

United Nations Population Fund

UNFPA Strategic Plan 2026-2029 (DP/FPA/2025/9)

Annex 2 Integrated theory of change

Summary

This annex outlines the integrated theory of change underlying the UNFPA Strategic Plan, 2026-2029. The theory of change explains the “*how*” and “*why*” change is expected to happen towards the goal of the Strategic Plan: achieve universal access to sexual and reproductive health, realize reproductive rights for all and accelerate the implementation of the ICPD Programme of Action - with a heightened focus on addressing inequalities, within and between countries, and leaving no one behind across the humanitarian, development and peace continuum. The main narrative of the Strategic Plan focuses on the “*what*” UNFPA is supposed to achieve during the 2026-2029 period.

Contents

I.	Introduction.....	2
II.	Overall theory of change of the Strategic Plan, 2026-2029.....	3
III.	The goal and the target groups of the UNFPA Strategic Plan, 2026-2029	5
IV.	How can the goal of the Strategic Plan be achieved?	6
V.	How does the Strategic Plan contribute to the 2030 Agenda for Sustainable Development?	7
A.	Current status of outcome areas	9
B.	Key structural issues, root causes and gaps for acceleration	11
VI.	How can the outcomes of the Strategic Plan be achieved?.....	12
A.	Three interconnected intermediate outcomes	12
B.	Six output pathways	12
	Output 1. Data, analysis and foresight	13
	Output 2. Policy, advocacy and accountability	14
	Output 3. Leveraging sustainable financing and investments	14
	Output 4. Social and gender norms	15
	Output 5. Quality of care and services	15
	Output 6. Humanitarian action and preparedness.....	16
VII.	Context-specific approaches.....	17
VIII.	Risks and risk mitigation measures	23

I. Introduction

1. The UNFPA Strategic Plan, 2026-2029 articulates a set of results at the impact, outcome (overall and intermediate outcomes) and output levels that the organization aims to achieve during 2026-2029. The theory of change explains why and how change is expected to occur across these levels to realize the overarching vision and goal of the Strategic Plan.
2. The theory of change is grounded in six cross-cutting principles that guide the work of the organization across all contexts and levels of intervention:
 - (a) Human rights-based approaches;
 - (b) Leaving no one behind and addressing inequalities;
 - (c) Centrality of gender equality;
 - (d) Evidence-based and data-informed decision-making;
 - (e) Anti-discrimination and anti-racism;
 - (f) Accountability, transparency and ethics.
3. In addition, UNFPA will ensure sustainability and apply systems thinking to promote long-term, holistic and integrated solutions. These principles are applied across all outputs and outcomes and underpin the implementation of the Strategic Plan, ensuring that programming is rights-based, inclusive and results-driven.
4. The Strategic Plan, 2026-2029 is the third of three consecutive strategic plans to achieve transformative results and contribute to the achievement of the 2030 Agenda for Sustainable Development.

Figure 1

Three strategic plans progressively culminating in the four outcomes of the Strategic Plan, 2026-2029, through which the transformative results are realized.



5. During the first of the three strategic plans (2018-2021), UNFPA set the stage for achieving the three transformative results. The main focus of the second strategic plan (2022-2025) was to accelerate the achievement of the transformative results. The UNFPA Strategic Plan, 2026-2029 continues to accelerate progress through its four strategic outcomes, which collectively advance the transformative results and the International Conference on Population and Development (ICPD) Programme of Action, within the context of resilience and renewal.

Box 1**Aligning with the 2024 quadrennial comprehensive policy review
of operational activities for development of the United Nations system**

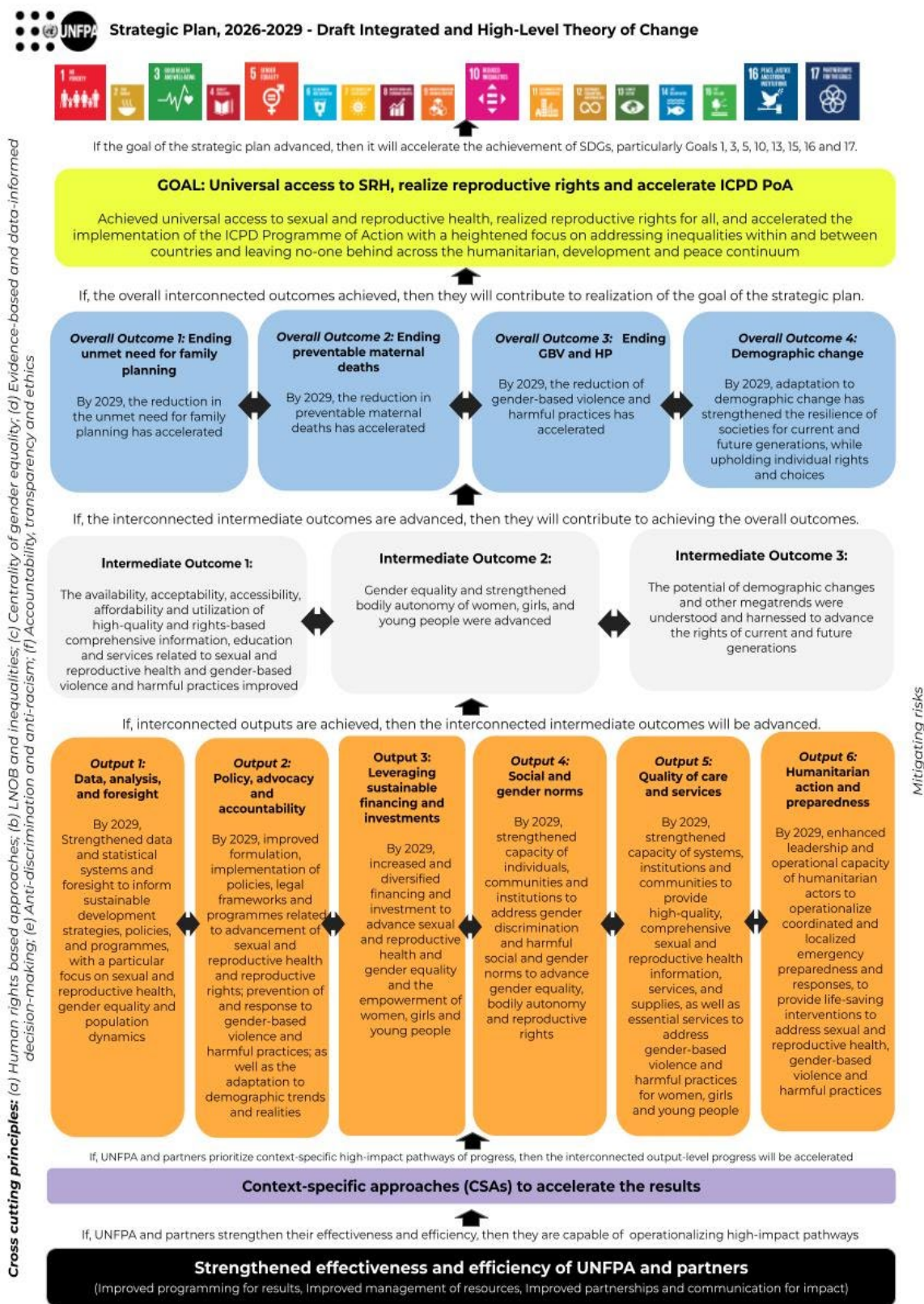
The integrated theory of change of the UNFPA Strategic Plan, 2026-2029 is fully aligned to the 2024 quadrennial comprehensive policy review (QCPR) framework by:

- (a) Connecting the Strategic Plan theory of change to the acceleration of the achievement of Sustainable Development Goals (SDGs);
- (b) Introducing an integrated approach within the UNFPA Strategic Plan towards its support to the implementation of the 2030 Agenda for Sustainable Development, the SDGs and related targets;
- (c) Continuing the focus on the implementation of the ICPD Programme of Action;
- (d) Promoting gender equality and empowerment of all women and girls, in accordance with the Beijing Declaration and Platform for Action, including the need to eliminate all forms of discrimination and violence against women and girls;
- (e) Having a particular focus on the poorest and most vulnerable populations and those furthest left behind;
- (f) Prioritizing the needs of women and children, in their response to demographic trends and realities, such as rapid population growth, declining birth rates and ageing populations, as well as in addressing the interlinkages between population issues and development across all regions;
- (g) Strengthening the data and statistical systems in programme countries;
- (h) Supporting programme countries in developing and implementing nationally appropriate social protection systems;
- (i) Promoting partnerships to achieve universal health coverage;
- (j) Adopting and mainstreaming a more climate- and environment-responsive approach;
- (k) Supporting locally driven development approaches and pathways, in coordination with national Governments, including through tailored and integrated support and by incorporating appropriate capacity development and strengthening in programmes and projects.

II. Overall theory of change of the Strategic Plan, 2026-2029

6. Figure 1 below provides an abstract representation of the theory of change of the Strategic Plan, 2026-2029.

Figure 1
The abstract version of the theory of change



7. The theory of change of the Strategic Plan, 2026-2029 continues to focus on innovative ‘many-to-many’ causality that was introduced by UNFPA to demonstrate the integrated nature of results.
8. The outputs of the new strategic plan are designed to contribute to all four outcome areas, reflecting the integrated nature of the results. Similarly, the indicators in the integrated results and resources framework (IRRF) of the Strategic Plan have been structured to capture results in a holistic and interconnected way. Measuring results in an integrated manner.
9. Box 2 presents the overall theory of change narrative of the Strategic Plan.

Box 2
Theory of change narrative

- If context-driven approaches are effectively operationalized in local contexts, then implementation will be more responsive and targeted, accelerating the achievement of the Strategic Plan outputs.
- If outputs are achieved more efficiently and effectively, then intermediate outcomes – such as improved access to services, improved gender equality and women’s empowerment – will be advanced.
- If intermediate outcomes are advanced, then strong progress will be made toward achieving its four overall outcomes (and the acceleration of the three transformative results).
- If the four overall outcomes are realized, then they will meaningfully contribute to the achievement of the overarching goal of the Strategic Plan.
- If the Strategic Plan goal is achieved, then this will directly accelerate progress toward the relevant Sustainable Development Goals.

III. The goal and the target groups of the UNFPA Strategic Plan, 2026-2029

10. The overall goal of the UNFPA Strategic Plan, 2026-2029 is to “achieve universal access to sexual and reproductive health, realize reproductive rights for all, and accelerate the implementation of the ICPD Programme of Action, with a heightened focus on addressing inequalities within and between countries and leaving no one behind across the humanitarian, development and peace continuum”.

11. The ongoing acceleration of the three interconnected transformative results remains central to the vision of the Strategic Plan, 2026-2029: (a) ending preventable maternal deaths; (b) eliminating the unmet need for family planning; and (c) eradicating gender-based violence and all harmful practices, including female genital mutilation and child marriage. The long-standing three transformative results are inextricably linked to, and underpinned by, the new fourth outcome of ensuring demographic changes are understood and the consequences planned for in a way that protects the rights and choices of individuals and protects the rights of current and future generations.

12. The main target groups of the Strategic Plan, 2026-2029 are: women; adolescents and youth, especially adolescent girls; and, in particular, those population groups who are left furthest behind. This includes populations affected by multiple and intersecting forms of disadvantage, such as age, sex, gender, disability, geographic location, culture, ethnicity, race, language, religion, HIV/AIDS status, income or wealth, migration or displacement status, and sexual orientation and gender identity. UNFPA will engage with and draw on the strengths, knowledge and capacity of diverse population groups, partners and networks, including diaspora communities, to enhance programmatic impact and ensure improved outcomes for the most marginalized members of society, especially women, adolescents and youth.

13. UNFPA will apply a ‘life course’ approach, recognizing that people have different and changing needs throughout their lives, from birth through adolescence, at different stages of their reproductive lives, and into old age. The Strategic Plan also places special emphasis on delivering sustainable interventions that facilitate lasting and resilient impact, and which is scalable where the organization operates. UNFPA is also committed to helping countries and partners to deliver results that make progress in leaving no one behind and on targeting

those left furthest behind first in achieving the results. UNFPA will work with countries and communities to tackle inequalities and prioritize those most at risk of being overlooked, including women and girls in crisis settings, people with disabilities and marginalized communities. UNFPA commits to delivering real impact where the need is greatest, even in the most challenging contexts.

IV. How can the goal of the Strategic Plan be achieved?

14. As part of the Strategic Plan, 2026-2029, UNFPA has identified four interconnected outcomes that are critical to achieving the overarching goal of the Strategic Plan.

- (a) Outcome 1. By 2029, the reduction in the unmet need for family planning has accelerated;
- (b) Outcome 2. By 2029, the reduction in preventable maternal deaths has accelerated;
- (c) Outcome 3. By 2029, the reduction of gender-based violence and harmful practices has accelerated; and
- (d) Outcome 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices

15. Details on each of these four outcomes, including how they relate to each other, are provided below:

16. *Outcome 1.* An acceleration in reducing the unmet need for family planning contributes to the achievement of universal access to sexual and reproductive health and reproductive rights and the ICPD Programme of Action by: (a) expanding voluntary access to contraception, which enables individuals, especially women, to make informed decisions about if and when to have children; (b) reducing unmet need decreases unintended pregnancies, maternal deaths and maternal morbidities, such as obstetric fistula, and unsafe abortions; (c) promoting gender equality by providing increased autonomy to choose education and employment and enhance livelihoods; (d) strengthening evidence-based and human rights-based approaches to demographic change and development challenges, in accordance with the ICPD agenda.

17. *Outcome 2.* The acceleration of efforts to end preventable maternal deaths contributes to the achievement of universal access to sexual and reproductive health and reproductive rights and ICPD Programme of Action by: (a) ensuring women survive pregnancy and childbirth with dignity; (b) advancing the right to health and quality maternal health care for all women, regardless of setting; (c) building resilient health systems that offer the continuum of care (antenatal, skilled birth, emergency obstetric and postnatal); (d) accelerated progress helps achieve SDG 3.1 and aligns with ICPD's core commitments to maternal health. Accelerating efforts to reduce maternal deaths also helps prevent and manage maternal morbidities by strengthening the quality of care, early detection and timely response to complications.

18. *Outcome 3.* Accelerating efforts to end gender-based violence and harmful practices significantly contributes to achieving universal access to sexual and reproductive health and rights and advancing the ICPD Programme of Action by: (a) empowering women and girls to enable increased autonomy over decision-making; (b) improving maternal and reproductive health outcomes by reducing the risks associated with violence and harmful practices; (c) strengthening health systems – integrating GBV prevention and response within health services promotes rights-based, survivor-centred care; (d) ensuring multisectoral coordination – actions to address GBV engage a range of sectors, including health, education, justice, law enforcement and social services; (e) advancing legal and policy reform that safeguard reproductive rights and protect individuals from violence and discrimination; (f) building resilient and inclusive communities and institutions – efforts to prevent GBV create safer environments where individuals can access care, exercise their rights and participate in public life free from fear and discrimination.

19. *Outcome 4.* Adaptation to demographic changes that strengthens the resilience of societies for current and future generations, while upholding individual rights and choices, would directly contribute to the achievement of the universal access to sexual and reproductive health and the acceleration of the ICPD Programme of Action by: (a) promoting evidence-based sectoral policies for health, education, social protection, service delivery and infrastructure, among others, informed by unfolding demographic changes; (b) responding to emerging social, economic and other development challenges through effective, timely and integrated ways, based on evidence and human rights; (c) harnessing opportunities that come with demographic changes, such as a demographic dividend or silver economy; and (d) aligning development planning with population dynamics, enabling inclusive, sustainable growth and respect for individual rights and choices.

V. How does the Strategic Plan contribute to the 2030 Agenda for Sustainable Development?

20. The four outcomes are closely aligned with the 2030 Agenda for Sustainable Development and play a pivotal role in advancing the achievement of the Sustainable Development Goals. Recent [research by UNFPA](#) demonstrates that investing in these outcomes delivers substantial returns for sustainable development. For every dollar invested in family planning and maternal health, there is an estimated economic return of \$8.40. Similarly, investing \$1 to end female genital mutilation yields a return of \$10.10, while every \$1 spent on ending child marriage generates an impressive return of \$33.60.

21. In addition:

- (a) Investing in sexual and reproductive health empowers individuals, particularly women and girls, to make informed decisions about their bodies and reproductive health, ultimately contributing to healthier families, stronger economies, resilient societies and a more sustainable future. The investments related to sexual and reproductive health also lead to reduced healthcare costs and improved overall well-being, fostering more inclusive, equitable and prosperous societies;
- (b) Investing in sexual and reproductive health can lead to improved educational outcomes and increased labour force participation, both of which drive productivity gains and contribute to increased standards of living;
- (c) Universal access to sexual and reproductive health is crucial for addressing gender inequality and promoting more inclusive societies;
- (d) Addressing gender-based violence and harmful practices promotes inclusive, safe societies and rights-based policies foster social justice, prosperity, and reduce inequalities that lead to the promotion of peace, justice and strong institutions;
- (e) Integrating data and evidenced-based analysis of demographic developments into planning, decision-making and resource-allocation processes contributes to meeting needs and improving the quality of life of current and future generations, helps promote social justice, eradicate poverty and advance sustainable development.

22. The Strategic Plan contributes to the achievement of all 17 Sustainable Development Goals, but most directly contributes to: (a) Goal 3 (ensure healthy lives and promote well-being for all at all ages); (b) Goal 5 (achieve gender equality and empower all women and girls); (c) Goal 10 (reduce inequality within and among countries); (d) Goal 13 (combat climate change and impact); (e) Goal 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels); and (f) Goal 17 (strengthen the means of implementation and revitalize the global partnership for sustainable development). Ultimately, the UNFPA Strategic Plan, 2026-2029 will contribute to achieving Goal 1 on ending poverty in all its forms everywhere.

23. UNFPA has prioritized the use of a set of Sustainable Development Goal indicators as part of this alignment. The table below illustrates the alignment of the UNFPA Strategic Plan to the Sustainable Development Goals.

Table 2
SDG indicators aligned to UNFPA Strategic Plan, 2026-2029

<p>GOAL 1 - End poverty in all its forms everywhere</p> <p>1.3.1 Proportion of population covered by social protection floors/systems, by sex, distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work-injury victims and the poor and the vulnerable.</p>
<p>GOAL 3 - Ensure healthy lives and promote well-being for all at all ages.</p> <p>3.1.1 Maternal mortality ratio; 3.1.2 Proportion of births attended by skilled health personnel; 3.3.1 Number of new HIV infections per 1,000 uninfected population; by sex, age and key populations; 3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods; 3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group; 3.8.1 Coverage of essential health services; 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States; 3.c.1: Health worker density and distribution.</p>
<p>GOAL 5 - Achieve gender equality and empower all women and girls.</p> <p>5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by the form of violence and by age; 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence; 5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18; 5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age; 5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care; 5.6.2 Number of countries with laws and regulations that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education.</p>
<p>GOAL 10 - Reduce inequality within and among countries.</p> <p>10.3.1 Proportion of population reporting having personally felt discriminated against or harassed in the previous 12 months on the basis of a ground of discrimination prohibited under international human rights law.</p>
<p>GOAL 13 - Take urgent action to combat climate change and its impacts.</p> <p>13.1.1 Number of countries with national and local disaster risk reduction strategies; 13.2.1 Number of countries that have communicated the establishment or operationalization of an integrated policy/strategy/plan which increases their ability to adapt to the adverse impacts of climate change, and foster climate resilience and low greenhouse gas emissions development in a manner that does not threaten food production.</p>
<p>GOAL 16 - Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</p> <p>16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age; 16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18.</p>
<p>GOAL 17 - Strengthen the means of implementation and revitalize the global partnership for sustainable development.</p> <p>17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics; 17.19.2 Proportion of countries that: (a) have conducted at least one population and housing census in the last 10 years; and (b) have achieved 100 per cent birth registration and 80 per cent death registration.</p>

A. Current status of outcome areas

Outcome 1. Unmet need for family planning

24. Access to safe, voluntary family planning is a fundamental human right, indispensable for gender equality, women's empowerment and sustainable development. While the period between approximately 2000 and 2020 saw progress in declining global unmet need for modern contraceptive methods, this positive trajectory has slowed.

25. For instance, the proportion of the need for family planning satisfied by modern methods stagnated globally at around 77 per cent between 2015 and 2022. Factors such as the COVID-19 pandemic, increasing natural and human-made emergencies, and economic pressures have significantly disrupted access to essential services and commodities, contributing to this slowdown. Access to family planning in emergencies is a standard of care and a life-saving intervention of the minimum initial service package (MISP) for sexual and reproductive health in crises, yet access in emergencies is hindered by multiple factors including: disruption of health services and supply chains; limited access to services due to insecurity or infrastructure damage; heightened barriers to access, particularly for adolescents and other marginalized groups; and lack of preparedness to ensure continuity of services.

26. Despite past gains, an estimated 257 million women in developing regions who want to avoid pregnancy are not using safe and effective family planning methods. This gap is particularly acute for adolescents. Data consistently shows that in low-income and middle-income countries, unmet need for modern contraception is disproportionately higher among adolescent girls aged 15-19 years than among all women aged 15-49 years. This translates to millions of adolescent girls lacking the means to prevent an unintended pregnancy.

27. The consequences of this persistent unmet need are profound. Annually, around 12 million adolescent girls aged 15-19 years give birth, predominantly in low- and middle-income countries. While adolescent birth rates have declined since 1990, births to adolescents still constitute a significant proportion of all births worldwide. Complications from pregnancy and childbirth remain a major cause of death, morbidities and disability for adolescent girls aged 15-19 years globally. Furthermore, millions of adolescent girls in this age group resort to unsafe abortions each year, risking their lives, future fertility and well-being. Adolescents in developing countries often face significant barriers to accessing safe abortion services, where legal, and are more likely than older women to experience complications from unsafe procedures.

28. Unintended pregnancy can also curtail educational attainment and economic opportunities for women and girls, perpetuating cycles of poverty and gender inequality and place a significant burden on often already overstretched health systems. The current situation underscores the urgent need for renewed commitment and intensified, targeted efforts in rights-based family planning programmes.

Outcome 2. Maternal mortality

29. Since 2000, the global maternal mortality ratio has declined by over 40 per cent. In the least developed countries – all of which are UNFPA priority programme countries – maternal mortality has been reduced by more than half. Importantly, for the first time, no country is currently classified as having an 'extremely high' maternal mortality ratio, according to the latest estimates. This milestone underscores the importance of continued political leadership, financing, health system strengthening and community engagement to accelerate progress and close remaining equity gaps.

30. Between 2000 and 2023, four regions with the UNFPA programme countries achieved significant reductions in maternal mortality: (a) Central and Southern Asia (72.9 per cent); (b) Northern Africa and Western Asia (52 per cent); (c) Eastern and South-Eastern Asia (45 per cent); and (d) Sub-Saharan Africa (40 per cent). After several years of stagnation, Latin America and the Caribbean also reduced its maternal mortality ratio by 19 per cent between 2020 and 2023.

31. However, every 2 minutes a woman dies during pregnancy and childbirth (260,000 deaths in 2023); and for every maternal death, 20-30 more suffer from maternal morbidity. According to the most recent data, approximately 95 per cent of all maternal deaths occurred in low-income and lower-middle-income countries.

32. The least developed countries accounted for 44 per cent of all maternal deaths. Sub-Saharan Africa – disproportionately bears the burden of maternal mortality, accounting for nearly 70 per cent of global maternal deaths.

33. The maternal mortality ratio is significantly higher in conflict-affected areas (504 deaths per 100,000 live births) compared to fragile settings (368 per 100,000 live births) or non-conflict/ non-fragile settings (99 per 100,000 live births). In 2023, 37 countries were classified as being in conflict or institutional/social fragility, accounting for 61.4 per cent of global maternal deaths, despite representing only 25 per cent of global live births. .

Outcome 3. Gender-based violence and harmful practices

34. Gender-based violence is one of the most prevalent and hidden human rights violations in the world and a global public health concern. Despite global efforts to end gender-based violence, an estimated 736 million women – almost one in three women globally – have been subjected to intimate partner violence, non-partner sexual violence, or both, at least once in their life. In 2025, an estimated 92 million people would be in need of gender-based violence prevention and response services in crisis settings, which represents an increase of 10 per cent from 2023.

35. Around the world, hundreds of millions of girls and boys have experienced some form of violence, exploitation or harmful practice, although girls are at much greater risk. Child marriage, gender-biased sex selection and female genital mutilation span continents and cultures, yet in every society in which they are practised, they reflect social and cultural values that hold girls in low esteem.

36. Some 650 million girls and women around the world today have been married as children, while over 230 million have undergone female genital mutilation in 31 high prevalent countries.

37. There are 142 million missing women and girls attributed to gender-biased sex selection.

38. Gender-based violence and harmful practices have also intensified with the scale and frequency of humanitarian crises. For example, the average incidence of child, early and forced marriage in conflict-affected countries is 14.4 percentage points higher than in non-conflict settings.

Outcome 4. Demographic change

39. Demographic changes – in the number, age structure, characteristics and distribution of the population, driven by trends in fertility, mortality and migration – have far-reaching implications for the social, economic and environmental dimensions of sustainable development. They affect the demand for essential goods and services, including health, education, employment and social protection; and they have implications for our global ambition to eradicate poverty, reduce inequalities, achieve universal education and health coverage and protect critical environmental resources.

40. The world population reached 8.1 billion in 2024 and will continue to grow for decades to come. However, this aggregate global trend conceals the growing demographic diversity between and within countries. Population size has already peaked in 63 countries and territories, comprising 28 per cent of the world's population in 2024. Over the next 30 years, 90 per cent of global population growth will be attributed to only 26 countries – mostly in Sub-Saharan Africa and South Asia – while 76 countries and areas will experience population decline owing to either negative natural change or negative net migration.

41. In many of the poorest countries, population growth continues to be the overarching demographic trend; this challenges countries to provide essential goods and services, including education and employment, for a growing number of young people entering the labour market. However, even in countries that have seen a fall in fertility rates, the population will continue to grow for some time to come because of the population momentum. However, the number of countries that confront this situation has significantly declined in recent years, and a large and growing number of countries are witnessing continued fertility decline and decelerating population growth.

42. Fertility rates have declined in all countries of the world, with almost 70 per cent of the world population currently living in countries that have a total fertility rate below the replacement level of approximately 2.1 children per woman. Paired with notable increases in life expectancy, this is resulting in rapid population ageing. While population ageing is most advanced in high-income countries, it is happening at the fastest pace in middle-income countries.

43. Furthermore, there is a rapidly growing number of countries that are witnessing slow, no or negative population growth, and a growing number of these countries are pursuing pro-natalist policies. As the United Nations sexual and reproductive health agency and the custodian of the ICPD Programme of Action, it is

critical that UNFPA helps countries address growing concerns about population ageing, low fertility and population decline through evidence-based and rights-based responses. These include efforts to help women and men everywhere, regardless of the demographic context, to achieve their fertility preferences and close the gap between actual and desired fertility rates.

B. Key structural issues, root causes and gaps for acceleration

44. Several structural gaps directly or indirectly hinder the achievement of the four outcomes of the UNFPA Strategic Plan. These include the following:

- (a) *Increased inequality and inequities within and between countries and regions.* For example, Sub-Saharan Africa accounts for approximately 70 per cent of global maternal deaths; and just 20 countries accounted for 80 per cent of all estimated global maternal deaths in 2023. The vast majority of female genital mutilation (FGM) occurs in 31 countries, which are predominantly in Africa, as well as in parts of the Middle East and Asia.
- (b) *Limited access to services and/or poor quality of care and services.* Poor-quality care can also lead to other adverse outcomes and high morbidity, including avoidable health-related suffering, persistent symptoms, loss of function, and a lack of trust and confidence in health systems. The leading causes of maternal deaths globally are associated with the lack of access to high-quality maternal health services; (a) haemorrhage (27 per cent); (b) indirect obstetric causes (23 per cent); (c) hypertensive disorders (16 per cent); and (d) abortion (8 per cent).
- (c) *Discrimination*, including on the basis of age, sex, gender, sexual orientation, ethnicity, race, ability, and socio-economic status, limits people from seeking and accessing the information, care and services they need for their sexual and reproductive health. In particular, disrespectful and poor quality of care with limited contraceptive choices are limiting factors for accessing reproductive health services. Many women across the globe, particularly adolescent girls, continue to experience discriminatory and biased, disrespectful, abusive or neglectful treatment while accessing and seeking care for sexual and reproductive health and gender-based violence.
- (d) *Discriminatory social and gender norms.* Only 55 per cent of women can make their own decisions about health care, contraception and sexual relations. Social and gender norms represent a significant barrier for the independent or joint decision-making of women and girls, which is also reflected in the systems and structures that dominate access to basic information, services and commodities. Discriminatory social and gender norms, as well as structural inequalities, underpin a lack of women's autonomy in reproductive decision-making. Reproductive violence, as a form of gender-based violence, is behaviour (of both individuals and systems) that interfere with the autonomy of a person to make decisions about their reproductive health; and as such, it remains a public health issue that negatively impacts health and well-being, including sexual and reproductive health.
- (e) The limited engagement of men and boys in addressing discriminatory social and gender norms is a root cause that reinforces unequal power relations and hinders progress toward achieving the three transformative results. Transforming these norms requires intentional efforts to shift male attitudes and behaviours across all levels of society.
- (f) *Humanitarian and fragile contexts.* The achievement of the four outcomes is challenged by expanding humanitarian needs, protracted crises, a surge in violent conflicts and climate-related emergencies. Maternal mortality is disproportionately high in conflict and fragile contexts. It is estimated that approximately 26 per cent of the global population lives in fragile states; in 2023, 61.4 per cent of all preventable maternal deaths occurred in fragile and conflict-affected settings. One in five refugees or displaced women in humanitarian crises face sexual violence. Reports of conflict-related sexual violence increased by 50 per cent in 2023, compared to the previous year, with women and girls accounting for 95 per cent of verified cases. Many cases go unreported due to stigma, fear of retaliation and the lack of access to justice.
- (g) *Climate change, disasters and public health emergencies* are posing multiple escalating threats, along with other emerging threats, to the achievement of the outcomes and the vision of a human-centred sustainable development, as outlined in the ICPD Programme of Action. Climate change and conflicts are multipliers of existing health vulnerabilities and pose key risk factors in the increased prevalence and

severity of gender-based violence and harmful practices. This is as a result of the increased forced displacement, impeded access to safe water and sanitation, food insecurity, reduced opportunities for livelihoods and decreased access to health care and basic social services, such as education. Lack of resilience and limited adaptive capacity to address challenges and impact of climate change and other emerging threats might jeopardize progress to achieve the outcomes. In Sub-Saharan Africa, it has been estimated that domestic violence will triple by 2060 due to extreme heat and the resulting impediment to development.

- (h) *Insufficient and inadequate financing.* Funding for sexual and reproductive health remains insufficient and fragmented, especially in low-income and middle-income countries. UNFPA and its partners have calculated that \$26 billion annually is required to achieve the three transformative results by 2030.
- (i) *Rapid and far-reaching demographic changes.* Of 168 targets associated with the Sustainable Development Goals, more than 100 targets are population based. This means that their achievement is directly affected by the change in the denominator, notably the changes in the size and location of the respective population cohorts. Changes in the number and location of pupils in school has a direct bearing on the achievement of universal education; changes in the size and location of the labour force or the retired population has direct bearing on full-employment and universal social protection. Coverage of family planning and reproductive health services has been insufficient relative to the needs of the growing population of women of reproductive age. Since the adoption of ICPD Programme of Action, the proportion of women around the world using modern contraceptives has increased by only 6 percentage points to 58 per cent. The proportion of women of reproductive age (aged 15-49 years) who have met the need for modern family planning methods has increased by just 2 percentage points since 2010, reaching 77 per cent in 2020. To build societies that achieve their development objectives amid a world of rapid demographic change, countries will need to anticipate, plan for and capitalize on demographic changes.

VI. How can the outcomes of the Strategic Plan be achieved?

45. The four overarching outcomes of the UNFPA Strategic Plan, 2026-2029 will be achieved through three interconnected intermediate outcomes, and six integrated output pathways, which address the underlying determinants.

46. UNFPA also introduced the concept of context-specific approaches across the six output areas to guide the prioritization and focus of efforts aimed at accelerating the achievement of the outcomes of the Strategic Plan. Section VII below elaborates on this concept and illustrates how context-driven approaches are applied across each outcome area of the Strategic Plan, 2026-2029.

A. Three interconnected intermediate outcomes

47. The following are the three interconnected intermediate outcomes

- (a) *Intermediate Outcome 1.* The availability, acceptability, accessibility, affordability and utilization of high-quality and rights-based comprehensive information, education and services related to sexual and reproductive health and gender-based violence and harmful practices improved;
- (b) *Intermediate Outcome 2.* Gender equality and strengthened bodily autonomy of women, girls and young people advanced;
- (c) *Intermediate Outcome 3.* The potential of demographic changes and other megatrends understood and harnessed to advance the rights of current and future generations.

48. Six interconnected output pathways will drive progress toward the three intermediate outcomes, collectively shaping and advancing the four overarching outcomes of the Strategic Plan.

B. Six output pathways

- (a) Output 1: Data, analysis and foresight;
- (b) Output 2: Policy, advocacy and accountability;
- (c) Output 3: Leveraging sustainable investment and financing;

- (d) Output 4: Social and gender norms;
- (e) Output 5: Quality of care and services;
- (f) Output 6: Humanitarian action and preparedness.

49. The empowerment of adolescents and youth is integrated across all six output areas to ensure their needs and rights are consistently prioritized. In addition to a dedicated output on humanitarian action and preparedness, humanitarian considerations have also been integrated throughout the six output areas of the Strategic Plan, 2026-2029.

Output 1. Data, analysis and foresight

By 2029, strengthened data and statistical systems and foresight to inform sustainable development strategies, policies, and programmes, with a particular focus on sexual and reproductive health, gender equality and population dynamics.

50. Prioritizing data systems, analysis and foresight is foundational for accelerating the achievement of the four outcomes by:

- (a) *Enabling targeted outreach to underserved populations.* High-quality, disaggregated data is essential for identifying inequalities, pinpointing where gaps exist and determining which populations – such as adolescents, persons with disabilities and women in rural areas – are most in need. It informs the design of responsive interventions and is indispensable for tracking progress, improving service delivery and ensuring accountability;
- (b) *Strengthening routine health and gender-based violence information systems.* Robust national health and GBV information systems are essential for monitoring the availability, quality and equity of SRH services and multisectoral services related to the prevention and response to gender-based violence. UNFPA supports countries in strengthening routine data systems, including the integration of comprehensive SRH indicators into national health management information system platforms, and supporting GBV information systems. This support promotes the safe, ethical and confidential collection and use of GBV data, in line with global standards and survivor-centred principles. It also enables the timely use of disaggregated data for planning, accountability and service improvements, while ensuring sustainability, alignment with global standards and country ownership of data;
- (c) *Supporting resilience and emergency preparedness.* Mapping population dynamics in areas vulnerable to climate change, conflict and disasters enhances the ability to anticipate risks, build resilience and respond quickly in emergencies. This requires the routine production of national and subnational population estimates and projections, including small-area estimations and operational datasets for humanitarian contexts. These tools are vital for tracking progress, identifying lagging areas and enabling real-time course correction;
- (d) *Informing policy and addressing regressive narratives.* Population data and demographic intelligence are essential for making the case for rights-based, inclusive population policies. They help articulate the links between demographic shifts and sustainable development and dispel misconceptions that seek to roll back progress on the ICPD agenda. Evidence-based policy development is critical to maintaining momentum and defending past gains;
- (e) *Ensuring equity, inclusion and responsiveness in service delivery.* Reliable and inclusive population data ensures that services are designed and delivered in ways that are equitable, inclusive and aligned with the specific needs and realities of diverse groups. This includes youth, women and girls in hard-to-reach areas, people with disabilities and other marginalized populations.
- (f) These foresight-driven approaches ensure that efforts towards achievement of the four outcomes are not only accelerated but also sustainable, equitable and future-fit. Foresight transforms how Member States plan and act – moving from reactive to proactive. It also allows UNFPA and partners to: (a) anticipate future trends and disruptions that impact access to services related to the outcomes; (b) anticipate demographic shifts, cultural trends, technological innovations and policy developments that will influence access to and demand for services; and (c) enable health systems to prepare for emerging health risks, forecast workforce needs and harness technological advances, such as AI-driven diagnostics or mobile health platforms.

Output 2. Policy, advocacy and accountability

By 2029, improved formulation, implementation of policies, legal frameworks and programmes related to advancement of sexual and reproductive health and reproductive rights; prevention of and response to gender-based violence and harmful practices; as well as the adaptation to demographic trends and realities.

51. Prioritizing population policy, advocacy and accountability is critical for accelerating the achievement of the overall outcomes by:

- (a) *Establishing policies as the foundation for sustainable progress.* Without supportive comprehensive and rights-based policies and legal frameworks, services and interventions can remain fragmented, underfunded or out of reach for those who need them most;
- (b) *Creating an enabling environment for sustainable change.* Laws, policies and accountability mechanisms catalyse and enforce equitable access, availability, affordability and quality of care and services. They can serve to remove structural barriers to sexual and reproductive health and reproductive rights and the right to be free from violence and harmful practices;
- (c) Institutionalizing accountability across key sectors – health, justice, and social protection – is vital to ensure that these efforts are not only well-designed but also effectively implemented, monitored and sustained. Sectoral accountability mechanisms ensure that rights-based, inclusive services reach those most often left behind, including women, adolescents, and marginalized communities. Embedding these mechanisms into national systems strengthens transparency, enhances institutional performance and builds public trust. Ultimately, policy coherence combined with robust accountability ensures that commitments translate into real, measurable outcomes for individuals and communities;
- (d) *Driving political will and financing through advocacy.* Progress on the four outcomes requires more than technical solutions – it needs political commitment. The advocacy efforts will: (a) elevate the urgency of sexual and reproductive health and rights (SRHR) and GBV issues on national and global agendas to influence normative standards, laws and policies; (b) mobilize domestic and international resources; (c) engage civil society, youth and communities to support accountability mechanisms. Advocacy ensures that sexual and reproductive health and rights and the right to be free from violence and harmful practices remain prioritized, despite challenging political and environmental as well as humanitarian contexts;
- (e) Ensuring the continuity of delivery of life-saving services related to sexual and reproductive health and gender-based violence, even in crisis and fragile contexts. Advocating for the consistent prioritization of the needs and rights of women and girls caught in crises ensures that humanitarian action is adequately gender-responsive and that sufficient attention is given to providing sexual and reproductive health in emergencies and prevention and response to gender-based violence in emergencies. Ensuring that policies aimed at improving humanitarian action, and disaster response address the need for integrated GBV and SRH services enables a response that addresses the protection needs of women and girls, and safeguards the progress made to achieve the four outcomes even in crisis contexts.

Output 3. Leveraging sustainable financing and investments

By 2029, increased and diversified financing and investment to advance sexual and reproductive health; and gender equality and the empowerment of women, girls and young people.

52. Leveraging sustainable financing and investment and innovative financing mechanisms for sexual and reproductive health, reproductive rights and gender-based violence is about strategically maximizing resources, opportunities and interventions to create transformative and sustainable impact.

- (a) *Financing is the engine that turns commitments into action.* Political commitments, strong policies and rights-based frameworks are vital – but without adequate financing, they cannot be operationalized. UNFPA and its partners have calculated that \$26 billion is required annually to achieve the four outcomes by 2030;
- (b) *To bridge the persistent funding gaps.* Official development assistance (ODA) is essential to achieving the Sustainable Development Goals and the three transformative results. Given the funding gap, even if ODA commitments were fulfilled, there is a need to mobilize additional public and private domestic and internal resources to attain the outcome-level commitments of the strategic plan;

- (c) Leveraging sustainable financial and investment supports the integration of sexual and reproductive health and rights and GBV response and prevention interventions into the broader development and financing frameworks. Amplifying limited resources involves capturing synergies with international financial organizations, donors and United Nations entities. It also involves the private sector by promoting their initiatives in reproductive health and addressing gender-based violence and harmful practices. In addition, it optimizes public budgets, identifies good practices and creates scalable and replicable models;
- (d) *Financing is essential to reach the most marginalized.* The most marginalized – adolescents, people with disabilities, those in humanitarian settings – are often left behind when resources are scarce. Increased financing and investment allow for targeted interventions that ensure equity and inclusion, a core principle of the acceleration of the outcomes of the Strategic Plan;
- (e) Flexible funding mechanisms can enable evidence-based, innovative approaches for improving access to services across the humanitarian, development and peace continuum. Women, adolescents and marginalized groups, especially those living in crises and fragile contexts, often cannot access services related to sexual and reproductive health and rights and gender-based violence, due to out-of-pocket and catastrophic expenditures.

Output 4. Social and gender norms

By 2029, strengthened capacity of individuals, communities and institutions to address gender discrimination and harmful social and gender norms to advance gender equality, bodily autonomy and reproductive rights.

53. Addressing gender discrimination and harmful social and gender norms at the individual, interpersonal and structural levels is critical for accelerating the outcomes of the Strategic Plan:

- (a) *Discriminatory social and gender norms can greatly influence people's health-related choices, behaviours and outcomes.* Social and gender norms often determine whether individuals can make autonomous decisions about their sexual and reproductive health. Expanding demand-side interventions – including community engagement, peer-led approaches and empowerment programmes – strengthens the capacity of individuals to make informed choices aligned with their reproductive intentions. These approaches are grounded in human rights-based principles, supporting free, informed, and voluntary decision-making;
- (b) *Advancing the leave no one behind agenda.* Changing discriminatory social and gender norms is central to reaching those left furthest behind. Harmful social and gender norms are major drivers of exclusion, marginalization and human rights violations. They restrict access to services, perpetuate gender-based violence, hinder economic empowerment and prevent the full realization of bodily autonomy and sexual and reproductive rights. A comprehensive approach is required – one that promotes gender equality, transforms harmful norms and fosters inclusive, equitable institutions.
- (c) *Social and gender norm change interventions have proven to be cost-effective.* These targeted strategies to transform attitudes and behaviour challenge discrimination and achieve sustained changes;
- (d) Understanding and addressing harmful social norms that act as barriers to access to GBV services in humanitarian settings is critical to facilitating timely reporting and access to lifesaving services for survivors;
- (e) *Addressing social and gender norms help strengthen the resilience of societies.* Addressing restrictive social and gender norms contributes to stronger societal resilience by promoting inclusion, equity and the full participation of all individuals – especially women and marginalized groups – in social, economic, and political life. By 2029, such efforts will support adaptation to demographic change, ensuring that societies are better equipped to respond to current and future challenges while upholding individual rights and choices.

Output 5. Quality of care and services

By 2029, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information, services and supplies, as well as essential services to address gender-based violence and harmful practices for women, girls and young people.

54. Strengthening the quality of sexual and reproductive health information and services, along with survivor-centred, multisectoral response services for those affected by gender-based violence and harmful practices – using a life-cycle approach at scale – will accelerate progress towards achieving the Strategic Plan outcomes:

- (a) *Investing in the quality of care strengthens readiness, functionality and resilience of systems.* This reduces mortality and morbidity rates and increases satisfaction and demand for health services. Survivor-centred and quality multisectoral services also serve to break the cycle of violence experienced by women and girls by ensuring quality of care and equipping survivors with the tools to live a life free from violence. It will require a focus on human rights-based, respectful and evidence-based professional care, ensuring non-conditional access, voluntary and informed choices and a human-centred care delivery model, integrated to meet the holistic SRH and continuity of care needs and to ensure that women and young people can make their own decisions on accessing sexual and reproductive information and services;
- (b) *High quality and comprehensive services ensure rights and dignity.* Scaling up services related to sexual and reproductive health, including maternal health, family planning and multisectoral and survivor-centred gender-based violence and harmful practices services, strengthens institutional and community capacity and ensures that services uphold human rights and leave no one behind;
- (c) Ensuring providers in all contexts are well prepared to continue the provision of life-saving services from the onset of humanitarian crisis, in alignment with the Minimal Initial Service Package (MISP) for sexual and reproductive health in crises. The world is facing an increasing number of humanitarian crises due to natural and human-made disasters and instability. The full package of lifesaving SRH services, as defined by the MISP, must be available at all times throughout a crisis. Preparedness is key in all contexts. It is critical that sexual and reproductive health and gender-based violence service providers, as well as health and protection systems as a whole, in all contexts, are prepared and trained to: (i) provide essential, life-saving services before the onset of crisis; (ii) ensure continuity and quality of services during acute crises; and (iii) scale up services and integrate them into national systems during the protracted crisis and recovery phases;
- (d) *Provide essential lifesaving case management and psychosocial support services for survivors of GBV* through women and girls safe spaces and other service delivery modalities appropriate to context. UNFPA, as the lead for GBV coordination, plays a critical role in ensuring the availability, accessibility and quality of GBV services as a provider [of last resort](#) in humanitarian settings. UNFPA can only ensure this through the delivery of high-quality GBV services in emergencies programming that prioritizes and addresses the immediate, lifesaving needs of women and girls affected by humanitarian crises and by facilitating access to a wide range of services, including clinical management of rape and specialized mental health services, by ensuring the development and dissemination of functional referral pathways;
- (e) *Ensuring the consistent availability of a diverse range of quality-assured reproductive health commodities*, including maternal health medicines and contraceptives at all service delivery points, supported by robust supply chains reaching the ‘last mile’ and provider competency in offering the full method mix without bias, is fundamental to translating the principle of choice into a tangible reality for all individuals.

Output 6. Humanitarian action and preparedness

By 2029, enhanced leadership and operational capacity of humanitarian actors to operationalize coordinated and localized emergency preparedness and responses, to provide life-saving interventions to address sexual and reproductive health, gender-based violence and harmful practices.

55. By 2029, humanitarian needs are expected to increase significantly, driven by the growing impacts of climate change, natural disasters, conflict, pandemics and displacement. These crises disproportionately affect women and girls, disrupting essential services and intensifying vulnerabilities during emergencies. Without strong humanitarian leadership and robust local operational capacity, access to life-saving sexual and reproductive health services may be delayed or denied. Survivors of gender-based violence, as well as those at risk, may be left without critical support services, protection, and justice;

- (a) Strengthened humanitarian operational capacity will enable the effective implementation of the full Minimum Initial Service Package (MISP) for sexual and reproductive health from the onset of

emergencies. This includes ensuring the timely delivery of essential commodities and supplies to the ‘last mile’ and sustaining the continuity of life-saving services for crisis-affected populations. Humanitarian preparedness and response strategies will explicitly address the unique needs and rights of adolescents and youth with regard to sexual and reproductive health, guaranteeing access to youth-friendly information, counselling and services;

- (b) *The implications of expanding worldwide crises on SRH and GBV are severe.* Every day, insecurity, displacement and disruption of already weak health and protection systems in high-risk, humanitarian and fragile settings put women, girls and young people at increased risk. Humanitarian crises increase the risk of poor sexual and reproductive health outcomes due to reduced access to services and supplies, damaged health facilities and increased exposure to gender-based violence, among other factors, and have implications across the life cycle, including increased risk of maternal and newborn morbidity and mortality. In addition to decreased access to health services, the breakdown of key systems can lead to an environment of impunity, in which perpetrators of violence are not held to account. When systems and services are disrupted or destroyed, women and girls face an even higher risk of human rights violations, such as sexual violence, intimate partner violence, exploitation and abuse, child marriage, denial of resources and harmful traditional practices;
- (c) *Adolescents and youth are gravely impacted by emergencies.* Access of adolescents and young people in emergencies to services related to sexual and reproductive health is paramount to preventing unintended pregnancies, sexual and physical violence, exploitation and abuse, mental health issues and disorders, sexually transmitted infections and overall morbidities and mortalities. The strong, meaningful engagement and leadership of young people is key to the success of humanitarian preparedness, response and recovery;
- (d) *UNFPA engagement in peace-responsive efforts is centrally focused on supporting the role of local actors.* Recent research has demonstrated that the existence of independent women’s groups is the single most important factor in addressing violence against women and girls. Young people’s role for peace has gained increased recognition in recent years: throughout the world, there are many examples of youth-led or focused initiatives that bring communities together across ethnic, religious or other divisions in common activities (e.g. sports, theatre) as well as in more focused political and civic engagement (e.g. advocacy campaigns focused on human rights).

VII. Context-specific approaches

56. Recognizing the diverse challenges and opportunities across countries and communities, the Strategic Plan, 2026–2029 introduces a portfolio of context-specific approaches – moving beyond ‘one-size-fits-all’ solutions – to accelerate progress on the four Strategic Plan outcomes.

57. While national Governments have the primary responsibility for their countries’ development and for coordinating, on the basis of national strategies and priorities (QCPR 2024), the context-specific approaches define the UNFPA approach and focus to support those programme countries to accelerate the outcomes. The context-specific approaches will also help: (a) UNFPA offices and partners to prioritize their most impactful and highly contextualized strategies and interventions; (b) identification of entry points for programming; and (c) promote learning and knowledge management.

58. UNFPA, in collaboration with its partners, will periodically revisit and refine these approaches to ensure they remain responsive to evolving contexts and effectively address the needs and demands of rights-holders, governments, and other stakeholders.

59. Table 2 below provides illustrative examples of context-specific approaches for each outcome:

Table 2 Context-specific approaches for acceleration	
Outcome 1. By 2029, the reduction in the unmet need for family planning has accelerated; (based on ‘S curve’ analysis and UNFPA family planning strategy)	
Stage 1 (S-Curve) Low modern contraceptive prevalence rate (mCPR)/high unmet need context is characterized by modern contraceptive prevalence below 20% and high unmet need above 25%. <i>Low mCPR is usually present in low-income countries. It is also present in some middle-income countries with high disparities at the subnational level.</i>	Changing harmful social and gender norms around family planning, stimulating demand and establishing an enabling legal, policy and financial environment to ensure the access and availability of infrastructure and resources needed to deliver high-quality family planning services, including optimized supply chain systems, to ensure availability at service delivery points and the ‘last mile’.
Stage 2 (S-Curve) Rapidly growing mCPR and medium unmet need context is characterized by a modern contraceptive prevalence rate between 21% and 50%; while medium unmet need is between 10% and 25%. <i>Growing mCPR represents increasing demand for contraception but limited capacity to guarantee access and availability of high-quality family planning services and contraceptives.</i>	Eliminating barriers to services by ensuring contraceptive availability, high-quality family planning services and continued demand generation while ensuring priority is given to hard-to-reach populations and those populations left furthest behind. Countries are encouraged to ensure the integration of family planning into other essential sexual and reproductive health services and not mere co-location of services. Countries may want to achieve and maintain rapid service growth to maximize their ability to meet the need of their population and benefit from the demographic dividend.
Stage 3 (S-Curve) High mCPR, medium or low unmet need context is characterized by modern contraceptive prevalence rates above 50% and unmet need below 10%. <i>Countries or areas with high mCPR might also experience inequities among subpopulations and de-prioritization of family planning investments.</i>	Prioritize equity in mCPR among different population groups to ensure that no one is being left behind. Programmes focus on long-term sustainability, continued improvements in service quality and expanding the range of methods available.
Evolving Context Low fertility context is characterised by a total fertility rate (TFR) below replacement levels. <i>Nearly half of the global population now lives in a country with a total fertility rate below 2.1 children per woman (United Nations, 2019).</i>	Continue to advocate for a human rights-based approach for family planning and secure family planning services provision is accessible and equitable for all in need, particularly for the most underserved, as part of a basic package of sexual and reproductive health services under the universal health coverage context.
Outcome 2. By 2029, the reduction in preventable maternal deaths has accelerated: (based on the maternal newborn stillbirth programmatic transition framework and the UNFPA ‘Start with her’ Strategy)	
Context	Context-specific approaches

<p>Phase I</p> <p>Maternal mortality ratio (per 100,000 live births) ≥ 700 and neonatal mortality rate (per 1,000 live births) and stillbirth rate (per 1,000 total births) combined ≥ 80.</p> <p><i>Challenges: weak health systems, low accessibility, availability, equity, quality and demand.</i></p>	<p>Increase demand building community services, district health systems and community and multisectoral partnerships:</p> <ul style="list-style-type: none"> ➤ Establish national policies, plans and financing for maternal and newborn health (MNH) in the context of integrated sexual and reproductive health; ➤ Adapt global guidelines for service delivery to improve access, equity, quality and utilization of services; ➤ Set up coordination mechanisms, conduct health system assessments and initiate maternal and perinatal death surveillance and response (MPDSR) and quality systems; ➤ Empowering and engaging communities and strengthening linkages with health facilities; ➤ Leverage data and digital tools, multisectoral partnerships.
<p>Phase II</p> <p>Maternal mortality ratio (per 100,000 live births) 300-699 and neonatal mortality rate (per 1,000 live births) and stillbirth rate (per 1,000 total births) combined 56-79.</p> <p><i>Challenges: improving service utilization and coverage, building health systems capacity for universal coverage.</i></p>	<p>Improve service coverage, facility utilization and health system capabilities. In addition to interventions under phase I:</p> <ul style="list-style-type: none"> ➤ Implement costed national/subnational MNH and human resources for health plans; ➤ Operationalize quality and resilience of plans and structures; ➤ Scale up service delivery platforms and strengthen referral systems, including links to community health workers and community plans, prioritizing resources to underserved areas for equitable access; ➤ Develop regulation for public and private providers; ➤ Advance digital health and data systems (RHIS/DHIS, birth/death registration and e-LMIS).
<p>Phase III</p> <p>Maternal mortality ratio (per 100,000 live births) 100-299 and neonatal mortality rate (per 1,000 live births) and stillbirth rate (per 1,000 total births) combined 31-55.</p> <p><i>Challenges: scaling up secondary and tertiary care and ensuring quality, equity, availability and access.</i></p>	<p>Policies and actions to build system and institutional capacity for national scale-up of intervention packages in Phases I, II and III to address the main causes of maternal mortality.</p> <ul style="list-style-type: none"> ➤ National scale-up of core services, strengthen access to care for complications; ➤ Institutionalize quality and regulatory systems; ➤ Expand human resources for health and supervision systems, including mentoring and coaching programmes for quality of care; ➤ Broaden referral and infrastructure networks; ➤ Strengthen data and accountability, including maternal and perinatal death surveillance and response (MPDSR) and quality systems with robust RHIS indicators and subnational targets to plan and track progress; ➤ Expand community health worker (CHW) integration and enhance community monitoring and feedback mechanisms.
<p>Phase IV</p> <p>Maternal mortality ratio (per 100,000 live births) 20-99 and neonatal mortality rate (per 1,000 live births) and stillbirth rate (per 1,000 total births) combined 10-30.</p> <p><i>Challenges: working towards universal health coverage (UHC) while maintaining quality and</i></p>	<p>Expanding system capacity for package of interventions for obstetric and neonatal specialties:</p> <ul style="list-style-type: none"> ➤ Expand service packages to specialist care; ➤ Enforce regulations and quality standards;

equity of access to care for all, including for specialized care.	<ul style="list-style-type: none"> ➤ Expand scope of UHC service packages with adequate financial mechanisms and social protection for underserved populations; ➤ Deepen community engagement and governance: sustain formalized structures for community engagement; ➤ Institutionalize digital and learning systems and scale up digital health information systems.
<p>Phase V</p> <p>Maternal mortality ratio (per 100,000 live births) <20 and neonatal mortality rate (per 1,000 live births) and stillbirth rate (per 1,000 total births) combined <10.</p> <p><i>Challenges: universal access to primary, secondary and tertiary levels of care to manage difficult mortality and morbidity.</i></p>	<p>In these contexts, UNFPA will have graduated country programme support.</p> <p>While the transition framework provides recommendations for interventions in phase IV, UNFPA should focus on data for continuous programme improvement, with disaggregated data to address inequalities and track progress against global commitments (SDG and Every Woman Every Newborn Everywhere (EWENE) targets).</p>
<p>Outcome 3. By 2029, the reduction of gender-based violence and harmful practices has accelerated;</p> <p>(a) Ending gender-based violence (these prevalence categories are based on WHO global data showing distinct regional patterns)</p>	
Extremely high prevalence (≥40%) Extremely high burden – often characterized by humanitarian crises, conflict, widespread displacement, deeply entrenched discriminatory norms, and weak or absent protection systems. Reporting is typically low due to stigma and fear (some countries are not in conflict or humanitarian crises).	<ul style="list-style-type: none"> ➤ Establishing and strengthening GBV multisectoral response mechanisms in synchrony with increasing demand for and trust in services; ➤ Ensuring safe and confidential access points to enable timely access to comprehensive, lifesaving multisectoral services, while simultaneously initiating long-term strategies to address deeply entrenched discriminatory norms, address impunity and build institutional capacity; ➤ Advocate for the criminalization of gender-based violence, where such legal provisions are not already in place.
High prevalence (≈30%–39%) around one third. Harmful gender persists, legal enforcement is often weak and access to high-quality essential service is inconsistent, with significant gaps for marginalized groups.	<ul style="list-style-type: none"> ➤ Strengthening and expanding comprehensive GBV prevention and response systems, significantly improving the quality, reach and coordination of services, and intensifying efforts to transform social norms through targeted community engagement, including men and boys, advocacy and multi-stakeholder partnerships.
Moderate prevalence (≈20%–29%) around one in five to one in three. Greater public awareness, functional legal/policy frameworks often exist, but challenges remain in consistent enforcement, service quality/accessibility for marginalized groups, and addressing persistent discriminatory norms. Technology-facilitated GBV may be an emerging concern.	<ul style="list-style-type: none"> ➤ Consolidating and institutionalizing comprehensive GBV prevention and response mechanisms, focusing on strengthening systems for long-term sustainability, addressing persistent inequalities and service gaps for marginalized populations, and fostering deeper social norm transformation to tackle emerging forms of GBV.
Low prevalence (<20%) fewer than one in five. GBV is generally not tolerated, strong legal/institutional frameworks exist. Services largely available. Cases may concentrate among vulnerable groups or manifest as coercive control / Technology-facilitated GBV.	<ul style="list-style-type: none"> ➤ Sustaining zero tolerance for all forms of GBV, ensuring high-quality, accessible and inclusive services for all survivors, particularly those from marginalized communities. ➤ Proactively addressing emerging and nuanced forms of violence (e.g., technology-facilitated gender-based violence, coercive control), and strengthening societal resilience

	against GBV through continuous education, advocacy, and institutional vigilance.
Outcome 3. By 2029, the reduction of gender-based violence and harmful practices has accelerated;	
(b) Child early and forced marriage (based on UNFPA-UNICEF joint programme to end child marriage)	
Extremely high prevalence (>50%). <i>Extremely high burden, deeply entrenched social norms supporting child marriage, poor educational access for girls, high poverty rates, legal frameworks often unenforced or permitting exceptions.</i>	Implementing comprehensive, multisectoral approaches to change deeply rooted social norms while simultaneously providing immediate protection and alternatives for girls at risk.
High prevalence (30-49%). <i>Legal frameworks may exist but enforcement is inconsistent. Social norms supporting early marriage persist alongside growing awareness of its harms.</i>	Accelerating the decline in child marriage by scaling up proven multi-component interventions, strengthening protective systems (education, child protection, SRH services), supporting already married girls, fostering wider social norm change.
Moderate prevalence (10-29%). <i>Child marriage affects a significant minority of girls, often concentrated in specific geographic areas or populations. Greater public awareness exists but pockets of resistance remain.</i>	Consolidating gains by targeting specific pockets of higher prevalence, strengthening consistent enforcement of existing laws and policies, addressing persistent harmful attitudes in resistant communities and focusing on equitable access for underserved and marginalized populations while institutionalizing successful prevention approaches.
Low prevalence (<10%). <i>Child marriage affects a small proportion of the population, often concentrated in specific communities or among particular vulnerable groups.</i>	Maintaining zero tolerance for child marriage through vigilant monitoring of trends and risk factors, ensuring highly responsive and effective child protection systems for any sporadic cases, particularly for vulnerable groups, continuously strengthening protective social norms and proactively addressing any emerging risks or attempts to weaken existing protective frameworks.
Exceptionally low / minimal prevalence (<5%). <i>Child marriage is rare but may still occur among specific migrant communities, in emergency situations, or in isolated cases.</i>	Ensuring zero occurrence of child marriage by maintaining highly vigilant and responsive child protection and justice systems, promoting enduring social norms that unequivocally protect childhood and girls' autonomy and proactively identifying and neutralizing any new or emerging threats that could undermine past achievements.
Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated;	
(c) Female genital mutilation (based on UNFPA-UNICEF joint programme to end female genital mutilation)	
No progress (countries without a significant decline in the practice) – countries where FGM practices remain prevalent with limited change, often due to deeply entrenched cultural norms, lack of governmental prioritization or lack of community awareness; OR Countries with no national response to eliminate FGM.	Initiating a transformative process towards FGM abandonment by fostering an enabling environment through advocacy for legal and policy reforms, building foundational support among key influencers and community leaders, raising awareness about the harms of FGM and its human rights dimensions and empowering communities to begin questioning the practice. Identify populations affected, drivers and develop context specific plans, including advocacy for governmental leadership and sustained resources on elimination efforts.

<p>Medium progress (countries with a statistically significant decline in prevalence) – countries with meaningful reductions in FGM but where the practice continues at substantial levels, often with regional variations or concentrations among specific groups.</p>	<p>Continue to scale up implementation/reach of effective interventions that shift attitudes or practices for universal access; community dialogues with parents and religious leaders with their leadership as change agents; health workers providing FGM prevention and care as well as health education; media and social marketing of positive values for those who have not undergone FGM; advancing girl education through social, health, education (in-school or out-of-school), legal and religious sectors.</p> <p>Keep alert for events/triggers that bring FGM into wide social and political discourse and prepare appropriately to advance movements.</p> <p>Promote and roll out the integration of FGM interventions within planned impact investment models, transformative funding mechanisms and sustainable financing approaches for sexual and reproductive health, maternal health and child protection programmes, with FGM-specific interventions integrated for the long-term sustainability of elimination efforts and survivor support.</p>
<p>Strongest progress (prevalence has been halved and/or has dropped by 30 percentage points in the past 30 years).</p> <p>Countries that have achieved significant reductions in FGM prevalence through sustained efforts, with established legal frameworks and changing social norms.</p> <p>OR</p> <p>Countries with a national prevalence below 5 per cent.</p> <p>Countries where FGM is rare nationally but may persist in specific communities, including immigrant populations from practicing countries.</p>	<p>Strengthen the localization and institutionalization of effective interventions that shift attitudes or practices for universal access; community dialogues with parents and religious leaders with their leadership as change agents; health workers providing FGM prevention and care as well as health education; media and social marketing of positive values for those who have not undergone FGM; advancing girl education through social, health, education (in-school or out-of-school), legal and religious sectors.</p> <p>Advance and mature impact investment models, transformative funding mechanisms and sustainable financing approaches for sexual and reproductive health, maternal health and child protection, with integrated FGM-specific interventions for the long-term sustainability of elimination efforts and survivor support.</p> <p>Maintain zero tolerance for FGM through vigilant monitoring and robust legal enforcement of laws fully aligned with human rights centred around child protection, ensuring culturally competent and accessible prevention and protection services for specific at-risk groups (including migrant/diaspora communities), strengthening health system capacity to prevent and manage FGM-related complications and provide survivor support. Keep alert for events/triggers that bring FGM into wide social and political discourse and prepare appropriately to advance movements.</p>
<p>Outcome 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices</p>	
<p>Countries from an early to an intermediate stage of the demographic transition.</p>	<p>Capacity building in the collection of population data, the production of population estimates and projections, as well as the analysis of demographic drivers and their development implications, and the formulation of policy responses; programmatic focus on realizing the first demographic dividend; upstream policy engagement; rights-based population policies.</p>

Countries at an intermediate to mature stage of the demographic transition.	Capacity building, largely focused on the analysis of demographic drivers and their development implications, and the formulation of policy responses; programmatic focus mostly on building resilience to demographic change; upstream policy engagement; rights-based population policies.
All countries, at all stages of the demographic transition	Use national and subnational population estimates and projections to anticipate changes in the population and demand for critical public goods and services, including health, education, social protection, service delivery and infrastructure; map populations at subnational level vulnerable to climate change, natural disasters and other humanitarian emergencies; integrate planning for demographic change in development strategies, policies and programmes.

VIII. Risks and risk mitigation measures

60. The successful implementation of the UNFPA Strategic Plan, 2026-2029 and the achievement of its four outcomes and overall goal, as outlined in the Theory of Change, are subject to a range of internal and external uncertainties. Recognizing and proactively managing these potential challenges is integral to the Strategic Plan's success and is approached in a systematic manner.

61. This section outlines the key strategic risks, identified through a process consistent with the Enterprise Risk Management (ERM) Policy of UNFPA. The ERM Policy establishes a structured framework for the identification, analysis, evaluation, treatment and monitoring of risks that may affect organizational objectives. The risks presented herein are deemed particularly pertinent to the Strategic Plan's direction and operational context, reflecting potential events and uncertainties that could impact the organization's ability to deliver on its commitments.

62. The analysis of these strategic risks, and the high-level management approaches described below, are aligned with the ERM Policy's objective to enhance strategic planning and decision-making by fostering a comprehensive understanding of organizational objectives and their associated risks. These efforts are part of the continuous risk management cycle of UNFPA, which includes ongoing monitoring, review and adaptation, to ensure the organization remains resilient and responsive to an evolving global landscape. While this section provides an overview of strategic risk management approaches, the development, implementation and detailed tracking of specific mitigation action plans are managed through the operational ERM processes and systems of UNFPA and are subject to regular review and validation by relevant governance bodies.

63. Key strategic risks and management approaches are explained in table 3 below:

Table 3
Key strategic risks and management approaches

Theme 1. Navigating the evolving external landscape and resource environment	
Potential risks	Mitigation measures
<p>1.1: Sustained underfunding or unpredictable financing</p> <p>UNFPA capacity to deliver on the Strategic Plan is challenged by insufficient or volatile funding – driven by shifting donor priorities, increased competition for development/humanitarian aid, economic downturns affecting contributions, restrictive funding conditionalities, and the difficulty of diversifying the UNFPA resource base while supporting domestic resource mobilization in programme countries.</p>	<ul style="list-style-type: none"> ➤ Proactively diversify the funding portfolio by engaging new and non-traditional donors (private sector, philanthropic foundations) to reduce over-reliance on a few key contributors; ➤ Strengthen advocacy efforts targeted at Member States and other partners to secure increased, flexible and predictable core contributions, and support existing and new pooled funding mechanisms; ➤ Enhance technical support and partnerships with programme countries to build their capacity for domestic resource mobilization and to prioritize sexual and reproductive health, gender equality and people-centred demographic policies within national budgets; ➤ Continuously improve organizational cost-effectiveness and operational efficiency to maximize the impact of available resources; ➤ Develop, pilot and scale up innovative financing mechanisms (e.g., blended finance, results-based financing) to leverage additional resources.
<p>1.2: Adverse political, social and policy environments</p> <p>Significant impedance to the advancement of sexual and reproductive health, gender equality and people-centred demographic policies due to political shifts, restrictive policies, societal opposition and/or shrinking civic space.</p> <p>Implementation of the UNFPA mandate faces risks from challenging external environments, including: (a) political or ideological opposition to SRHR and gender equality; (b) misinformation campaigns; (c) influence of conservative social norms, leading to restrictive policies or practices; (d) narrowing civic space for civil society advocacy and service delivery partnerships; and (e) policy responses to demographic anxieties that are not rights-based.</p>	<ul style="list-style-type: none"> ➤ Implement context-specific, evidence-based advocacy and strategic communication to address misinformation, build support for sexual and reproductive health/gender equality, and highlight their role in sustainable development; ➤ Cultivate and maintain robust, diverse alliances with governments, parliamentarians, civil society organizations (particularly women- and youth-led), community and religious leaders and UN partners; ➤ Provide technical support to national partners for developing, implementing and monitoring rights-based policies and legal frameworks, and for strengthening accountability related to SRHR commitments; ➤ Invest in empowering communities – especially women, girls and young people – to understand their rights, voice their needs and participate actively in relevant decision-making processes; ➤ Monitor civic space and advocate for the protection of human rights defenders and the enabling environment for civil society participation.

<p>1.3: Inability to effectively anticipate and adapt to megatrends</p> <p>Failure of the organization to adequately anticipate, assess and strategically adapt its approaches and operations in response to significant and evolving global megatrends (e.g., demographic transitions, climate change, technological advancements, geopolitical shifts), thereby risking diminished long-term relevance and effectiveness.</p>	<ul style="list-style-type: none"> ➤ Strengthen institutional capacity for strategic foresight, horizon scanning and scenario analysis to systematically identify and interpret emerging global trends' implications for UNFPA; ➤ Support UNFPA country offices to develop trend report to understand long-term future and the uncertainty; ➤ Integrate foresight and futures analysis findings into strategic planning, programme design and risk management to foster proactive adaptation and organizational agility; ➤ Promote a culture of continuous learning, innovation and evidence-based adaptation across all levels of the organization; ➤ Forge partnerships with academic institutions, think tanks, and external experts to leverage insights on global trends and innovative responses.
<p>Theme 2. Responding to humanitarian crises and strengthening resilience in fragile contexts</p>	
<p>Potential risks</p>	<p>Mitigation measures</p>
<p>2.4: Overwhelming humanitarian needs and operational constraints in crisis settings</p> <p>Significant disruption to UNFPA operations and the achievement of strategic objectives due to the increasing frequency, scale and complexity of humanitarian crises, conflicts, political instability and climate-related disasters, potentially exceeding the capacity of UNFPA to respond effectively and ensure continuity of essential services.</p>	<ul style="list-style-type: none"> ➤ Strengthen emergency preparedness and response capabilities, including surge capacity, pre-positioning of life-saving commodities and robust contingency planning; ➤ Ensure systematic integration and prioritization of the Minimum Initial Service Package (MISP) for sexual and reproductive health in all emergency responses; ➤ Build the capacity of national and local actors (including women- and youth-led organizations) to lead and participate in humanitarian preparedness, response and resilience-building efforts; ➤ Strengthen coordination and partnerships with other humanitarian actors to deliver a coherent and effective response addressing women's, girls' and young people's specific needs; ➤ Advocate for safe and unimpeded humanitarian access and protection of civilians and healthcare in conflict and crisis settings; ➤ Integrate climate change adaptation and disaster risk reduction strategies into sexual and reproductive health and GBV programming to build long-term resilience in vulnerable communities.
<p>Theme 3. Maintaining organizational integrity, partnerships and stakeholder trust</p>	
<p>Potential risks</p>	<p>Mitigation measures</p>
<p>3.1: Damage to organizational reputation and erosion of stakeholder trust</p> <p>Occurrence of events or actions that negatively impact the image and credibility of UNFPA and stakeholder confidence, potentially undermining partnerships, resource mobilization and overall mandate</p>	<ul style="list-style-type: none"> ➤ Maintain and enforce robust systems of internal control, accountability and oversight across all operations and programmes; ➤ Implement comprehensive safeguarding policies and mechanisms (PSEAH, child safeguarding) with clear reporting and response protocols;

<p>implementation.</p> <p>The reputation of UNFPA is a critical asset and can be threatened by: (a) operational failures or programmatic shortcomings; (b) financial mismanagement; (c) ethical or safeguarding breaches by personnel or partners; (d) cybersecurity incidents; and (e) misinformation campaigns.</p>	<ul style="list-style-type: none"> ➤ Strengthen cybersecurity measures and data protection protocols to prevent and manage breaches; ➤ Ensure transparency and effectiveness in financial management and programme reporting; ➤ Develop and implement proactive strategic communication and stakeholder engagement strategies to build and maintain trust and effectively manage reputational crises if they arise.
<p>3.2: Ineffective or unsustainable multisectoral coordination and partnerships</p> <p>Failure to establish, maintain and leverage effective multisectoral partnerships and coordination mechanisms, thereby limiting the UNFPA ability to address complex determinants of sexual and reproductive health and achieve broader development outcomes. The Theory of Change emphasizes multisectoral collaboration. This risk arises from: (a) differing partner priorities; (b) weak coordination mechanisms; (c) insufficient investment in partnership management; and (d) lack of trust.</p>	<ul style="list-style-type: none"> ➤ Develop and implement a clear strategy for partnership engagement, identifying key strategic partners at global, regional, and national levels; ➤ Invest in building and maintaining strong relationships with a diverse range of partners, based on shared objectives and mutual accountability; ➤ Strengthen coordination mechanisms and platforms for joint planning, implementation and monitoring of programmes with partners; ➤ Ensure clarity in roles, responsibilities and resource sharing within partnerships; ➤ Regularly assess the effectiveness and value-add of partnerships and adapt engagement strategies accordingly.
<p>Theme 4. Addressing programmatic interventions beyond the UNFPA capacity</p>	
<p>Potential risks</p>	<p>Mitigation measures</p>
<p>4.1: Risk of failing to achieve programmatic interventions that lie beyond the mandate of the UNFPA yet are essential for delivering on the outcomes</p> <p>The achievement of the four outcomes of the UNFPA Strategic Plan, 2026-2029 is influenced by several other interventions outside of the six outputs proposed by UNFPA. These other determinants are situated outside of UNFPA capacity or may not lie within the priority areas of the UNFPA Strategic Plan, 2026-2029.</p> <p>This intervention includes: (a) unavailability of adequate physical infrastructure, such as roads and buildings, to ensure that the facilities are functional and can be accessed; (b) non-communicable disease and public health emergencies; (c) inadequate education and livelihood opportunities for women and young people; and (d) low nutrition status of women and young people.</p>	<ul style="list-style-type: none"> ➤ Strengthen collaboration with other United Nations entities and key partners to design a comprehensive approach that addresses all necessary interventions for achieving the four outcomes; ➤ Take the lead in initiating joint programmes, in close coordination with United Nations country teams, to promote shared accountability and collective impact; ➤ Undertake joint problem analysis prior to the development of country programmes, ensuring that all relevant interventions influencing the achievement of the transformative results are identified and addressed.