Millions of lives transformed
UNFPA
Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled.

UNFPA Annual Report
2016

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In times of budgetary constraints, governments need to reassure constituencies that investing in UNFPA yields results. This annual report shows how funds entrusted to UNFPA have enabled us to protect and promote the health and rights of millions of women and young people and enable them to realize their full potential. The numbers in this report speak for themselves. In 2016, for example, contraceptives supplied by UNFPA reached 20.9 million people, helped avert an estimated 11.7 million unintended pregnancies and nearly 3.7 million unsafe abortions and prevent an estimated 29,000 maternal deaths. The returns on donor and developing country investments in UNFPA are quantifiable. But the more important measure of success is the survival, health and well-being of women and young people whose rights have been upheld and whose lives have been transformed as a result of our programmes in 155 countries and territories. Now more than ever, we must ensure that the marginalized, the forgotten—the ones often left behind—can exercise their fundamental human right to decide, free of coercion, discrimination and violence, when or how often to have children. UNFPA, the United Nations Population Fund, is proud to have enabled millions of women of childbearing age to exercise that right and to have helped to nearly double modern contraceptive use worldwide from 36 per cent in 1970 to 64 per cent in 2016. Increasing access to voluntary planning has not only empowered more women to make decisions about the timing and spacing of pregnancies, but it has also led to better health outcomes for women and has helped reduce maternal deaths globally from 532,000 in 1990 to 303,000 in 2016. But the number of maternal deaths is still too high. We must get to zero. No woman should die giving life. We know how to reach zero maternal deaths. But in many cases, resources are still insufficient to make sure every pregnant woman has at least four antenatal care visits, every birth is attended by skilled workers and life-saving medicines are available to everyone who needs them. Without continued political and financial support from donor countries and renewed commitments from developing nations, we risk losing the momentum made towards saving mothers’ lives, increasing access to voluntary family planning and achieving universal sexual and reproductive health and rights. We also risk falling short of our shared goal to leave no one behind as we move forward with the global sustainable development agenda.

From the Executive Director

Dr. Babatunde Osotimehin

This annual report shows how funds entrusted to UNFPA have enabled us to protect and promote the health and rights of millions of women and young people and enable them to realize their full potential.
One-hundred seventy-nine governments agreed in 1994 that individuals have the right and should have the means to freely decide whether or when they want to start a family. Yet, an estimated 225 million women in developing countries are unable to exercise that right because they are not using, or have no access to, contraception. Unmet demand for family planning translates into nearly 60 million unintended pregnancies annually in developing countries.

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

Contraceptive needs vary from woman to woman. Some prefer the pill, others may prefer injectables or implants. And still others prefer condoms, which also reduce the risk of sexually transmitted infections, including HIV.

UNFPA helps countries provide reliable supplies of a full range of high-quality contraceptive options. The majority of contraceptives provided by UNFPA are funded through the UNFPA Supplies programme, an initiative focused on increasing access to modern contraception in the 46 developing countries with the highest unmet demand. Donor countries and foundations together contributed $77.2 million towards the initiative in 2016. Through the UNFPA Supplies Programme and the organization’s regular family planning programmes combined, UNFPA provided nearly 7 million female condoms and nearly 268 million male condoms.

**Contraceptives provided by UNFPA in 2016**

- **2,946,213** contraceptive implants
- **1,178,419** intrauterine devices
- **34,852,080** doses of injectable contraceptives
- **21,350,104** cycles of oral contraceptives
- **5,400,000** female condoms
- **168,600,000** male condoms
- **1,178,419** doses of emergency contraception

**20,900,000** people

**11,700,000** unintended pregnancies

**3,680,000** unsafe abortions

**29,000** maternal deaths

**$716,000,000** in healthcare costs

*Estimates calculated using Impact 2.0.1, Marie Stopes International, 2015*
Every day, 830 women die from preventable causes during pregnancy or childbirth.

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

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

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

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

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

Impact of UNFPA services in humanitarian settings in 2016

- **11,400,000** people had access to sexual and reproductive health services and services to address gender-based violence
- **10,000** youth peer educators trained in sexual and reproductive health
- **2,488** health facilities with emergency obstetric care
- **741** facilities with clinical management of rape
- **485** safe spaces for girls and women
- **481** mobile maternal health clinics in 27 countries

Impact of the maternal health thematic fund

- **15,638 women** underwent surgery to repair obstetric fistulas
- **5,200 midwives** trained
- **200 schools** of midwifery received textbooks and teaching materials
- **39 countries** bolstered midwifery education and regulation
- **10 countries** expanded comprehensive maternal health services for young mothers
Empowering
the next generation

Young people, ages 10 to 24, account for about 24 per cent of the world’s 7.4 billion people.
UNFPA in 2016 helped millions of young people, especially adolescent girls, remain healthy and avoid pregnancy. UNFPA also helped protect them from harmful practices and enabled them to realize their full potential.

In 2016, UNFPA programmes helped As a result of UNFPA
programmes in 2016

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

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

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

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

730,000 girls and women received comprehensive services related to female genital mutilation

2,906 communities declared the abandonment of female genital mutilation
Young people make up the largest and fastest-growing share of the region’s population. How governments in the region invest in their health, education and capabilities in the years ahead will determine whether the region will reap a demographic dividend.

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

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

Investing in the human capital of the region’s young people entails expanding access to sexual and reproductive health services, including contraception and HIV prevention. Nearly half of all new HIV infections worldwide occur in the region, which is also home to more than half of all people living with HIV. An estimated 46% adolescent girls and young women in the region are infected with HIV every day.

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

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

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

811,000 adolescents who were not in school had access to comprehensive sexuality education through the Safeguard Young People programme.

17,000 teachers trained through UNFPA and UNESCO programmes to deliver comprehensive sexuality education.

3,500 health workers received training in integrating HIV and AIDS services into sexual and reproductive health services.

8 in 10 births attended by skilled personnel in Botswana, Comoros, Namibia, South Africa and Swaziland.

2,000 health-care professionals received training in providing emergency obstetric care, gender-based violence case management and the clinical management of rape in crises.

Midwifery in 10 countries was strengthened because of UNFPA training programmes. The size of the midwifery labour force grew in eight countries.

82,000 people affected by crises had access to family planning.

Pregnancies by choice, not by chance

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Midwifery in 10 countries was strengthened because of UNFPA training programmes. The size of the midwifery labour force grew in eight countries.

80,000,000 condoms were made available to young people

14,000,000 youth received sexual and reproductive health messages through social media

1,500,000 adolescents and youth had access to sexual and reproductive health services

913,616 women and girls in humanitarian settings had access to reproductive health services to prevent and treat the effects of gender-based violence

445,000 survivors of gender-based violence received services in humanitarian settings

Saving mothers’ lives

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82,000 people affected by crises had access to family planning.

Country/territory programmes

Angola 1,992
Botswana 1,079
Bulundu 5,494
Comoros 782
Democratic Republic of the Congo 21,357
Eritrea 1,605
Estonia 14,757
Kenya 14,115
Lesotho 5,522
Madagascar 5,864
Malawi 8,214
Mauritius 79
Mozambique 11,440
Namibia 1,299
Rwanda 4,169
South Africa 2,179
South Sudan 17,494
Swaziland 1,462
Uganda 15,122
United Republic of Tanzania 13,163
Zambia 7,629
Zimbabwe 13,259

Regional projects

16,010

Total programme expenses

180,934

Programme expenses by purpose

Includes core and non-core resources

<table>
<thead>
<tr>
<th>Non-Core</th>
<th>Core</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated sexual and reproductive health</td>
<td>97.4</td>
<td>36.3</td>
</tr>
<tr>
<td>Adolescents</td>
<td>18.4</td>
<td>7.0</td>
</tr>
<tr>
<td>Gender equality and rights</td>
<td>19.5</td>
<td>5.2</td>
</tr>
<tr>
<td>Data for development</td>
<td>4.0</td>
<td>11.6</td>
</tr>
<tr>
<td>Organizational efficiency and effectiveness</td>
<td>1.0</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Programme expenses in thousands of US$ includes core and non-core resources

<table>
<thead>
<tr>
<th>Non-Core</th>
<th>Core</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.4 %</td>
<td>14.0 %</td>
<td>7.8 %</td>
</tr>
</tbody>
</table>
A woman in West and Central Africa is 120 times more likely to die from pregnancy-related complications than a woman in a developed country.

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

Educational attainment for girls is lower in West and Central Africa than any other region in the world. For every 100 boys, there are only 83 girls enrolled in primary school. At the secondary level, for every 100 boys enrolled, there are only 83 girls. Low rates of educational attainment affects future job prospects. Jobs for young people are scarce, and the World Bank estimates that over the next 10 years, only one in four young people in the region will secure paid employment.

Key challenges in 2016

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

Impact of UNFPA support in 2016

- 12,000 maternal deaths averted
- 1,000,000 unintended pregnancies prevented
- 2,900,000 unsafe abortions prevented
- 1,768 communities declared the abandonment of female genital mutilation
- 8,195 women underwent surgery to repair obstetric fistulas

Estimated impact of contraceptives provided by UNFPA in 2016

- 8,195 women underwent surgery to repair obstetric fistulas
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- 12,000 maternal deaths averted
- 1,000,000 unintended pregnancies prevented
- 2,900,000 unsafe abortions prevented
3,000 women underwent surgery to repair obstetric fistula.

600 midwifery students attended pre-service training.

44 institutions for midwifery training were strengthened.

800 midwives received training in emergency obstetric and newborn care.

$33,000,000 was invested in contraceptives, especially for disadvantaged women in rural areas.

6 countries strengthened management of reproductive health supplies.

2,400 adolescents in Sierra Leone gained access to life-skills training through girls clubs.

16% → 56%

6,000 women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence.

5,200,000 additional women gained access to family planning information and services.

2,600,000 adolescents had access to sexual and reproductive health services.

1,600,000 service providers trained in sexual and reproductive health.

$33,000,000

6 countries

2,400 adolescents

16% → 56%

2,300,000 women had access to sexual and reproductive health services.

1,600,000 adolescents had access to sexual and reproductive health services.

2,262,303 women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence.

5,200,000 additional women gained access to family planning information and services.

2,300,000 women had access to sexual and reproductive health services.

2,181

3,015

5,262

6,222

6,377

7,028
- 162 maternal deaths per 100,000 live births
- 73% of births attended by skilled personnel
- 16% of women married or in a union with an unmet need for family planning
- 3.3 children born to average woman during childbearing years (total fertility rate)
- 28% of population between the ages of 10 and 24

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

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

In Iraq, fighting in and around Mosul has resulted in large-scale displacement and has blocked women’s access to maternity care. Elsewhere in the region, a number of governments faced economic and political challenges to expanding access to sexual and reproductive health services, including family planning.

In Yemen, displacement and instability have heightened the vulnerability of 6 million women and girls to gender-based violence, which has increased by 63 per cent over the past two years. In addition, child marriages are on the rise.

**Estimated impact of contraceptives provided by UNFPA in 2016**

<table>
<thead>
<tr>
<th>Impact</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal deaths averted</td>
<td>169</td>
</tr>
<tr>
<td>Unsafe abortions prevented</td>
<td>498</td>
</tr>
<tr>
<td>Unintended pregnancies prevented</td>
<td>823,000</td>
</tr>
</tbody>
</table>

Women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence.
402,651 women and adolescents
in Iraq had access to antenatal and postnatal care and contraceptives, had safe deliveries and received treatment for sexually transmitted infections. Five hundred fifty-five medical personnel in Mosul were trained in emergency obstetric care.

2,015 safe deliveries
in Za’atari refugee camp in Jordan.

100,000 women
in North and Central Darfur states in Sudan received life-saving reproductive health medicines and supplies.

2,500 safe deliveries
supported by UNFPA in Iraq.

563 operations
to repair obstetric fistulas.

2,015 safe deliveries
in Za’atari refugee camp in Jordan.

1,219
health care providers in Syria were trained in reproductive health, including emergency obstetric care.

100,000 women in North and Central Darfur states in Sudan received life-saving reproductive health medicines and supplies.

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

64,000
unintended pregnancies were averted in Sudan.

16,500 women and adolescents
in refugee camps or in host communities gained access to, and could choose from, four modern methods of contraception in Jordan.

39,056 young people
in two governorates in Egypt and in Cairo gained access to health services.

722 youth peer counsellors
now trained and deployed in Syria.

2,000,000
Syrian women and girls had access to life-saving reproductive health services through 1,331 facilities, mobile clinics and outreach teams in Syria, Egypt, Iraq, Jordan and Turkey.

1,000,000
people in Yemen gained access to reproductive health services or services to support survivors of gender-based violence.

740,000
people gained access to family planning in Yemen.

650,000
people in 10 governorates gained access to family planning in Syria.

721,000
unintended pregnancies averted through family planning in Somalia.

211,000
people in 10 governorates gained access to family planning in Syria.

650,000
people in Yemen gained access to reproductive health services or services to support survivors of gender-based violence.

740,000
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Dramatic socioeconomic gains in Asia and the Pacific, home to almost 60 per cent of the world’s population, have benefited hundreds of millions of people. Despite these gains, hundreds of millions of others still face formidable development challenges. This imbalance must be addressed urgently if countries—and the region as a whole—are to achieve the Sustainable Development Goals and the vision for progress that leaves no one behind.

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

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

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

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

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

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

600 teachers trained
in providing comprehensive sexuality education
in the Lao People’s Democratic Republic, reaching 12,000 students.

600 midwifery graduates
received their licences in Bangladesh.

6,000 clean delivery kits
distributed in conflict-affected zones of Myanmar.

70 women per day
received sexual and reproductive health services as they returned to Afghanistan from Pakistan.

Saving mothers’ lives

Pregnancies by choice, not by chance

5,200 women
in poor, remote areas of Nepal gained access to long-acting modern contraceptives, such as intrauterine devices and implants, through visiting providers and satellite clinics.

Free contraceptive implants
made available to poor women in remote areas of Myanmar.

2,989 young people in Indonesia received information through social media about sexual and reproductive health.

49,000 young people received life-skills training through 16 UNFPA-supported youth-development centres.

385,000 young people in Indonesia received contraception implants supplied in the Lao People’s Democratic Republic.

20,000 contraceptive implants made available to poor women in remote areas of Myanmar.

4,000 women received life-saving reproductive health services, including antenatal care, family planning and safe deliveries after Cyclone Winston struck Fiji.

Programme expenses by purpose

Integrated sexual and reproductive health

Non-Core | Core | Total
---|---|---
19.6 | 30.0 | 49.6

Adolescents

Non-Core | Core | Total
---|---|---
4.3 | 8.6 | 12.9

Gender equality and rights

Non-Core | Core | Total
---|---|---
10.5 | 8.6 | 19.1

Data for development

Non-Core | Core | Total
---|---|---
21.7 | 16.0 | 37.7

Organizational efficiency and effectiveness

Non-Core | Core | Total
---|---|---
0.2 | 2.4 | 2.6

26%

Data for development

Includes core and non-core resources

Afghanistan .......................... 26,461
Bangladesh .......................... 10,722
Brunei ................................ 3,695
Cambodia ........................... 2,627
China ................................ 1,940
Democratic People’s Republic of Korea .......................... 2,092
India ................................... 8,154
Islamic Republic of Iran .................. 1,231
Lao People’s Democratic Republic .................. 2,989
Malaysia .......................... 680
Maldives .......................... 391
Mongolia .......................... 3,045
Myanmar .......................... 9,961
Nepal .......................... 5,598
Pacific Multi Islands* .......................... 4,994
Pakistan .......................... 8,302
Papua New Guinea .......................... 6,312
Philippines .......................... 6,283
Singapore .......................... 349
Sri Lanka .......................... 950
Thailand .......................... 990
Timor-Leste .......................... 1,900
Viet Nam .......................... 3,805

*Figures for Pacific multi-islands comprise several islands which, for reporting purposes, are classified under one heading, including the Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Nauru, Niue, Palau, Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.
25 maternal deaths per 100,000 live births

98% of births attended by skilled personnel

11% of women married or in a union with an unmet need for family planning

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

22% of population between the ages of 10 and 24

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

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

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

Some 17 million women have an unmet demand for modern contraception in the region, with two thirds of them relying on traditional methods, putting them at higher risk of unintended pregnancy and sexually transmitted infections. In most countries of South-Eastern Europe and the South Caucasus, rates of modern contraceptive use are lower than the average in the world’s least developed countries.

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

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

The region has a high incidence of “secondary infertility”: 12.6 million women between the ages of 25 and 44 are unable to have another baby.

Gender inequality still permeates societies in the region and manifests itself in discrimination of women, gender-based violence and harmful practices such as gender-biased sex selection in parts of Southeastern Europe and the South Caucasus.
Pregnancies by choice, not by chance
Empowering the next generation
Eradicating child marriage

8,700 more women
150 family doctors
500 midwives

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

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

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

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

Saving mothers’ lives

500 midwives

+ 10%

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

100,000

refugees and migrants in Turkey received sexual and reproductive health services

45,000

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

27,000

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

10,000

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

8,700 more women

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

Meanwhile, the region’s overall gross domestic product contracted by 1.4 per cent in 2016, resulting in a 2.2 per cent decline in per capita gross domestic product, continuing an economic slowdown that began in 2011, resulting in large numbers of people trapped in, or falling into, poverty.

And while quality sexual and reproductive health services, including family planning, are increasingly available to affluent, educated and urban individuals, access to services in some countries is limited in poorer and rural communities, and among young people, including adolescents. On average, one in every 10 women in the region has an unmet need for family planning. About 56 per cent of the region’s adolescents also have an unmet need for modern contraception. The region now has the world’s largest share of pregnancies that are unintended: 56 per cent.

Impact of UNFPA support in 2016

- 1,617 women and girls in humanitarian settings had access to reproductive health services or services to prevent and treat the effects of gender-based violence
- 3 communities declared the abandonment of female genital mutilation
- 497 maternal deaths averted
- 392,000 unsafe abortions prevented
- 1,000,000 unintended pregnancies prevented

Estimated impact of contraceptives provided by UNFPA in 2016
15 maternity wards
rehabilitated after Hurricanes Matthew struck Haiti.
Mobile clinics dispatched to provide services to
survivors of gender-based violence.

14 public
health facilities
made contraceptive implants available through
a pilot project in Uruguay.

20 teachers and
18 midwives
in Chile received training in adolescent sexual and
reproductive health services, including contraception.

Saving mothers’
lives
Pregnancies by choice,
not by chance
Empowering the next
generation

8 countries' health-
care institutions
received training in rights-based approaches
to family planning.

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

Midwifery training
strengthened in 20 countries of the region.

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Midwifery training
strengthened in 20 countries of the region.
Earmarked contributions in 2016 included $80 million contribution currencies and the US dollar. The unfavourable exchange rates between major donor contributions from some of UNFPA's major donors and million lower than in 2015, because of decreases of

In 2016, contributions to core resources were $45

Core resources enable long-term planning as well as

Core contributions also the organization’s "core resources" and $495 million

Gross Contributions to UNFPA totaled $46 million in 2016. The amount includes $535 million towards

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

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

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

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

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

2. These amounts represent the contribution revenue recorded for 2016 core resources.
### 2016 programme and institutional budget by purpose

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Non-core resources</th>
<th>Core resources</th>
<th>Institutional budget</th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>Integrated sexual and reproductive health</td>
<td>343.5</td>
<td>127.6</td>
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<tr>
<td>Adolescents</td>
<td>38.6</td>
<td>30.4</td>
<td>—</td>
<td>69.0</td>
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<tr>
<td>Gender equality and rights</td>
<td>80.3</td>
<td>28.6</td>
<td>—</td>
<td>108.9</td>
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<tr>
<td>Data for development</td>
<td>36.6</td>
<td>53.4</td>
<td>—</td>
<td>90.0</td>
</tr>
<tr>
<td>Organizational efficiency and effectiveness</td>
<td>6.2</td>
<td>18.3</td>
<td>136.8</td>
<td>163.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>505.2</strong></td>
<td><strong>258.3</strong></td>
<td><strong>136.8</strong></td>
<td><strong>900.3</strong></td>
</tr>
</tbody>
</table>

#### UNFPA programme and institutional budget expenses

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

### 2016 programme and institutional budget by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Non-core resources</th>
<th>Core resources</th>
<th>Institutional budget</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and Southern Africa</td>
<td>19.8</td>
<td>61.1</td>
<td>17.2</td>
<td>198.1</td>
</tr>
<tr>
<td>West and Central Africa</td>
<td>90.9</td>
<td>49.0</td>
<td>17.3</td>
<td>157.2</td>
</tr>
<tr>
<td>Arab States</td>
<td>88.5</td>
<td>24.3</td>
<td>10.8</td>
<td>123.6</td>
</tr>
<tr>
<td>Asia and the Pacific</td>
<td>56.3</td>
<td>65.6</td>
<td>17.3</td>
<td>139.2</td>
</tr>
<tr>
<td>Latin America and the Caribbean</td>
<td>18.7</td>
<td>21.8</td>
<td>11.4</td>
<td>51.9</td>
</tr>
<tr>
<td>Eastern Europe and Central Asia</td>
<td>16.8</td>
<td>13.7</td>
<td>6.0</td>
<td>36.5</td>
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<tr>
<td>Office in Addis Ababa</td>
<td>—</td>
<td>1.0</td>
<td>—</td>
<td>1.0</td>
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<tr>
<td>Global activities</td>
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<td>21.8</td>
<td>56.8</td>
<td>192.8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>505.2</strong></td>
<td><strong>258.3</strong></td>
<td><strong>136.8</strong></td>
<td><strong>900.3</strong></td>
</tr>
</tbody>
</table>

### 2016 programme expenses by implementing agency

<table>
<thead>
<tr>
<th>Agency</th>
<th>Non-core resources</th>
<th>Core resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governments</td>
<td>76.3</td>
<td>33.7</td>
<td>110.0</td>
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<tr>
<td>Non-governmental organizations</td>
<td>112.6</td>
<td>25.0</td>
<td>137.6</td>
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<tr>
<td>United Nations agencies</td>
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<td>1.9</td>
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<td><strong>505.2</strong></td>
<td><strong>258.3</strong></td>
<td><strong>763.5</strong></td>
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</table>

### 2016 expenses by gender marker

<table>
<thead>
<tr>
<th>Gender marker</th>
<th>Non-core resources</th>
<th>Core resources</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary objective of the activity is contribution to gender equality and/or women’s empowerment (gender stand-alone)</td>
<td>90.6</td>
<td>27.2</td>
<td>117.8</td>
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<tr>
<td>Significant contribution to gender equality (gender mainstreaming)</td>
<td>267.9</td>
<td>102.4</td>
<td>370.3</td>
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<tr>
<td>Some contribution to gender equality and/or women’s empowerment</td>
<td>115.4</td>
<td>105.5</td>
<td>220.9</td>
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<tr>
<td>No contribution to gender equality and/or women’s empowerment</td>
<td>31.3</td>
<td>23.2</td>
<td>54.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>505.2</strong></td>
<td><strong>258.3</strong></td>
<td><strong>763.5</strong></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Country</th>
<th>Contributions in US$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>10,000</td>
</tr>
<tr>
<td>Belgium</td>
<td>4,000,365</td>
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<tr>
<td>Belize</td>
<td>2,041</td>
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<tr>
<td>Bolivia</td>
<td>2,488</td>
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<tr>
<td>Botswana</td>
<td>3,025</td>
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<tr>
<td>Brazil</td>
<td>1,585,393</td>
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<tr>
<td>Brazil (for In-kind contribution)</td>
<td>5,250</td>
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<tr>
<td>Cambodia</td>
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<tr>
<td>Cambodia (for In-kind contribution)</td>
<td>4,000</td>
</tr>
<tr>
<td>Chile</td>
<td>5,587</td>
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<tr>
<td>Costa Rica</td>
<td>500</td>
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<tr>
<td>Côte d’Ivoire</td>
<td>12,159</td>
</tr>
<tr>
<td>Croatia</td>
<td>432,000</td>
</tr>
<tr>
<td>Côte d’Ivoire (for In-kind contribution)</td>
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<td>Czech Republic</td>
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<td>Democratic People’s Republic of Korea</td>
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<td>Equatorial Guinea</td>
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<tr>
<td>Ethiopia</td>
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<td>Yemen</td>
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</tr>
<tr>
<td>Zambia</td>
<td>5,250</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>5,250</td>
</tr>
<tr>
<td>Private Contributions</td>
<td>16,379</td>
</tr>
<tr>
<td>Total</td>
<td>352,807,797</td>
</tr>
</tbody>
</table>

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

Through partnerships in 2016, UNFPA mobilized funding and in-kind contributions valued at $225 million, a 24 per cent increase over 2015. During the year, 75 agreements were signed with 95 partners.

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

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

Strategic partnerships

<table>
<thead>
<tr>
<th>Co-financing</th>
<th>In-kind contribution</th>
<th>In-kind contribution</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,000,365</td>
<td>125,000</td>
<td>5,250</td>
<td></td>
</tr>
<tr>
<td>2,000,000</td>
<td>2,000,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,150,000</td>
<td>(through Crown Agents Limited)</td>
<td></td>
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</tr>
<tr>
<td>884,631</td>
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<td></td>
</tr>
<tr>
<td>788,954</td>
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<tr>
<td>432,000</td>
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<td></td>
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<td>389,074</td>
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<td></td>
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<td>311,715</td>
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<td>286,902</td>
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<td></td>
</tr>
<tr>
<td>225,000</td>
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</tr>
</tbody>
</table>


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

In Copenhagen, Geneva and elsewhere in 2016, UNFPA also engaged with parliamentarians to sustain or increase political support and funding for efforts to protect the sexual and reproductive health and rights of women and adolescents.
In 2016, private sector partnerships were leveraged globally and in 26 countries to support women and adolescents.
UNFPA programmes reached women and young people in 155 countries, territories and other areas in 2016 through a network of 123 country offices, six regional and three subregional offices and liaison offices in Addis Ababa, Brussels, Copenhagen, Geneva, London, Tokyo and Washington, D.C.. These offices combined had a total of 2,638 regular staff in 2016.