient countries. Within each broad results area, the specific uses of funds should be described and published. The Executive Board and External Advisory Panel should be more actively engaged in agreeing on goals and indicators and reviewing progress, and a more formal interaction between the two bodies might be established with a focus on progress measurement and review. If the midterm review of the Strategic Plan has produced interim progress measures, it should be made public as soon as possible.

Recommendation 3

UNFPA must align its human resource structure with its renewed mission.

a. *The executive director should commission an independent external review of human resource needs and capabilities.* The study should provide recommendations to the executive director on ways to recruit, retain, and reward top-quality staff, equivalent to those working at the highest levels of other global health and development organizations. Among other subjects, the external review may offer to Dr. Osotimehin and his advisors suggestions for how:
   i. *Human resource decisions can more strongly emphasize the centrality of achieving universal access to sexual and reproductive health and promoting reproductive rights.* Actions may include requesting all existing staff to demonstrate how their job descriptions contribute to that goal and reducing the positions and units that are not related to mission achievement.
   ii. *UNFPA can further support country-level expansion of capacity in logistics, health information systems, supply-chain management, and other related specialties that contribute to improving service delivery.* It should support capacity development within governments and the private sector to carry out those activities, eventually aiming for those functions to be sustained independent of UNFPA.
   iii. *UNFPA can offer incentives to recruit new talent in underrepresented fields.* At the same time, UNFPA should continue to expand training for existing staff, leverage senior staff for mentorship, and invest in new training opportunities that are available to both UNFPA staff and country partners.
   iv. *UNFPA can ensure that the level and mix of staff across countries reflects changing global and country needs.* A rethinking of UNFPA's geographic presence may be needed to align resources with population concentrations to avoid excessive dilution of staff efforts, and to accord with the need for UNFPA's services at the country level. UNFPA should carefully review the level of resources necessary for a country office to reach appropriate scale in the activities relevant to the specific country. If that scale cannot be achieved and maintained, UNFPA should consider different means for engaging in such countries. A careful analysis of where regional or country offices might be consolidated to achieve greater program impact should underpin any proposed changes and be supported by UNFPA's governing bodies and donors. As an agency operating primarily in the field, UNFPA should clearly spell out how its headquarters' and regional offices' functions support the field.

b. *UNFPA should strengthen staff expertise at headquarters and regional levels on the linkages among demographics, resource scarcity, and development.* It should develop relationships with outside experts with the purpose of strengthening evidence for advocacy on those linkages. UNFPA should be able to provide evidence on the returns on investment in women and have sufficient expertise to engage on equal footing with others involved in economic development policy, such as the World Bank. This may require establishing an office headed by an internationally respected economist or other social scientist

capable of employing evidence at a high level of sophistication for policy advocacy at the global, regional, and local levels. Specifically, authoritative external advisors should be approached to provide input and review UNFPA methods and analyses of demographic and development trends.

c. *UNFPA should re-instate its role in providing demographic training to build country capacity and develop the means to use external experts as advisors.* UNFPA should explore different institutional means for enhancing research and training of scientists, evaluators, and policymakers in population and development. It should recruit and retain a cadre of top population scientists as resources to country partners.

Recommendation 4

UNFPA should work with the Secretary-General, other UN agencies, and key partners outside the UN system to reframe and renew relationships and communicate more effectively its relevance to those partners and the global community.

UNFPA should be rebranded as the lead agency for population, sexual and reproductive health, and reproductive rights in both the UN system and the field. This will require a communications strategy oriented toward various audiences: UN agencies, donors, implementing partners, and national governments.

a. *UNFPA should initiate a cross-UN mechanism for regular and substantive communication on population and development issues with other UN agencies that have related responsibilities.* The group—potentially called the "P-7"—would be similar to the H4+ collaboration on maternal health. It should be initiated by UNFPA, and would include the UN Population Division, UNICEF, UNDP, the International Labour Organization, the Food and Agriculture Organization, and the World Bank. UNFPA might invite the other members to indicate where UNFPA's value lies in supporting their own missions. The broad purpose is to share information and identify gaps in information, implementation, and desired outcomes related to population and development. A specific charge could be coordinating efforts to strengthen national capacities to carry out demographic analysis. The group should be established at the technical level but should report to their respective agency heads, who in turn should report annually to the Secretary-General on progress related to population and development.

b. *UNFPA should regularize its relationship with the UN Population Division of the Department of Economic and Social Affairs through more formal and frequent communication.* Although the two agencies have maintained informal relationships in the past, a move toward a documented division of labor could facilitate the work agenda, improve efficiencies, and bolster each agency's strengths. UNFPA should focus on bringing operational research into program design and implementation (such as factors affecting success or failure in family planning programs and distribution channels for sexual and reproductive health commodities) and supporting the development of national plans and policies for sexual and reproductive health and reproductive rights. The Population Division should continue to focus its research on broader population issues such as global demographic trends, population aging, and migration. Its outputs should be directly applicable to UNFPA's operations and programming.

c. *UNFPA and UN Women should harmonize the scope of their of work, identify how each contributes to specific goals of the other, and undertake planning for a short transition period,* in particular at the regional and country levels, to transfer responsibility of UNFPA's activities identified by the two executive directors as those that fall more naturally under the auspices of UN Women and vice versa. This agreement should be worked out as soon as possible and acted upon when UN Women becomes operational in countries. The executive directors should collaborate in identifying, recruiting and deploying personnel, and developing the appropriate gender expertise within UN Women. Importantly, there will need to be consistency of messaging and objectives even while there are targeted emphases in programming. The executive directors of both agencies could begin with a joint statement on the importance of sexual and reproductive health to the empowerment of women worldwide and identify their respective contributions to that goal.

d. *UNFPA should communicate its successes and failures openly to donors and work toward stable, reliable, and flexible funding structures.* UNFPA is vulnerable to sudden changes in the

donor environment, such as new political leadership in key donor countries and global economic crises. Dr. Osotimehin should convene a task force of internal and external participants to examine financing opportunities and mechanisms to support UNFPA's mission. Some of the strategies to pursue include examining lessons learned from the increases in funding under Dr. Obaid and in other international organizations; using a transparent process to explore and create new relationships—especially with the private for-profit sector—to broaden UNFPA's donor base beyond traditional donors; highlighting the time in the early 2000s when all African countries pledged their support for UNFPA; and linking with related movements, such as climate change and the MDGs, insofar as they relate to UNFPA's central objective.

e. *UNFPA should advocate for sexual and reproductive health and reproductive rights funding as part of basket funding and SWAps.* UNFPA headquarters should work closely with global health institutions to mobilize funds for UNFPA country offices where those institutions are active. The Fund should also seek opportunities to train embassy staff of donor countries to be more knowledgeable about sexual and reproductive health and reproductive rights so they are able to advocate for the inclusion of budget-line items and adequate funding for contraceptives and other family planning commodities in SWAps.

f. *UNFPA should develop a communications strategy to refresh its role and image both internally and externally with donors, partners, and national governments.* The strategy should allow for reasonable flexibility for the field offices to operate in diverse environments. UNFPA should include marketing and communications experts in this process and continue to utilize the NGO Advisory Group that was established by Dr. Obaid in 2009 to learn about the needs and concerns of civil society. During this process, UNFPA should continually engage at the country-level to enhance cooperation, build buy-in, and respond to local needs. Once the communications strategy is developed, UNFPA country and regional offices should plan joint events in-country aimed at bringing together different sectors and emphasizing the centrality of population, sexual and reproductive health, and reproductive rights to other sectors. UNFPA should involve local population and development specialists in these events.

g. *UNFPA should pay special attention to adolescents and young adults and involve them to a greater extent in needs assessment, priority setting, and planning.* There are more people ages 10–24 globally than there are people over age 60. UNFPA should recognize adolescents and young adults as a key constituency. The Fund may consider creating a youth forum—potentially in partnership with relevant UN sister agencies—that would serve as an official communication tool for adolescents and young adults to interact with the UN on matters relating to sexual and reproductive health and reproductive rights. UNFPA should institute regular interaction between this forum and its Youth External Advisory panel and should enable interaction between the youth panel and other advisory bodies.

UNFPA's donors should consider funding a transition grant for Dr. Osotimehin, as they did when Dr. Obaid took office at UNFPA and when Anthony Lake became executive director of UNICEF. Transition funds enable the incoming executive director to formulate new strategies, test new ideas, and bring in short-term technical expertise. The transition grant could be used to commission an independent human resources study, as noted above, and allocate funds for a possible follow-up consultation with experts on how to modernize UNFPA's workforce. It could also support a task force to advise Dr. Osotimehin on funding mechanisms. UNFPA could conduct a retreat with population-related sister agencies in the UN to develop a permanent, sustainable strategy of communication and coordination on its agenda. Finally, donors could consider extending a planning grant to a consortium of organizations with expertise in institutional and leadership development to introduce a strategy for institutional strengthening and to make significant progress toward the agenda on universal access. This planning grant could also be used to build the capacity of UNFPA to synthesize experiences throughout the world and disseminate the lessons learned to headquarters, regional, and country-level staff.

Chapter 5

Conclusion

Over four decades, abetted by the growing complexity of population issues and political disagreements, the core mission of UNFPA to advance sexual and reproductive health, protect reproductive rights, and address the demographic and health needs of countries has been splintered into pieces now residing in many other agencies and entities of the UN. This report presents the rationale for turning to UNFPA to make progress on these issues, summarizes UNFPA's capacity, and provides options to sharpen UNFPA's effectiveness.

Not surprisingly, for a group with a diverse membership that reflects many views and disciplines involved in population and reproductive health, the Working Group struggled to reach a consensus on a number of important issues facing UNFPA. The most important of those is UNFPA's role in analyzing demographic change and advising governments on policies broadly related to population and development.

The Working Group supports a continued role for UNFPA as the lead agency within the UN system responsible for this agenda, while acknowledging that greater competence and a stronger mandate may exist elsewhere in the UN to carry out population projections and demographic analysis (UN Population Division) and certain aspects of gender equality and women's empowerment (UN Women). We strongly encourage active and frequent collaboration between UNFPA and those agencies, as well as others within the UN system, guided by a partnership approach developed with stakeholders and reviewed at regular intervals in a transparent manner. To that end, the first step in establishing UNFPA's continued relevance and role on the international stage is to focus on its unique capacities and clarify its mission and priorities. The second step is to create a more coherent arrangement for linking to other UN agencies involved in population, including clarity on which organization has the lead role for which functions.

Influenced by emerging issues, bureaucratic inertia, and the leadership style of its executive directors, and perhaps overwhelmed by the diverse national environments in which it works, UNFPA is not currently at the forefront of health and development discussions globally and is spread very thin in the field. UNFPA faces a moment of truth. There is a widespread perception that it has backed away from defending the most contentious ground—such as safe abortion and sexual and reproductive health and rights—in order to establish an uneasy truce with its challengers. There is also a recent well-funded and strong movement to make progress on MDGs 4 and 5 (maternal and child health), both of core importance to UNFPA's mission. The environment is favorable for organizations to work with UNFPA to refocus on the issues that are predominantly its responsibility.

UNFPA must seize this moment and command a role as facilitator and leader. Opportunities abound and the arrival of a new executive director can motivate UNFPA to strongly assert an agenda that includes sexual and reproductive health, reproductive rights, and demographic dynamics. Now is the time for UNFPA to redefine itself for the next generation.

Appendixes

Appendix 1

Terms of reference of the Working Group

The Working Group on UNFPA's Leadership Transition will offer recommendations on the future role and functions of UNFPA in the realm of population and sexual and reproductive health and reproductive rights. The Working Group's objective is to identify ways to improve global cooperation and governance for sexual and reproductive health and reproductive rights.

Premised on the unique United Nations' vision of ensuring universal rights, the emphasis will be on how to strengthen UNFPA's effectiveness in achieving its mandate[i] of sexual and reproductive health and reproductive rights. The Working Group will consider the landscape of public and private institutions with an interest in population and sexual and reproductive health—operating at both global and national levels—and offer guidance for UNFPA and its supporters and stakeholders with respect to its comparative advantages and constructive partnerships. In articulating the complex structural, political, and cultural determinants of these issues, the Working Group will need to acknowledge the fault lines along which issues of population, sexual and reproductive health, and reproductive rights are contested.

The Working Group will:

1. Articulate the rationale for turning global attention to population and sexual and reproductive health and reproductive rights.
2. Analyze UNFPA's capacity and contribution to address issues such as high fertility, morbidity, and mortality as well as aging, low fertility, and other demographic dynamics as they affect both developing and developed countries.
3. Explore options and make recommendations to strengthen the functions, image, division of labor, and coordination of UNFPA to better serve the needs of the men and women of the world, to realize rights, and to improve people's lives and their social and economic well-being.

i. See UNFPA 2008c for UNFPA's full mandate.

Appendix 2

Profiles of Working Group members

David E. Bloom is Clarence James Gamble Professor of Economics and Demography and Chair, Department of Global Health and Population, Harvard School of Public Health. Bloom is an economist and demographer whose work focuses on health, demography, education, and labor. In recent years, he has written extensively on primary, secondary, and tertiary education in developing countries and on the links among health status, population dynamics, and economic growth. Bloom has published more than 300 articles, book chapters, and books.

Bloom has previously been a member of the public policy faculty at Carnegie-Mellon University, and the economics faculty at Columbia University and Harvard University. He currently serves as a Faculty Research Associate at the National Bureau of Economic Research, and is a member of the Board of Directors of Population Services International and of the Board of Trustees of amfAR, the Foundation for AIDS Research. Bloom also serves as Director of Harvard University's NIA Center on the Global Demography of Aging. In April 2005, Bloom was elected Fellow of the American Academy of Arts and Sciences. Bloom received a BS in Industrial and Labor Relations from Cornell University in 1976 and a Ph.D. in Economics and Demography from Princeton University in 1981.

Ellen Chesler is a Senior Fellow at the Roosevelt Institute in New York. From 1997 to 2010, she was a Distinguished Lecturer on public policy at Hunter College. From 1997 to 2006, she served as Senior Fellow at the Open Society Institute, the international foundation started by George Soros, where she directed the foundation's multi-million dollar program in reproductive health and rights and advised on a range of other grant making and policy development concerns. Chesler is the author of *Woman of Valor: Margaret Sanger and the Birth Control Movement in America,* which was a finalist for PEN's 1993 Martha Albrand award for the year's best first work of nonfiction, and she is co-editor of *Where Human Rights Begin: Health, Sexuality and Women in the New Millennium,* Rutgers University Press, 2005. She has also written essays and articles in many anthologies and in newspapers and periodicals including *The New York Times, The Washington Post, The New Republic, The Nation, The American Prospect,* and *The Women's Review of Books*.

From 1997 to 2003, Chesler chaired the board of the International Women's Health Coalition. She currently chairs the Advisory Committee of the Women's Rights Division of Human Rights Watch and also serves on the board of the Planned Parenthood Federation of America. She is a member of the Council on Foreign Relations. Early in her career she served as chief of staff to New York City Council President Carol Bellamy, who was the first woman elected to citywide office in New York. An honors graduate of Vassar College, Chesler earned her master's and doctoral degrees in history at Columbia University.

Robert Engelman is Vice President for Programs at the Worldwatch Institute, a globally focused environmental research organization based in Washington, DC. Engelman provides strategic direction for the Institute's research and programs and is a specialist on issues of population, reproductive health, climate change, and natural resources. Prior to joining Worldwatch, Engelman was Vice President for Research at Population Action International, a policy research and advocacy group in Washington, DC, and he directed its program on population and the environment. He has written extensively on population's connections to environmental change, economic growth, and civil conflict.

A former newspaper reporter specializing in science, health and the environment, Engelman has served on the faculty of Yale University as a visiting lecturer and was founding secretary of the Society of Environmental Journalists. He is the author of the 2008 book *More: Population, Nature, and What Women Want* (Island Press), awarded the Population Institute's Global Media Award for individual reporting. His writing has appeared in scholarly and news media including *Nature, The Washington Post,* and *The Wall Street Journal*. Engelman serves on the boards of the Center for a New American Dream, the Population Resource Center, and the

Nova Institute. He holds a master's of science degree from Columbia University's Graduate School of Journalism and a Bachelor of Arts degree from the University of Chicago.

Alex C. Ezeh is Executive Director of the African Population and Health Research Center (APHRC) and honorary professor of public health at the University of Witwatersrand, South Africa. He joined APHRC in 1998 (then a program of the Population Council in Nairobi) as a senior research fellow. In 2000, he was appointed APHRC's Interim Director and charged with the responsibility of leading its transition to an autonomous institution. Having successfully led this transition, he was appointed APHRC's Executive Director in 2001 and has steered the young institution to phenomenal growth to date. Prior to joining APHRC, he worked at ORC/Macro International, where he provided technical assistance to governmental and nongovernmental institutions in several African countries in the design and conduct of Demographic and Health Surveys. He directs the Consortium for Advanced Research Training in Africa, a multicountry initiative to strengthen the training and retention of academics at African universities.

Linda Harrar is an independent Executive Producer, Director, and Writer specializing in documentaries on women's health and rights, global health, development, and the environment. She also works part-time with WGBH Boston as a development professional. A staff producer on the PBS NOVA Series for a dozen years, Harrar produced the first international documentary on the Antarctic ozone hole; a portrait of biologist Stephen Jay Gould; a portrait of Native American physicians, called The Crisis in Indian Health; Twins; and Rafting through the Grand Canyon. Harrar served as Senior Producer for the 10-hour Race to Save the Planet Series. She has produced for the Discovery Channel's Power of Dreams and Discover series. She produced and directed Last Oasis, in the PBS Cadillac Desert series, a docudrama for teens entitled Biodiversity: Wild about Life, and Panama: Paradise Found, for Audubon/Turner Original Productions.

Harrar served as Executive Producer of Six Billion and Beyond, as co-Executive Producer of World in the Balance, and as Senior Content Director of the 2005 Emmy-award winning series Rx for Survival – A Global Health Challenge. Harrar is a graduate of Cornell University. She is a member of the Filmmakers Collaborative and on the Board of World Education.

Emmanuel Jimenez, from the Philippines, has held a variety of positions as an economist and manager in the policy, research, and operational units of the World Bank. Since early 2002, he has been Sector Director, Human Development, in the World Bank's East Asia Region, where he is responsible for managing operational staff working on education and health issues. Prior to this position, he held a similar position in the Bank's South Asia Region. Before that he served for many years in the Bank's Development Economics Staff, where he managed staff and also engaged in research on a variety of topics, including education and health finance, the private provision of social services, the economics of transfer programs and urban development. He has served both formally and informally on several teams preparing World Development Reports. Before joining the World Bank, Jimenez was on the faculty of the economics department at the University of Western Ontario in London, Canada.

Melinda Kimble is a Senior Vice President at the UN Foundation, and she oversees the Foundation's International Bioenergy and Sustainability Initiatives. She joined the Foundation in May 2000. In this capacity, she works on policy issues that impact the UN from energy to climate change to health. Prior to the Foundation, Kimble served as a Department of State Foreign Service Officer from 1971 to 2000, during which she held a number of policy level-positions in the Bureau of Economic and Business Affairs and oversaw multilateral development issues and debt policy; in the Bureau of Oceans, International Environment and Scientific Affairs, leading environmental negotiations (such as the Climate Change Conference, Kyoto, Japan, 1997).

Kimble has applied her economic expertise to the UN sustainable development agenda and shaped U.S. policy vis-à-vis key UN agencies. She worked closely with UNDP and FAO on a number of initiatives related to agriculture and energy. In this role, she concentrated on the UN environmental agenda, working on international environmental policy as well as leading negotiations on a series of post-Rio conferences related to Sustainable Development.

In addition to the UN Foundation, Kimble has served, or is serving, on several key international boards and commissions, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Board of International Science Organizations for the National Academy of Sciences, the U.S. National Commission for UNESCO, and the Roundtable on Sustainable Biofuels. In early 2009, Kimble

became a board member of the Regional Environment Center held in Hungary. Kimble also serves as an adjunct professor teaching classes on international environment issues at the Maxwell School of Syracuse University.

Kimble has lived and worked in Côte d'Ivoire, Egypt, and Tunisia. She speaks French and Arabic and holds two master's degrees: Economics (University of Denver) and MPA (Harvard's Kennedy School of Government).

Albert Gerard "Bert" Koenders is a Dutch politician. He was Minister for Development Cooperation of the Netherlands from 2007 to 2010, and served as a member of the House of Representatives for the Dutch Labour Party from 1997 to 2007. Koenders was a member of the permanent parliamentary committees on foreign affairs. From 2002 to 2003, he was a member of the parliamentary hearing committee on the Srebrenica massacre, and from November 17, 2006, to February 19, 2007, he was president of the NATO Parliamentary Assembly. From 2000 to 2002, he was also visiting-professor of international relations at Johns Hopkins University in Bologna. He is Chairman of the World Population Foundation in the Netherlands and member of the Supervisory Board of War Child and has been active on many development issues.

He has held numerous positions, including member of the Governing Council of the Society for International Development, first deputy chairman of the Netherlands Atlantic Association, member of the Supervisory Council of the Institute for Multiparty Democracy, member of the French-Dutch Cooperation Council, chairman of the Steering Committee of the East-West Parliamentary Practice Project, and chairman of the board of the Parliamentary Network on the World Bank.

Peter R. Lamptey is based in Accra, Ghana, and is the President of Public Health Programs at FHI. Lamptey is an internationally recognized public health physician and expert in developing countries, with particular emphasis on communicable and noncommunicable diseases. With a career at FHI spanning more than 25 years, Lamptey has been instrumental in establishing FHI as one of the world's leading international nongovernmental organizations in implementing HIV/AIDS prevention, care, treatment, and support programs. His experience in HIV/AIDS efforts internationally includes collaboration with the World Bank to design and monitor the China Health IX HIV/AIDS Project. From 1997 to 2007, Lamptey directed the 10-year USAID-funded Implementing AIDS Prevention and Care Project, and he served as former chair of the Monitoring the AIDS Pandemic Network. From 1991 to 1997, Lamptey directed the AIDS Control and Prevention Project.

Lamptey received his medical degree from the University of Ghana; a master's degree in public health from the University of California, Los Angeles; and a doctorate in public health from the Harvard School of Public Health.

Jotham Musinguzi (co-chair) is the Regional Director of the Partners in Population and Development Africa Regional Office in Kampala, Uganda. Musinguzi is a public health physician who, until February 2007, was Director of Uganda's Population Secretariat, housed in the Ministry of Finance, Uganda. He is currently a Trustee of both the Population Council of New York and the Commonwealth Medical Association Trust. He is the chairman of the Board of Directors of Population Services International, Uganda.

Previously, Musinguzi was a senior lecturer in the Department of Obstetrics and Gynecology of Makerere University. He has been President of Uganda Medical Association and Chairman of International Council on Management of Population Programmes, based in Kuala Lumpur, Malaysia. Until recently, he has served as a Board Member and Honorary Treasurer of Partners in Population and Development.

Rachel Nugent (co-chair) is the deputy director of global health at the Center for Global Development (CGD). She heads CGD's Demographics and Development in the 21st Century Initiative, manages the Drug Resistance and Global Health Initiative, provides economic and policy expertise to the Global Health Policy Research Network Initiative, and conducts research on other global health topics. She has 25 years of experience as a development economist, managing and carrying out research and policy analysis in health, agriculture, and the environment.

Before joining CGD, Nugent worked at the Population Reference Bureau, the Fogarty International Center of the U.S. National Institutes of Health, and the FAO. She also served as associate professor and chair of the economics department at Pacific Lutheran University in Tacoma, Washington.

Nandini Oomman is director of the HIV/AIDS Monitor and senior program associate in global health at the Center for Global

Development (CGD). In addition to managing the HIV/AIDS Monitor, which tracks the effectiveness of the three main aid responses to the epidemic—the Global Fund, the HIV/AIDS Africa MAP program of the World Bank, and the U.S. President's Emergency Plan for AIDS Relief—Oomman conducts policy research on the U.S. Global Health Initiative and a range of global health and development issues.

Oomman has more than 20 years of health research, program, and policy experience. She managed an urban HIV/AIDS prevention program for commercial sex workers and college youth in Mumbai and led the technical development of an HIV/AIDS mass media campaign in the same city. Oomman managed technical assistance for a research grants program on improving reproductive health service delivery in Asia and Sub-Saharan Africa at the Rockefeller Foundation, New York. From 2002 to 2004, Oomman worked as a specialist in population, reproductive health, and HIV/AIDS issues at the World Bank. Just before joining CGD in 2006, she consulted with the Packard Foundation. She has published widely on issues concerning reproductive and women's health, including *Achieving the Millennium Development Goal of Improving Maternal Health: Determinants, Interventions and Challenges* and *A Review of Population, Reproductive Health, and Adolescent Health and Development in Poverty Reduction Strategies,* both for the World Bank. Oomman received her doctorate from the Johns Hopkins University School of Public Health.

Luis Rosero-Bixby is a Costa Rican demographer, Professor at the University of Costa Rica, and founder and former director of the Central American Population Center (CCP) in that university. CCP was a center of excellence for population studies in Latin America of the Wellcome Trust. He has a Ph.D. and MPH from the University of Michigan.

Fred Sai, a Ghanaian family health physician, trained at the Universities of London and Edinburgh and Harvard, was chief of nutrition and later professor of social and preventive medicine and head of Ghana's Health Services. In the nongovernmental organization world, he served as assistant secretary general and later President of the International Planned Parenthood Federation. He is an internationally recognized gender and reproductive health advocate. He served as the chairman for the Main Committee of the International Conference on Population and Development, in Cairo in 1994, which produced a Programme of Action, emphasizing the centrality of women to all development programmes and which called for world attention to the improvement in the status of women and for equity and equality between the sexes as the basis of all human relationships. Sai also served as co-host for the 2010 Women Deliver conference and is currently a board member of that organization.

Sara Seims joined the William and Flora Hewlett Foundation in October 2003 as Director of the Population Program. Immediately prior she was president of the Alan Guttmacher Institute since November 1999, where she led the organization to a greater involvement in international reproductive health issues and behavioral research in the areas of HIV/AIDS. Seims was associate director of population sciences at The Rockefeller Foundation in New York for six years. At the Foundation, she contributed to the expansion of international collaboration in reproductive health and promoted dialogue between developed and developing nations on both programmatic and policy issues relating to women's and reproductive health. For three consecutive years, she was named by Earth Times as one of the key actors in sustainable development. She has also been deputy chief of two divisions of the United States Agency for International Development: the Office of Health, Population, and Nutrition in Dakar, Senegal, and the policy division of the Office of Population in Washington, DC.

Seims received a Bachelor of Arts in Anthropology from Rutgers University and a Ph.D. in Demography from the University of Pennsylvania. She is a Fellow of the New York Academy of Medicine.

Gamal Serour, president of the International Federation of Gynecology and Obstetrics, graduated from Cairo University in 1963. He is currently professor of Obst/Gyn and director of the International Islamic Center for Population Studies and Research and the former dean of Faculty of Medicine, Al Azhar University. He leads work on reproductive sexual health, population policy, population education, women's and children's rights, empowerment of women, reproductive medicine, and medical ethics in developing countries through projects with the UN and international organizations.

Serour authored and coauthored 368 papers, 28 chapters, and 18 books and has been an invited speaker to numerous regional and international conferences. He has received awards from many national and international organizations.

Jeremy Shiffman is Associate Professor of Public Administration and Policy at American University and nonresident fellow at the

Center for Global Development. A political scientist by training, he researches the politics of health policy and administration in poor countries. He has a particular interest in health agenda-setting: why some issues receive priority while others are neglected. Among other topics, he has investigated maternal survival, newborn survival, family planning, donor funding for health, and health systems reform. His research has been funded by the Gates, MacArthur, and Rockefeller Foundations, among other organizations. His work has appeared in multiple journals, including *The Lancet, The American Journal of Public Health, Social Science and Medicine, The British Journal of Obstetrics and Gynaecology,* and *The Bulletin of the World Health Organization.* Previously he was on the faculty of the Maxwell School of Syracuse University, where he received four teaching awards. Prior to working in academia he served as an executive with the international public relations firm Burson-Marsteller, and as a social worker, working with Vietnamese boat people. He received a BA summa cum laude from Yale University in philosophy, an MA from Johns Hopkins University in international relations, and a Ph.D. from the University of Michigan in political science.

Steven W. Sinding is a recognized expert on international population matters who, until his retirement in 2006, served as Director-General of the International Planned Parenthood Federation. Following a 20-year career at the United States Agency for International Development (USAID), Sinding served as Population Advisor to the World Bank (1990–91), Director for Population Sciences at the Rockefeller Foundation (1991–99) and Professor of Population and Family Health at Columbia University (1999–2002). He was a member of the U.S. delegation to the landmark International Conference on Population and Development in Cairo in 1994. At USAID, Sinding served as a field officer in Pakistan, the Philippines, and Kenya. He was the Agency Director for Population in the mid-1980s and then Mission Director in Kenya (1986–90). He remains active as a board member of several organizations involved in the fields of population and development and as an international consultant.

John Worley is Global Advisor for Public Policy with the International Planned Parenthood Federation. Prior to joining the Federation, in January 2010, he led work on reproductive health with the UK Department for International Development (DFID). He served on UK delegations to various UN policy process concerned with reproductive health and rights, and represented the United Kingdom on the UNFPA Executive Board while with DFID.

Appendix 3

List of individuals consulted

April pre–Working Group consultation meeting

Nancy Birdsall, Center for Global Development
David E. Bloom, Harvard University
Elizabeth Cafiero, Harvard University
Ellen Marshall, Good Works Group
Margaret Neuse, Independent consultant
Rachel Nugent, Center for Global Development
Nandini Oomman, Center for Global Development
Eleuthera Sa, Wellsprint Advisors
Katie Stein, Center for Global Development
Nancy Yinger, Independent consultant

Asia regional consultation meeting

Gu Baochang, Ranmin University of China
Meiwita Budhiharsana, Population Council
Dipa Nag Chowdhury, MacArthur Foundation
Terence Hull, The Australian National University
Wassana Im-em, United Nations Population Fund
Mehtab Karim, George Mason University
Sunita Kujur, Creating Resources for Empowerment and Action
Geeta Misra, Creating Resources for Empowerment and Action
Priya Nanda, International Center for Research on Women
Jay Satia, Indian Institute of Public Health & Public Health Foundation of India
T.V. Sekher, International Institute for Population Studies, India
Jui Shah, PATH
Gita Sen, Indian Institute of Management, Bangalore, Center for Public Policy
Ena Singh, United Nations Population Fund
Katie Stein, Center for Global Development
Wasim Zaman, International Council on Management of Population Programmes
Zhenzhen Zheng, Institute of Population and Labor Economics, Chinese Academy of Social Sciences

Donors consultation meeting

Mabec Bianco, Fundación para Estudio e Investigacion de la Mujer and International AIDS Women's Caucus
Scott Connolly, Population Media
Ros Davies, Women and Children First

Karina Donnelly, United Nations Population Fund
Ruth Duebbert, Women and Children First
Lina Granlund, Swedish Association for Sexuality Education
Jackie Nolley, Catholics for Choice
Mari-Claire Price, YouAct
Serge Rabier, Equilibres & Populations
Eugenia Romero, Gender Equality, Mexico
Nobuko Takahashi, United Nations Population Fund
Anne Van Lanchier, Independent consultant
Macarena Vergara, Independent consultant

Youth consultation meeting

Maria Antonienta Alcalde
Victor Bernhardtz, Youth Coalition for Sexual & Reproductive Rights
Svenn Grant, CariMAN
Hendri Julius
Rachel Nugent, Center for Global Development
Suzanne Petroni, Public Health Institute
Tieneke van Lonkhuyzen, United Nations Foundation

Africa regional consultation meeting

Angela Akol, FHI
Helen Amdemikael, United Nations Population Fund
Oladele Arowolo , Independent consultant
Ian Askew , Population Council
Hon. Chris Baryomunsi, Member of Parliament, Uganda
Charity Birungi, Partners in Population and Development, Africa Regional Office
Dorothy Balaba Byansi , Program for Accessible Health, Communication and Education, Uganda
Jackson Chekweko, Reproductive Health Uganda
Gerry Dyer, Office of the UN Resident Co-ordinator, Uganda
Alex Ezeh, African Population and Health Research Centre
Will Hines , UK Department for International Development
Janet Jackson, United Nations Population Fund
Henry Kalule, United Nations Population Fund
Edith Kangabe, Population Secretariat, Uganda

Stella Kigozi, Population Secretariat, Uganda
Mondo Kyateka, Ministry of Gender Labour and Social Development, Uganda
Denis Bukenya Lewis, Naguru Teenage Center
Hon. Kasamba Mathias, Member of Parliament, Uganda
Jotham Musinguzi, Partners in Population and Development, Africa Regional Office
Lilian Nabatanzi, Parliament of Uganda
Eva Nakimuli, Population Secretariat, Uganda
Diana Nambatya Nsubuga, Partners in Population and Development, Africa Regional Office
Milly Namuddu, Naguru Teenage Center
Martin Ninsiima, Center for Communication Programme, Uganda
Henry Ntale , Naguru Teenage Center
Rachel Nugent, Center for Global Development
Hon. Sarah Nyombi, Member of Parliament, Uganda
Davidson Okot, Partners in Population and Development, Africa Regional Office
Hon. Beatrice Rwakimari , Member of Parliament, Uganda
Hon. Sylvia Ssinabulya, Member of Parliament, Uganda
Sylvia Tereka, National Planning Authority, Uganda
Jacques Van Zuydam, Chief Directorate of Population & Development, Department of Social Development, South Africa
Nichole Zlatunich , Partners in Population and Development, Africa Regional Office

Other

Björn Andersson, Ministry for Foreign Affairs, Sweden
Andrew Arkutu, CARE
Sneha Barot, Guttmacher Institute
Andrew Begg, United Nations Population Fund
Carol Bellamy, Education for All-Fast Track Initiative and former Executive Director of the United Nations Children's Fund
Marge Berer, Reproductive Health Matters
Stan Bernstein, Former United Nations Population Fund
Susan Berresford, Ford Foundation
Sharon Bing, United Nations Population Fund
Olivier Brasseur, United Nations Population Fund
Judith Bruce, Population Council
Oliver Buder, United Nations Population Fund
Julia Bunting, UK Department for International Development
Safiye Cagar, United Nations Population Fund
Kathy Calvin, United Nations Foundation
Helena Choi, Hewlett Foundation
Clare Coleman, National Family Planning and Reproductive Health Association
Sarah Craven, United Nations Population Fund
Barbara Crossette, Journalist
Maria de la Luna, United Nations Population Fund
Valerie DeFillipo, Abt Associates

Nicholas Dodd, Former United Nations Population Fund
Nel Druce, UK Department for International Development
Noemi Espinoza, United Nations Population Fund
Tamara Fox, Elma Foundation
Beth Fredrick, John Hopkins School of Public Health
Adrienne Germain, International Women's Health Coalition
Duff Gillespie, John Hopkins School of Public Health
Gill Greer, International Planned Parenthood Federation
Jose Miguel Guzman, United Nations Population Fund
Sean Hand, United Nations Population Fund
Farooq Hassan, World Congress on Families
Carl Haub, Population Reference Bureau
Werner Haug, United Nations Population Fund
Bev Johnston, U.S. Agency for International Development
Musimbi Kanyoro, Packard Foundation
Frances Kissling, University of Pennsylvania Center for Bioethics
Tamara Kreinin, United Nations Foundation
Laura Laski, United Nations Population Fund
Elly Leemhues, The Netherlands
Ben Light, United Nations Population Fund
Elizabeth Lwanga, United Nations Development Programme
Bettina Maas, United Nations Population Fund
Purnima Mane, United Nations Population Fund
Alex Marshall, Former United Nations Population Fund
John May, World Bank
Asha Mohamud, United Nations Population Fund
Mark Murray, Cornerstone Government Affairs
Mabingue Ngom , United Nations Population Fund
Wanda Nowicka, Federation for Women and Family Planning and ASTRA Secretariat
Thoraya Obaid, United Nations Population Fund
Jon O'Brien, Catholics for Choice
Margaret Pollack, U.S. State Department
Malcolm Potts, University of California, Berkeley
Scott Radloff, U.S. Agency for International Development
Oying Ramon, Bill & Melinda Gates Foundation
Stirling Scruggs, Former United Nations Population Fund
Jill Sheffield, Women Deliver
Linda Sherry-Cloonan, United Nations Population Fund
OJ Sikes, Former United Nations Population Fund
Mari Simonen, United Nations Population Fund
Foussenou Sissoko, Independent consultant
Richard Snyder, United Nations Population Fund

Joe Speidel, University of California, San Francisco
Siri Tellier, Former United Nations Population Fund
Aminata Toure , United Nations Population Fund
John Townsend, Population Council
Beth Tritter, The Glover Park Group
Michael Vlassof, Guttmacher Institute
Vivienne Wang, United Nations Population Fund
Merrill Wolf, Ipas

Appendix 4

List of inputs

The following section details a handful of the many inputs that helped to inform the Working Group on UNFPA's Leadership Transition as the group produced this report.

Background papers

Background papers were prepared both prior to and during the Working Group's deliberations. Unless otherwise noted, each background paper can be found on the Center for Global Development (CGD) website at www.cgdev.org/unfpa.

- *The United Nations' Role in Population Policy: Basic Concepts,* by Rachel Nugent (CGD) and Nancy Yinger (consultant).
- *UNFPA in Context: An Institutional History,* by Rachel Sullivan Robinson (American University).
- *Resource Flows for International Population Assistance and UNFPA,* by Lori Ashford (consultant).
- *Influences on UNFPA—Harnessing Those Who Shape Their Global Agenda,* by Miriam Temin (consultant). Please note that due to the sensitive and personal information in this background paper, it is not publicly available.

Country and regional case studies

Five country and regional case studies were commissioned by the Working Group to represent the diversity of country conditions in two of UNFPA's most important regions: Africa and Asia. The purpose of the case studies was to learn how UNFPA deals with the variability in the needs for its geographic presence and look for anecdotal evidence of its successes and challenges to help inform the recommendations put forth in this report. More information on the case studies appears in boxes 2.1 and 2.2 and the full reports are available on the CGD website at www.cgdev.org/unfpa.

- *Cambodia Case Study on UNFPA,* by Jui A. Shah (PATH).
- *China Case Study on UNFPA,* by Joan Kaufman (consultant).
- *Egypt Case Study on UNFPA,* by Ahmed Ragaa A. Ragab (Al Azhar University).
- *Ethiopia Case Study on UNFPA,* by Oladele O. Arowolo (consultant).
- *UNFPA's Accomplishments and Challenges in the Africa Region,* by Oladele O. Arowolo (consultant).

Regional and topical consultation meetings

Representatives from the Working Group held four consultation meetings to elicit suggestions from informed individuals about UNFPA's special role in the region or topic, the ways in which regional and topical needs are changing and expected to change in the next two decades, and the ways to maximize UNFPA's impact. (A list of participants in each of these meetings appears in appendix 3.) The following consultations took place:

- *Africa Regional Consultation Meeting*—Kampala, Uganda, October 13, 2010.
- *Donors Consultation Meeting*—London, United Kingdom, November 9, 2010.
- *Asia Regional Consultation Meeting*—New Delhi, India, November 19, 2010.
- *Youth Consultation Meeting*—international webinar, November 23, 2010.

Working Group meetings

In addition to a handful of teleconferences, members of the Working Group met twice in person:

- *Working Group Meeting 1*—Washington, DC, August 9–10, 2010.
- *Working Group Meeting 2*—Washington, DC, October 21–22, 2010.

Appendix 5

UNFPA's major donors

In 2009, 85 percent of UNFPA's regular resource income came from the top 10 donors (appendix table 5.1); 39 percent of those resources came from the top three donors. About 70 percent of other resource income came from the top 10 donors. Donors to other resources—the restricted resources—include government donors and institutions, such as UNDP, Humanitarian Affairs Office of the United Nations, UNICEF, UNAIDS, and WHO, that are funding projects through UNFPA.

UNFPA stands out as having possibly more donors than any UN agency. However, it reported in 2009 that only 19 donors committed more than $1 million.[1]

UNFPA in an uncertain and volatile funding environment

UNFPA is a relatively small UN agency that depends on donors, international partners, and implementing organizations in the field to carry out its objectives. It is neither a primary donor nor an end-recipient of population funds; rather, it is an intermediary organization that facilitates a wide range of activities worldwide in collaboration with numerous partners. Like many UN agencies, both its donors and recipients are predominantly governments. The financial crisis led to decreased funding for the Fund. UNFPA estimates a drop of nearly $100 million in funding for 2010, and

Appendix table 5.1
Top donors to UNFPA's regular and other resources, 2009

Regular contributions	$ millions	Other contributions	$ millions
Netherlands	80.9	Netherlands	54.0
Sweden	59.0	United Nations Development Programme	43.3
Norway	48.0	Spain	29.6
United States	46.1	United Kingdom	23.7
Denmark	39.5	Office for the Coordination of Humanitarian Affairs	9.8
United Kingdom	34.5	Sweden	9.6
Japan	30.1	Australia	9.4
Finland	27.9	European Commission	8.9
Germany	25.3	Norway	8.9
Spain	20.7	Luxembourg	7.0

Note: Other contributions includes payments received for trust funds and co-financed projects. United Nations Development Programme includes funds received through multidonor trust funds and join programs. Office for the Coordination of Humanitarian Affairs includes funds received through the Central Emergency Response Fund. Contributions varied in U.S. dollars at the time they were received

Source: UNFPA (2009a).

with the budget deficits that many donor countries are facing, it is not likely that UNFPA's income in 2011 will rebound. The United States could also drop out again as a donor because of political changes following the 2010 elections.

On the donor side, UNFPA does not have assessed contributions; it receives voluntary contributions that vary from year to year, although there are some multiyear commitments. Thus, its income is neither assured nor predictable. UNFPA receives at least 90 percent of its income from more than 100 national governments, a small amount from other international organizations, and less than 10 percent from private foundations.

On the receiving end, about 90 percent of UNFPA's funds were channeled to government entities in 2009; about 10 percent were provided to NGOs as implementing agencies.[2] In-country partners vary a great deal in terms of capacity, creating myriad management and evaluation challenges. Demonstrating accountability—both for financial resources and program results—has been a major concern of both UNFPA and its donors. UNFPA has been cited for not meeting financial audit requirements and is under pressure to improve practices. Problems related to accountability can be traced to many factors, including the complexity of reporting requirements and weak capacity in UNFPA's field offices and among its implementing partners.

Notes

1. UNFPA 2010a.
2. UNFPA 2009a.

Appendix 6

UNFPA and commodity assistance

Most countries, including developing countries, purchase their own contraceptives, and UNFPA can make bulk purchases on their behalf to make these supplies more affordable. In addition to offering the purchasing facility, UNFPA provides donated commodities to low-income countries that have insufficient supplies (and budgetary resources) to meet local contraceptive needs.

UNFPA and USAID have long been the two largest providers of donor-supported contraceptive commodities in developing countries. In 2009, UNFPA and USAID each provided about one-third of all commodity assistance (70 percent combined) (appendix table 6.1).

Male and female condoms make up 30 to 40 percent of these contraceptive commodities. Because these two methods are mainly used for protection against sexually transmitted infections, including HIV/AIDS, the supplies are not officially called contraceptive or family planning commodities. They are alternatively referred to as "contraceptives and condoms" or "sexual and reproductive health commodities."

Creation of trust fund

The Global Programme to Enhance Sexual and Reproductive Health Commodity Security (GPRHCS) was launched in 2007 as a five-year initiative, from 2008 to 2013. Before this program existed, countries requested commodities from UNFPA on an ad hoc basis. The GPRHCS is providing multiyear support to countries to develop national strategies to build sustainable programs for sexual and reproductive health commodities.

The principal objective (outcome) of the program is: "Increased availability, access, and utilization of reproductive health commodities for voluntary family planning, HIV/STI prevention and maternal health services in the GPRHCS focus countries."[1] Thus, this program clearly supports increased access and availability of integrated sexual and reproductive health services, consistent with UNFPA's strategic plan.

The GPRHCS provides contraceptive commodities as well as essential supplies for safe deliveries and other sexual and reproductive health needs. About 80 percent of funds are spent on commodities; the remainder supports capacity building for better management of logistics and supplies. The vast majority of commodity funds are used for contraceptives and condoms.

The program was active in 73 countries in 2009, up from 54 in 2008. An annual report was produced in 2009 (the first one posted on the website), showing the program had spent $87 million that year, from a fund balance of $127.7 million. Of the $87 million,

Appendix table 6.1
Total commodity support among major donors, 2000–09 ($ millions)

	Average 2000–04	2005	2006	2007	2008	2009
USAID	63.4	68.8	62.8	80.9	68.9	87.5
UNFPA	**61.3**	**82.6**	**74.4**	**63.9**	**89.3**	**81.1**
Total	193.5	207.5	208.6	223.2	213.7	238.8

Note: Other donors include Population Services International, Federal Ministry for Economic Cooperation and Development, UK Department for International Development, International Planned Parenthood Federation, Marie Stopes International, Japan, and the Netherlands.

Source: UNFPA (2010b).

$70.2 million was spent on commodities and $16.8 million on capacity building (appendix table 6.2).

Other sexual and reproductive health supplies include life-saving drugs for obstetric emergencies, such as oxytocin, magnesium sulfate, intravenous antibiotics, medical supplies and equipment for safe deliveries, and other sexual and reproductive health services. In 2009, $1.4 million was provided for sexual and reproductive health kits to be used in emergency settings (such as natural disasters and conflicts).

Donors to the program include (in order of size): Netherlands, UK Department for International Development, Spain, Canada, and Luxembourg. The top four recipients of funds in 2009 (accounting for three-fourths of expenditures) were Ethiopia, Madagascar, Nicaragua, and Burkina Faso.

Note

1. UNFPA (2010e), p. 3.

Appendix table 6.2
Program expenditures breakdown

	$ millions
Commodities	70.2
Male/female condoms	13.0
Other contraceptives	50.0
Other reproductive health supplies	7.0
Capacity building	16.8
Total	87.1

Source: UNFPA (2010e).

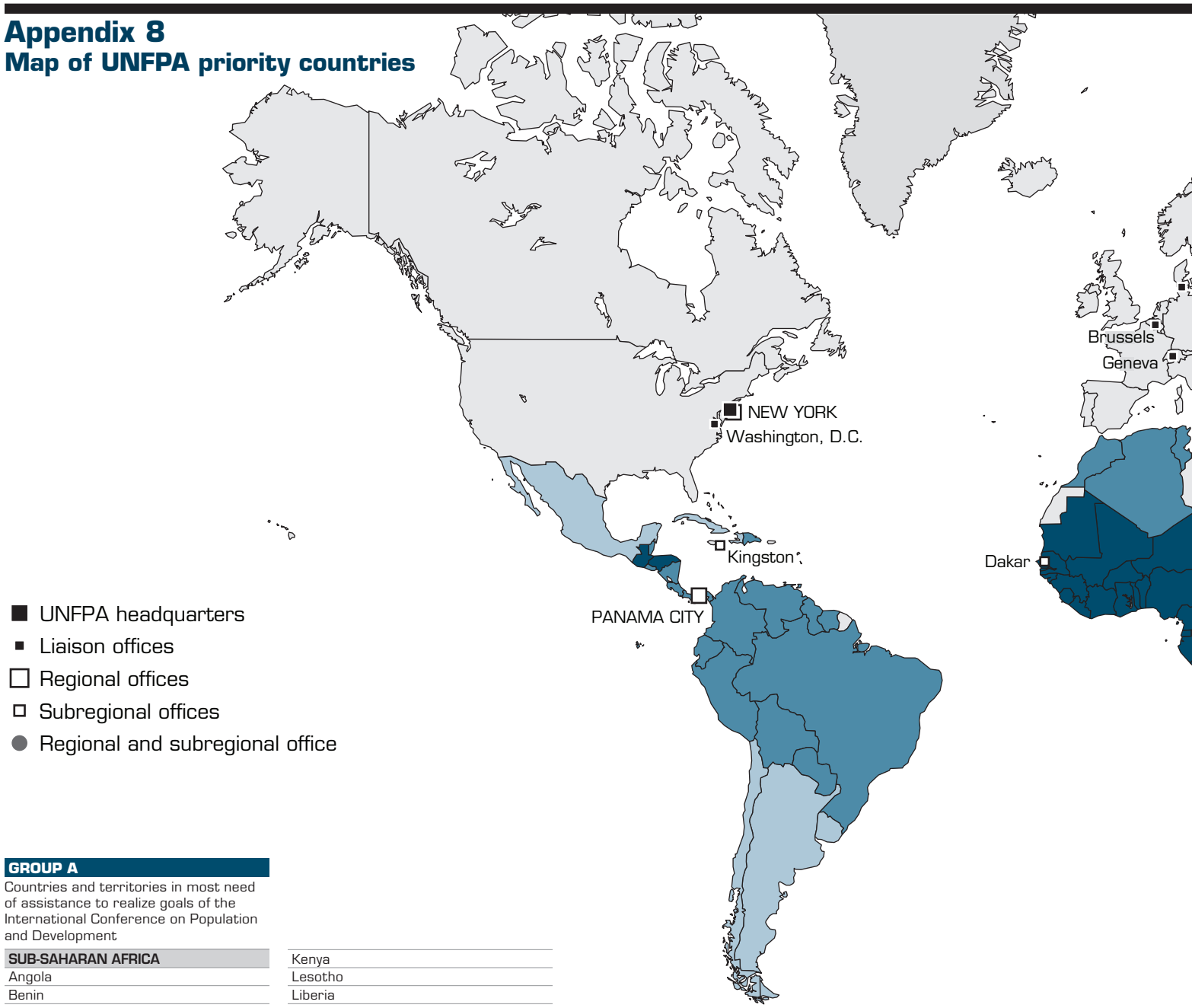
Appendix 7

Timeline of population activities

	United Nations	Other relevant events
1940s		
1946	UN Population Commission founded, with Population Commission under it	
1948	First publication of *Demographic Yearbook*	
1950s		
1954	Demographic conference hosted by UN and the International Union for the Scientific Study of Population (IUSSP) in Rome	International Planned Parenthood Federation founded (1952) Population Council founded (1952)
Ongoing	UN provides technical support to Asian countries with extant family planning programs	Coale and Hoover publish seminal work on India (1958); research funded by World Bank
1960s		
1965	UN/World Bank population mission to India	Contraceptive access and technologies advance in the United States and Europe
1965	UN and IUSSP demographic conference in Belgrade	U.S. legal environment vis-à-vis contraception improves
1966	UN resolution on population	Environmental movement burgeons
1967	Secretary-General U Thant creates trust fund for population activities	Concerns about population/security nexus grow
1968	UN declares "ability to determine the number and spacing of one's children" a basic right	World population growth rate peaks
1969	Rafael Salas named UNFPA director	
1969	UNFPA becomes operational and is transferred under UNDP	
1970s		
1970	UNFPA signs first multiyear country program (with Pakistan)	Women's movement grows in strength
1972	UNFPA moves under UN General Assembly, with executive board shared with UNDP	*Limits to Growth* published (1972)
1974	World Year of Population First World Population Conference (Bucharest)	Abortion legalized in the United States (1973)
Ongoing	Rapid growth of funding and programs Focus on family planning in Asia Research and training in Latin America Population censuses in Africa Funds for World Fertility Surveys	

	United Nations	Other relevant events
1980s		
1980	UNFPA becomes full member of the UN Administrative Committee on Coordination.	Conservatives take power of executive office in the United States
1984	World Population Conference in Mexico City	First HIV/AIDS cases reported (1981) and epidemic begins to grow
1984	United States withdraws UNFPA funding	
1987	Salas dies suddenly and is replaced by Dr. Nafis Sadik	
1987	Name changed to United Nations Population Fund	
1989	World Population Day (July 11) established	
Ongoing	More family planning in Africa	
1990s		
1994	International Conference on Population and Development in Cairo	Priorities reframed in terms of sexual and reproductive health with consensus at Cairo
1999	Cairo+5 conference	HIV/AIDS epidemic continues to grow
Ongoing	Strong UNFPA involvement in nine, major UN conferences	UNAIDS established (1996)
2000s		
2001	Thoraya Obaid becomes UNFPA executive director	Millennium Development Goals announced
2007	Major reorganization of UNFPA emphasizing decentralization begins	Global Fund to Fight AIDS, Tuberculosis and Malaria founded in 2002
2008–11	New strategic plan emphasizing new aid environment	President's Emergency Plan for AIDS Relief founded in 2003
2010	Babatunde Osotimehin named new executive director of UNFPA	Sexual and reproductive health targets added to Millennium Development Goals (2005)

Appendix 8
Map of UNFPA priority countries



GROUP A

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

SUB-SAHARAN AFRICA

- Angola
- Benin
- Burkina Faso
- Burundi
- Cameroon
- Cape Verde
- Central African Republic
- Chad
- Comoros
- Congo, Republic
- Côte d'Ivoire
- Congo, Democratic Republic
- Equatorial Guinea
- Eritrea
- Ethiopia
- Gabon
- Gambia, The
- Ghana
- Guinea
- Guinea-Bissau
- Kenya
- Lesotho
- Liberia
- Madagascar
- Malawi
- Mali
- Mauritania
- Mozambique
- Namibia
- Niger
- Nigeria
- Rwanda
- São Tomé and Príncipe
- Senegal
- Sierra Leone
- Swaziland
- Togo
- Uganda
- United Republic of Tanzania
- Zambia
- Zimbabwe

ARAB STATES

- Djibouti
- Occupied Palestinian Territories
- Somalia
- Sudan
- Yemen

ASIA AND THE PACIFIC

- Afghanistan
- Bangladesh
- Bhutan
- Cambodia
- India
- Lao People's Democratic Republic
- Maldives
- Myanmar
- Nepal
- Pacific island countries and territories[a]
- Pakistan
- Papua New Guinea
- Timor-Leste

LATIN AMERICA AND THE CARIBBEAN

- Guatemala
- Haiti
- Honduras

GROUP B

Countries that have made considerable progress toward achieving the goals of the Inte rnational Conference on Population and Development

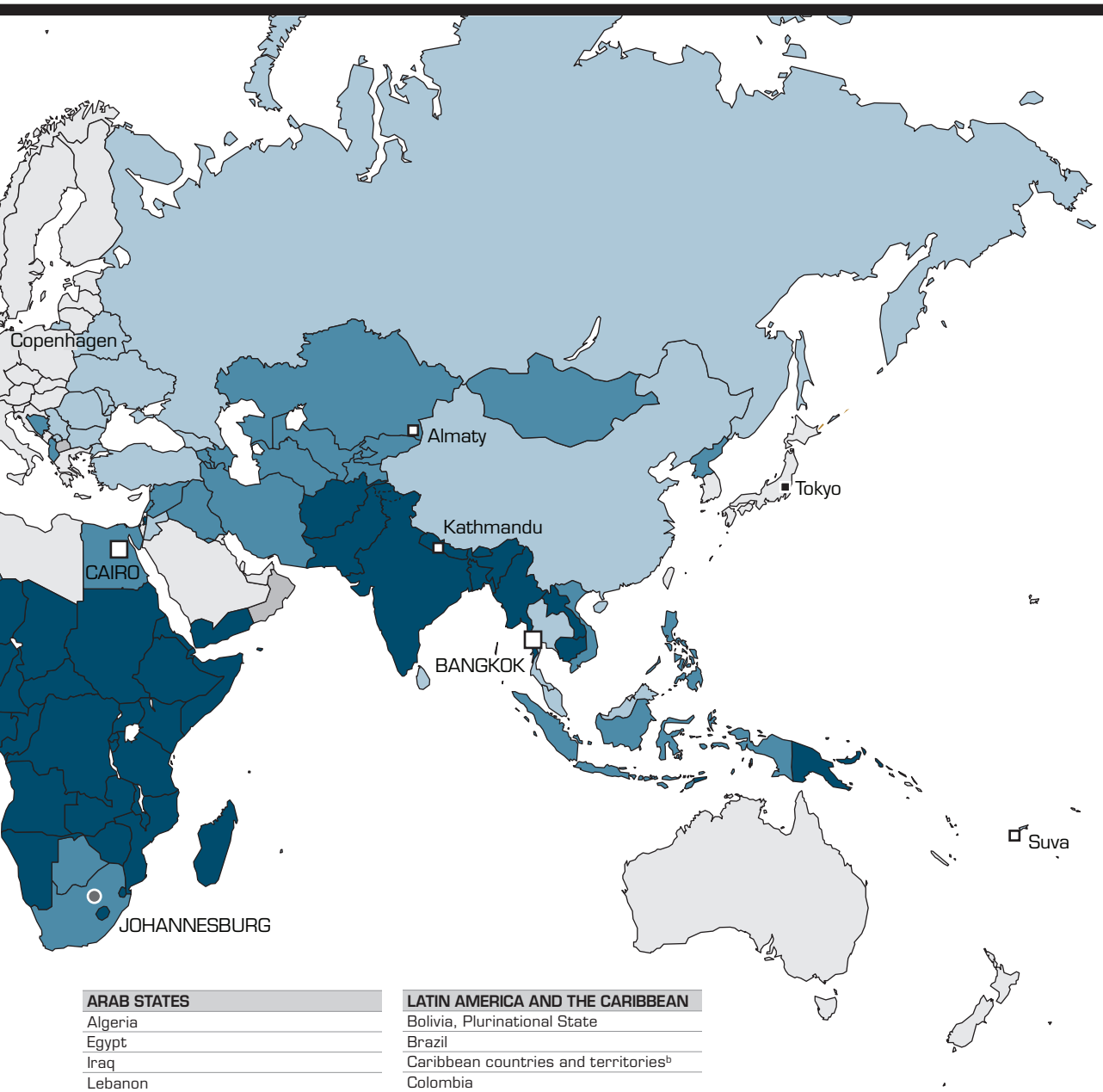
SUB-SAHARAN AFRICA

- Botswana
- South Africa

a. Listed twice because some Pacifc Island countries and territories are in group A and others in group C. Group A includes Kiribati, Samoa, Solomon Islands, Tuvalu, and Vanuatu. Gwroup C includes the Cook Islands, Fiji, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Tokelau, and Tonga.

b. Listed twice because some Caribbean countries and territories are in group B and some in group C. Group B includes Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago. Group C includes Anguilla, Antigua Barbuda, Bahamas, Barbados, Bermuda, British Virgin Islands, Cayman Islands, Dominica, Grenada, Montserrat, St. Christopher and Nevis, St. Lucia, St. Vincent and Grenadines, Netherlands Antilles, and Turks and Caicos Islands.

c. Includes programmes in Kosovo.



ARAB STATES
Algeria
Egypt
Iraq
Lebanon
Morocco
Syrian Arab Republic
Tunisia

EASTERN EUROPE AND CENTRAL ASIA
Albania
Armenia
Azerbaijan
Bosnia and Herzegovina
Kazakhstan
Kyrgyz Republic
Tajikistan
Turkmenistan
Uzbekistan

ASIA AND THE PACIFIC
Korea, Democratic People's Republic
Indonesia
Iran, Islamic Republic
Mongolia
Philippines
Viet Nam

LATIN AMERICA AND THE CARIBBEAN
Bolivia, Plurinational State
Brazil
Caribbean countries and territories[b]
Colombia
Costa Rica
Dominican Repbulic
Ecuador
El Salvador
Nicaragua
Panama
Paraguay
Peru
Venezuela, Bolivarian Republic of

GROUP C

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

SUB-SAHARAN AFRICA
Mauritius
Seychelles
Arab States
Jordan

EASTERN EUROPE AND CENTRAL ASIA
Belarus
Bulgaria
Georgia
Moldova, Republic of
Romania
Russian Federation
Serbia[c]
Turkey
Ukraine

ASIA AND THE PACIFIC
China
Malaysia
Pacific island countries and territories[a]
Sri Lanka
Thailand

LATIN AMERICA AND THE CARIBBEAN
Argentina
Caribbean countries and territories[b]
Chile
Cuba
Mexico
Uruguay

OTHER

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

ARAB STATES
Oman

Eastern Europe and Central Asia
Macedonia, Former Yugoslav Republic

The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city, or area or its authorities, or concerning the delimitation of its frontiers or boundaries. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties.

Source: Adapted from UNFPA (2010a).

References

Bongaarts, J., and S. W. Sinding. 2009. "A Response to Critics of Family Planning Programs." *International Perspectives on Sexual and Reproductive Health* 35 (1). http://www.popcouncil.org/pdfs/JournalArticles/IPSRH_35_1.pdf, accessed October 29, 2010.

Caldwell, J. C. 2002. "Thirty Years of Global Population Changes." In *An Agenda for People: The UNFPA through Three Decades*, edited by N. Sadik, pp. 2–23. New York and London: New York University Press.

Chesler, E. 2005. "Introduction." In *Where Human Rights Begin: Health, Sexuality, and Women in the New Millennium*, eds. W. Chavkin and E. Chesler, pp. 9–24. New Brunswick, NJ: Rutgers University Press.

Chesler, E. 2010. "Women at the Center." In *A Pivotal Moment: Population, Justice and The Environmental Challenge*, ed. L. Mazur, p.311. Washington, DC: Island Press.

Donaldson, P. 1990. *Nature against Us.* Chapel Hill, NC, and London: University of North Carolina Press.

Guzman, J.M., G. Martine, G. McGranahan, D. Schensul, and C. Tacoli, eds. 2009. Population Dynamics and Climate Change. London and New York: International Institute for Environment and Development and UNFPA (United Nations Population Fund).

Hogan, Margaret C., Foreman, Kyle J., Naghavi, Mohsen, et al. 2010. "Maternal Mortality for 181 countries, 1980–2008: A Systematic Analysis of Progress towards Millennium Development Goal 5." *Lancet* 375 (9726): 1609-23.

Kaiser Family Foundation. 2010. "Donor Funding for Health Slideshow." July 7. http://facts.kff.org/results.aspx?view=slides&detail=39, accessed October 15, 2010.

Mousky, S. 2002. "UNFPA's Role in the Population Field." In *An Agenda for People: The UNFPA through Three Decades*, edited by N. Sadik, pp. 211–247. New York and London: New York University Press.

Singh, J. S. 2002. "UNFPA and the Global Conferences." In *An Agenda for People: The UNFPA through Three Decades*, edited by N. Sadik, pp. 152–174. New York and London: New York University Press.

Singh, S., J. E. Darroch, L. S. Ashford, and M. Vlassoff. 2009. *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*. New York: UNFPA (United Nations Population Fund) and the Guttmacher Institute. http://www.guttmacher.org/pubs/AddingItUp2009.pdf, October 29, 2010.

Temin, M. 2011. *Influences on UNFPA—Harnessing Those Who Shape Their Global Agenda*. Background paper for CGD Working Group report on UNFPA.

UN (United Nations). 2009. *Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the International Conference on Population and Development: Report of the Secretary General*. New York: Economic and Social Council.

UNFPA (United Nations Population Fund). 1997. *Annual Report 1997*. New York.

———. 2007. *Strategic Plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action*. DP/FPA/2007/17. New York.

———. 2008a. "Frequently Asked Questions." November. http://www.unfpa.org/public/cache/offonce/about/faqs, accessed September 28, 2010.

———. 2008b. *UNFPA Strategic Plan 2008-2011, Development Results Framework*. New York.

———. 2008c. "What is the UNFPA mandate?" November. http://www.unfpa.org/public/cache/offonce/about/faqs#mandate.

———. 2009a. *Annual Report 2008*. New York.

———. 2009b. *State of World Population 2009—Facing a Changing World: Women, Population and Climate*. New York. http://www.unfpa.org/swp/2009/en/, January 17, 2011.

———. 2010a. *Annual Report 2009*. New York.

———. 2010b. *Donor Support for Contraceptives and Condoms for STI/HIV Prevention, 2009*. New York.

———. 2010c. *Financial Resource Flows for Population Activities in 2008*. New York.

———. 2010d. *Flow of Financial Resources for Assisting in the Implementation of the Programme of Action of the ICPD.* 43rd session of the Commission on Population and Development. E/CN.9/2010.5. New York.

———. 2010e. *Global Programme to Enhance Reproductive Health Commodity Security: Annual Report 2009*. New York.

———. 2010f. *Recent Success Sotries in Reproductive Health Commodity Security*. New York.

———. 2010g. "Statement of Thoraya Ahmed Obaid, UNFPA Executive Director." Delivered at the 2010 Second Regular Session of the UNDP/UNFPA Executive Board, August 30. www.unfpa.org/public/home/news/pid/6551, accessed October 15, 2010.

———. 2010h. *Statistical and Financial Review, 2009*. DP/FPA/2010/17. New York.

———. n.d. "About UNFPA." http://unfpa.org/public/home/about, accessed January 24, 2011.

WHO (World Health Organization). 2010. *Trends in Maternal Mortality: 1990 to 2008.* Geneva: World Health Organization.

World Bank. 2009. *World Development Indicators, 2009*. Washington, DC.