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## United Nations Population Fund

### UNFPA strategic plan, 2026-2029 (DP/FPA/2025/9)

#### Annex 4 Global and regional programmes

##### 5. Eastern Europe and Central Asia regional programme (2026-2029)

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## I. Programme rationale

1. Eastern Europe and Central Asia (EECA) is undergoing significant shifts, driven by five global megatrends (demographic shifts, urbanization, climate change, inequalities, and emerging digital technologies), alongside geopolitical changes, instability, and economic uncertainty.
2. Two distinct demographic scenarios dominate. While Central Asia continues population growth with large youth cohorts and high fertility, Eastern Europe and parts of the Caucasus face population ageing, low fertility, and net-outmigration. Between 2025 and 2040, Eastern Europe's population is projected to decline by 6.7 million, while Central Asia's will increase by 18.1 million. Economic growth and competitiveness largely depend on countries' demographic resilience—their capacity to manage demographic shifts—yet many lack sufficient data and analytical capacity for evidence-based responses. In countries with shrinking, ageing populations and net-outmigration, workforce ageing and shortages are primary economic concerns. In countries with large youth cohorts entering the working age, harnessing the demographic dividend by investing in human capital and creating employment for all is key for economic growth and intergenerational equity.
3. Both push and pull migration shape population trends. Many young people leave for better opportunities in Western Europe or Russia, escaping unemployment, poor pay, and limited prospects. The brain drain's economic and social implications are acute and pose long-term challenges, increasing dependency ratios and threatening social sector labour supply in countries of emigration.
4. A significant regional challenge is the lack of robust data, analysis, and research, hindering the design of inclusive policies for ICPD-related issues. This includes limited use of evidence for policymaking and insufficient population data on marginalized groups and gender-based violence (GBV), including in emergencies. Misconceptions and social stigma towards people living with HIV/AIDS, persons of diverse gender identity and/or sexual orientation, and people with disabilities, combined with governmental reluctance to use available data, further impede progress for groups left behind.
5. Many countries invest insufficiently to achieve International Conference on Population and Development (ICPD) ambitions. Shifting priorities and economic crises have limited public investment in essential services like health, education, and social protection, and donors cannot fill these gaps. The changing age structure, particularly the rise in populations aged 50 and above, necessitates recalibrating sexual and reproductive health and reproductive rights (SRH/RR) policies and services to cover the full life course, including menopause, reproductive cancers, and other age-related sexual health concerns for women and men.
6. Gender inequalities and harmful social norms are root causes of SRH/RR challenges. Patriarchal norms and discrimination against women create power imbalances, limiting women's autonomy and reinforcing their role as primary caregivers. Consequently, women perform three more hours of unpaid care work daily than men. A UNICEF/UNFPA analysis of 21 countries in the region reveals that these inequalities are deepened by a lack of gender-responsive family policies, hindering women's economic empowerment and preventing the realization of fertility aspirations. Some gender norms normalize GBV and fuel stigma around sexual and reproductive health and rights (SRHR) issues like contraception, pregnancy, HIV/STIs, and GBV, disproportionately affecting women and persons of diverse gender identity and/or sexual orientation in vulnerable situations, and populations facing discrimination based on religion, ethnicity, HIV, or migration status.
7. Young people face challenges due to gender norms, social expectations, and unequal access to sexual and reproductive health (SRH) information and age-appropriate, comprehensive sexuality education (CSE). While CSE is vital for informed decisions, studies by the German Federal Centre for Health Education, UNESCO, UNFPA, and WHO found its implementation across EECA is inconsistent. It often narrowly focuses on biology or reinforces biases, hindering the promotion of gender equality and rights. Consequently, many young people lack crucial knowledge about contraception, HIV/STI prevention, and healthy relationships, increasing their vulnerability and limiting their sexual and reproductive health and rights.
8. Despite progress on the ICPD Programme of Action and the three transformative results, persistent gaps remain, especially for marginalized and vulnerable populations regarding SRH and GBV information and services.
9. Maternal mortality steadily declined from 44 per 100,000 live births in 2000 to 21 in 2024; in 2023, there were 670 maternal deaths regionally. However, subregional, inter-country and intra-country disparities persist, and preventable SRH-related deaths are rising overall. Cervical cancer alone causes over 16,000 deaths annually, being

the second-deadliest cancer among women of reproductive age, with 32,000 new cases yearly. More women die from cervical cancer than from maternal causes, and undiagnosed or late-diagnosed cervical cancer increases pregnancy and delivery risks.

10. The morbidity burden of other SRH-related diseases and conditions is rising. While global HIV infections have declined, the EECA region still has one of the world's fastest-growing HIV epidemics, with 140,000 new infections and 44,000 AIDS-related deaths in 2024. This is a 20% increase in new HIV infections and a 34 per cent increase in AIDS-related deaths since 2010. Increasing STIs contribute to infertility, as do the negative effects of climate change (heat and pollutants) on women (e.g. ovulation) and men (e.g. spermatogenesis).

11. The unmet need for family planning is a significant challenge. In five EECA countries unmet need for modern contraception exceeds 40 per cent, largely due to reliance on traditional methods. Across the region, demographic anxieties about declining fertility led to policies that inadequately promote family planning or restrict access, and to underinvestment, causing capacity issues for systems and healthcare providers. Access to affordable modern contraceptives is challenging, particularly for young people facing high out-of-pocket costs. EECA has the lowest average National Composite Index for Family Planning score (49), with access barriers for all women of reproductive age and special subgroups (youth, unmarried women, low-wealth individuals, HIV-positive individuals, and women needing post-abortion care) to family planning services and commodities. Simultaneously, fertility aspirations are unmet. While the desired fertility rate averages 2.3, the total fertility rate is approximately 1.93 regionally: 2.95 in Central Asia, 1.7 in Türkiye and the Caucasus, and 1.41 in Eastern Europe. This highlights structural, economic, and infertility constraints individuals and couples, particularly youth, face in achieving reproductive goals.

12. GBV is widespread, driven by entrenched gender norms and toxic masculinities that tolerate GBV, inequality, and systemic discrimination. Up to 30 per cent of women experience physical and/or sexual violence. Women with disabilities (36 per cent), older women, and those affected by technology-facilitated GBV face even higher risks. Survivors often encounter stigma, harmful practices, and limited access to justice and services. Improved data collection, targeted interventions, and comprehensive support systems are urgently needed to address GBV.

13. Root causes of substandard quality of care and discriminatory service delivery include inadequate pre- and post-diploma education for health and social protection professionals, based on outdated standards, particularly as populations age and complexities intensify. An education system is needed to ensure a workforce with innovative skills and updated knowledge to address SRH and GBV challenges, while benefiting from new opportunities, including digital and AI advancements.

14. Climate change drives more frequent extreme weather events and rising temperatures, with emerging but insufficiently understood implications for SRH and GBV. Contextualizing UNFPA work on climate change is essential as the realization of the ICPD Programme of Action is increasingly impacted by extreme heat, vector-borne diseases, water and food insecurity, and poor air quality. Climate change's impact and the region's increased exposure to disasters necessitate a greater focus on strengthening country resilience, including emergency preparedness.

15. Conflicts and humanitarian emergencies severely impact vulnerable populations by disrupting essential services. The war in Ukraine, conflicts and other crises exacerbate pre-existing vulnerabilities like widespread GBV, increasing SRH-related morbidity and HIV infection risks. An estimated 2.4 million people in Ukraine – mostly women and girls – are experiencing or at risk of GBV and in need of support services. Insufficient investment in health, education and social protection preparedness and resilience has led to poor integration of emergency preparedness and humanitarian response into policies, services, and programmes.

16. Emerging digital technologies, including rapid AI development, offer new opportunities to leverage digital tools beyond current successes with digital SRH and GBV apps. Across the region, there is an unequal ability to harness new technologies for ICPD goals with assistive technologies and to reach all population segments with better, efficient services.

17. Despite rising risks, opportunities exist for strategic alliances and regional cooperation to advance the ICPD agenda. EU accession processes in eight countries, regional engagement within the broader UNECE region, and partnerships with IFIs and regional bodies (e.g., Regional Cooperation Council, Council of Europe, OSCE) provide avenues for positioning SRH/RR, mobilizing resources, and supporting rights-based, demographic resilience

strategies. Key regional strengths, such as established partnerships with governments, UN agencies, academic institutions, professional associations, and CSOs, and growing digital solutions expertise, will be leveraged.

18. Guided by UN system transformative shifts, contributions to regional UN reform will continue, including UNFPA's co-chairing of the IBC and Gender Equality and Women's Empowerment with UN-Women, and ongoing joint programmes on SDG data and gender equality; new ones on demographic resilience will be explored.

19. The new Regional Programme's design is informed by the 2023 midterm review of the Regional Programme and the 2024 formative regional programme evaluation. The new programme is driven by key shifts linked to regional programme evaluation recommendations: (a) strengthen integration of megatrends into demographic resilience programming; (b) enhance regional partnership building, including in Central Asia; (c) strengthen focus on humanitarian preparedness and response; (d) build partner and country office capacity and test tools on social and gender norms; (e) accelerate efforts on 'leaving no one behind'; and (f) optimize further the regional country cluster approach. A key lesson was the need for more agile and integrated approaches to megatrends, which this programme incorporates through its focus on demographic resilience and cross-cutting humanitarian preparedness.

## II. Programme priorities and partnerships

20. The overall vision is that by 2040, every individual in the EECA region has the freedom and agency to make choices about their bodies, health and lives, and demographically resilient countries thrive as inclusive and prosperous societies, ensuring the well-being of everyone in line with the aspirations of the Pact for the Future and the 2030 Agenda. The programme will be implemented in the spirit of the continuing reforms at the United Nations, notably the UN80 initiative.

21. Amidst growing push-back to gender equality and the core principles of the ICPD Programme of Action, compounded by increasing demographic anxiety, the Regional Programme reframes the pursuit of the three transformative results through the lens of demographic resilience to accelerate progress on ICPD. The programme applies a human rights-based approach and promotes evidence-based policies, addresses knowledge and capacity gaps, and challenges adverse social norms to advance gender equality, thereby increasing opportunities for women, girls, and people in vulnerable situations.

22. The three transformative results are understood within the regional context as: (a) ending all SRH-related preventable deaths; (b) ending gaps in individuals and couples reaching their fertility aspirations; and (c) ending GBV and harmful practices. The Regional Programme interventions adopt a 15-year perspective (2026-2040), incorporating life-course and intergenerational approaches, acknowledging demographic diversity, addressing linkages with megatrends, prioritizing those left furthest behind, and integrating the humanitarian-development-peace (HDP) continuum.

23. The regional programme will add value by: (a) upholding SRH/RR ensuring demographic anxieties do not erode values and progress made; (b) building know-how and alliances to counter gender pushback; (c) contextualizing the three transformative results in a complex and rapidly changing regional environment; (d) identifying new entry points for advancing the ICPD agenda; (e) capturing lessons learnt from a region at the forefront of the global transition to population decline; (f) acting as thought leader and convener regionally and as a futures lab for UNFPA globally on working in upper middle-income countries, piloting and scaling locally-driven innovations and digital solutions.

24. Designed to complement and amplify country programme impact, synergistic with the global programme, and fostering cross-country and cross-regional learning within UNFPA through its knowledge hubs and cluster approach, the Regional Programme fosters a conducive regional environment based on UNFPA's normative role. Change will be driven via regional advocacy, knowledge management, and state-of-the-art technical assistance, structured around a three-pronged approach: (a) building a robust platform, inclusive alliances, and a knowledge hub on demographic resilience and shifts, including urbanisation, providing country offices and partners with accessible, current, and forward-looking resources for strategic ICPD positioning and implementation; (b) creating powerful alliances and effective tools for persistent SRH/RR, GBV, and detrimental social and gender norm challenges; and (c) integrating emergency preparedness and resilience throughout all programme activities.

25. Key interventions under each output are chosen to drive impact, foster collaboration on shared interests, maximize efficiency and sustainability, and encourage shared learning and coordinated efforts across countries with context-specific approaches and innovation. Specifically acceleration towards tipping points, will be sought through

the following seven lenses: (a) reap demographic dividend and reframe demographic anxieties to demographic resilience; (b) build alliances for change and financing of the ICPD agenda; (c) address mechanisms of exclusion in policies and behaviours; (d) integrate preparedness and peace in development; (e) ride the momentum from EU accession, and other processes; (f) deepen and widen the subcluster approach; and (g) create strong integration between regional and global advocacy and accountability initiatives with country level action.

26. The Regional Programme will use a differentiated approach based on country clusters, depending on their demographic situation, status of the three regionalized transformative results, the nature of push-back, and ICPD challenges, leveraging opportunities from EU accession and regional fora. Country cluster hubs will be strengthened by enhancing capacities, particularly in demographic resilience and partnership development. Through the regional programme, the regional office will support establishing virtual, substantive knowledge hubs across the region, led by the regional office and specific country offices.

27. Humanitarian preparedness and response are integrated to deliver SRH/RR and address GBV effectively in crises. By making preparedness intrinsic, resource use is optimized, creating capacities across partners for timely, life-saving assistance in humanitarian contexts.

## A. Output 1. Data, analysis and foresight

*By 2029, Strengthened data, statistical systems and evidence, factoring population dynamics and active ageing, to inform policies and programmes on population and development, gender, and SRH/RR*

28. The Regional Programme seeks to transform understanding and application of demographic data and evidence. It will strengthen data systems and methodologies for robust research and comprehensive evidence on SRH, GBV, and demographic trends, including for those furthest behind. This evidence base will inform policy dialogue, support knowledge generation on key demographic shifts, urbanization, climate change impacts, and feed into a regional repository of good practices. Improved analytical capacity will enable more accurate demographic projections, deeper understanding of social norms, GBV trends, exclusion factors, and programme effectiveness assessments. Strategic interventions will include:

- (a) *Strengthening data collection and methodologies.* Elaborating and applying new and existing methodologies (civil registration and vital statistics (CRVS), national transfer accounts (NTA), population projections) accounting for those left furthest behind, leveraging AI, increasing tools, capacity and guidance for diverse ICPD data collection, and conducting a behavioural study on data and analytics (non)use.
- (b) *Enhancing analysis, generation, dissemination and use of knowledge and evidence.* Building a robust evidence ecosystem by generating, analysing, and disseminating state-of-the-art regional and country data on demographic shifts, urbanization, demographic resilience, infertility, fertility aspirations, social norms, and climate change's impact on SRH and GBV, committed to addressing inequality, leaving no one behind, age and gender perspectives. This includes producing impactful regional knowledge products (population forecasts, policy briefs, investment cases, a flagship demographic resilience report, a good practice repository), analysing population projections, GBV trends, programme effectiveness, and generating evidence on successful interventions. To ensure this evidence translates into action, effective inclusion strategies will be implemented, stakeholder literacy enhanced via targeted learning tools, an "evidence for policies" culture promoted, and country offices supported to use this evidence for transformative policies and programmes.
- (c) *Fostering collaboration and communication for advocacy.* For ICPD agenda implementation, this involves partnering with regional bodies, academia, and think tanks, actively contributing to Regional Collaborative Platforms (RCPs) to position ICPD issues; promoting/creating stakeholder engagement spaces; advocating for intergenerational dialogue and inclusion; and developing user-friendly communication on demographic change. It also includes contributing globally to shaping the global centre for demographic futures, advocating for a UN institutional process on demographic resilience, and mapping/using tailored influencers for demographic resilience understanding.

## B. Policy, advocacy and accountability

*By 2029, improved formulation, factoring population dynamics, fertility aspirations and active aging, and implementation of laws, policies, and other accountability frameworks related to SRH/RR, as well as prevention of and response to GBV and harmful practices.*

29. This output reflects the priority to enhance the ability of country offices to strengthen national capacity and political will to develop, implement, and monitor evidence-based, rights-centred, and gender-transformative policies and accountability mechanisms concerning SRH/RR, GBV prevention and response, youth engagement, and population dynamics, through the development of tools, knowledge assets, creating and sustaining enabling partnerships, networks and alliances and through facilitating a regional intergovernmental conducive environment based on normative role of UNFPA. The regional programme focuses on effective evidence-based policy adoption, effective implementation of existing normative frameworks, including ICPD and the SDGs, and fostering robust accountability for results, including through human rights mechanisms. This includes driving the integration of inclusive comprehensive SRH/RR and GBV services, including the MISP, GBV in emergencies (GBViE), SRH in emergencies (SRHiE) and preparedness into expanding Universal Health Coverage (UHC) and promoting rights-based approaches to demographic resilience, ensuring no one is left behind. Key strategic interventions will concentrate on:

- (a) *Evidence-informed policy advocacy and integration.* Generate and utilize disaggregated data, evidence and analysis to advocate, with partners, for policy refinement, and the systematic integration of SRH/RR, GBV, youth, economic empowerment of women, achieving fertility aspirations, and rights-based demographic resilience priorities into existing regional intergovernmental priorities, UHC frameworks, national development plans, and other relevant sectoral strategies;
- (b) *Strengthening implementation, accountability, governance and participation.* Providing targeted technical assistance to enhance regional, national and sub-national capacities for translating policies into costed action plans, quality service delivery protocols (inclusive of those furthest behind), and robust monitoring systems. Support will extend to strengthening multi-stakeholder accountability mechanisms, including in the intergovernmental space, human rights mechanisms, parliamentary oversight and civil society monitoring, and promoting budget transparency by facilitating and building capacity for diverse and inclusive participation, making state of the art knowledge and tools available to operationalize the Compact for Young People in Humanitarian Action and for Youth, Peace and Security;
- (c) *Capacity enhancement and knowledge management.* Building the institutional capacity of government entities, civil society organisations (CSOs), and academic institutions in evidence and human rights-based policy development, implementation, monitoring, evaluation, and advocacy through sustained support and facilitating knowledge exchange on successful models with priority to addressing factors of exclusion within and beyond the region;
- (d) *Strategic partnerships and convening.* Deepening collaboration and alliances with CSOs (including women's, young people, feminist, and furthest behind groups), parliamentarians, United Nations organisations, IFIs, regional entities – including the European Union, academia, the private sector and other partners to create synergistic actions, mobilise resources, and foster participation, inclusion, collective advocacy, strategic communication and accountability. UNFPA will use its convening role and close relationships with regional bodies and national governments;
- (e) *Addressing push-back to the ICPD agenda and promoting rights.* Developing and implementing context-specific strategies to counter misinformation and narratives opposing gender equality and SRH/RR, promoting positive social norms through regional alliances, inclusive participation and intergovernmental spaces and by enhancing country office ability for community engagement, advocating for the protection of civic space, and enhancing legal and rights literacy among the population through the development and dissemination of tools and knowledge.

## C. Output 3. Leveraging sustainable financing and investments

*By 2029, increased and diversified financing and investment to advance SRH and gender equality and the empowerment of women, girls and young people, and to build demographic resilience.*

30. UNFPA will catalyse increased and diversified financing and investment by collaborating with governments, regional platforms (including the EU), IFIs, CSOs, the private sector, and UN partners for sustained and strategic investment to advance SRH/RR, achieve gender equality, empower women, girls, and young people, and build demographic resilience that is inclusive of all. SRH/RR, gender equality will be positioned as critical investments for sustainable human capital development and economic well-being, aligning with national priorities and international commitments.

31. UNFPA will advocate for increased and efficient domestic budget allocations, enhancing public financial management for SRH/RR and GBV, fostering multi-stakeholder partnerships for innovative financing solutions, and leveraging diverse financial mechanisms, including those from IFIs, the European Union and the private sector. Drawing upon its technical expertise, convening power, and demographic intelligence, UNFPA will support the generation of compelling economic arguments and investment cases to guide fiscal policy and resource allocation, ensuring that financial commitments translate into tangible results for those furthest behind. Strategic interventions will include:

- (a) Supporting country offices, governments, and CSOs to advocate for increased and effective domestic resource allocation for SRH/RR, including cervical cancer, gender equality, young people, and demographic resilience, utilising evidence-based investment cases and economic arguments, with a particular focus on reaching marginalised populations.
- (b) Expanding and diversifying partnerships with IFIs, the European Union, traditional and emerging bilateral donors, and the private sector to co-finance, leverage, and catalyse investments to achieve the ICPD aspirations, especially for demographic resilience initiatives and integrated SRH/GBV services.
- (c) Developing and implementing joint programmes with United Nations agencies, particularly on demographic resilience, systems transformation and universal health coverage, to access pooled funding mechanisms and enhance collective impact.
- (d) Promoting and scaling up innovative financing models and strategic partnerships, including with the private sector (e.g., family-friendly workplaces, digital health solutions), and facilitating South-South and triangular cooperation to share best practices and mobilise resources for SRH/RR, cervical cancer and demographic resilience.

## D. Output 4. Social and gender norms

*By 2029, strengthened mechanisms and capacities of institutions and private sector partners to address gender discrimination and harmful gender and social norms to advance gender equality, bodily autonomy and reproductive rights.*

32. This output aims to accelerate gender equality. The programme will promote equitable gender norms by scaling initiatives addressing toxic masculinities, preventing GBV, and tackling unpaid care work. Research on gender norms' impact on fertility and benefits of family-friendly workplaces will inform regional resources and strengthen gender-transformative CSE. It requires broad structural measures, including promoting gender-responsive family policies/workplaces and integrating SRH/GBV support. These efforts should be informed by evidence on care burdens and gender inequalities. To tackle care discrimination, regional guidance and a behavioural change model will target service provider biases. Enhanced knowledge sharing will create regional tools to scale successful social/gender norm interventions and foster exchanges, including a compendium of Social Behaviour Change and Communications good practices for contraception and CSE institutionalisation. By combining strategies, harmful norms are addressed comprehensively at knowledge, behaviour, and policy levels. To achieve this the following four key strategic interventions will be undertaken:

- (a) *Promoting equitable gender norms.* Designing and scaling up evidence-based initiatives to address harmful gender norms on masculinities, prevent GBV, and address women's unpaid care work. It involves conducting systematic research on the impact of gender norms on fertility aspirations and developing regional knowledge products to demonstrate the benefits of family-friendly workplaces in addressing harmful gender norms. It also includes a focus on strengthening gender-transformative CSE using regional and sub-regional models.
- (b) *Foster equal distribution of unpaid care work between men and women.* Scaling up the use of the regional model of family-friendly workplaces by generating more evidence of their benefits and expanding the model to include other areas of support, such as SRH and GBV.
- (c) *Tackling discriminatory norms and practices in care provision.* Developing regional guidance, designing a behavioural change model to address discriminatory attitudes of healthcare and social service providers with regards to age, gender, disability status, social status, religion, migration status, and ethnicity.
- (d) *Enhancing knowledge sharing and collaboration.* Creating regional knowledge products and tools and supporting the scaling up of proven social and gender norm interventions by curating, expanding, and fostering exchanges between country offices and regions. For instance, it includes the development of a compendium of good practices in social and behaviour change communication in contraceptive use.

## E. Output 5. Quality of care and services

*By 2029, strengthened capacity of systems and institutions to provide high-quality, comprehensive SRH information, services, and supplies, as well as essential services to address GBV and harmful practices.*

33. Under this output, the regional programme supports a strategic shift towards more inclusive, integrated, equitable, resilient, and people-centred SRH, including for STIs and HIV, GBV services, and for the realization of fertility aspirations. Key transformations include strengthening primary prevention efforts, enhancing health system capacity and shock-responsiveness across the humanitarian-peace-development continuum, ensuring service quality and integration, leveraging digital innovation ethically and equitably, and positioning comprehensive, rights-based, client-oriented family planning within broader demographic resilience frameworks, ensuring individual choice. The regional programme focuses on four interconnected strategic interventions:

- (a) *Enhancing integration of availability, accessibility, affordability, acceptability and quality of SRH, GBV, and HIV services for all.* Promote evidence-based models for integrated, people-centred service delivery, prioritising those furthest behind by addressing access barriers, including for young people, and strengthening service continuity in humanitarian and fragile settings, including the Minimum Initial Service Package (MISP), GBViE, SRHiE and beyond, through the creation and disseminations of knowledge and tools, including online and app based, supporting partnership with a diverse range of actors, including professional associations and health insurance funds;
- (b) *Strengthening health system capacity and resilience.* Enable country offices to facilitate and support investment of governments and partners in health workforce development, facilitate capacity building through on-line sources, improving health information systems including the ethical use of digital health, enhancing national emergency preparedness towards shock-responsive systems - including ensuring well-functioning inter-agency coordination mechanism or platform on SRHiE and GBViE, and bolstering health commodity security through resilient supply chain management, using intergovernmental opportunities and through the creation of a regional enabling environment and developing alliances, partnerships, knowledge and tools;
- (c) *Advancing prevention, health literacy and CSE.* Scaling up evidence-based inclusive primary prevention programmes for SRH and GBV, engaging communities and addressing harmful norms, promoting health literacy, and supporting the implementation of quality, inclusive gender-transformative CSE linked to youth-friendly services, through alliances - including the Regional Alliance for Cervical Cancer Prevention, digital solutions and making tools and knowledge available for partners and country offices;
- (d) *Ensuring inclusive, comprehensive and survivor-centred GBV prevention and response.* Strengthening the quality, and accessibility of essential integrated multi-sectoral GBV services based on survivor-centred principles, addressing technology-facilitated GBV, and supporting national strategies and referral pathways by



building the capacity of country offices, strengthening partnership, creating new knowledge and making existing knowledge and tools available.

## **F. 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 SRH, GBV and harmful practices.*

34. Under this output, the regional programme will enhance humanitarian preparedness and response, a necessity in the light of global instabilities that may impact EECA directly or indirectly with forced migration, escalating complex regional crises, conflicts and natural disasters enhanced by climate change. UNFPA will strategically prioritize interventions and provide targeted support to country offices and partners. The focus will be on strengthening capacity to safeguard the lives and ensure the dignity of women and adolescent girls, including persons with disabilities and other groups in vulnerable situations, through integrated, lifesaving GBV and SRH.

35. To achieve this, three strategic interventions will be pursued: (a) providing technical expertise and guidance on coordination mechanisms; (b) strengthening advocacy for the integration of SRH and GBV into national preparedness plans; and (c) increasing the capacity for rapid response and coordination. These efforts will include developing and disseminating guidelines, supporting advocacy for prioritization of SRH and GBV in emergency plans, and ensuring timely and quality emergency responses including strategically positioning SRH and GBV within the humanitarian architecture.

## **G. OEE 1: Improved programming for results**

36. The regional office will guide country offices on translating and implementing the UNFPA strategic plan's transformative ambition. All ongoing country programmes will integrate megatrends and promote a life-course/intergenerational approach, reflecting evolving population dynamics and accelerating progress toward the three transformative results, driven by national priorities.

37. The regional office will strengthen country office efforts by focusing on collective accountability and institutionalizing learning and adaptability. It will also strengthen agile programming, track RBM principles, real-time monitoring, and increase peer-to-peer support capacity, knowledge management, and evaluation-design approaches for organizational learning. To better understand and strengthen impact, new behavioural change models' effectiveness will be explored.

38. The regional office will promote organizational accountability and operational excellence by reinforcing business processes and internal capacities, including risk-informed planning, integrated programming, management and efficient resource use. Alignment with UN reform will be central to coherence and results at scale, while supporting country offices in meeting social/environmental standards and evaluation use.

39. The regional office will work with headquarters and other regional offices to build country office humanitarian preparedness and future-ready planning capacities. This includes institutionalizing scenario-based planning, strengthening programme costing/resource mapping, and ensuring country offices have timely, regionalized knowledge products and digital tools for effective, integrated programming in development and crisis contexts.

## **H. OEE 2: Optimized management of resources**

40. The regional office will: (a) further strengthen a sub-cluster country approach to optimize human resource planning prioritizing strategic functions and leveraging short-term/external expertise, responding to decreasing regular resources and need for cost-effective delivery; (b) simplify and adapt business processes to reduce operational complexity, streamline transactions, and achieve measurable regional efficiency gains; (c) maintain strong focus on risk-informed planning, cost-efficiency, management and accountability by reinforcing internal controls, integrating audit recommendations, and advancing a value-for-money approach regionally; and

(d) reinforce a performance-oriented culture through strengthened internal collaboration, workload-sharing and cross-office support, operationalizing the “one team” approach for collective regional results.

## **I. OEE 3: Expanded partnerships for impact**

41. The regional office will implement a streamlined and strategic approach to partnerships and resource mobilization guided by lessons from the 2022–2025 cycle. Priorities include: (a) strengthening and maintaining long-term, impact-driven partnerships with traditional donors and international financial institutions (IFIs); (b) diversifying funding sources through deeper engagement with the private sector, regional platforms, and climate financing mechanisms; (c) scaling innovative, non-financial partnerships such as technical collaborations with private sector companies, think tanks, academia, tech companies, and CSOs; (d) promoting co-financing modalities, including generation of support for domestic, IFI and EU investment in ICPD and country-level implementation and (e) promoting government-to-government collaboration and regional transfer of knowledge and practices. These efforts aim to strengthen the position of UNFPA as a regional leader in transformative, high-impact, low-cost programming, with a focus on sustainability and strategic alignment.

42. Regional partnerships and resource mobilization will be closely aligned with the updated country office plans, with an emphasis on shared goals, tailored modalities of engagement, and joint resource mobilization efforts where applicable. A number of high-value, strategically aligned partners will be identified for deeper collaboration, contributing to knowledge generation, technical influence, and regional positioning.

43. The regional office will enhance strategic communications to raise visibility of UNFPA leadership on demographic resilience, SRH/RR, and gender equality. This includes: (a) engaging new and non-traditional audiences through targeted storytelling, digital outreach, and partner amplification; (b) strengthening communications and advocacy capacities across country offices; (c) contributing to normative discourse in intergovernmental processes and regional platforms such as the EU, the United Nations Economic Commission for Europe (UNECE), the Organization for Security and Co-operation in Europe (OSCE), and the Council of Europe; and (d) addressing misinformation through evidence-based messaging. Communications will be fully integrated into partnership-building and resource mobilization efforts.

## **III. Programme and risk management**

44. The effective implementation of the regional programme will be underpinned by the ongoing business model review while maintaining robust internal coordination and adaptive management arrangements. The regional office, structured flexibly and promoting agile, integrated ways of working, including clustering of country offices for tailored support, will oversee programme execution and risk management. This oversight will be facilitated through mechanisms including the programme committee, the senior management committee, oversight and coordination committee, dedicated teams organised around integrated programme outputs, and Information Technology systems. Continuous environmental scanning and foresight methodologies will be employed to ensure the programme remains adaptable, responsive and relevant to regional emerging trends and developments.

45. Programme delivery will adhere to operational modalities designed for quality, efficiency, and effectiveness. Annual workplans will be managed through the enterprise resource planning system. Financial risks will be managed through the harmonised approach to cash transfers, implemented in coordination with other United Nations agencies. All UNFPA workplans and agreements will incorporate the organisation’s social and environmental standards, ensuring accountability through established grievance mechanisms and dispute resolution processes. Internal and external audit, including of implementing partners, findings and recommendations will inform improvements to programme, operational procedures and oversight.

46. Building effective partnerships is central to achieving programme results and fostering ownership. The programme will sustain and expand linkages with critical actors, including national governments, CSOs, academic institutions, think tanks, the private sector, regional bodies, and other United Nations organisations, promoting mutual accountability. In a resource-constrained environment, diversifying and strengthening partnerships, including government to government collaboration, will be crucial for implementing effective strategies and achieving scale. Innovative approaches to partnership management and knowledge sharing will be pursued.

47. Programme implementation will leverage expertise from multiple levels. Adequate staffing capacity and technical expertise within the regional office will drive implementation. Critically, the programme will harness existing human resources and capabilities within country offices, fostering a hybrid thematic leadership model where country offices may guide specific technical areas, thereby enhancing overall regional capacity. Expertise will be drawn from across UNFPA, global and regional knowledge hubs, regional technical networks, centres of excellence and through partnership with academic institutions, CSOs, the private sector, United Nations organizations, the World Bank and other multilateral partners. Knowledge management systems will ensure learning and best practices are regionally shared.

48. The regional office has identified key risks and assumptions linked to programme implementation. Significant risks include the volatile, regional geopolitical situation, decreased opportunities for civil society to work, data gaps hindering evidence-based programming, inadequate resource allocation, shifting national or donor priorities, and the impact of conflicts and other humanitarian emergencies. Social and environmental risks associated with programme implementation will be assessed before implementation commences.

49. Concrete mitigation strategies are integrated into the programme design to minimize the likelihood of disruption and maximize benefits for target populations. These include proactive advocacy, capacity building for partners, strengthening data systems, and maintaining robust business continuity plans for emergencies. Staff capacities will be continuously enhanced through targeted learning and training. Persistent engagement and diversification of funding sources and strengthening of partnerships and financing strategies to maintain impact and progress will be pursued.

#### **IV. Monitoring and evaluation**

50. Central to results-based and adaptive management is the integration of systematic results monitoring, data collection, real-time analysis, and adaptation. The programme will apply innovative, inclusive, and consultative monitoring methods that allow for timely decision-making and improved accountability. A structured monitoring plan will guide implementation by outlining clear roles and responsibilities for tracking each result indicator, identifying data sources and collection frequency, and applying quality assurance mechanisms and results-driven reporting.

51. To enable evidence-informed programming, the regional office will conduct regular reviews, including a midterm review, for structured reflection and strategy adjustments. Findings from quarterly and annual monitoring reports will guide strategic reviews and inform program and operational improvements.

52. The regional programme will use evaluative evidence, lessons learned and recommendations of thematic and programme evaluations to generate credible and actionable evidence for strategic medium and long-term planning, to inform programming, policymaking and advocacy at the regional level. The regional programme will employ theory-based, participatory and innovative approaches in planned evaluations, including focus on the ethical and responsible use of artificial intelligence. The findings and recommendations from evaluations will be widely disseminated and used. As part of strengthening national evaluation capacity the regional programme will continue to foster meaningful youth engagement in evaluation and enhance collaboration with voluntary organisations for professional evaluation at country and regional levels.

53. The regional office will invest in developing the capacity of country offices and partners in results-based management, aligned to United Nations reform and in support of national and regional SDG monitoring systems. Staff will receive training in data collection, analysis, and reporting on results, with a focus on leveraging corporate and United Nations platforms and innovative tools. Technical guidance and mentoring be provided to country offices and partners, ensuring consistency and quality in monitoring practices across the region. The regional programme will continue utilising its well-established quality assurance mechanisms and peer-review processes of routine quarterly monitoring reports and annual reports of country offices.

**Annex: Results and resources framework for the Eastern Europe and Central Asia regional programme (2026-2029)**

<b>UNFPA Strategic Plan, 2026-2029. GOAL: Achieve universal access to sexual and reproductive health, realize reproductive rights for all and accelerate the implementation of the Programme of Action of the International Conference of Population and Development - with a heightened focus on addressing inequalities within and between countries and leaving no-one behind across the humanitarian, development and peace continuum</b>			
UNFPA STRATEGIC PLAN Outcome 1: By 2029, the reduction in the unmet need for family planning has accelerated.		<b>Indicative resources</b> \$3.90 million (\$2.50 million from regular resources and \$1.40 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 2: By 2029, the reduction in preventable maternal deaths has accelerated.		<b>Indicative resources</b> \$4.12 million (\$3.12 million from regular resources and \$1.00 million from other resources)	
UNFPA STRATEGIC PLAN Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated.		<b>Indicative resources</b> \$13.71 million (\$4.96 million from regular resources and \$8.75 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.		<b>Indicative resources</b> \$5.53 million (\$4.18 million from regular resources and \$1.35 million from other resources)	
<b>Regional Programme Output</b>	<b>Output indicators, baselines and targets<sup>1</sup></b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>Output 1:</u> By 2029, Strengthened data, statistical systems and evidence, factoring population dynamics and active ageing to inform strategies, policies and programmes, with a particular focus on SRH/RR, gender equality, and population and development	<p><b>Indicator 1.1:</b> Proportion of countries in EECA region that produced new population data outputs from censuses, surveys, CRVS, administrative records, with the technical support of the regional programme <i>Baseline: 0; Target 2026: 15; 2027: 25; 2028: 30; 2029: 50</i></p> <p><b>Indicator 1.2:</b> Number of tools and methodologies produced by the regional programme to strengthen systems for collecting, mapping and reporting disaggregated SRH and GBV-related data in the EECA region <i>Baseline: 2; Target 2026: 3; 2027: 5; 2028: 4; 2029: 4</i></p> <p><b>Indicator 1.3:</b> Number of countries in the EECA region where good practices in relevant areas (addressing demographic shifts, urbanization, climate change, fertility aspirations) assessed and documented by the regional programme replicated/or scaled up <i>Baseline: 0; Target 2026: 2; 2027: 4; 2028: 6; 2029: 8</i></p>	CSOs, ILO, UNECE, ESCAP, international financial institutions	\$5.23 million (\$1.88 million from regular resources and \$3.35 million from other resources)

<sup>1</sup> For those targets focusing on particular countries, please list them as the endnotes.

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	<p><b>Indicator 1.4:</b> Proportion of countries in EECA region that conducted new analysis on the impact of population change (and other megatrends) on the three transformative results and demographic resilience <i>Baseline: 0; Target: 2026: 10; 2027: 15; 2028: 25; 2029: 30</i></p> <p><b>Indicator 1.5:</b> Number of countries that mainstreamed population dynamics (and other megatrends), and/or climate change into policies and programmes by utilizing new models and successful practices produced by regional programme <i>Baseline: 0; Target 2026: 1; 2027: 2; 2028: 3; 2029: 4</i></p>		
Output 2: By 2029, improved formulation, factoring population dynamics, fertility aspirations and active aging, and implementation of laws, policies, and other accountability frameworks related to SRH/RR, as well as prevention of and response to GBV and harmful practices	<p><b>Indicator 2.1:</b> Number of outcome documents of regional fora and intergovernmental processes, supported by the regional programme that integrate commitments related to the ICPD Programme of Action (non-cumulative) <i>Baseline: 2; Target 2026: 3; 2027: 3; 2028: 3; 2029: 3</i></p> <p><b>Indicator 2.2:</b> Proportion of countries that integrate SRH/RR, as well as the prevention and response to GBV and harmful practices into the universal health coverage-related policies and plans, and legal frameworks, including across humanitarian-development-peace continuum <i>Baseline: 0; Target 2026: 15; 2027: 30; 2028: 45; 2029: 60</i></p> <p><b>Indicator 2.3:</b> Proportion of countries that developed and implement new gender-responsive and rights-based population policies <i>Baseline: 0; Target 2026: 15; 2027: 25; 2028: 40; 2029: 50</i></p>	CSOs, ILO, United Nations economic commissions, OHCHR, OECD, Council of Europe	\$4.94 million (\$4.69 million from regular resources and \$0.25 million from other resources)
Output 3: By 2029, increased and diversified financing and investment to advance SRH and gender equality and the empowerment of women, girls and young people, and to build demographic resilience	<p><b>Indicator 3.1:</b> Proportion of countries with at least one private sector company that has updated its workplace policies to: (a) include SRH benefits; and/or (b) address GBV and harmful practices; and/or (c) promote family-friendly work environments <i>Baseline: 60; Target: 2026: 70; 2027: 80; 2028: 90; 2029: 100</i></p> <p><b>Indicator 3.2:</b> Functioning regional online knowledge hub on demographic resilience with engaged IFIs, and utilized by governments <i>Baseline: No; Target: 2026: No; 2027: Yes; 2028: Yes; 2029: Yes</i></p> <p><b>Indicator 3.3:</b> Proportion of countries-members of the Regional Alliance for Cervical Cancer Prevention in EECA that applied the regional model on cost-effective approaches to leverage commitment and financing</p>	Private sector entities, International financial institutions, European Union, United Nations partners	\$1.26 million (\$1.26 million from regular resources and \$0.00 million from other resources)

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	(domestic or private) for cervical cancer prevention and control <i>Baseline: 0; Target: 2026: 0; 2027: 15; 2028: 25; 2029: 50</i>		
Output 4: By 2029, strengthened capacities of institutions and private sector partners to address gender discrimination and harmful gender and social norms to advance gender equality, bodily autonomy and reproductive rights	<p><b>Indicator 4.1:</b> Proportion of countries that adapted or piloted the behavioural change interventions developed by the regional programme to address discriminatory attitudes of healthcare, social service and humanitarian aid providers with regard to age, gender, disability status, social status, religion, migration, refugee and/or displacement status, ethnicity, and HIV status <i>Baseline: 0; Target: 2026: 0; 2027: 10; 2028: 25; 2029: 40</i></p> <p><b>Indicator 4.2:</b> Proportion of countries that institutionalized at least one successful solution or strategy relating to social norms change generated through the regional review of existing practices to advance gender equality, bodily autonomy and reproductive rights <i>Baseline: 30; Target: 2026: 45; 2027: 55; 2028: 70; 2029: 100</i></p> <p><b>Indicator 4.3:</b> Number of private sector partnerships at the country level that use the family friendly workplace model produced by the regional programme <i>Baseline: 28; Target: 2026: 40; 2027: 43; 2028: 45; 2029: 45</i></p>	European Union, civil society organisation, academic institution, Austrian Development Agency, OSCE, UNDP, UN Women, private sector entities	\$9.85million (\$2.35 million from regular resources and \$7.50 million from other resources)
Output 5: By 2029, strengthened capacity of systems and institutions to provide high-quality, comprehensive SRH information and services, factoring desired fertility aspirations and supplies, as well as essential services to address GBV and harmful practices	<p><b>Indicator 5.1:</b> Proportion of EECA-region countries that rolled out new evidence-based models/packages and tools produced by the regional programme for coordination and delivery of integrated, accessible and survivor-centred GBV services in development settings, prioritizing those furthest behind and ensuring provision of last resort in humanitarian settings <i>Baseline: 0; Target: 2026: 35; 2027: 45; 2028: 55; 2029: 60</i></p> <p><b>Indicator 5.2:</b> Number of functioning regional digital SRH/RR products and applications utilized by at least 50% of the EECA countries <i>Baseline: 2; Target: 2026: 3; 2027: 3; 2028: 4; 2029: 5</i></p> <p><b>Indicator 5.3a:</b> Proportion of EECA-region countries that operationalized in-school gender-transformative CSE following international standards <i>Baseline: 15; Target: 2026: 20; 2027: 30; 2028: 35; 2029: 50</i></p>	CSOs, private sector entities, academic institutions, professional associations, World Health Organisation, The Global Fund to Fight AIDS, Tuberculosis and Malaria	\$3.28 million (\$1.88 million from regular resources and \$1.40 million from other resources)

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	<p><b>Indicator 5.3b:</b> Proportion of EECA-region countries that operationalized out of-school gender-transformative CSE following international standards <i>Baseline: 0; Target: 2026: 10; 2027: 15; 2028: 20; 2029: 25</i></p> <p><b>Indicator 5.4:</b> Number of countries that rolled out the new evidence-based models/packages produced by the regional programme for delivery of integrated, non-discriminatory, people-centred SRH services, prioritizing those furthest behind, in humanitarian and development settings <i>Baseline: 0; Target: 2026: 3; 2027: 5; 2028: 7; 2029: 7</i></p> <p><b>Indicator 5.5:</b> Number of strategic advocacy spaces where regionally developed communication packages are demonstrably utilized by partners to promote evidence-based gender-transformative CSE narratives and counter pushback (non-cumulative) <i>Baseline: 0; Target: 2026: 3; 2027: 3; 2028: 3; 2029: 3</i></p> <p><b>Indicator 5.6:</b> Number of countries applying guidance and tools produced by the regional programme to improve resilience of RH supply chains in the EECA region, including its responsiveness to integration of new methods, as well as to shocks such as those caused by humanitarian crises and climate change <i>Baseline: 0; Target: 2026: 2; 2027: 3; 2028: 5; 2029: 7</i></p>		
Output 6: 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 SRH, GBV and harmful practices	<p><b>Indicator 6.1:</b> Percentage of programme countries affected by humanitarian crisis that have, with the assistance of the Regional Office, a functioning inter-agency coordination mechanism or platform to address (a) GBV and (b) the SRH/RR that include organizations of persons with disabilities and other marginalized groups <i>Baseline: 100; Target: 2026: 100; 2027: 100; 2028: 100; 2029: 100</i></p>	CSOs, United Nations partners	\$0.92 million (\$0.92 million from regular resources and \$0.00 million from other resources)
OEE Output 1: Improved programming for results	<p><b>Indicator OEE 1.1:</b> Proportion of regional and country evaluation reports, including decentralized projects evaluations rated at least ‘satisfactory’ as per the UNFPA evaluation quality assessment grid <i>Baseline: 100; Target: 2026: 100; 2027: 100; 2028: 90; 2029: 90</i></p> <p><b>Indicator OEE 1.2:</b> Proportion of country offices that implement the updated UNFPA minimum preparedness actions <i>Baseline: 0; Target: 2026: 10; 2027: 50; 2028: 70; 2029: 90</i></p>	CSOs, United Nations partners, voluntary evaluation organizations	\$0.56 million (\$0.56 million from regular resources and \$0.0 million from other resources)

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	<p><b>Indicator OEE 1.3:</b> Proportion of new country programmes passing quality assurance benchmarks after the regional quality assurance mechanism and criteria <i>Baseline: 82; Target: 2026: 100; 2027: 100; 2028: 100; 2029: 100</i></p> <p><b>Indicator OEE 1.4:</b> Proportion of country offices that have at least one innovative solution offered by the regional programme applied: (a) as a pilot; or (b) as a scaled geographical coverage compared to the initial pilot phase <i>Baseline: 55; Target: 2026: 55; 2027: 65; 2028: 75; 2029: 85</i></p> <p><b>Indicator OEE 1.5:</b> Proportion of country offices in the region that have completed on time PSEA risk assessment within the reporting year <i>Baseline: 100; Target: 2026: 100; 2027: 100; 2028: 100; 2029: 100</i></p> <p><b>Indicator OEE 1.6:</b> Number of joint programs or initiatives implemented with other UN agencies at the regional level <i>Baseline: 2; Target: 2026: 3; 2027: 5; 2028: 6; 2029: 7</i></p>		
OEE Output 2: Optimized management of resources	<p><b>Indicator OEE 2.1:</b> Implementation rate for regular resources <i>Baseline: 100%; Target: 2026: 97%; 2027: 97%; 2028: 97%; 2029: 97%</i></p> <p><b>Indicator OEE 2.2:</b> Vacancy rate in the region <i>Baseline: 14; Target: 2026: 10; 2027: 10; 2028: 10; 2029: 10</i></p> <p><b>Indicator OEE 2.3:</b> Proportion of internal and external audit recommendations fully implemented by due date in the reporting year <i>Baseline: 85; Target: 2026: 90; 2027: 95; 2028: 95; 2029: 95</i></p>	Not applicable	\$0.30 million (\$0.30 million from regular resources and \$0.0 million from other resources)
OEE Output 3: Expanded partnerships for impact	<p><b>Indicator OEE 3.1:</b> Proportion of annual non-core resource mobilization targets met <i>Baseline: 66%; Target: 2026: 70%; 2027: 75%; 2028: 80%; 2029: 90%</i></p> <p><b>Indicator OEE 3.2:</b> Number of programme countries providing core resources (out of 16) <i>Baseline: 11; Target: 2026: 12; 2027: 13; 2028: 13; 2029: 13</i></p> <p><b>Indicator OEE 3.3:</b> Number of partnerships mobilized for the achievement of the regional programme results (brainpower, advocacy/reach and conducive alliances)</p>	Not applicable	\$0.90 million (\$0.90 million from regular resources and \$0.0 million from other resources)



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	<p>Brainpower partnerships:  <i>Baseline: 2; Target: 2026: 3; 2027: 4; 2028: 5; 2029: 5</i></p> <p>Advocacy/reach partnerships:  <i>Baseline: 4; Target: 2026: 4; 2027: 5; 2028: 6; 2029: 7</i></p> <p>Conducive alliances  <i>Baseline: 2; Target: 2026: 3; 2027: 4; 2028: 5; 2029: 6</i></p> <p><b>Indicator OEE 3.4:</b> Performance of UNFPA country and regional websites and social media channels, by</p> <p>(a) Regional websites:</p> <p>(a1) Number of users  <i>Baseline: 82000; Target: 2026:83640; 2027:85313; 2028: 87019; 2029: 88759</i></p> <p>(a2) Number of page views  <i>Baseline: 142500; Target: 2026: 145350; 2027:148257; 2028:151222; 2029:154247</i></p> <p>Social media channels:</p> <p>Number of followers on:</p> <p>(b3) Facebook  <i>Baseline: 7484; Target: 2026:7634; 2027:7786; 2028:7942; 2029:8101</i></p> <p>(b4) X/Twitter  <i>Baseline: 4488; Target: 2026: 4578; 2027: 4669; 2028: 4763; 2029: 4858</i></p> <p>(b5) Instagram  <i>Baseline: 9954; Target: 2026:10153; 2027:10356; 2028: 10563; 2029:10775</i></p> <p>(b6) LinkedIn  <i>Baseline: 3190; Target: 2026:3254; 2027:3319; 2028:3385; 2029: 3,53</i></p> <p>Number of engagements on:</p> <p>(b7) Facebook  <i>Baseline: 2766; Target: 2026: 2821; 2027: 2878; 2028: 2935; 2029: 2994</i></p> <p>(b8) X/Twitter  <i>Baseline: 4498; Target: 2026: 4588; 2027: 4680; 2028: 4773; 2029: 4869</i></p>		
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	(b9) Instagram <i>Baseline: 4004; Target: 2026:4084; 2027: 4166; 2028: 4249; 2029:4334</i>		
	(b10) LinkedIn <i>Baseline: 3356; Target: 2026: 3423; 2027:3492; 2028: 3561; 2029: 3633</i>		

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