UNFPA in Context: An Institutional History*

Background paper prepared for the
Center for Global Development Working Group on UNFPA's Leaderships Transition

By
Rachel Sullivan Robinson, PhD

Assistant Professor, School of International Service
American University, Washington, DC
robinson@american.edu

October 2010

* Part of this paper will appear in Robinson's book project, *Intimate Interventions*, an analysis of the relationships between family planning and HIV/AIDS interventions at the global level, across sub-Saharan Africa, and in Malawi, Nigeria, and Senegal. The author gratefully acknowledges the helpful comments of the Center for Global Development Working Group on UNFPA's Leadership Transition, and particularly those from Lori Hunter, Rachel Nugent, and Miriam Temin. She also wishes to thank Kate Haulman, Susan Shepler, and Breda Werth for feedback on an early draft.

** The content of this paper is the responsibility of the author and may not represent the views of the Center for Global Development.

Foreword

In August 2010—three months before a new executive director of the United Nations Population Fund (UNFPA) was announced—CGD formed a Working Group to examine UNFPA's evolving role in sexual and reproductive health, reproductive rights, and the integration of population dynamics into development. The recommendations from the Working Group on UNFPA's Leadership Transition were based on consultative meetings, one-on-one interviews, expert-panel deliberation, and literature reviews. As the Working Group deliberated and considered "what's next" for UNFPA, we invited a few scholars to provide background information to help inform our recommendations. In this paper, Rachel Sullivan Robinson offers an excellent synthesis of UNFPA's storied history, placing it within the context of the evolving global population movement and analyzing how the Fund has framed its activities over time.

This paper is part of the larger Demographics and Development Initiative at CGD and a contribution to CGD's Working Group Report on UNFPA's Leadership Transition. The work is generously supported by a grant from the William and Flora Hewlett Foundation.

Rachel Nugent
Deputy Director, Global Health
Center for Global Development

Abstract

The United Nations Population Fund (UNFPA) is the primary organization within the United Nations system tasked with addressing population issues. The purpose of this paper is to place the UNFPA in the context of the evolution of the population movement. Throughout, I analyze core UNFPA documents, including annual reports, mission statements, and the Cairo Programme of Action. In the course of the discussion, I address two key moments—the emergence of HIV/AIDS and the development of the Millennium Development Goals—that challenged the UNFPA to take advantage of changing global trends. I conclude that the UNFPA's struggles to insert its mandate into these new frameworks result from the organization's need to constantly defuse political tension over its core areas of activity, specifically the provision of contraception and the promotion of population and development concerns.

Introduction

The United Nations Population Fund (UNFPA) is the primary organization within the United Nations (UN) system tasked with addressing population issues. Created in 1967 as a trust fund, and then established as a subsidiary of the General Assembly in its own right in 1969, the UNFPA has since then been a major presence in the international population movement.

The purpose of this paper is to place UNFPA in the context of the evolution of the population movement. In the course of the discussion, I address two key moments—the emergence of HIV/AIDS and the development of the Millennium Development Goals (MDGs)—that challenged the UNFPA to take advantage of changing global trends. I conclude that the UNFPA's struggles to insert its mandate into these new frameworks result from the organization's need to constantly defuse political tension over its core areas of activity, specifically the provision of contraception and the promotion of population and development concerns.

The paper is organized as follows. The first section presents background on the international population movement, the UNFPA as an organization, and the other major international organizations (multilateral, bilateral, and nongovernmental) engaged in the population movement. The second section describes the UNFPA at the two crucial moments of the emergence of HIV/AIDS and the development of the MDGs. Throughout, I analyze core UNFPA documents, including annual reports, mission statements, and the Cairo Programme of Action. The final section presents conclusions.

Background

Brief history of the population movement

The population movement, by which I mean the set of actors and ideas surrounding goals related to population, has two strands (Sinding 2007). The first, which is macro, reflects concerns about the overall number of people on the planet and in particular countries. This strand has seen the size of populations as a threat to security, food supply, the environment, and development (Wilmoth and Ball 1992). The second strand, which is micro, reflects concerns about the ability of individuals to freely make and carry out decisions related to reproductive behavior. This strand has seen the varying ability (including the inability) of individuals to carry out reproductive decisions as a threat to rights, health, and livelihood. The two strands are, of course, inextricably linked: the overall size of a population, be it of a country or the planet, is a product of births, deaths, and migration, which ultimately occur at the individual level. In the current era, however, fertility has the greatest ability to influence future population size, particularly at the global level but also in many cases at the country level (Bongaarts and Bulatao 2000). I briefly discuss both strands of the movement, and then present the ways in which they were unified in the mid-1990s.

The idea that population growth could be anything but good is a product of the post-industrial, modern era. For most of human history, the balance between births and deaths was relatively even, and populations grew slowly. Rulers saw large populations as a boon to both military and economic might. Starting in the 19th century with the advent of modern medicine and hygiene techniques in industrializing countries, and carried further forward by medical advances in the 20th century, mortality rates declined far faster than birth rates, leading to rapid population growth rates (Lee 2003). In Europe

and North America, fertility rates ultimately declined, producing low, and sometimes even negative, growth rates. In today's developing countries, the transfer of modern medical techniques in the 20th century produced an even more rapid decline in mortality rates than had been experienced in Europe and North America. Combined with fertility rates that were higher than had been experienced in the West, population growth rates soared beginning in the middle of the twentieth century in Africa, Asia, and Latin America. Nonetheless, with increasing education levels, improved access to contraception, and changing opportunity structures, fertility rates are currently declining in most of the developing world, including sub-Saharan Africa.

In 1960, the world's population reached three billion, the last billion having been added in only 30 years (McFalls 2007). Immediately prior to this milestone, in the 1950s, the US government first took an interest in the population size of other nations. In particular, there was anxiety that rapidly growing, poor countries in Asia would serve as fertile ground for communist revolutions (Wilmoth and Ball 1992). During this era, particularly following Coale and Hoover's 1958 analysis of population growth in India, a negative link between population growth and socioeconomic development was first suggested (Donaldson 1990). Furthermore, as the environmental movement grew in the 1960s, earlier security concerns were soon accompanied by fears about the environmental impact of population growth (Wilmoth and Ball 1992).

The second strand of the population movement, focus on women's individual reproductive rights, dates primarily from the 20th century, with Margaret Sanger's efforts to provide birth control to poor women in US urban settings starting in the 1920s as the first step of a larger movement. Contraceptive technologies improved over time, and in the 1960s both the intrauterine device (IUD) and the first hormonal contraceptive pills became available. The movement first focused on women's access to contraception, which was granted to married women in the US in 1965 (Goldin and Katz 2001). As the women's movement strengthened and grew in the 1960s and 70s, its focus shifted to abortion, which was legalized in the US in 1973. Concurrently, discourse and practice related to reproductive rights grew.

The advance of contraceptive technologies in the 1960s also provided a tool for those interested in slowing population growth in the developing world, regardless of motivation (security, development, environment, food, or rights). As a result, the number of family planning programs grew from the 1950s onwards, first in Asia, then Latin America, and finally in Africa in the 1980s (Sadik 2002a; Singh 2002).

The two strands of the population movement fully came together in the mid-1990s, at the third major world conference on population, the International Conference on Population and Development (ICPD), held in Cairo in 1994.[1] At this conference, a compromise was worked out between neo-Malthusians—reflecting the "macro" strand of the population movement emphasizing that rapid population growth inhibits socioeconomic development—and feminists, the "micro" strand of the population movement focused on individual right of access to contraception (McIntosh and Finkle 1995).

The ultimate outcome of the conference was the result of trends that began prior to the delegates coming to Cairo and involved the UNFPA, feminists, and neo-Malthusians. During the preparatory process for the ICPD, Dr. Nafis Sadik, the Executive Director of the UNFPA and the Secretary General of the conference, urged the conference to aim for the UN low variant for global population size (7.27

[1] These three conferences are discussed in greater detail below.

billion) for 2015, which implied large reductions in fertility worldwide, and suggested a target of 71% contraceptive prevalence (Singh 1998: 46).

Nongovernmental organizations (NGOs) advocating feminist concerns also influenced the ICPD preparatory process. This followed in the tradition of the 1992 Earth Summit in Rio de Janeiro, where women's NGOs had been heavily involved with the drafting of an extremely popular alternative treaty to the main UN agreement. This alternative treaty was critical of standard family planning programs and urged that focus be shifted towards women's reproductive health (Johnson 1995). Following the Earth Summit, a significant number of women's NGOs, later organized by the International Women's Health Coalition, met to discuss strategies for influencing the ICPD, and created a Women's Declaration (Johnson 1995; Singh 1998).

At the same time that feminist NGOs were strengthening and articulating their position, they also sought to find common ground with one of their traditional enemies, neo-Malthusians. Prior to Cairo, neo-Malthusians had been criticized for overt focus on reducing population growth rates, which was charged with leading to coercion, as in the case of forced sterilizations in India during the Emergency in the 1970s (Connelly 2006; Vicziany 1982) and in China under the one-child policy from the 1980s onwards (Li 1995). At the time of the ICPD, the neo-Malthusians faced three challenges that pushed them towards a compromise with feminists: (1) lack of overwhelming evidence that population growth had as many negative effects as neo-Malthusians claimed; (2) decreased funding for population programs, and development in general, due to the end of the Cold War and the economic recession; and (3) continued fertility decline at ever greater rates and in even more places (Hodgson and Watkins 1997).

Both neo-Malthusians and feminists had something to gain from coming together at Cairo. By banding with feminists, neo-Malthusians gained the advantage of a frame for their ultimate goal (reduced fertility) expressed in the more politically correct form of women's rights and wellbeing (Hodgson and Watkins 1997). By allying with neo-Malthusians, feminists maintained a tie to the population establishment. Both groups' support for abortion,[2] which constructed the Vatican as a shared enemy, helped facilitate the partnership (Hodgson and Watkins 1997).

The compromise between neo-Malthusians and feminists, as expressed in the Programme of Action from the ICPD, thus included a de-emphasis on contraceptive and fertility targets, and the promotion of women's empowerment, including reproductive rights, as a means to achieve socioeconomic development. Neo-Malthusians were satisfied because the emphasis on socioeconomic development remained. Feminists were satisfied because of the emphasis on increasing women's access to contraception, which was now framed in a new way, relative to reproductive health, and thus less likely to be tied to targets.

Brief history of UNFPA[3]

In 1967, UN Secretary General U Thant proposed a fund that would assist countries in areas related to population, including research, training, and advising. When the fund became operational in 1969, its

[2] Reflected in the (in)famous paragraph 8.25 of the Program of Action.

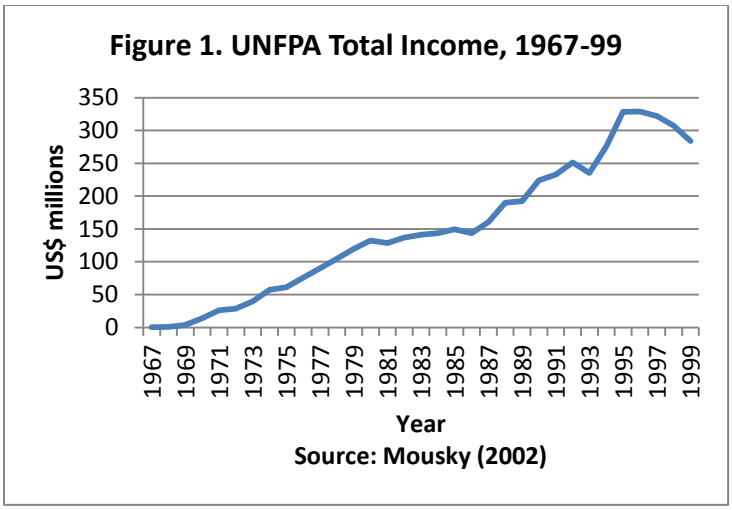
[3] This section gives a brief history of the UNFPA until approximately 2000. Appendix 1 includes a timeline that presents highlights through 2010.

name became the United Nations Fund for Population Activities, or UNFPA. At this time, the Fund was transferred to the United Nations Development Program (UNDP), and then in 1972 it came directly under the General Assembly, but was still linked with UNDP through a shared governing council (Singh 2002). In 1980, UNFPA finally became a full member of the Administrative Committee on Coordination (ACC), the principal coordinating mechanism of the UN system (Mousky 2002).

The UN's engagement in the population realm actually dates to 1946, when the Population Commission was created to continue the statistical tasks begun under the League of Nations (Johnson 1987). The Population Commission created the Population Division, still in existence today, mainly as a demographic/technical branch and first under the leadership of renowned demographer Frank Notestein, who had been head of Princeton's Office of Population Research (Johnson 1987). Starting in the 1950s, the UN provided some population-related assistance to Asian countries that already had family planning programs, although most engagement with other countries was purely of a technical nature (Caldwell 2002). In 1955, the Population Division presented the UN with figures showing undeniably rapid population growth in developing countries (Kantner and Kantner 2006), and in 1959 the Draper Committee's report, commissioned to study the impacts of US military aid, suggested that the US should become involved in trying to slow population growth in developing countries (Johnson 1987).

Through the 1960s, as the international population movement grew and new contraceptive technologies became available, developed countries, particularly the US and the Scandinavian countries, made more and more money available for population activities (Caldwell 2002). In 1965, the UN and World Bank sent a mission to India to review the national family planning program (Johnson 1987), and that same year the UN Population Division co-hosted a major, international demographic conference with the International Union for the Scientific Study of Population (Caldwell 2002). This meeting was technical, rather than political, as participants did not represent their governments (Finkle and McIntosh 2002). At the international human rights conference held in Tehran in 1968, the UN declared that "the ability to determine the number and spacing of one's children [is] a basic right" (Donaldson 1990: 120), providing the frame for all the UNFPA's future work.

In 1969, President Nixon called on the UN to take a leadership role in population issues (Hartmann 1995), and the US ambassador to the UN at the time, George H.W. Bush, pushed hard for the creation of a strong population program (Donaldson 1990). Rather than create this program out of existing UN structures, a new entity, the UNFPA, was created. This new entity was at least partly because General Draper and others in the US in the 1960s who were interested in a multilateral body to address population growth in developing countries felt that the Population Division was too technical and academic to carry out this role (Donaldson 1990). Another advantage of a fund was that it relied on voluntary contributions, making it possible to sidestep controversy related to family planning and population issues (Johnson 1987). Not all supporters of the population movement, however, felt the UN was the best organizational mechanism as there were fears of excessive bureaucracy (Donaldson 1990). Furthermore, not all of those within the UN system felt that a separate organization was called for. For example, the World Health Organization (WHO) felt that it had a claim to family planning over the other UN agencies and would have preferred to incorporate family planning into larger health efforts (Donaldson 1990; Johnson 1987).



After its creation in 1967, UNFPA's budget grew quickly (see Figure 1[4]). General Draper, head of the Population Crisis Committee in the US, helped with fundraising both by devising a US government matching grant program and through facilitation of trips by parliamentarians from the US, Germany, and Japan—three countries with which Draper had good connections from the war—to Asian countries (Mousky 2002). By late 1972, UNFPA had voluntary contributions from 52 countries, and this fundraising success partially motivated the General Assembly's decision to place UNFPA under its authority in 1972 (Mousky 2002). By 1973 UNFPA had a $52 million annual budget (Caldwell 2002), and at least half of that came from the US, through the US Agency for International Development (Hartmann 1995). The quick increase in funding had much to do with the efforts of the Fund's first executive director, the charismatic Rafael Salas. Salas, who was Catholic and from a developing country (the Philippines) where he had developed the family planning program, used his personal dynamism to overcome many of the early challenges faced by UNFPA in terms of funding, staffing, and political opposition (Johnson 1987). In particular, Salas used the declaration of 1974 as World Population Year to raise funds and to solidify UNFPA's existence (Mousky 2002; Singh 2002). Following World Population Year, more than 60 countries had population commissions, which were then able to serve as key liaisons for UNFPA (Singh 2002).

UNFPA's focus in the 1970s varied by region and the desires of governments in those regions. That translated into support for research and training in Latin America, family planning in Asia, and censuses in Africa (Sadik 2002b; Salas 1976). The first multi-year country program was with Pakistan in 1970, followed by Mauritius and Egypt in 1971 (Mousky 2002). By the end of 1974, UNFPA had 1200 projects in 92 countries (Mousky 2002). During the 1970s, UNFPA also conducted a number of needs assessments in different countries. In many cases, these assessments resulted in the implementation of vertical family planning programs. The emphasis on vertical programs was both because health systems were perceived as too weak for integration with family planning programs, but also because some believed that vertical programs would better highlight the importance of family planning (Singh 2002). Even as funding doubled in the 1970s, requests from countries for assistance with research, training, and family planning outstripped available funds (Mousky 2002). During the 1970s and 1980s, UNFPA funded the World Fertility Survey, the precursor to the Demographic and Health Surveys, and also funded the African census program (Mousky 2002). The UNFPA's activities in Africa increased during the

[4] Original table does not indicate whether these are constant or current dollars.

1980s as more governments there requested assistance with population and family planning. In 1987, with the sudden death of Salas, Dr. Nafis Sadik took over as Executive Director of UNFPA. A medical doctor, Sadik had worked at UNFPA since almost the beginning, and prior to coming to the UN had been the head of Pakistan's national family planning program (Johnson 1987). The 1990s saw major UNFPA involvement in four of the nine world conferences, particularly the 1994 Cairo conference. The Programme of Action from Cairo left UNFPA with an ambitious agenda that emphasized advocacy and, along with the MDGs, has served as the organizing principal for the Fund's work since then.

The UNFPA was involved in the three major world conferences on population (1974 in Bucharest, 1984 in Mexico City, and 1994 in Cairo), and its involvement grew over time. UNFPA funded about half of the Bucharest conference, as well as separate side events for NGOs and youth (Singh 2002). At the 1984 conference, UNFPA's executive director, Rafael Salas, served as the Secretary General, and was also expected to raise most of the funds for the conference (Singh 2002). At this conference, the US took everyone by surprise when its chief delegate described population as a "neutral" phenomenon and announced what came to be known as the "Mexico City Policy," an extreme effort to disassociate US population assistance from any activities or organizations associated with abortion (Eager 2004). Tellingly, the Republican National Convention took place one week after the Mexico City conference ended. As a result of this policy, in 1986 the US withdrew all funding for UNFPA, largely over claims about UNFPA programming and abortion in China (Eager 2004). Since that point, US funding to UNFPA has depended on the party of the US president.

UNFPA's executive director, Nafis Sadik, again served as Secretary General for the 1994 conference. Sadik worked very hard for all UN agencies to be involved in the conference, and "In contrast with the two previous conferences, UNFPA was fully involved in the planning of all [events pre-conference and during conference], helped secure their sites and local funding, and fully participated in formulating their recommendations" (Singh 2002: 163). UNFPA's increasing involvement with the world population conferences over time can be interpreted as the growing institutionalization of its role as the primary UN agency to speak on population issues. In particular, following the 1994 conference, a new, joint executive council was created for UNFPA and UNDP, UNFPA was granted more control over meeting agendas, and UNFPA Country Directors were promoted to UNFPA Representatives (Singh 2002). In the words of longtime UNFPA staff member Stafford Mousky (2002: 234), "UNFPA came fully of age in 1994."

One of the UNFPA's key contributions to the population movement relates to shepherding the development and institutionalization of the concept of reproductive health (Eager 2004; Lane 1994). Specifically, the UNFPA was a key host and organizer of the 1994 Cairo conference, described above, which institutionalized the right to reproductive health as a global norm. The Programme of Action from the conference defines reproductive health as "a state of complete physical, mental and social well-being and...not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes" (United Nations 1994). Reproductive health thus includes: a safe and satisfying sex life, free choice in number and timing of children, the right to information and access to contraception, the right of access to services to allow safe pregnancy, delivery, and infanthood, and access to reproductive and sexual health services, including those related to HIV and other sexually transmitted infections. Since 1994, achievement of reproductive health for all has been a primary principle for UNFPA and has also focused the population movement's activities more generally.

UNFPA's history, as well as some of that of the population movement, is reflected in its mandate and missions.[5] UNFPA was first officially given a mandate in 1973 from the United Nations Economic and Social Council (ECOSOC). This mandate was reaffirmed in 1993, and continues to be viewed as a guiding structure for the organization. It states that UNFPA's mandate is:

(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 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 programmes, and to coordinate projects supported by the Fund.[6]

Following Cairo, much changed 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 1997 and 1998. UNFPA does not appear to have had a formal mission statement until 1996 or 1997.[7] UNFPA then used the same mission statement until 2003, which is included in Appendix 2. This statement was one-page long, and stated that UNFPA's mission was to assist developing countries, at their request, to address reproductive health and population issues, as well as raise awareness about those issues in all countries. UNFPA would do so by following three key goals (UNFPA 1997: 49):

(1) To help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015;
(2) To support population and development strategies that enable capacity-building in population programming; and
(3) To promote awareness of population and development issues and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

Importantly, this mission statement included the core statement reflecting UNFPA's rights-based orientation, "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 also referred to the "Universally accepted aim of stabilizing world population" (UNFPA 1997: 49).

The mission statement was changed in 2004 to be much shorter:

> "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

[5] The history is also reflected in the titles of one of the UNFPA's major publications, the *State of World Population*, a table of which is included in Appendix 2.
[6] UNFPA FAQs. http://www.unfpa.org/public/cache/offonce/about/faqs, last updated Nov. 2008**,** accessed 9/28/10.
[7] No annual report from 1995 or earlier contains a mission statement. All annual reports from 1997 and later include a mission statement. The author was unable to locate a copy of the 1996 annual report to determine whether it contains a mission statement.

from HIV/AIDS, and every girl and woman is treated with dignity and respect. UNFPA – because everyone counts." (UNFPA 2004: 31)

This shift shortened UNFPA's mission statement to a much more manageable length and is noteworthy for several reasons. First, in the statement UNFPA identifies as a *development agency*. Although UNFPA has always treated population in relationship with development and shares an executive board with UNDP, this is a more explicit identification with development work than in the previous mission statement or mandate. Second, the first sentence of the two-sentence statement has *nothing* to do with population or reproductive health, and the statement has no direct reference to the right to decide freely and responsibly about the number of children, although there is reference to every pregnancy being wanted. Third, HIV/AIDS has been added the mission statement, a topic which I discuss below. Taken together, these points suggest a shift away from a mission focused on population to broader development goals, as well as the focus of one of the development field's main preoccupations, namely HIV.

Key actors in the international population movement

There are a number of international organizations, governmental and nongovernmental, that have played key roles in the international population movement. I discuss some of these briefly below. With very few exceptions, most of the major players in the international population movement got their start in the 1960s, at the same time that the UNFPA was created.

Multilateral Donors

In addition to the UNFPA, the key multilateral donors involved in the population movement have been the World Bank and the World Health Organization.

The World Bank, although technically a part of the UN system, operates largely independently of it and is funded through separate mechanisms. In the 1960s, prior to UNFPA's founding, the Bank's president Robert McNamara (McNamara 1984) talked about population growth as hindering economic growth, and the Department of Health, Nutrition, and Population was formed in 1969, but at the time the Bank focused more on infrastructure than on social and health programs (Kantner and Kantner 2006). This focus was at least partially due the fact that the Bank's mechanisms for providing aid to foreign countries were limited to interest-bearing, repayable loans. It was not clear at the time that developing country governments would be willing to accept such loans to provide family planning services (Johnson 1987). McNamara's interest in population activities ultimately led to more direct actions related to health and family planning starting in the 1980s and 1990s, and particularly in Africa (Johnson 1987). The Bank has firmly espoused the neo-Malthusian view that population growth hinders development, and that slowing population growth can thus induce economic development. Starting in the 1980s, the Bank promoted the adoption of population policies in sub-Saharan Africa in conjunction with structural adjustment programs (Hartmann 1995; Sai and Chester 1990; World Bank 1992). This initial interest in population expanded into what is now a fairly major focus on health, and in 2000 the World Bank endorsed the Cairo Programme of Action in the publication, *Population and the World Bank: Adapting to Change* (Kantner and Kantner 2006). Today, the World Bank treats reproductive health as a "best buy": a cost effective way to have a large impact on maternal and infant mortality, and has recently published an action plan for reproductive health covering the years 2010-2015 (World Bank 2010).

Like the World Bank, the World Health Organization (WHO) is also part of the UN system. It was actually the site of the most "vigorous" debates about family planning in the 1950s, but as a result of political sensitivities around family planning, did not involve itself deeply at that time (Johnson 1987). Specifically, WHO carried out a pilot study on voluntary fertility limitation in India in 1950s that the WHO governing body did not particularly like (Salas 1976). Although the WHO expressed stronger claims over family planning by the 1960s, these claims were attenuated by the fact that developing countries, which had relatively more power within the governance structure of WHO, were not generally in support of family planning (Crane 1993). Today, WHO has a Department of Reproductive Health and Research (RHR). The RHR was created in 1998 by merging the UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) and the former WHO Division of Reproductive Health (Technical Support).[8] Sexual and reproductive health, along with maternal, adolescent, and child health and aging, form part of WHO's strategic objective number four (out of 13). In 2008-2009, WHO spent $191 million on this objective, or approximately $95 million per year (WHO 2010).

Bilateral Donors

Bilateral donors are a major source of population assistance for developing countries. In recent years, as a percentage of gross national income, Norway, Sweden, and Netherlands have contributed the most (Kantner and Kantner 2006). Increasingly, however, Norway and Sweden have begun to channel their money through multilateral organizations, and large portions of bilateral funds for population assistance have been diverted through sector-wide approaches, or SWAps (Kantner and Kantner 2006). Japan and the United States are an exception to this trend.

In terms of bilateral donors, the United States Agency for International Development (USAID) is *the* major funder of population activities the world over, and is the largest bilateral donor for population and reproductive health activities (Kantner and Kantner 2006). Started in 1965, between 1965 and 1980, the US government provided half of all population assistance globally, with much of that money going through USAID (Donaldson 1990). Much of USAID's focus on population can be credited to R. Ravenholt, the director of the Office of Population at USAID from 1966-79, who was extraordinarily influential in promoting population-related interventions around the world, although perhaps at times overzealously (Donaldson 1990). USAID's population/reproductive health program currently operates in more than 60 countries, and its global programs had a budget of approximately $500 million during fiscal year 2009 (Speidel, Sinding, Gillespie, Maguire, and Neuse 2009).[9] In addition, USAID has a number of bilateral programs that cover reproductive health in individual countries. In recent years, the country programs with Bangladesh, Egypt, Jordan, and the Philippines have received the most aid, and although USAID has increasingly contributed to HIV/AIDS, the organization still has a large budget for family planning services and provision of contraceptive commodities (Kantner and Kantner 2006). USAID also funds the Demographic and Health Surveys, the core source of demographic information for developing countries.

[8] World Health Organization, "Sexual and Reproductive Health: About Us," http://www.who.int/reproductivehealth/about_us/en/, accessed 9/30/10.
[9] See also USAID, "Funding," http://www.usaid.gov/our_work/global_health/pop/funding/index.html, accessed 9/30/10.

International Nongovernmental Organizations (NGOs)

There are a number of international NGOs that work in the population field, of which the International Planned Parenthood Federation (IPPF) has the longest history. Others include Family Health International, the Futures Group, Management Sciences for Health, Marie Stopes International, and the Pathfinder Fund.

Founded in 1952 at the Third International Conference on Planned Parenthood in Bombay, the IPPF is a network of member associations with organizations in most countries around the world.[10] These organizations provide a broad array of reproductive health services, and in many cases serve as the focal point of nongovernmental organizing around reproductive health in a country. Much of IPPF's support comes from bilateral aid agencies (Kantner and Kantner 2006). IPPF has lost money over time, both because of the Mexico City Policy of the US, and also because of decreasing support from Japan and Denmark (Kantner and Kantner 2006). Despite being an NGO, IPPF receives large amounts of funding from first world governments, and at points in the past up to 90% of its budget has come from governments (Crane 1993). In 2008, IPPF had a budget of approximately $120 million.[11]

Foundations

Foundations have been active in the population assistance field since the 1950s. In the 1950s and 60s, the Rockefeller Foundation (primarily via the Population Council) and the Ford Foundation were particularly important, at first providing support for demographic research as well as the training of demographers and then branching out into technical support for developing countries (Sending and Neumann 2006). The MacArthur and Packard Foundation have also played key roles, and in recent years, the Gates Foundation has emerged as an actor in the population movement.

The Population Council was founded in 1952 by John D. Rockefeller 3rd, and has funded both programs in countries, as well as large amounts of research on population and reproductive health, including the development of contraceptive technologies.[12] In particular, the Population Council funded population research centers at a number of US universities, including Princeton and the Universities of Michigan and Pennsylvania (Sending and Neumann 2006). Notably in terms of the early years, the Council was closely involved in the creation of Kenya's 1967 population policy (Chimbwete, Watkins, and Zulu 2005; Warwick 1982). In recent years, the Council has added two new foci: adolescent health and HIV/AIDS. Although a foundation, the Population Council is also a major recipient of government grants, particularly from USAID (Crane 1993; Hartmann 1995). In 2009, the Council had an operating budget of $95 million.[13] The Council publishes two of the main demography journals, *Population and Development Review* and *Studies in Family Planning*.

The Ford Foundation was the largest source of population resources in the 1950s and 60s (Warwick 1982). Since then, the Ford Foundation's work in the area of population has tapered off, and in 2009, they provided $5.6 million in reproductive health grants.[14] The Packard Foundation was founded in 1964, and population and reproductive health is one its core areas. The foundation generally follows a

[10] IPPF, "About IPPF," http://www.ippf.org/en/About/, accessed 9/30/10.
[11] Ibid.
[12] Population Council, "History," http://www.popcouncil.org/who/history.asp, accessed 9/30/10.
[13] Population Council, "Financial Information," http://www.popcouncil.org/who/financials.asp, accessed 9/30/10.
[14] Author's calculation from Ford Foundation web site, http://www.fordfoundation.org/grants/search, accessed 9/30/10.

very targeted approach, focusing on only a few countries in a particular region, including the US. Other focus countries include Ethiopia, India, Nigeria, Pakistan, and the Philippines, and until recently Burma (Myanmar) and Sudan were also focal countries (Kantner and Kantner 2006). In 2009, the foundation awarded $37.5 million in the population and reproductive health area.[15] Similar to the Packard Foundation, the MacArthur Foundation focuses on only a handful of countries: India, Mexico, and Nigeria. The foundation works in a number of areas, including education, and so the foundation has included initiatives related to sexuality and reproductive health education (Kantner and Kantner 2006).

Although the Gates Foundation has only existed since the mid-1990s, the volume of its funding has quickly made it a major player in a number of different areas. Family planning is one of the 13 focal areas in the Foundation's Global Health portfolio, and accounted for $39.6 million in grants paid in 2009.[16] The foundation has, however, been criticized for taking a very technological/biomedical approach to reproductive health (Kantner and Kantner 2006).

UNFPA at Key Moments: HIV/AIDS and the Millennium Development Goals

To further contextualize the UNFPA's role in the population movement, this section analyzes two challenging moments: the rise of HIV/AIDS, and the development of the Millennium Development Goals (MDGs). Arguably, these are both moments that the UNFPA could have better grabbed because they reflected major shifts in the donor community's emphasis and direction. And in both cases, UNFPA had good reasons for involvement. In the case of HIV/AIDS, the fact that the majority of transmission around the globe occurs through sex (UNAIDS and WHO 2009) suggests a strong linkage with UNFPA's broader reproductive health agenda. In the case of the MDGs, the fact that their emphasis is *development* suggests a strong connection with population and development goals coming out of Cairo. As I discuss below, however, the UNFPA has struggled to insert itself into the fight against HIV as well as the MDGs.

The rise of AIDS and UNAIDS

The first official report of AIDS was in 1981, although the disease existed in Africa before then. The World Health Organization (WHO) did not, however, respond officially until 1986, when the Control Programme on AIDS began, which morphed into the Special Programme on AIDS in 1987 under the leadership of Jonathan Mann, and then ultimately became the Global Program on AIDS (GPA) in 1988 (Knight 2008). This relatively late response by WHO was, like in many agencies and countries, the result of denial (Knight 2008), but WHO, and the donors who funded it, saw itself as the proper home in the UN system as it was the agency that dealt with disease. Indeed, in 1987, the UN General Assembly tagged WHO to play the lead role in the response to HIV (Knight 2008). At the time of the creation of the GPA, UNFPA "seconded" a staff member to it (Mousky 2002), but otherwise seems to have avoided deep involvement with HIV. The GPA made significant progress and had a large budget, but ultimately

[15] The David and Lucile Packard Foundation, "About the Foundation," http://www.packard.org/categoryList.aspx?RootCatID=2&CategoryID=2, accessed 9/30/10.
[16] Bill and Melinda Gates Foundation, "2009 Annual Report," www.gatesfoundation.org/annualreport/2009, accessed 9/30/10.

faltered for a variety of reasons. These included donor criticisms for being overly medical and following a one-size-fits-all approach, because national leaders continued to be unwilling to commit to tackling HIV, and because of the tensions among experts over whether a public health or more structural approach was the best strategy for addressing HIV (Knight 2008; Merson, O'Malley, Serwadda, and Apisuk 2008).

These criticisms, along with concern about infighting between WHO, UNDP, the United Nations Children's Fund (UNICEF), and the World Bank over management of HIV, resulted in donor review of the GPA in 1989 (Knight 2008). The resulting 1992 report led to a task force which proposed a new UN entity to coordinate the UN response to AIDS, which would ultimately become UNAIDS (Knight 2008). Not only were donors looking for greater coordination across UN agencies, but they were also hoping for a more efficient, and thus less expensive, program that, if unencumbered from other mandates, might be more willing and able to address the complicated and sensitive nature of HIV/AIDS (Center for Global Development 2009; Merson, O'Malley, Serwadda, and Apisuk 2008). ECOSOC approved a resolution for the creation of such an entity in 1994 (Center for Global Development 2009), and the agencies selected to work out a proposal for the joint program— WHO, UNICEF, UNDP, UNFPA, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and the World Bank—were chosen as cosponsors because they happened to be members of the GPA Management Committee at the time (Knight 2008).[17]

As an indicator of future challenges to be faced by UNAIDS, the cosponsors were unable to reach consensus on a proposal for the structure and management of the entity, and so ultimately presented three (Knight 2008). UNICEF, UNDP, and the World Bank kept UNAIDS from being a funding agency (as the Global Fund is now), and WHO and UNICEF fought some of the most acrimonious battles over who "owned" AIDS (Knight 2008). Tensions between the agency cosponsors continued throughout the process of creating UNAIDS and the early years following its official creation in 1996, with WHO and the World Bank perhaps the most reluctant to participate (Knight 2008). In particular, the cosponsors weren't fully committed because each was afraid they had something to lose from the new arrangement, UNAIDS did not always ask each of them to participate, and donors failed to exert pressure on them after UNAIDS had been created (Merson et al.2008). Although the UNFPA was an original cosponsor of UNAIDS and participated in the agency's development, it is not specifically mentioned in accounts of the process (e.g., Center for Global Development (2009); Knight (2008); Merson et al. (2008)) either positively or negatively. In particular, there is no evidence that UNFPA tried as hard as some of the other UN agencies to lay claim to HIV.

Indeed, mentions of HIV are fairly peripheral in UNFPA publications from the late 1980s onwards. The first mention of AIDS in a UNFPA annual report appears to be in 1987, in the family planning section of the Programme Priority Areas, where UNFPA is noted to be a part of the WHO's Special Programme on AIDS. In the 1988 and 1989 annual reports, AIDS is mentioned in a similar fashion—in conjunction with WHO's programs. It is not until the 1990 annual report that discussion of AIDS was separated from the WHO, and listed as a "Special Programme Interest," along with topics such as aging and youth. In 1993, AIDS appeared in the table of contents of the annual report for the first time, and then starting in 1995 there was an HIV/AIDS section under "Programme Priorities." In a similar fashion, discussions of

[17] There are now 10 cosponsors of UNAIDS: Office of the United Nations High Commissioner for Refugees (UNHCR), UNICEF, World Food Programme (WFP), UNDP, UNFPA, United Nations Office on Drugs and Crime (UNODC), the International Labor Organization, UNESCO, WHO and the World Bank.

UNFPA's activities in the 1990s in the secondary literature authored by UNFPA staff (for example, Sadik's (2002a) edited volume for the thirtieth anniversary of UNFPA) rarely mention AIDS.

The 1994 Programme of Action from the ICPD has two explicit sections covering HIV/AIDS, and mentions it in many other places. The two explicit sections are in Chapter VII, "Reproductive Rights and Reproductive Health," where HIV is included in Section C, "Sexually transmitted diseases and prevention of human immunodeficiency virus," and Chapter VIII, "Health, Morbidity, and Mortality," where HIV is included as its own section (Section D). Beyond these two sections, however, HIV is mentioned only either in conjunction with sexually transmitted infections more broadly, or in the litany of development problems (broadly defined) in need of solutions. Indeed, the secondary literature does not identify UNFPA as fully including HIV in their activities until after ICPD+5 in 1999 (Knight 2008). At this point, an additional goal of reducing HIV infection rates in persons 15-24 years of age by 25% in the most-affected countries by 2005 and by 25% globally by 2010 was added to the Programme of Action (Blanchfield 2008).

In addition to UNAIDS, AIDS has also impacted UNFPA in other ways, particularly through the distribution of global health funding. Global disbursements for HIV/AIDS currently stand at $7.6 billion per year,[18] while those for family planning are less than half a billion dollars per year (UNFPA 2009). Analysis of funding trends over time indicates that there is evidence for HIV crowding out funding for other areas, such as family planning (Shiffman 2008). At the same time, because of HIV, overall funding for health has increased dramatically (Shiffman, Berlan, and Hafner 2009). Regardless of the actual effects of increased funding for HIV, policymakers and service providers perceive a loss of focus on family planning as a result of the rise of AIDS, particularly in sub-Saharan Africa (Blanc and Tsui 2005).

UNFPA's current self-assessment of their role in the fight against AIDS is evident on their web page. There, UNFPA describes their primary contribution to UNAIDS as being through the area of condom programming and through prevention efforts among women and youth.[19] Generally, HIV is treated as a "cross-cutting concern," along with culturally-sensitive, human rights based approaches; supporting adolescents and youth; and assisting in emergencies.[20] UNFPA also works to link HIV/AIDS with sexual and reproductive health, which reflects UNFPA's mission and is particularly pertinent in countries where the majority of HIV transmission is sexual. Perhaps not surprisingly, UNFPA has called for linking HIV with reproductive health: "UNFPA, along with the rest of the international community, strongly advocates for closer linkages between HIV/AIDS interventions and sexual and reproductive health care."[21] Despite some rhetoric about integration, however, it is not clear whether the rest of the international community actually supports working towards these closer linkages.

The creation of UNAIDS, UNFPA publications including their web site, and the Cairo Programme of Action indicate that UNFPA not been as deeply involved in HIV/AIDS as one might expect. There are three possible explanations for this outcome: (1) UNFPA assumed that HIV/AIDS fell under the umbrella of reproductive health and therefore no special action needed to be taken; (2) UNFPA did not want to be involved with turf battles over AIDS between WHO, UNICEF, the World Bank, and UNAIDS; and (3)

[18] Kaiser Family Foundation, "International AIDS Assistance: G8/EC & Other Donor Governments, as Share of Total Disbursements, 2009," http://facts.kff.org/chart.aspx?ch=432, accessed 9/25/10.
[19] UNFPA, "HIV and AIDS," http://www.unfpa.org/hiv/, accessed 10/1/10.
[20] UNFPA, "About UNFPA," http://www.unfpa.org/public/home/about, accessed 9/3/10.
[21] UNFPA, "Linking HIV/AIDS with Sexual and Reproductive Health," http://www.unfpa.org/hiv/linking.htm, accessed 10/1/10.

UNFPA did not want responsibility for yet another hot-button issue like family planning and abortion. In terms of the first explanation, HIV/AIDS *does* fall under the umbrella of reproductive health. That said, there are many actors involved in the fight against HIV/AIDS who do not have a history in the reproductive health field (e.g., The Global Fund to Fight AIDS, Tuberculosis, and Malaria and the President's Emergency Plan for AIDS Relief). In addition, and in a related vein, as generic antiretroviral therapy became available in the early 2000s, much of the donor community's emphasis shifted to treatment of HIV, rather than prevention, which has little to do with reproductive health.[22] In terms of the second explanation, as the discussion above shows, there were plenty of other UN agencies interested in working on HIV/AIDS, so choosing not to pursue the area may have benefitted UNFPA in terms of its relationship with sister agencies. Finally, in terms of the third explanation, UNFPA had good reason to avoid adding a stigmatized disease with no cure and no vaccine to its portfolio given the continual challenges it faces regarding the politics of family planning and abortion.

Most likely, some combination of the three explanations above explains UNFPA's failure to engage more with HIV/AIDS. This lack of engagement may have unfortunately had negative implications for the course of the epidemic. Integrating HIV prevention activities into broader reproductive health activities, particularly those related to sexually transmitted infections, might have led to more successful prevention efforts. UNFPA could have also played a greater role in keeping focus on HIV prevention once affordable treatment became available.

Millennium Development Goals

The Millennium Development Goals (MDGs) were announced in 2001, following the Millennium Summit in 2000. The set of eight, ambitious goals are intended together to provide a road map for reducing poverty and improving overall wellbeing by the year 2015. The original goals, however, included no reference to reproductive health. The Millennium process began with a 1999 report written by the Secretary General, which did not reference reproductive health. This omission carried through to the 2000 Millennium Declaration, and the 2001 MDGs. The only mentions of contraception in the original version of the MDGs were in reference to MDG 6, which covers HIV/AIDS.

Crossette (2004) explains the omission of reproductive health from the MDGs as the result of five factors: (1) the UN Secretariat was fatigued from the controversy over abortion at Cairo and so avoided the topic; (2) the G-77 put forth a strong opposition to the inclusion of reproductive health, even though it did not reflect a consensus of their members; (3) the MDG creation process was streamlined and did not allow for participation by civil society groups who most likely would have promoted greater inclusion of reproductive health; (4) the development and announcement of the MDGs coincided with a leadership change in both the US and at the UNFPA;[23] and (5) the population community was also fatigued, and perhaps overconfident, following the successful ICPD+5 conference in 1999. Members of the women's movement were also fatigued, as they had just worked through Beijing+5 in 2000 as MDG activities were ramping up (Crossette 2005). The World Bank was the only international organization to strongly lobby for the inclusion of reproductive health in the MDGs (Crossette 2004). The UNFPA did not, however, exert a strong presence, even though there were points at which it could have intervened. For example, UNFPA was one of the UN bodies that participated in the working group that

[22] Except, of course, in the case of using antiretroviral therapy extensively throughout a population in an effort to reduce the viral load and thus prevent new infections.
[23] Thoraya Obaid assumed her post as Executive Director of UNFPA in January 2001.

produced the MDGs, along with the World Bank, the International Monetary Fund, UNICEF, and WHO (Crossette 2004).

After much lobbying on the part of the Millennium Project, an effort led by Jeffrey Sachs whose goal was primarily to deal with issues related to financing the MDGs but also to evaluate them to a certain extent, reproductive health was ultimately added as a target to MDG 5 on maternal mortality (Crossette 2005; Kantner and Kantner 2006). The Canadians fought hard for the inclusion of reproductive *rights* language, but were unsuccessful (Crossette 2005). In general, it seems that some of the other, simultaneous issues related to reform of the UN Security Council and Human Rights Commission overshadowed other discussion (Crossette 2005). Nonetheless, MDG 5 calls for universal access to reproductive health as its second target. Despite this inclusion, many feminists and members of the population movement remain dissatisfied given that there is no mention of rights, and that the measures included do not capture the ultimate goal of women's unfettered regulation of fertility (Dixon-Mueller and Germain 2007).

Why was the UNFPA not more vocal in the development of the MDGs? It seems that fatigue following the Cairo conference, itself due to the UNFPA having to constantly fight battles over the sensitive aspects of population and family planning, combined with the UNFPA's change in leadership as well as that in the US, were to blame. These factors may have also kept the UNFPA from seeing the significance that the MDGs were destined to play in structuring development activities. As in the case of the UNFPA's lack of engagement with HIV/AIDS, the opportunity missed to reassert the importance of family planning most likely has had negative impacts on the availability of contraception around the world.

Conclusions

All UN agencies have to deal with politics, but the UNFPA's line of work has brought on particularly sensitive issues: trying to change population size, providing family planning, and issues around abortion. Politics around population, the acceptability of contraception, and abortion have forced the UNFPA to tread lightly around an area of key focus: reproductive choice and rights. The impact of these politics on the UNFPA is best captured by Rafael Salas's interpretation of the Government of Chile's 1972 request that he not to mention "family planning" or "birth control" in a speech celebrating an agreement between Chile and the UNFPA: "Since we in the Fund were in no way dogmatic, this presented no problems for me. We were interested in realities, not semantics, and recognized that all sorts of people have all sorts of problems which deserve respect" (Salas 1976: 52).

The politics of population and family planning have forced discussion about issues that are important in their own right to be framed in terms of other things: population and development, contraception and maternal and infant mortality, abortion and health. In many ways, these discussions have taken the sex out of issues that are actually fundamentally about sex. Although almost certainly necessary, this compromise has not come without cost: by delinking contraception and reproductive health from sex, it makes it harder to advocate for them on the grounds of rights alone. Thus the process of depoliticization has limited UNFPA in terms of what it can seek to change, particularly since it is a multilateral organization which must defer to the concerns of its member states and work to achieve compromise among those member states.

As the discussion above shows, these politics appear to have kept the UNFPA from inserting itself more forcefully into two key developments in recent years: the emergence of HIV/AIDS, and the creation of the MDGs. Although opportunities have been missed, not all is lost. The current focus on reducing the vertical transmission of HIV from mothers to children and the fact that the new Executive Director of UNFPA, Dr. Babatunde Osotimehin, is the former head of the Nigerian National AIDS Control Agency, suggests that there are new opportunities for UNFPA to become more active in the HIV/AIDS arena. Furthermore, the renewed interest in family planning because of its links to maternal mortality presents new chances to strongly promote family planning the world over. The key lesson for the UNFPA to take away from the experiences of HIV/AIDS and the MDGs is that it must always try to insert its core agenda, that related to population and family planning, into emerging areas, but without sacrificing the commitment to those issues in and of themselves by shying away from politics.

Appendix 1. Timeline of Population Activities

Decade	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 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 US and Europe
1965	UN and IUSSP demographic conference in Belgrade	US legal environment vis-à-vis contraception improves
1966	UN resolution on population	Environmental movement burgeons
1967	UN 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 multi-year country program (with Pakistan)	Women's movement grows in strength
1972	UNFPA moves under 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 US (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	
	1980s	
1980	UNFPA becomes full member of the UN Administrative Committee on Coordination	Conservatives take power of executive office in the US
1984	World Population Conference in Mexico City	First HIV/AIDS cases reported (1981) and epidemic begins to grow

Decade	United Nations	Other Relevant Events
1986	US withdraws UNFPA funding	
1987	Salas dies suddenly and is replaced as Executive Director by Dr. Nafis Sadik	World population reaches 5 billion (1987)
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 reproductive health with consensus at Cairo
1999	Cairo+5 conference	HIV epidemic continues to grow
Ongoing	Strong UNFPA involvement in nine, major UN conferences	UNAIDS established (1996) World population reaches 6 billion (1999)
	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, TB, and Malaria founded 2002
2008-11	New strategic plan emphasizing new aid environment	President's Emergency Plan for AIDS Relief founded 2003
2010	Babatunde Osotimehin named new Executive Director of UNFPA	Reproductive health targets added to Millennium Development Goals (2005)

Sources: Caldwell (2002), Donaldson (1990), Mousky (2002), Singh (2002).

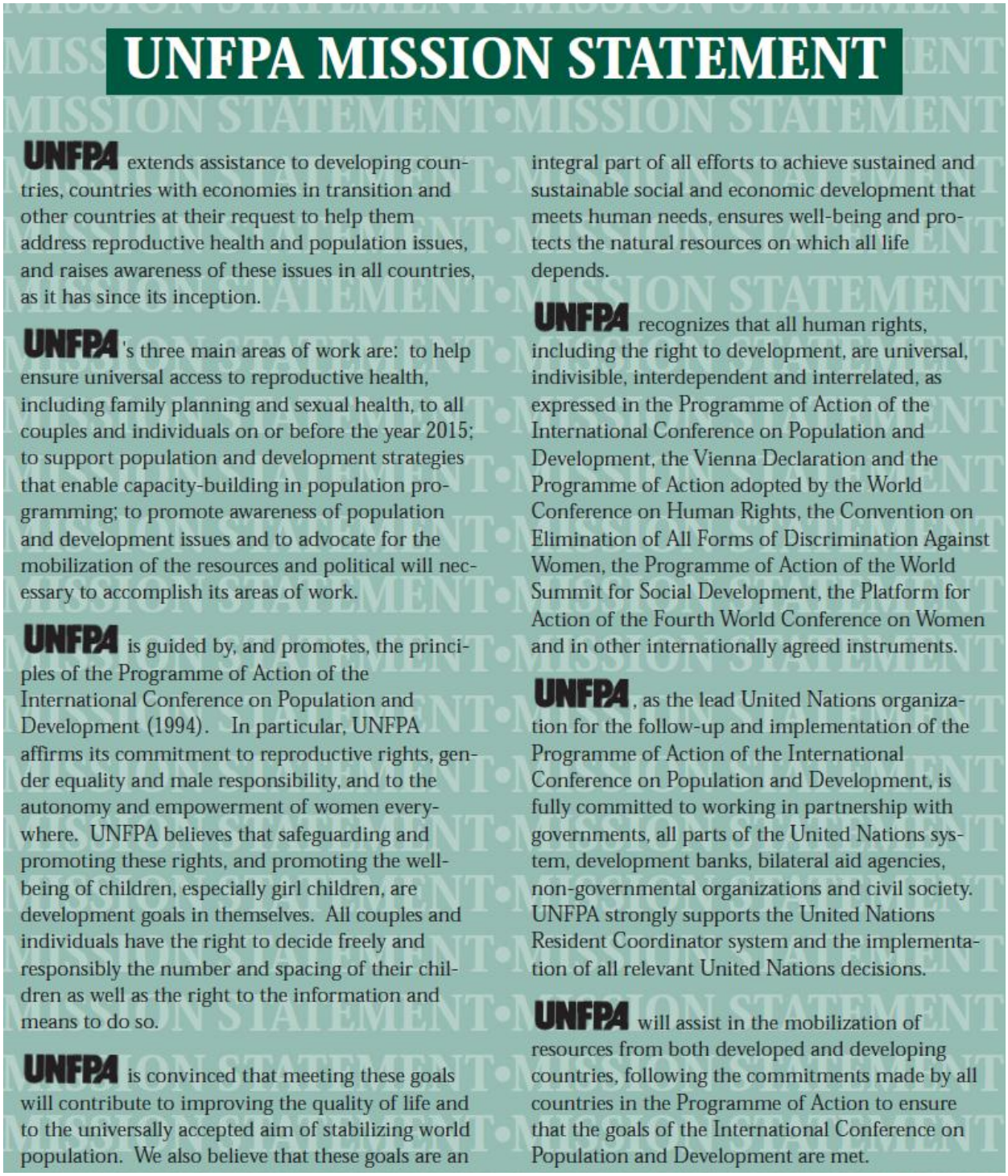
Appendix 2. Titles of the *State of World Population* 1980-2010[24]

The UNFPA produces two regular reports annually, the *State of World Population*[25] and an annual report.[26] The *State of World Population* reports are available online for 1998-2010 as are annual reports for 1997-2009.

Year	Title
2010	From Conflict and Crisis to Renewal: Generations of Change
2009	Facing a Changing World: Women, Population and Climate
2008	Reaching Common Ground: Culture, Gender and Human Rights
2007	Unleashing the Potential of Urban Growth
2006	A Passage to Hope: Women and International Migration
2005	The Promise of Equality: Gender Equity, Reproductive Health and the Millennium Development Goals
2004	The Cairo Consensus at Ten: Population, Reproductive Health and The Global Effort to End Poverty
2003	Making 1 Billion Count: Investing in Adolescents' Health and Rights
2002	People, Poverty and Possibilities
2001	Footprints and Milestones: Population and Environmental Change
2000	Lives Together, Worlds Apart: Men and Women in a Time of Change
1999	6 Billion: A Time for Choices
1998	The New Generations
1997	The Right to Choose: Reproductive Rights and Reproductive Health
1996	Changing Places: Population, Development and the Urban Future
1995	Decisions for Development: Women, Empowerment and Reproductive Health
1994	Choices and Responsibilities
1993	The Individual and the World: Population, Migration, and Development in the 1990s
1992	A World in Balance
1991	Choice or Chance?
1990	Choices for the New Century
1989	Investing in Women: The Focus of the Nineties
1988	Safeguarding the Future
1987	A World of Five Billion
1986	Population and the Urban Future
1985	Population and Women
1984	Population and the Quality of Life
1983	The Big Question
1982	Signposts to 1984
1981	Beyond 2000
1980	No title

[24] Titles from 1998-2010 are from the UNFPA web site; from 1984-1997 are from a WorldCat search for "State of World Population" and the Population Reference Bureau's library collection; from 1980-83 are from Salas (1985).
[25] http://www.unfpa.org/public/cache/bypass/home/publications/search_pubs/swpreports
[26] http://67.205.103.77/about/report/index.htm

Appendix 3. UNFPA Mission Statement from 1997-2003[27]



UNFPA MISSION STATEMENT

UNFPA extends assistance to developing countries, countries with economies in transition and other countries at their request to help them address reproductive health and population issues, and raises awareness of these issues in all countries, as it has since its inception.

UNFPA's three main areas of work are: to help ensure universal access to reproductive health, including family planning and sexual health, to all couples and individuals on or before the year 2015; to support population and development strategies that enable capacity-building in population programming; to promote awareness of population and development issues and to advocate for the mobilization of the resources and political will necessary to accomplish its areas of work.

UNFPA is guided by, and promotes, the principles of the Programme of Action of the International Conference on Population and Development (1994). In particular, UNFPA affirms its commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women everywhere. UNFPA believes that safeguarding and promoting these rights, and promoting the well-being of children, especially girl children, are development goals in themselves. 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.

UNFPA is convinced that meeting these goals will contribute to improving the quality of life and to the universally accepted aim of stabilizing world population. We also believe that these goals are an integral part of all efforts to achieve sustained and sustainable social and economic development that meets human needs, ensures well-being and protects the natural resources on which all life depends.

UNFPA recognizes that all human rights, including the right to development, are universal, indivisible, interdependent and interrelated, as expressed in the Programme of Action of the International Conference on Population and Development, the Vienna Declaration and the Programme of Action adopted by the World Conference on Human Rights, the Convention on Elimination of All Forms of Discrimination Against Women, the Programme of Action of the World Summit for Social Development, the Platform for Action of the Fourth World Conference on Women and in other internationally agreed instruments.

UNFPA, as the lead United Nations organization for the follow-up and implementation of the Programme of Action of the International Conference on Population and Development, is fully committed to working in partnership with governments, all parts of the United Nations system, development banks, bilateral aid agencies, non-governmental organizations and civil society. UNFPA strongly supports the United Nations Resident Coordinator system and the implementation of all relevant United Nations decisions.

UNFPA will assist in the mobilization of resources from both developed and developing countries, following the commitments made by all countries in the Programme of Action to ensure that the goals of the International Conference on Population and Development are met.

Source: UNFPA (1997: 49).

[27] Perhaps 1996. See footnote in text.

References

Blanc, Ann K. and Amy O. Tsui. 2005. "The Dilemma of Past Success: Insiders' Views on the Future of the International Family Planning Movement." *Studies in Family Planning* 36:263-276.

Blanchfield, Luisa. 2008. *The U.N. Population Fund: Background and the U.S. Funding Debate*. Washington, DC: Congressional Research Service.

Bongaarts, John and Rodolfo A. Bulatao. 2000. *Beyond Six Billion*. Washington, DC: National Academies Press.

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

Center for Global Development. 2009. *UNAIDS: Preparing for the Future*. Washington, DC: Center for Global Development.

Chimbwete, Chiweni, Susan Cotts Watkins, and Eliya Msiyaphazi Zulu. 2005. "The Evolution of Population Policies in Kenya and Malawi." *Population Research and Policy Review* 24:85-106.

Connelly, Matthew. 2006. "Population Control in India: Prologue to the Emergency Period." *Population and Development Review* 32:629-667.

Crane, Barbara B. 1993. "International Population Institutions: Adapting to a Changing World Order." Pp. 351-396 in *Institutions for the Earth*, edited by P. M. Haas, R. O. Keohane, and M. A. Levy. Cambridge, MA: MIT Press.

Crossette, Barbara. 2004. "Reproductive Health and the Millennium Development Goals: The Missing Link." Commissioned by the Population Program of the William and Flora Hewlett Foundation.

Crossette, Barbara. 2005. "Reproductive Health and the Millennium Development Goals: The 2005 World Summit." Commissioned by the Population Program of the William and Flora Hewlett Foundation.

Dixon-Mueller, Ruth and Adrienne Germain. 2007. "Fertility Regulation and Reproductive Health in the Millennium Development Goals: The Search for a Perfect Indicator." *American Journal of Public Health* 97:45-51.

Donaldson, Peter. 1990. *Nature Against Us*. Chapel Hill and London: University of North Carolina Press.

Eager, Page Whaley. 2004. *Global Population Policy: From Population Control to Reproductive Rights*. Burlington, VT: Ashgate.

Finkle, Jason L. and C. Alison McIntosh. 2002. "United Nations Population Conferences: Shaping the Policy Agenda for the Twenty-First Century." *Studies in Family Planning* 33:11-23.

Goldin, Claudia and Lawrence F. Katz. 2001. "On the Pill: Changing the Course of Women's Education." *Milken Institute Review* 3:12-21

Hartmann, Betsy. 1995. *Reproductive Rights and Wrongs*. Boston, MA: South End Press.

Hodgson, Dennis and Susan Cotts Watkins. 1997. "Feminists and Neo-Malthusians: Past and Present Alliances." *Population and Development Review* 23:469-523.

Johnson, Stanley. 1987. *World Population and the United Nations*. Cambridge: Cambridge University Press.

Johnson, Stanley. 1995. *The Politics of Population: The International Conference on Population and Development*. London: Earthscan.

Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). 2009. *2009 AIDS Epidemic Update*. Geneva: UNAIDS.

Kantner, John F. and Andrew Kantner. 2006. *International Discord on Population and Development*. New York: Palgrave Macmillan.

Knight, Lindsay. 2008. *UNAIDS: the First 10 Years 1996–2006.* Geneva: UNAIDS.

Lane, Sandra D. 1994. "From Population Control to Reproductive Health: An Emerging Policy Agenda." *Social Science & Medicine* 39:1303-1314.
Lee, Ronald. 2003. "The Demographic Transition: Three Centuries of Fundamental Change." *The Journal of Economic Perspectives* 17:167-190.
Li, Jiali. 1995. "China's One-Child Policy: How and How Well Has it Worked? A Case Study of Hebei Province, 1979-88." *Population and Development Review* 21:563-585.
McFalls, Joseph A., Jr. 2007. "Population: A Lively Introduction." *Population Bulletin* 62:1-31.
McIntosh, C. Alison and Jason L. Finkle. 1995. "The Cairo Conference on Population and Development: A New Paradigm?" *Population and Development Review* 21:223-260.
McNamara, Robert S. 1984. "Time Bomb or Myth: The Population Problem." *Foreign Affairs* 62:1107-1131.
Merson, Michael H., Jeffrey O'Malley, David Serwadda, and Chantawipa Apisuk. 2008. "HIV Prevention 1: The History and Challenge of HIV Prevention." *Lancet* 372:475-488.
Mousky, Stafford. 2002. "UNFPA's Role in the Population Field." Pp. 211-247 in *An Agenda for People: The UNFPA through Three Decades*, edited by N. Sadik. New York and London: New York University Press.
Sadik, Nafis. 2002a. "Agenda for People : The UNFPA Through Three Decades." New York: NYU Press.
Sadik, Nafis. 2002b. "Preface." Pp. xv-xxii in *An Agenda for People: The UNFPA through Three Decades*, edited by N. Sadik. New York and London: New York University Press.
Sai, Fred T. and Lauren A. Chester. 1990. "The Role of the World Bank in Shaping Third World Population Policy." Pp. 179-191 in *Population Policy: Contemporary Issues*, edited by G. Roberts. New York: Praeger.
Salas, Rafael M. 1976. *People: An International Choice*. Oxford: Pergamon Press.
Sending, Ole Jacob and Iver B. Neumann. 2006. "Governance to governmentality: Analyzing NGOs, states, and power." *International Studies Quarterly* 50:651-672.
Shiffman, Jeremy. 2008. "Has Donor Prioritization of HIV/AIDS Displaced Aid for Other Health Issues?" *Health Policy and Planning* 23:95-100.
Shiffman, Jeremy, David Berlan, and Tamara Hafner. 2009. "Has Aid for AIDS Raised All Health Funding Boats?" *JAIDS Journal of Acquired Immune Deficiency Syndromes* 52:S45-S48 10.1097/QAI.0b013e3181bbcb45.
Sinding, Steven W. 2007. "Overview and Perspective." Pp. 1-12 in *The Global Family Planning Revolution*, edited by W. C. Robinson and J. A. Ross. Washington, DC: The World Bank.
Singh, Jyoti Shankar. 1998. *Creating a New Consensus on Population*. London: Earthscan.
Singh, Jyoti Shankar. 2002. "UNFPA and the Global Conferences." Pp. 152-174 in *An Agenda for People: The UNFPA through Three Decades*, edited by N. Sadik. New York and London: New York University Press.
Speidel, J. Joseph, Steven Sinding, Duff Gillespie, Elizabeth Maguire, and Margaret Neuse. 2009. *Making the Case for U.S. International Family Planning Assistance*. Baltimore, MD: Gates Institute for Population and Reproductive Health.
United Nations. 1994. *International Conference on Population and Development: Summary of the Programme of Action*. New York: ECOSOC http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm.
United Nations Population Fund (UNFPA). 1997. *Annual Report: 1997*. New York: UNFPA.
United Nations Population Fund (UNFPA). 2004. *Annual Report: 2004*. New York: UNFPA.
United Nations Population Fund (UNFPA). 2009. *Financial Resource Flows for Population Activities in 2007*. New York: UNFPA.
Vicziany, Marika. 1982. "Coercion in a Soft State: The Family-Planning Program of India: Part I: The Myth of Voluntarism." *Pacific Affairs* 55:373-402.

Warwick, Donald P. 1982. *Bitter Pills*. Cambridge: Cambridge University Press.
Wilmoth, John R. and Patrick Ball. 1992. "The Population Debate in American Popular Magazines, 1946-90." *Population and Development Review* 18:631-668.
World Bank. 1992. *Population and the World Bank: Implications from Eight Studies*. Washington, DC: World Bank.
World Bank. 2010. *Better Health for Women and Families: The World Bank's Reproductive Health Action Plan 2010–2015*. Washington, DC: World Bank.
World Health Organization (WHO). 2010. *Performance Assessment Report: Programme Budget 2008-2009*. Geneva: WHO.