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United Nations Population Fund

UNFPA strategic plan, 2026-2029

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Annex 4

Global and regional programmes

4. Asia and Pacific Regional Programme (2026-2029)

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I. Programme rationale

1. Home to over 4.8 billion people, the Asia Pacific region encompasses extraordinary diversity and sharp extremes. The 36 countries in the region span from least developed to high income countries, with great economic disparity between and within countries. Sixty-one per cent of the population lives in low and lower-middle-income countries, facing challenges such as multidimensional poverty, unemployment, and limited access to essential services. The region represents contrasting demographic dynamics, ranging from low fertility (China total fertility rate (TFR) 1.01) and aging populations in some countries to high fertility (Afghanistan TFR 4.76¹) and youth dominated populations in others (63 per cent in Afghanistan; 37 per cent in Pacific Island countries and territories). In addition, one in every six people in the region lives with a disability and often face multiple challenges of discrimination, limited access to services and exclusion.

2. Regional progress towards the Sustainable Development Goals (SDGs) remains significantly uneven and off track with inequalities increasing within and between countries, hindered by disaster, climate change, conflict, political instability, weak systems and governance. In addition, there is increasing conservatism and push back on women's and girls' rights, and sexual and reproductive health and reproductive rights (SRHRR), which is further exacerbated by concerns on declining fertility.

3. By 2050, it is estimated that 25 per cent of the population will be aged 60 and older.² Governments are increasingly concerned about shifting dependency ratios due to declining working age populations and increasing demands of elderly care, and human and financial resources shortages. Furthermore, targeted interventions are needed that build and sustain human capital formation considering that over 25 per cent of the region's population is between 10 to 24 years of age representing a window of opportunity to reap the demographic dividend if countries invest in human capital, and create economic opportunities.³ Additionally, countries are characterized by rapid urbanization with 54 per cent of the global urban population living in the region. Internal and cross border migration is a major component of this urbanization, shaping the social and economic fabric of cities.

4. The reduction of unmet need for family planning has stagnated in the region in recent years and needs to be accelerated by 12 times to achieve the target of zero by 2030. Unmet need varies tremendously across countries, ranging from 28 per cent in Samoa to 5 per cent in Thailand,⁴ also with significant disparities within countries.⁵ Access to family planning services is significantly constricted for adolescent girls and young women. Socio-cultural norms that hinder young, unmarried people's access to sexual and reproductive health (SRH) information and commodities including contraceptives. Moreover, while total fertility rates are generally declining in the region, adolescent birth rates have not followed the same trajectory.⁶ The adolescent birth rates exceed the global average of 42.5 in 8 of the 22 Asian countries.⁷ Of the 12 Pacific Island countries and territories with available data, six also have an adolescent birth rate that exceeds the global average.⁸ Additionally, approximately 6.7 million people live with HIV in the region, particularly within key populations. The fastest growing epidemics in the region are in Fiji, the Philippines and Papua New Guinea.

¹ <https://population.un.org/dataportal/data/indicators/19/locations/4,50,64,116,156,184,408,242,356,360,364,296,418,458,462,584,583,496,104,520,524,570,586,585,598,608,882,90,144,764,626,776,772,798,548,704/start/2024/end/2024/table/pivotbylocation?df=f8e472cb-af05-47fc-9907-4decc964cfb8>

² "Percentage of total population by broad age group: UN Region Asia." United Nations, Department of Economic and Social Affairs, Population Division (2024). *World Population Prospects: the 2024 revision*.

³ *World Population Prospects: the 2024 revision*

⁴ <https://population.un.org/dataportal/data/indicators/5/locations/4,50,64,116,156,184,408,242,356,360,364,296,418,458,462,584,583,496,104,524,520,570,586,585,598,608,882,90,144,764,626,772,776,798,548,704/start/2024/end/2024/table/pivotbylocation?df=f8e472cb-af05-47fc-9907-4decc964cfb8>

⁵ Most recent population-based surveys in 19 Asia Pacific region countries

⁶ https://asiapacific.unfpa.org/sites/default/files/pub-pdf/asrh_factsheet_3_adolescent_pregnancy.pdf

⁷ Afghanistan, Bangladesh, Cambodia, India, Lao PDR, Nepal, Pakistan, Papua New Guinea

⁸ Kiribati, Marshall Island, Nauru, Samoa, Solomon Island, Vanuatu

5. The region has experienced substantial variation in maternal mortality ratio decline, which has largely stagnated since 2015 due to persistent inequalities, particularly for countries to ensure that the most vulnerable populations are reached with high-quality care. The 2023 UN Maternal Mortality Estimation Interagency Group estimates suggest that while the maternal mortality ratio in the region stands at 102 per 100,000 live births, a decrease from 290 in 2000, 12 out of 22 countries in Asia and 9 out of 15 countries in the Pacific have a maternal mortality ratio above the SDG target of 70 per 100,000 live births. The region includes five of the 20 countries that account for 80 per cent of global maternal deaths.⁹

6. Deeply entrenched and persistent patriarchal social and gender norms perpetuate gender inequality and gender-based violence (GBV) and harmful practices in the region, challenging progress. This is manifested in the increased pushback on gender equality, SRHRR, and the human rights of women and girls. Overall, the region has an average lifetime prevalence of intimate partner violence of 26 per cent among women, yet parts of the region, particularly the Pacific, have the highest rates globally. Women with disabilities, migrants, refugees, and adolescent girls are at higher risk. The wide acceptance of GBV creates barriers for women and girls accessing services and few women seek formal support due to concerns over mandatory reporting, service providers' bias and stigma. GBV services often lack survivor-centred approaches, and case management systems are inadequate.

7. Child marriage and female genital mutilation (FGM) remain significant challenges in the region, though prevalence varies widely. While some countries have made substantial progress in reducing these practices, others continue to see high rates, particularly within marginalized communities, which is further exacerbated by disasters and loss of livelihoods. South Asia remains home to 45 per cent of the world's child brides. Bangladesh has the highest prevalence of child marriage in South Asia (51 per cent)¹⁰ and in the Pacific, the Republic of Marshall Islands has the highest prevalence at 26 per cent.¹¹ Reduction in child marriage rates require significant acceleration, for it to be eliminated by 2030. Data on FGM is limited,¹² except in Indonesia where estimates suggest 46 per cent¹³ of women and girls have undergone the practice.

8. Health and protection systems are slowly recovering from the COVID-19 pandemic. Government spending on primary healthcare remains low, forcing significant reliance on out-of-pocket expenditures, which average 49 per cent of total health spending. Client-centred, quality services are challenged by a shortage of skilled service providers, underfinancing, gaps in supply chain management of contraceptives and essential medicines, and inefficient referrals, which require solutions tailored to local realities and priorities. Additionally, governance decentralization has been slow in the region, with weakened subnational health and protection systems due to gaps in financing and accountability for implementation of policies and strategies.

9. The region is the most disaster-prone and faces increasingly frequent, intense, and complex humanitarian crises driven by climate change, protracted conflicts, forced displacement and deepening economic inequalities. Climate change exacerbates existing vulnerabilities, leading to increased displacement, food insecurity, and health risks, particularly affecting women, girls, persons with disabilities and other marginalized communities. Low lying island nations and atoll-based, small island developing states face existential threats from sea level rise. The region accounts for nearly 80 per cent of global climate-induced displacement. In 2023 alone, over 160 disasters affected approximately 78 million people, causing over 9,000 deaths and an \$75 billion in economic damages.

10. Protracted crises in the region continue to drive long-term displacement. The region hosts the world's largest refugee camp in the Cox's Bazar District of Bangladesh with one million Rohingya refugees. The crises in Afghanistan and Myanmar continue to exert significant impacts on country development and the health and

⁹ The 5 countries are Afghanistan, Bangladesh, India, Indonesia and Pakistan.

¹⁰ <https://childmarriageanddata.org/country-profiles/bangladesh/>

¹¹ <https://childmarriageanddata.org/country-profiles/marshall-islands/>

¹² UNICEF. 2024. Female Genital Mutilation: A Global Concern. 2024 Update. New York: UNICEF. <https://data.unicef.org/resources/female-genital-mutilation-a-global-concern-2024/>

¹³ <https://indonesia.unfpa.org/en/publications/survei-pengalaman-hidup-perempuan-nasional-sphpn-2024>

wellbeing of women and girls. Additionally, there are challenges with the return of refugees to Afghanistan from Pakistan and Iran. Small-scale and localized conflicts are present in the region, including the Philippines and Papua New Guinea.

11. In humanitarian contexts, protracted crises and fragile settings, weakened health systems account for 60 per cent of maternal deaths and 45 per cent of newborn deaths, with displaced and returning pregnant women at even greater risk. Risks of GBV and harmful practices surge during crises. Yet investment in preparedness and disaster risk reduction remains inadequate and major capacity gaps persist, including limited integration and resourcing of SRH and GBV programming in national and subnational disaster risk management plans, workforce shortages and weak coordination mechanisms. Affected populations often lack access to safe, accessible feedback mechanisms, further weakening accountability and inclusion in emergency response efforts.

12. While megatrends, such as climate change, use of artificial intelligence, new technologies, and the aforementioned population ageing, are now beginning to manifest in government agendas, there are considerable gaps in data, capacity, policies and financing in these areas.

13. Under the previous regional programme, the region was successful in providing technical leadership and expertise, enhancing country capacity for the provision of high quality SRH and GBV services, including for marginalized groups across humanitarian, development and peace (HDP) continuum, advancing the shift from funding to financing, and supporting policy approaches to achieve the three transformative results and population development. The evaluation of the regional programme (2022-2025) recommended to: (a) reposition the UNFPA mandate to address population trends and to respond to needs of diverse groups of countries, including middle-income countries and upper-middle-income countries, with a stronger focus on human rights and megatrends; (b) build on existing strengths and firmly position itself as a thought-leader in SRHRR and GBV prevention and response in the HPD continuum; (c) facilitate innovative approaches, partnerships and South-South and triangular cooperation (SSTC); and (d) strengthen strategic communication for greater programmatic effectiveness.

II. Programme priorities and partnerships

14. The Asia-Pacific Regional Programme, 2026-2029 plans to enhance the impact of UNFPA across a region undergoing profound demographic, economic, and socio-cultural transitions bringing innovation and added value to country offices and governments. It embodies a bold transitional vision to advance the Decade of Action through inclusive, resilient, and rights-based development that is agile and adaptable responding to the rapidly changing global context. The Regional Programme builds on the International Conference on Population and Development (ICPD) Programme of Action and the UNFPA Strategic Plan, 2026-2029. It will accelerate progress toward the four overall outcomes – ending unmet need for family planning, ending preventable maternal deaths, ending GBV and harmful practices, and demographic change – and will respond to the evolving nature of a recalibrated Business Model to best support the Strategic Plan outcomes at a time of shifting global priorities, funding reductions and growing humanitarian and development needs. It will strengthen regional contributions to implementation of the 2030 Agenda for Sustainable Development, especially Sustainable Development Goals (SDGs) 3, 5, 10, 11, 13, 16 and 17. It will also align with the outcomes of the ongoing United Nations reform processes, including UN80, and prepare for the post-2030 agenda to adapt to the changing world.

15. The regional programme will: (a) drive intergovernmental policy dialogues and advocacy toward the realization of the Strategic Plan outcomes and the implementation of the ICPD Programme of Action at regional and national levels; (b) adapt and promote gender and age-responsive international norms, standards and evidence and tools; (c) integrate a systems strengthening approach across priority areas to ensure sustainable, equitable and inclusive outcomes for SRHRR, gender equality, and address demographic changes, leveraging innovative technologies and data-driven solutions; (d) strengthen capacities of countries, partners and country offices on generation and utilization of high-quality, disaggregated and intersectional data and evidence to inform inclusive policies and programmes responding to demographic changes, crises and megatrends; (e) broaden innovative collaboration and partnerships

for resource mobilization and financing for implementation of ICPD; (f) facilitate regional knowledge sharing and SSTC; (g) provide technical and programmatic advisory support to countries, partners and UNFPA country offices, including oversight of country programme development, implementation, monitoring and evaluation, and guiding countries towards an efficient integration of HDP programming.

16. The programme will focus on areas where APRO can add value to efforts of country offices and serve as a catalyst to: (a) generate and apply high-quality, disaggregated, and intersectional data and evidence on demographic shifts focusing on low fertility and aging, promote evidence-informed dialogues ensuring that population policies respect autonomy, choice, and gender equality through a life-cycle lens, and support forward-looking rights-based policy choices and actionable insights for countries' demographic resilience, in contexts where falling fertility rates are prompting pronatalist policies that risk compromising SRHRR of women and girls; (b) leverage diverse and innovative financing and approaches for the ICPD agenda through supporting governments to increase domestic resource allocations from public budgets, ensuring inclusion of comprehensive and inclusive sexual and reproductive health and rights (SRHR) in universal health coverage (UHC) packages, financing and financial risk protection mechanisms focusing on vulnerable groups, and partnering with international financial institutions (IFIs) and private sector; and (c) systems strengthening in preparedness, response, recovery and resilience to crises ranging from climate shocks to conflict-induced displacement, and position SRH and GBV prevention and response as life-saving priorities building on lessons from COVID-19 pandemic to mitigate systemic vulnerabilities.

17. The support provided to country offices and countries will be based on the UNFPA corporate tier system and take into account the country contexts such as small island developing states, least developed countries, middle income countries and fragile contexts. By embedding support across the Regional Programme to strengthen accountability mechanisms, quality assurance standards, and effective programming tools, UNFPA will contribute to building people-centred, gender-transformative, and shock-proof systems that can better withstand crises.

18. The Regional Programme aligns with global and regional commitments including the ICPD Programme of Action, SDGs, the Sendai Framework for Disaster Risk Reduction, the Pact for the Future., Asia-Pacific Ministerial Conferences on Population and Development and supports regional, intergovernmental mechanisms, such as the Association of Southeast Asian Nations (ASEAN), Pacific Islands Forum Secretariat (PIFS), and South Asian Association for Regional Cooperation (SAARC). It embraces the principles of the 2030 Agenda, leaving no one behind, while advancing gender equality, resilience, and accountability.

A. Output 1. Data, analysis and foresight

By 2029, strengthened data systems, demographic analysis and foresight to inform laws, policies, systems, budgets and programmes related to sexual and reproductive health, gender equality and other related development sectors for women, girls, young people and older persons.

19. Robust, timely, and disaggregated data is essential to address entrenched inequalities and navigate demographic transitions, therefore the regional programme will focus on strengthening national and regional data ecosystems, demographic intelligence, and timely monitoring of SRHRR, GBV and population trends. This evidence base will inform policy dialogues, shape rights-based programming and investments, monitor progress on SGD indicators prioritized by UNFPA, and enable governments to plan for aging populations, address adolescent fertility, and close service delivery gaps for marginalized groups, including for persons with disabilities.

20. Strategic interventions will include: (a) analysing demographic trends, including different stages of fertility transitions and forecasting evolving fertility preferences, and assessing the impact of pronatalist policies through human rights based approaches; (b) supporting analysis and use of National Transfer Accounts and Time Transfer Accounts to develop evidence-based policies responsive to evolving demographic shifts; (c) supporting use of artificial intelligence and technologies to analyse large datasets and identify emerging trends related to demographic shifts and SRHRR; (d) supporting investment cases and foresight methodologies to inform sector-specific

prioritization and budgeting; (e) capacity-building initiatives to promote ethical and survivor-centred collection, harmonization, analysis, dissemination and utilization of disaggregated data on GBV and harmful practices; (f) integrating, analysing and using key SRH and adolescent SRH (ASRH) data, including on emergency obstetrics and newborn care, maternal and perinatal death surveillance and response, and health management information systems (HMIS), to design and implement evidence-based policies and programmes, and prioritize investments; and (g) establishing and maintaining accessible common operational data sets on population statistics and geographic information system to inform and strengthen humanitarian programming.

B. Output 2. Policy, advocacy and accountability

By 2029, improved formulation, integration, and implementation of legal frameworks, policies and programmes related to sexual and reproductive health and reproductive rights, prevention of and response to gender-based violence and harmful practices against women, girls and young people, and demographic shifts.

21. Recognizing the impact of demographic shifts on health and social protection policies and strategies, the Regional Programme will aim to ensure national development policies and plans – and their corresponding budgetary and financing components related to ageing, SRHRR, GBV, and gender equality are informed by rights-based approaches. The programme will support mainstreaming SRHRR and GBV into legal and policy frameworks, including for UHC and on climate change and disaster risk reduction to progress the Strategic Plan outcomes. The programme will also include strategies to strengthen the role of regional bodies and international human rights mechanisms in overseeing the implementation of human rights obligations and regional commitments to SRHRR, gender equality, youth development, and climate resilience.

22. The Regional Programme strategic interventions will include: (a) supporting the systemic integration of demographic dynamics – including population ageing, fertility transition, urbanization and migration into rights-based and inclusive national development plans, policies, and programmes; (b) supporting development of regional and national policies that promote intergenerational exchange and support models; (c) advocating for and mainstreaming of SRHRR and GBV into national and sub-national climate change and disaster risk reduction policies and planning frameworks, including nationally determined contributions, national adaptation plans and disaster risk management strategies; (d) providing support to strengthen national policies, strategies and regulatory frameworks focusing on midwifery workforce and establishing mandatory maternal death reporting, review, and response mechanisms aligned with the international standards; (e) providing support to strengthen climate-resilient national policies, strategies and regulatory frameworks to ensure availability, accessibility, acceptability and quality of SRH and family planning services, with emphasis on adolescent and youth sexual and reproductive health; (f) strengthening regional, national and subnational level legislative and regulatory frameworks addressing GBV, including technology-facilitated GBV, and harmful practices; (g) strengthening engagement in inter-governmental processes to support the implementation, follow-up and review, of commitments and obligations, including in the context of Universal Periodic Review, Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Rights of Persons with Disabilities and ICPD Programme of Action; and (h) engaging regional bodies, including ASEAN, PIFS, and SAARC advocating for the development and monitoring of policy frameworks and implementation plans on SRHRR, GBV, adolescent pregnancy, and climate resilience.

C. 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.

23. Recognizing that sustainable and domestically driven financing is paramount for advancing SRHRR and gender equality, the Regional Programme will strategically enhance regional capacities to mobilize and effectively

allocate public and private resources for SRHRR and gender equality. The proposed strategies directly address the multifaceted challenge of securing adequate, lasting investment for SRHRR, gender equality, and the empowerment of women and girls by strengthening the countries' ability to utilize their own funds, actively engaging non-state actors through innovative partnerships and a range of financing mechanisms, and advocating to ensure resources reach underserved populations, thereby bridging equity gaps and maximizing long-term impact across the Strategic Plan overall outcomes.

24. The Regional Programme will implement the following strategic interventions: (a) supporting evidence generation, advocacy and engagement in budgetary processes and accountability and tracking mechanisms to increase government allocations and spending for SRHRR, gender equality and GBV; (b) generating evidence to advocate for UHC and financial protection for improved affordability and accessibility of SRH/ASRH and GBV services, particularly for underserved populations (e.g., adolescents, women and girls with disabilities, marginalized communities, those in humanitarian settings); (c) partnering with IFIs to advocate for the integration of SRHRR and gender equality criteria into their lending and investment portfolios; (d) facilitating private sector engagement to develop private sector-backed innovative and blended financing models and to mobilize additional financing and investment for SRHRR and GBV, including through workplace activities and strategic partnerships; and (e) facilitating regional learning and exchange on sustainable financing for SRHRR, gender equality and GBV.

D. Output 4. Social and gender norms

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

25. Recognizing that deeply entrenched gender inequalities and harmful social and gender norms are fundamental barriers to achieving gender equality, advancing SRHRR, reducing adolescent fertility, empowering youth and preventing GBV and eradicating harmful practices in the region, the Regional Programme will prioritize building the capacity of regional and national stakeholders and country offices to implement women and youth led, evidence-based programming to transform these discriminatory norms.

26. The Regional Programme will include strategic interventions to: (a) enhance expertise and foster collaboration with regional bodies, with particular focus on ASEAN in GBV prevention and social and gender norm transformation; (b) strengthen regional and national accountability mechanisms to prevent GBV, including technology-facilitated GBV, and end harmful practices (FGM and child marriage); (c) support adoption and use of accessible, digital literacy resources for women, girls, and young people, focusing on online safety and their rights in digital spaces; (d) generate region-specific evidence and models on effective GBV and harmful practices prevention interventions; (e) foster knowledge exchange on empowerment models for adolescent girls and young women, related to bodily autonomy, and SRHRR decision making, with a focus on vulnerable groups; (f) assess quality and coverage of current models of in-school CSE against international standards, emphasizing respectful relationships and prevention of GBV and harmful practices; and (g) facilitate country exchanges to improve delivery of out of school CSE promoting SRHRR, positive masculinities, healthy and respectful relationships, and strengthen linkages to ASRH services.

E. 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.

27. The Regional Programme will strengthen national systems to implement data-driven programming and expand contraceptive method diversification, thereby enhancing equitable access to family planning. Concurrently, it will champion the integration and continuous quality improvement of comprehensive SRH services, particularly tailored for adolescents and women and girls with disabilities while simultaneously bolstering multi-sectoral efforts to effectively prevent and respond to GBV, including emerging challenges such as technology-facilitated GBV.

28. The regional programme will include strategic interventions to: (a) support countries to introduce new contraceptive methods, alongside method diversification, and utilization of advanced data analytics and predictive modelling to support more effective, equitable, and high-quality family planning information and services; (b) support countries to develop adaptable frameworks and foster cross-country learning for the comprehensive SRH/ASRH services by identifying, piloting, and supporting the scale-up of cost effective, service delivery models using innovative technologies and proven digital health solutions; (c) provide regional technical leadership and tools for strategic planning, equitable distribution, and retention of the midwifery workforce, adoption of innovative, competency-based educational approaches and digital training platforms for pre-service and in-service midwifery education covering comprehensive SRH/ASRH services, integrating respectful care, family planning, and emerging needs; (d) leverage regional expertise and facilitate SSTC to strengthen capacities of priority countries in eliminating obstetric fistula, reducing reproductive morbidities, and improving sexually transmitted infections, HIV/AIDS prevention and treatment; (e) develop and share regional best practices and innovative models for multisectoral GBV services, including strategies and technological tools to address technology-facilitated GBV across the HDP continuum; and (f) provide technical assistance and promote the adoption of next-generation supply chain solutions at the country level by enhancing interoperable, electronic logistics management systems, introducing artificial intelligence enhanced forecasting and quantification techniques, optimizing procurement and distribution logistics, and improving real-time inventory management systems through regional knowledge sharing and support.

F. Output 6. Humanitarian action and preparedness/resilience

By 2029, enhanced leadership and operational capacity of humanitarian actors to operationalize coordinated and localised emergency preparedness and responses, focusing on life saving interventions related to sexual and reproductive health, gender-based violence and harmful practices

29. The Regional Programme will continue to strengthen the systems and capacities of regional and national stakeholders to prepare for and deliver lifesaving SRH and GBV services in humanitarian settings. It will emphasize last-mile delivery through strategic prepositioning, strengthened logistics partnerships, and localized, climate-adapted preparedness. Anticipatory action will be scaled up through early warning systems, cash and voucher assistance, and enhanced accountability to affected populations, in particular women, young people and persons with disabilities. UNFPA leadership in sexual and reproductive health in emergencies (SRHiE) and gender-based violence in emergencies (GBViE) coordination will be reinforced.

30. The Regional Programme will implement strategic interventions to: (a) strengthen SRHiE and GBViE preparedness and response capacities by integrating strategic foresight methodologies (including scenario planning for evolving risks) and promoting adaptive climate-resilient programming models, targeted technical support, advocacy, inter-agency coordination; (b) optimize last-mile delivery through strategic prepositioning, novel partnerships with diverse humanitarian actors and logistics networks and pioneering community-based assurance mechanisms; (c) expand the use of anticipatory action, informed by enhanced foresight and robust early warning systems, to sustain access to SRHiE and GBViE services before and during crises and promote adaptive strategies, including climate-smart preparedness, and cash and voucher assistance; (d) support implementation of accountability to affected populations through technical guidance, capacity development, SSTC and by leveraging innovative approaches, including digital feedback platforms and community-led monitoring systems; (e) strengthen UNFPA leadership in the Gender-based Violence Area of Responsibility by enhanced coordination of multisectoral responses and linking HDP efforts; and (f) strengthen adaptive national SRH coordination structures through

dedicated technical leadership, fostering strategic partnerships, and ensuring effective integration within broader, flexible humanitarian coordination systems.

G. OEE 1: Improved programming for results

31. The regional office will support country offices to deliver results-based, agile country programmes through: (a) guiding the development and quality assurance of innovative, risk-informed and evidence-based country programmes, closely aligned with the United Nations Sustainable Development Cooperation Frameworks (UNSDCF) and United Nations reforms; (b) actively contributing to the strategic development of UNSDCFs, ensuring the robust integration and visibility of the ICPD Programme of Action and its linkages to the broader 2030 Agenda; (c) fostering reflective learning cycles based on pilots and real-time data, strengthening knowledge management systems for actionable insights, and promoting innovative monitoring tools and data analytics; (d) quality assuring evaluations, contributing to joint evaluations, and improving use of evaluation evidence for agile programming; (e) strengthening and expanding strategic partnerships, including through SSTC models and multi-stakeholder platforms for joint advocacy, knowledge co-creation, technology transfer and resource mobilization; (f) fostering meaningful engagement with youth leadership to integrate youth perspectives into programming and regional advocacy, (g) integrating and scaling up leaving no one behind and rights-based approaches through the United Nations Disability Strategy accountability framework and providing technical support to country offices; and (i) monitoring, oversight and technical support to implement minimum and advanced preparedness actions.

H. OEE 2: Optimized management of resources

32. The regional office will drive operational excellence and optimize resource management across the region by implementing concrete strategies and providing targeted support. This includes: (a) implementing robust, regional budget monitoring dashboards and conducting regular joint financial reviews with country offices to ensure risk-informed efficient resource planning and utilization; (b) providing proactive support in pipeline analysis and donor reporting to minimize no-cost extensions and enhance financial performance; (c) provide in-depth tracking and capacity building to assist country offices to implement audit and spot-check recommendations, through regular follow-up, targeted technical assistances, and integrating key findings and recommendations into regional and country-level risk management and accountability frameworks and mitigation measures; (d) providing guidance and support to country offices transitioning towards common back offices, implementing UN business operations strategies, and optimizing common premises, while monitoring and reporting on efficiency gains; (e) strategically supporting the uptake of standardized digital platforms to streamline administrative processes, implementing data visualization tools for improved operational monitoring and decision-making, automating routine workflows, and ensuring adherence to robust cybersecurity protocols and data privacy standards; and (h) strengthening capacities of regional and country offices on demographic resilience, climate change and leveraging financing for the ICPD mandate.

I. OEE 3: Expanded partnerships and strategic communication for impact

33. APRO will support: (a) executing a communication strategy to enhance UNFPA brand recognition and amplify advocacy messages, supporting country offices in strategic communications, strengthening media relations to enhance visibility, and engaging new audiences and showcasing impact, (b) systematically identifying, cultivating, and managing partnerships with key regional stakeholders – including CSOs, academic institutions, women and youth networks, and think tanks – to design and implement high-impact joint advocacy initiatives to advance the ICPD agenda and address emerging regional priorities; (c) intensifying regional resource mobilization efforts by providing country offices with tailored support, market intelligence, and capacity building for domestic financing; (d) tangibly broadening the partnerships and donor base through dedicated outreach programs targeting corporate sector engagement and philanthropic foundations and cultivating strategic financial and programmatic

partnerships with IFIs (ADB and World Bank) and key regional organizations (e.g. ASEAN, PIFS and SAARC), and investing in regional donor intelligence systems and stewardship practices to improve acquisition and retention; (e) actively participating in the leadership structures and workstreams of the UN Regional Collaborative Platform and its issue-based coalitions and contribute substantive technical expertise, data analysis, and policy advice to shape joint UN positions and strategies fit for the post-2030 Agenda, co-lead specific inter-agency initiatives, and proactively advocate for ICPD priorities and perspectives within system-wide policies and programming instruments developed through the Regional Collaborative Platform frameworks.

III. Programme and risk management

34. The regional programme will provide the platform for programmatic, technical, operational, and communications support to the country offices, with robust coordination and an implementation plan for strengthened programme delivery, ensuring initiatives complement country programmes and respond to priority needs.

35. While the regional programme will primarily be implemented through the programme, technical and operations experts at the regional office, it will engage a limited number of implementing partners if needed, including regional and academic institutes and think tanks, for capacity building and technical support to countries.

36. Collaboration with other regional offices and headquarters units will be undertaken to facilitate cross-regional exchange, extending regional office technical expertise to other regions in demographic resilience, humanitarian preparedness and response, financing and GBV data. UNFPA Communities of Practice will also be strengthened to enhance knowledge sharing within the region and beyond. Building strategic alliances with key stakeholders and partners – including Governments, regional inter-governmental bodies (such as ASEAN, PIFS and SAARC), parliamentarians, civil society organizations, youth and women’s networks, professional bodies, and United Nations partners– will help advance the policy and legislative environment for achieving the ICPD Programme of Action and the four Strategic Plan outcomes. The regional office will continue to strengthen and expand the facilitation of SSTC and build a repository and mechanisms for knowledge, resources, and expertise transfer taking into account lessons learned in the previous programme.

37. The programme will mainstream innovation in programme delivery, knowledge and partnership management and build on successful innovative initiatives for scaling up across the region such as digital health tools, artificial intelligence for forecasting and data analysis, and integrated real-time data platforms to enhance service delivery. To support coherent policy and programming, the regional office will work with relevant United Nations partners to actively continue joint programmes, such as with UNICEF on Child Marriage and UN-Women on Violence Prevention, leverage complementary expertise, such as with WHO and UNHCR, and explore new opportunities for joint interventions and joint resource mobilization, taking into account UN 2.0 and advancing the six transitions to accelerate the SDGs. The Regional Programme will maximize its efforts to improve operational efficiency in collaboration with UN agencies, such as the harmonized approach to cash transfers to manage financial risks.

38. To mitigate the anticipated risks due to potential economic slowdown, funding cuts, shrinking fiscal space, geopolitical shifts, a rise in conservatism, increased pushback against SRHRR, human rights, and gender equality and women’s empowerment and the increasing frequency and severity of climate-induced disasters, the regional office will prioritize strategic partnerships with like-minded organizations. The Regional Office will enhance its financial strategy through integrated planning and risk-informed resource allocation. Additionally, it will diversify its funding base, guided by the integrated partnerships and resource mobilization plan, outlining the UNFPA strategy to secure diverse funding and build alliances across sectors. This will include the private sector, private foundations, high net-worth individuals, and international financial institutions. It will also partner with traditional donors to demonstrate UNFPA comparative advantages and added value, and it will strengthen its policy advice and technical support to leverage domestic resources for financing the ICPD Programme of Action and the SDGs.

39. To counter misinformation and reinforce the evidence-based importance of SRHRR and gender equality and women's empowerment, robust advocacy, strategic communication, and effective branding are crucial. Proactive engagement with governments, civil society, and media coupled with demonstrating tangible results and impact, will be essential for maintaining programme support and safeguarding progress.

40. The regional programme will adapt to the new Business Model to ensure alignment and be fit for purpose. Additionally, a human resources alignment exercise began in the second quarter of 2025. The regional office will minimize disruptions to programming by maintaining programme flexibility and agility and by operationalizing contingency/scenario planning and risk-informed business continuity plans. It will foster a regional culture embracing a whole-of-office risk management approach building organizational capacity to adapt and respond to all external and delivery uncertainties in line with the organization's risk appetite. The office will mitigate operational and programmatic risks identified in the enterprise risk management system and audits, including long-standing vacancies, potential challenges in emergency response, and the imperative to uphold human rights and environmental safeguards. Additionally, it will take measures to prevent and mitigate sexual exploitation, abuse and harassment in line with UNFPA policies.

IV. Monitoring and evaluation

41. The regional programme will employ an adaptive management approach, continuously monitoring progress and making adjustments based on evolving contexts and lessons learned. It will be monitored to assess the contribution, effectiveness and efficiency of the strategic interventions towards results defined in the regional programme results framework, tracking quarterly progress and reporting on results annually. All results indicators will be measured as per the developed metadata, which include indicator definitions, data requirements and sources, and measurement methods. The monitoring plan will delineate roles and responsibilities for tracking progress on each indicator, quality assurance and reporting processes for accountability, ownership and timely use of evidence for course correction and adaptive results-based management of the regional programme. A strong focus will be on supporting countries to measure impact-level results, strengthening the capacity of staff involved in results planning, monitoring and reporting in the regional and country offices, promoting innovative tools and practices to collect, analyse and use results data, and support monitoring of SDGs.

42. The regional programme Costed Evaluation Plan will be implemented during the programme cycle. The regional office will conduct a summative evaluation of the programme in the penultimate year to support accountability to stakeholders on programme performance and to generate evidence for the next programme planning and management. A mid-term review will be conducted to ensure the programme's responsiveness to changing programme and operational contexts and emerging issues. In addition, the regional office will provide technical support and quality assurance to country level evaluations to ensure availability of relevant, timely and credible evaluations and their use for decision-making and programming.

43. Within the context of United Nations reform, the regional office will contribute to strengthening regional and national evaluation capacities as part of the United Nations Evaluation Development Group for Asia and Pacific, providing technical support to evaluations of UNSDCF.

Annex: Results and resources framework for the Asia and Pacific regional programme (2026-2029)

UNFPA Strategic Plan, 2026-2029. GOAL: Achieved universal access to sexual and reproductive health, realized reproductive rights for all and accelerated 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			
UNFPA STRATEGIC PLAN Outcome 1: By 2029, the reduction in the unmet need for family planning has accelerated		Indicative resources \$13.18 million (\$6.08 million from regular resources and \$7.1 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 2: By 2029, the reduction in preventable maternal deaths has accelerated		Indicative resources \$16.39 million (\$6.09 million from regular resources and \$10.3 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated		Indicative resources \$23.22 million (\$9.22 million from regular resources and \$14 million from other resources)	
UNFPA STRATEGIC PLAN 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		Indicative resources \$7.5 million (\$3.29 million from regular resources and \$4.2 million from other resources)	
Regional programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources
Output 1: Data, analysis and foresight	<p>Indicator 1.1: Number of countries producing NTA/NTTA analyses to inform development and fiscal policies <i>Baseline:</i> 2 [2024] 2026: 4 2027: 5 2028: 5 2029: 1</p> <p>Indicator 1.2: Number of countries generating, analysing, and disseminating disaggregated data related to demographic trends <i>Baseline:</i> 7 [2024] 2026: 6 2027: 9 2028: 12 2029: 15</p> <p>Indicator 1.3: Number of countries generating key SRHRR data, including through HMIS systems, to improve maternal health service provision and address mortality and morbidity <i>Baseline:</i> 0 [2024] 2026: 6</p>	Government ministries, National Statistical Offices, UN Economic and Social Commission for Asia and the Pacific, UN agencies, Academic and research institutions, CSOs/NGOs, National Transfer Account global and regional networks	\$14.1million (\$2.5 million from regular resources and \$11.6 million from other resources)

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	<p>2027: 6 2028: 6 2029: 2</p> <p>Indicator 1.4: Number of countries collecting and/or analysing GBV and/or harmful practices data in line with international standards <i>Baseline:</i> 9 [2024] 2026: 5 2027: 7 2028: 3 2029: 2</p> <p>Indicator 1.5: Number of countries strengthening their population data systems, including population censuses, surveys and administrative data <i>Baseline:</i> 7 [2024] Targets: 2026: 4 2027: 4 2028: 4 2029: 5</p>		
Output 2: Policy, advocacy and accountability	<p>Indicator 2.1: Number of countries that developed and implemented advocacy strategies related to demographic dynamics and/or integrated demographic dynamics into national development plans, policies and programmes <i>Baseline:</i> 6 [2024] Targets: 2026: 6 2027: 10 2028: 14 2029: 16</p> <p>Indicator 2.2: Number of national climate change adaptation and disaster risk reduction frameworks, policies, and strategic documents that explicitly integrate and address SRHRR and GBV in alignment with ICPD principles <i>Baseline:</i> 0 [2024] Targets: 2026: 4 2027: 4 2028: 4 2029: 4</p> <p>Indicator 2.3: Number of countries developing, implementing or monitoring policies, laws, plans and strategies to prevent and respond to GBV and harmful practices</p>	Government ministries and institutes, CSO/NGOs, NHRIs, UNESCAP and Member States, Department of Economic and Social Affairs, Commission on Population and Development, Academic institutions, think tanks	\$8.1 million (\$5 million from regular resources and \$3.1 million from other resources)

	<p><i>Baseline:</i> 6 [2024] Targets: 2026: 9 2027: 12 2028: 14 2029: 15</p> <p>Indicator 2.4: Number of countries developing/revising and/or implementing SRHRR policies, strategies and regulatory frameworks aligned with global maternal health, adolescent SRH and family planning norms and standards <i>Baseline:</i> 0 [2024] Targets: 2026: 3 2027: 6 2028: 9 2029: 2</p> <p>Indicator 2.5: Number of regional policy instruments aligned with ICPD Programme of Actions, co-developed and/or co-implemented by APRO with the ASEAN Member States <i>Baseline:</i> 0 [2024] Targets: 2026: 2 2027: 2 2028: 2 2029: 2</p> <p>Indicator 2.6: Number of countries that include and track the implementation of specific and measurable recommendations addressing SRHRR, GBV/harmful practices, adolescent pregnancy/youth priorities and demographic trends in human rights mechanisms <i>Baseline:</i> 5 [2024] Targets: 2026: 4 2027: 6 2028: 8 2029: 9</p> <p>Indicator 2.7: Number of outcome documents of global and regional intergovernmental processes that integrate the commitments related to the achievement of transformative results/ICPD Programme of Action <i>Baseline:</i> 5 [2024] Targets: 2026: 3</p>		
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	2027: 3 2028: 4 2029: 4		
Output 3: Leveraging sustainable financing and investments	<p>Indicator 3.1: Number of countries that increased government budget allocations for SRHRR and GBV <i>Baseline:</i> 1 [2024] Targets: 2026: 5 2027: 8 2028: 10 2029: 15</p> <p>Indicator 3.2: Number of countries where essential sexual and reproductive services are included as part of their financial protection mechanisms and/or risk pooling and/or pre-payment schemes <i>Baseline:</i> 11 [2024] Targets: 2026 : 1 2027: 2 2028: 2 2029: 3</p> <p>Indicator 3.3: Number of new private sector organizations providing financial and/or in-kind contributions to SRHRR and GBV programs <i>Baseline:</i> 3 [2024] Targets: 2026: 4 2027: 10 2028: 15 2029: 20</p>	National governments, UN agencies, IFIs, Regional bodies and organizations, private sector partners and networks, academia, research institutions.	\$4.3 million (\$2.7 million from regular resources and \$1.6 million from other resources)
Output 4: Social and gender norms	<p>Indicator 4.1: Number of countries with strengthened capacities of government and/or non-government stakeholders to design, implement and monitor evidence-based programmes on GBV prevention <i>Baseline:</i> 4 [2024] Targets: 2026: 12 2027: 12 2028: 12 2029: 12</p> <p>Indicator 4.2: Number of countries where national and sub-national-level stakeholders have developed, implemented and/or monitored programmes to influence social norms related to harmful practices</p>	Government ministries, National Women's Machineries, UN agencies, CSOs/NGOs, including youth-led and young feminist entities, regional gender equality networks, research institutions	\$7.9 million (\$3.7 million from regular resources and \$4.2 million from other resources)

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	<p><i>Baseline:</i> 4 [2024] Targets: 2026: 11 2027: 11 2028: 11 2029: 11</p> <p>Indicator 4.3: Number of countries where national and subnational-level stakeholders have developed, implemented and/or monitored gender-transformative, multisectoral adolescent and youth-focused programming <i>Baseline:</i> 13 [2024] Targets: 2026: 5 2027: 8 2028: 11 2029: 14</p>		
Output 5: Quality of care and services	<p>Indicator 5.1: Number of countries implementing interventions to improve choice and quality of care by introducing or scaling a new or lesser-used contraceptive or lifesaving maternal health drug <i>Baseline:</i> 1 [2024] Targets: 2026: 2 2027: 4 2028: 6 2029: 9</p> <p>Indicator 5.2: Number of countries that improved quality of SRH service provision, through strengthened midwifery education and capacity to address preventable maternal mortality and reproductive morbidities <i>Baseline:</i> 6 [2024] Targets: 2026: 2 2027: 4 2028: 6 2029: 8</p> <p>Indicator 5.3: Number of countries that operationalized survivor-centred approaches in provision of multi-sectoral GBV response services within the development, humanitarian and peace continuum <i>Baseline:</i> 10 [2024] Targets: 2026: 20 2027: 20 2028: 20</p>	Midwifery associations, social workforce associations, UN agencies, national women's machinery, academic institutes, government ministries, agencies and authorities, health professional associations, social marketing organizations, FP2030	\$13,8 million (\$5.4 million from regular resources and \$8.4 million from other resources.

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	<p>2029: 20</p> <p>Indicator 5.4: Number of countries reporting no stockout of at least 5 reproductive health commodities at the central level <i>Baseline:</i> 5 [2024] <i>Targets:</i> 2026: 5 2027: 6 2028: 7 2029: 8</p> <p>Indicator 5.5: Number of countries that have integrated core components of ASRH within existing SRH and/or GBV services and referral pathways, including through youth-focused innovations and digital health platforms <i>Baseline:</i> 0 [2024] <i>Targets:</i> 2026: 3 2027: 5 2028: 7 2029: 10</p>		
Output 6: Humanitarian action and preparedness/resilience	<p>Indicator 6.1: Number of women and girls and other marginalized persons affected by emergencies reached through prepositioned supplies and related SRH and GBV services <i>Baseline:</i> 31,216 [2024] <i>Targets:</i> 2026: 32,000 2027: 32,000 2028: 32,000 2029: 32,000</p> <p>Indicator 6.2: Number of countries implementing anticipatory action interventions in advance of or during a crisis to maintain access to SRHiE and GBViE services <i>Baseline:</i> 4 [2024] <i>Targets:</i> 2026: 4 2027: 5 2028: 6 2029: 7</p> <p>Indicator 6.3: Number of countries with health service providers, programme managers, and other national partners skilled in the provision of integrated SRHiE and GBViE humanitarian programming <i>Baseline:</i> 25 [2024]</p>	Government ministries,, National Disaster Management Agencies, UN agencies, CSOs including women-led and youth-led organizations, and organizations representing persons with disabilities, regional bodies, GBV Area of Responsibility, academic and research institutions	\$10.7 million (\$4 million from regular resources and \$6.7 million from other resources)

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	<p>Targets: 2026: 15 2027: 15 2028: 15 2029: 15</p> <p>Indicator 6.4: Number of countries with interagency GBV in emergencies coordination mechanisms established or strengthened <i>Baseline:</i> 10 [2024] Targets: 2026 : 10 2027 :10 2028 :10 2029 :10</p> <p>Indicator 6.5: Number of countries with interagency SRHR in emergencies coordination mechanisms established or strengthened <i>Baseline:</i> 4 [2024] Targets: 2026 : 5 2027: 6 2028: 7 2029: 8</p> <p>Indicator 6.6: Percentage of humanitarian responses in which feedback mechanisms for beneficiaries and frontline partners/staff are in place <i>Baseline:</i> 100 per cent [2024] Targets: 2026: 100 per cent 2027: 100 per cent 2028: 100 per cent 2029: 100 per cent</p>		
Output OEE 1: Improved programming for results	<p>Indicator OEE1.1: Number of Country Offices integrating disability inclusion across all UNFPA mandate areas <i>Baseline:</i> 4 [2024] Targets: 2026: 4 2027: 9 2028: 14 2029: 18</p>	UN agencies, CSOs, youth-led entities, UN Asia Pacific Inter-Agency Network on Youth, academic institutions, OPDs	\$0.75 from regular resources

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	<p>Indicator OEE1.2: Number of South-South and triangular cooperation initiatives facilitated by APRO <i>Baseline:</i> 0 [2024] Targets: 2026: 4 2027: 8 2028: 12 2029: 16</p> <p>Indicator OEE1.3: Percentage of: (a) regional and country programme, and (b) project evaluations implemented as planned <i>Baseline:</i> 83 per cent/75 per cent [2024] Targets: 2026: 90 per cent/60 per cent 2027: 90 per cent/65 per cent 2028: 90 per cent/70 per cent 2029: 90 per cent/75 per cent</p> <p>Indicator OEE1.4: Percentage of new country programmes that received “satisfactory” rating through the global peer review process <i>Baseline:</i> 100 [2023] Targets: 2026: 85 2027 :85 2028: 85 2029: 85</p> <p>Indicator OEE.1.5: Number of platforms where youth leaders or youth-led entities are meaningfully engaged for programme delivery, policy advocacy or intergovernmental processes <i>Baseline:</i> 3 [2024] Targets: 2026 : 3 2027: 3 2028: 4 2029: 3</p>		
Output OEE 2: Optimized management of resources	<p>Indicator OEE2.1: Number of no-cost extension requests from regional and country offices to donors <i>Baseline:</i> 23 [2024] Targets: 2026: 15 2027: 12 2028: 8</p>	Implementing Partners	\$0.24 million from regular resources

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	<p>2029: 5</p> <p>Indicator OEE2.2: Percentage of Implementing Partners in the region with ineligible and unsupported expenses from audits and spot checks <i>Baseline:</i> 20 per cent [2023] Targets: 2026: 10 per cent 2027: 10 per cent 2028: 10 per cent 2029: 10 per cent</p> <p>Indicator OEE2.3: Percentage of implemented internal and external audit recommendations in the region <i>Baseline:</i> 100 per cent [2023] Targets: 2026: 100 per cent 2027: 100 per cent 2028: 100 per cent 2029: 100 per cent</p> <p>Indicator OEE 2.4: Percentage of Regional and Country Offices using AI tools and automated workflows <i>Baseline:</i> 58 per cent [2024] Targets: 2026: 65 per cent 2027: 75 per cent 2028: 85 per cent 2029: 90 per cent</p>		
Output OEE 3: Expanded partnerships and strategic communication for impact	<p>Indicator OEE3.1: Number of agreements and workplans signed and agreed between UNFPA and regional organizations to undertake joint efforts in policy and programming in SRHRR, gender equality, youth and ageing <i>Baseline:</i> 0 [2024] Targets: 2026: 1 2027: 2 2028: 2 2029: 2</p> <p>Indicator OEE3.2: Percentage of non-core resources mobilized across the region from non-traditional donors with APRO's support <i>Baseline:</i> 2.4 per cent [2024] Targets: 2026: 10 per cent 2027: 20 per cent</p>	UN agencies, traditional and non-traditional donors including private sector, IFIs, foundations, civil society, NGOs, media	\$0.39 million from regular resources

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	<p>2028: 25 per cent 2029: 30 per cent</p> <p>Indicator OEE3.3:Percentage of UNFPA offices with increased media coverage and/or social media reach through implementation of strategic communications interventions Baseline: 0 per cent [2024] Targets: 2026: 40 per cent 2027: 64 per cent 2028: 76 per cent 2029: 88 per cent</p>		
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