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Annex 4

Global and regional programmes

7. Latin America and the Caribbean regional programme (2026-2029)

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I. Programme rationale

1. The new regional programme for Latin America and the Caribbean, developed within the framework of the UNFPA Strategic Plan, 2026-2029, responds to regional priorities and accelerates progress on the International Conference on Population and Development (ICPD) Programme of Action and the Sustainable Development Goals (SDGs). Grounded in evidence from the evaluation of the 2022-2025 regional programme, the midterm review and technical regional assessments, it draws lessons from the COVID-19 response and regional shifts. It addresses current development and humanitarian transformations to remain fit for purpose. By complementing national efforts, the programme fosters a coordinated and impactful approach to sustainable development and economic prosperity in the region.

2. The programme prioritizes accelerating progress on the UNFPA three transformative results while strengthening resilience to population dynamics and demographic change, aligning with the Decade of Action and 2030 Agenda for Sustainable Development. It focuses on those traditionally left behind – especially adolescents, Afrodescendant and Indigenous women, people in human mobility contexts, and persons with disabilities – to ensure that regional efforts are inclusive and equitable. It has been designed to contribute to the achievement of the UNFPA Strategic Plan outcomes while being responsive to the specific realities of Latin America and the Caribbean. Through contextualization and localization, it adapts global priorities to regional dynamics and country-specific needs, fostering more effective and sustainable impact. The programme also recognizes the geographic, demographic, social and cultural diversity of the region, including the unique vulnerabilities of Caribbean small island developing States and other countries facing structural constraints, as well as protracted crises, emergencies or humanitarian situations – including those driven by armed conflict or natural disasters – that affect various countries in the region. Closely articulated with existing country programme documents (CPDs), the regional programme supports the design of a new generation of CPDs – focused on addressing emerging challenges and opportunities, with a strong emphasis on relevance, impact and strategic prioritization.

3. The Latin America and Caribbean region, home to approximately 670 million people, is experiencing profound demographic shifts that present both challenges and opportunities. The region is marked by significant demographic diversity, including more than 134 million Afrodescendants, 58 million Indigenous peoples, and over 85 million persons with disabilities, many of whom face structural barriers and intersecting forms of discrimination. By 2050, nearly 25 per cent of the region's population will be over 60 – more than double today's share – while fertility rates are projected to stabilize around 1.7 children per woman, with little expectation of a rebound. Currently, fertility trends in the region vary considerably across countries, subnational regions and population groups. In 2025, Chile (1.13), Costa Rica (1.31) and Uruguay (1.39) experienced a sharp decline, largely driven by reduced fertility among young women aged 15 to 24 years. This contrasts with 2025 fertility rates observed in Haiti (2.59), Bolivia (2.5) and Honduras (2.45), underscoring the heterogeneity and asynchronous pace of demographic transitions. These differences are also pronounced across age groups and diverse populations: in countries such as Argentina, Chile and Uruguay, bimodal fertility patterns show higher fertility among young women in lower-income groups and delayed childbearing among women with higher education levels.

4. While declining fertility rates and aging require policy adaptations – ranging from investments in youth to strengthening social protection systems – deep inequalities persist in education, health and economic opportunities. Despite progress, the region remains one of the most unequal in the world, with persistent disparities affecting young people, Afrodescendant and Indigenous women, and persons with disabilities. In several Latin America and Caribbean countries – such as Brazil (51.4 per cent), Guatemala (43.7 per cent) and Bolivia (41.7 per cent) – Indigenous and Afrodescendants represent a significant share of the population, yet they face significantly higher rates of unmet need for contraception and adolescent pregnancy. In Colombia, unmet need reaches 8.5 per cent among Indigenous women, 6.8 per cent among Afrodescendant women, and 5.2 per cent among women not within these categories. In Peru, rates are 7.0 per cent, 5.9 per cent, and 5.7 per cent, respectively, for these groups.

5. The region has seen significant political shifts in response to deep-rooted social inequalities and public demand for more inclusive governance. While access to education, reproductive health services and economic opportunities has improved, structural barriers such as labour informality, weak social protection systems and socioeconomic fallout from COVID-19 and other polycrises have deepened poverty and

gender-based violence (GBV), including harmful practices. Youth under 24 years make up nearly 40 per cent of the population, yet youth unemployment in several countries remains close to 14 per cent in 2025. Gender disparities are notable, with unemployment rates reaching 16.7 per cent among young women compared to 11.8 per cent among young men – a gap of five percentage points that reflects broader structural inequalities in access to economic opportunities, which disproportionately affect women. These inequalities hinder inclusive development, requiring targeted and evidence-based policies to ensure that those furthest behind are prioritized in economic and social recovery efforts. Climate change, conflicts and protracted crises, migration and environmental degradation further exacerbate vulnerabilities, increasing risks of displacement. Today, most countries in Latin America and the Caribbean maintain a net emigration, with recent trends shaped largely by the Venezuelan outflow driving continued population movements toward countries such as Colombia, Chile, Peru and Ecuador, as well as toward Caribbean countries. It is estimated that approximately 73.5 million international migrants and 22.1 million forcibly displaced persons are in need of international protection or humanitarian assistance. Addressing these shifts requires robust, disaggregated population data systems that enable the identification of inequalities and inform targeted, evidence-based policies and equitable service delivery. High-quality economic, social and demographic data are also essential for anticipating and responding to the impacts of major megatrends – such as ageing, migration, urbanization and climate change – while supporting progress toward the SDGs, the ICPD Programme of Action, the Montevideo Consensus and the successful implementation of the 2030 round of population and housing censuses.

6. The region has made important strides in expanding access to sexual and reproductive health and reproductive rights (SRHRR), including reductions in maternal mortality and adolescent pregnancy. Despite this, ensuring universal access to SRHRR, including family planning, prevention of HIV and other sexually transmitted infections (STIs), remains a critical challenge due to entrenched inequalities, weak governance and accountability, fragmented and under-resourced health systems, and limited access to quality, rights-based SRH services for the most marginalized populations. In 20 years, Latin America and the Caribbean has shown the slowest maternal mortality rate (MMR) reduction in the world.¹ According to latest available data,² the maternal mortality ratio in the region was 77 maternal deaths per 100,000 live births in 2023 – with a breakdown of 190 in the Caribbean, 49 in Central America and 77 in South America. Nine countries account for close to 90 per cent of maternal deaths in the region – Bolivia (5 per cent), Brazil (23.9 per cent), Colombia (6.5 per cent), Guatemala (4.3 per cent), Haiti (11.3 per cent), Mexico (13.7 per cent), Peru (5.8 per cent), the Dominican Republic (2.6 per cent) and Venezuela (14.3 per cent³) – with Indigenous and Afrodescendant women being disproportionately affected. Half of all pregnancies in Latin America and the Caribbean are unintended, and access to modern contraceptives among women of reproductive age increased by only 7 per cent from 2000 to 2024; however, 42.2 per cent of contraceptives are financed out-of-pocket. Since 2000, the unmet need for family planning has declined by 3 percentage points among women in union and by just 1.2 percentage points among all women. Inequalities in access to contraception persist, with lower rates of contraceptive prevalence among adolescents and youth, as well as Indigenous, Afrodescendant, unmarried or low-income women, women with disabilities and women living in rural areas.

7. While the adolescent fertility rate has decreased between 2000 and 2024, it remains unacceptably high – especially among girls aged 10-14 years, where it is often linked to sexual violence.⁴ Despite this reduction, Latin America and the Caribbean retains the second highest rate in the world after sub-Saharan Africa. In 2024, 13 countries were above the regional average, and 20 countries above the world average.⁵ Early pregnancy is closely associated with unintended pregnancies, unsafe abortions, maternal mortality, child marriage and early unions – factors that disproportionately affect marginalized communities. These patterns particularly impact Afrodescendant and Indigenous girls, as well as adolescents living in poverty or rural areas, limiting their educational and economic opportunities and reinforcing structural inequalities. More

¹ Between 2000 and 2023, the MMR declined in all SDG regions, though the smallest percentage reduction in MMR was in Latin America and the Caribbean at 16.8 per cent (compared to 40 per cent in other regions), amounting to an average annual rate of reduction of 0.8 per cent.

² Trends in maternal mortality estimates from 2000 to 2023: by WHO, UNICEF, UNFPA, the World Bank and UNDESA/Population Division.

³ This estimate is based on data published in the UNFPA *State of the World Population 2025*. However, there is a discrepancy between maternal mortality data presented by the Government of Venezuela and that published through the United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG), which appears to be based on statistics that marked a peak in maternal mortality, before the Government's accelerated plan to reduce maternal mortality was developed with technical support from the United Nations.

⁴ In the 10-14 years age group, it has gone from 4.2 to 2.3, and in the 15-19 years age group from 83.5 to 50.6 per 1,000 women.

⁵ <https://consensomontevideo.cepal.org/es/indicadores/tasa-de-fecundidad-de-las-adolescentes-de-10-14-anos-y-de-15-19-anos-por-cada-1000>.

generally, adolescent pregnancy and early motherhood not only have adverse effects on adolescent health but also impose a socioeconomic burden that impedes the development of adolescents, their families and communities. Within 15 countries in Latin America and the Caribbean, the economic opportunity cost associated with adolescent pregnancy amounts to \$15.3 billion, equivalent to 1 per cent of gross domestic product (GDP). Significantly, 88 per cent of this opportunity cost is borne by women, thereby contributing to the perpetuation of poverty cycles.⁶ Addressing adolescent pregnancy has been identified as a key lever with significant multiplier effects on sustainable development, given its potential to transform life trajectories, reduce intergenerational poverty and advance gender equality across multiple sectors.

8. In 2023, 2.1 million people were living with HIV in Latin America and 330,000 in the Caribbean, equivalent to a prevalence of 0.5 per cent and 1.1 per cent, respectively. The annual number of new HIV infections in Latin America increased by 9 per cent between 2010 and 2023, with eight countries experiencing increases since 2015. New infections are concentrated among young people of key populations. Integrating HIV prevention into SRH packages within the universal health coverage framework is key to reducing new infections.

9. In terms of GBV – more specifically femicide – Latin America and the Caribbean continues to record some of the highest rates globally. Honduras reported the highest rate (7.2 per 100,000 women),⁷ followed by the Dominican Republic (2.4). In absolute numbers, Brazil (1,463 cases) and Mexico (852) reported the largest totals, reflecting the persistent scale of gender-based lethal violence across the region. Despite notable progress in the development of laws and public policies to address GBV and harmful practices – 18 countries in the region have now criminalized femicide⁸ – GBV is widespread in Latin America and the Caribbean, where two out of every three women between the ages of 15 and 49 suffer some type of violence in their lifetime, and one in four women has been a victim of physical, psychological and/or sexual violence by an intimate partner. While one in five women marry or enter a union before 18, latest census data reveal stark ethnic disparities – a reflection of how poverty, structural discrimination, racism and lack of opportunities place girls, particularly those who are rural, Indigenous, or of African descent, at greater risk. In Colombia, 23.8 per cent of indigenous girls aged 15-19 years had been in a union, compared to 18.2 per cent of Afrodescendant girls and 14.3 per cent of girls that are not within these categories. In Mexico, the prevalence was 7.9 per cent among indigenous language speakers versus 4.6 per cent in the non-indigenous population.

10. Advancing gender equality is not only essential for human rights but also a powerful driver of innovation and sustainable development in Latin America and the Caribbean. The region's dynamic youth and vibrant civil society offer immense potential to dismantle structural barriers and foster inclusive opportunities for women and girls. Yet, entrenched gender norms continue to shape attitudes, behaviours and institutional practices that restrict bodily autonomy, perpetuate stigma and marginalize those facing intersecting forms of discrimination. In recent years, these challenges have been compounded by a growing backlash against gender equality and SRHRR – a coordinated and well-resourced effort to roll back hard-won gains, weaken legal protections and delegitimize evidence-based public discourse. Harnessing the leadership of young people and civil society in all its diversity and investing in gender-responsive policies with an intersectional focus are vital to counter this trend and accelerate progress toward a more equitable and resilient future.

11. The programme takes into consideration key recommendations and insights from corporate, regional and thematic evaluations. In particular, the formative evaluation of the 2022–2025 regional programme confirmed key successes, including strengthened UNFPA leadership in SRH, enhanced regional coordination and the integration of gender and social norms into programme design. The regional programme effectively expanded multi-country strategies to reduce maternal mortality and adolescent pregnancy, while improving humanitarian preparedness and response. However, the evaluation also highlighted important lessons: the need for a more systematic approach to implementing accelerators, stronger linkages between strategic shifts and programmatic approaches, and the importance of closing persistent gaps in disaggregated data to better

⁶ UNFPA, MILENA, 2025.

⁷ CEPALSTAT: <https://statistics.cepal.org/portal/cepalstat/index.html?lang=en>.

⁸ Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and (the Bolivarian Republic of) Venezuela. Source: UNFPA (2024) “UNFPA activity report: Fifth meeting of the Regional Conference on Population and Development”. Cartagena, Colombia

inform policies and advocacy. It emphasized that a life-course perspective and intersectional focus remain underdeveloped, and that contributions in areas such as population and development as well as youth are insufficiently visible. Key recommendations included strengthening the operationalization of accelerators, reinforcing financing efforts and resource mobilization with a long-term lens, and adapting the business model to better serve the needs of middle-income countries.

12. The regional programme plays a pivotal role in advancing the United Nations Decade of Action and United Nations reform by fostering evidence-based innovation, strengthening interagency and intergovernmental coordination, and supporting multistakeholder coalitions to address structural inequalities. UNFPA actively contributes to coordinated and complementary work with other United Nations funds, programmes and specialized agencies – collaborating with resident coordinators, regional Development Coordination Office (DCO) offices, and issue-based coalitions to provide demographic intelligence that informs the Common Country Assessment (CCA), the United Nations Sustainable Development Cooperation Framework (UNSDCF) and inclusive policymaking, including through the Montevideo Consensus data platform. Through joint programming and multi-country clusters – particularly in areas such as maternal health, family planning, SRHRR, adolescent pregnancy, gender equality, ending GBV and harmful practices as well as humanitarian response – UNFPA enhances coherence, equity and collective impact across the region.

II. Programme priorities and partnerships

13. This regional programme will drive transformative progress through strategic interventions that apply a human rights-based approach to address structural inequalities and advance ICPD commitments and Montevideo consensus priority measures. A key priority will be leveraging sustainable investments in SRHRR, gender equality and demographic intelligence to ensure long-term impact and resilience. With a strong focus on eliminating adolescent pregnancy, the programme will improve access to quality services, contribute to shift harmful social norms and expand opportunities for young people, enabling them to make informed choices about their futures. UNFPA will also intensify efforts to accelerate the reduction of preventable maternal death and to eliminate all forms of GBV and harmful practices, ensuring that every woman has access to the care and support she needs. By fostering multistakeholder partnerships, promoting innovative policy solutions and financing, and strengthening evidence-based decision-making, UNFPA will help create an enabling environment for inclusive development, ensuring that no one is left behind in Latin America and the Caribbean.

VISION. A region where every woman, adolescent and young person can exercise their rights, shape their futures and thrive in equitable and resilient societies. Through strategic advice, catalytic investments and transformative partnerships, UNFPA will contribute to the reduction of adolescent pregnancy, eliminate preventable maternal deaths and dismantle barriers to gender equality, including through the elimination of GBV as well as of child, early and forced marriage and unions. By harnessing data, innovation and the region's demographic shifts, UNFPA will accelerate progress toward a future where no one is left behind, and sustainable development is a reality for all.

A. Output 1. Population change and data

14. The regional programme will position demographic intelligence as a foundational enabler for advancing SRHRR, preventing GBV, reducing adolescent pregnancy and promoting demographic resilience in Latin America and the Caribbean. Drawing on the recognized expertise of UNFPA in population data systems, demographic analysis and foresight, as well as socioeconomic analysis, the programme will support governments in generating and using evidence to inform inclusive, rights-based policies. By generating and analysing high-quality economic, social and demographic data, UNFPA will support governments in identifying inequalities, informing targeted policy responses and planning for equitable service delivery – while also helping them understand how broader megatrends, such as aging, migration, urbanization and climate change, may amplify existing challenges or create new ones. This will not only enhance access to SRHRR and help eliminate GBV and harmful practices, but also contribute to broader goals such as economic prosperity, social cohesion and sustainable development. In collaboration with national institutions, CSOs

and regional platforms, the programme will promote a culture of evidence-based decision-making that leaves no one behind.

15. Strategic interventions will include: (a) strengthening national statistical, civil registration and vital statistics systems to produce high-quality, disaggregated and policy-relevant data on population dynamics, health, fertility, aging, migration and spatial distribution, using traditional (e.g., censuses, surveys) and innovative sources (e.g., administrative and citizen-generated data), including for anticipatory analysis and long-term planning; (b) supporting the development of policies to enhance national statistical system governance, with a focus on data disaggregation, inclusion and accessibility for rights-based, evidence-driven and forward-looking policymaking; (c) advancing the production, analysis and use of quantitative and qualitative data on GBV and harmful practices through an intersectional lens, to inform the design, financing, monitoring and evaluation of inclusive programmes and policies; (d) promoting geospatial modelling, small area estimation and disaggregated analysis to map inequalities in key indicators and guide equity-focused investments aligned with transformative results; and (e) supporting the development and use of real-time and crisis-responsive data systems to strengthen demographic resilience and enable agile responses in humanitarian settings and across the humanitarian-development-peace continuum.

B. Output 2. Policy and normative role

16. The regional programme will place normative and policy support at the centre of efforts to advance SRHRR, eliminate GBV and harmful practices, reduce adolescent pregnancy and promote demographic resilience. As one of the UNFPA core comparative advantages, this work leverages the Fund's unique ability to provide high-quality, evidence-based policy advice rooted in demographic data and human rights standards. In a region marked by persistent inequalities and shifting population dynamics, this catalytic role is essential for shaping laws, policies and accountability frameworks that address structural barriers and reach those most at risk of being left behind. UNFPA will work hand in hand with governments, regional mechanisms and institutions, CSOs, women and youth-led networks and United Nations entities to promote inclusive, participatory and localized policy processes, tailored to specific national and subnational contexts. Through its convening power, technical leadership and trusted partnerships, UNFPA will help ensure that development strategies are forward-looking, rights-based and grounded in the realities of diverse communities across Latin America and the Caribbean.

17. Strategic interventions will include: (a) promoting international norms and standards to strengthen legal, policy and accountability frameworks aligned with global and regional human rights instruments – including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Committee on Economic, Social and Cultural Rights (CESCR), the universal periodic review (UPR), ICPD, the Committee on the Rights of Persons with Disabilities (CRPD), the Belém do Pará Convention and the Montevideo Consensus – through technical assistance, advocacy and civil society partnerships, particularly women and youth-led organizations; (b) supporting advocacy to position SRHRR, including age-appropriate comprehensive sexuality education (CSE), within universal health coverage policies and benefit packages, ensuring services prioritize those furthest left behind; (c) providing technical assistance to strengthen national and subnational policies promoting evidence-based interventions to prevent adolescent pregnancy, unplanned pregnancy, preventable maternal mortality, and GBV and harmful practices; and (d) enhancing mechanisms for inclusive accountability, enabling civil society – particularly women and youth-led organizations and entities representing marginalized groups – to engage in policy design, implementation and monitoring, and promoting state compliance with international instruments by advocating for civic space, supporting CSO engagement in policy platforms and promoting regional guidance and peer exchange.

C. Output 3. Leveraging financing and investments

18. Achieving universal access to SRHRR, eliminating GBV, reducing adolescent pregnancy and promoting demographic resilience in Latin America and the Caribbean requires sustained, equitable and well-prioritized investments. Yet many countries in the region face structural financing gaps, fragmented social protection systems and limited fiscal space – hindering their ability to deliver inclusive services and respond to the needs of marginalized populations. To address these challenges, UNFPA will collaborate with governments, regional institutions and CSOs to reposition SRHRR, particularly the reduction of adolescent

pregnancy, as well as GBV prevention and response, as strategic priorities within national financing and protection systems. Going beyond traditional resource mobilization, the programme will support countries in developing robust, context-specific financial models that ensure the long-term viability of SRHRR programmes, within a UHC framework. This includes increasing national budget allocations, strengthening public financial management, creating enabling environments for sustainable financing and leveraging diverse financial mechanisms – from results-based and blended financing to social protection schemes. Drawing on its technical expertise and demographic intelligence, UNFPA will help generate strong economic evidence to guide investment decisions and foster greater alignment between rights-based commitments and fiscal policy. These efforts will expand service access, lower individual financial barriers and strengthen systems for health, gender equality and inclusive development.

19. Strategic interventions will include: (a) supporting country offices, governments, CSOs, international financial institutions and private sector partners to increase and better use domestic resources through strategic investments in the three transformative results, demographic resilience and adolescent pregnancy prevention, prioritizing those furthest behind; (b) expanding the application of socioeconomic analysis tools – including investment cases, MILENA,⁹ MEMI¹⁰ and costing methods – to inform advocacy and influence financing decisions that support SRHRR, GBV, demographic resilience and adolescent pregnancy reduction; (c) building and maintaining a regional financing dashboard to monitor allocations and expenditures for the three transformative results and demographic resilience across countries, enhancing transparency and strategic resource tracking; and (d) supporting regional and subregional mechanisms and partners to embed costing exercises and investment analyses into plans and strategies advancing the ICPD Programme of Action, the Montevideo Consensus and other relevant instruments – with social protection systems leveraged as key platforms for delivering integrated SRHRR and GBV services.

D. Output 4. Gender discrimination and social norm

20. The regional programme will prioritize tackling gender-based discrimination and harmful social norms as key drivers of deep-rooted and structural inequalities. Across the region, entrenched norms continue to shape attitudes, behaviours and institutional practices that restrict bodily autonomy, perpetuate stigma and marginalize women and girls – particularly those facing intersecting forms of discrimination. UNFPA will work with a wide range of partners – including governments, CSOs, women’s movements and youth networks, academia, faith-based organizations and other United Nations organizations – to build enabling social environments that foster respect, agency and equality. In doing so, the programme will not only reaffirm gender equality and non-discrimination as fundamental human rights but also make a compelling case that they are essential to building more cohesive societies, enhancing economic opportunities and accelerating sustainable development.

21. Strategic interventions will include: (a) providing technical assistance to country offices and partners to advance gender social norms transformation strategies that promote SRHRR, prevent and respond to GBV and harmful practices, and reduce adolescent pregnancy, using an intersectional and rights-based approach, in collaboration with civil society and through adolescent programming, partnerships and community engagement with media, education systems, cultural and religious leaders, arts agents and the private sector; (b) strengthening advocacy and capacity development to enable women’s movements, youth organizations and civil society coalitions to lead efforts in advancing SRHRR and gender equality, and in countering pushbacks on women’s rights, gender equality and SRHRR ; (c) promoting age-appropriate CSE as an accelerator for preventing GBV and harmful practices, while supporting constructive dialogue to protect young people’s wellbeing and counter misinformation; (d) implementing communication, advocacy and partnership strategies – including behaviour change communication – to promote human rights-based approaches to family planning, adolescent pregnancy and maternal mortality reduction, as well as the prevention of GBV and harmful practices; and (e) expanding promising experiences and developing

⁹ Methodology for estimating the labour, educational, payroll and welfare impacts of adolescent pregnancy and early childbearing, measured as opportunity cost.

¹⁰ The impact goals estimation model, a planning tool for estimating the investment and cost-benefit ratio of providing modern contraceptives and age-appropriate CSE to achieve adolescent pregnancy reduction and other SRH goals from a social perspective.

innovative initiatives fostering male engagement to promote positive masculinities among adolescents and boys and reduce GBV, harmful practices, adolescent pregnancy and unintended pregnancies.

E. Output 5. Quality of care and services

22. The regional programme prioritizes strengthening the quality and responsiveness of SRH and GBV services as a cornerstone for realizing rights, saving lives and promoting well-being across the life course. Despite significant progress, many health and protection systems in the region remain fragmented, underfunded, or inaccessible to those most in need, particularly adolescents, persons with disabilities, Indigenous and Afrodescendant women, and people in human mobility contexts, in poverty or remote areas. Persistent gaps in service quality, provider capacity and accountability mechanisms continue to undermine trust in public systems and contribute to preventable maternal mortality, unmet need for contraception, high levels of adolescent pregnancy and inadequate GBV response. High-quality, rights-based and culturally responsive services are not only essential to fulfilling individual health and autonomy – they also contribute to broader public health goals, social cohesion and demographic resilience. UNFPA will continue to work with governments, regional institutions, United Nations organizations, CSOs, the private sector and professional networks to help countries strengthen institutional capacities, foster community participation and create enabling environments that uphold international standards of care. By positioning quality of care as both a human rights imperative and a strategic investment, the programme will help ensure that every person – regardless of identity or circumstance – can access services and reproductive health commodities they need to lead safe, healthy and empowered lives.

23. Strategic interventions will include: (a) providing technical and programmatic support for implementing a quality-driven SRH package – including adolescent SRH, HIV and STI services, supply chain strengthening and age-appropriate CSE, both within and outside of school settings – grounded in human rights, gender-responsive, survivor-centred and intercultural approaches across development and humanitarian contexts; (b) strengthening the capacity of country offices and partners to expand access to family planning services, including postpartum family planning, and scaling up long-acting reversible contraceptives in all settings, including low-fertility and emergency contexts, with a focus on equity and inclusion; (c) providing technical assistance to enhance midwifery policies, education, regulation and practice at national and subnational levels, aligned with international standards and engaging midwifery networks; (d) strengthening multisectoral, survivor-centred GBV and harmful practices response services by building public servant capacity, strengthening local organizations, improving safe and ethical referral systems and applying international standards such as the essential services package and interagency minimum standards for GBV in emergency programming; and (e) providing technical guidance and fostering regional collaboration to promote innovative, gender-responsive social protection and care economy systems that respond to demographic challenges such as ageing, youth employment, migration and the needs of diverse and dependent populations.

F. Output 6. Humanitarian action and preparedness

24. In a region increasingly affected by climate-related disasters, violence, migration, protracted displacements and sociopolitical instability, the ability to deliver timely and coordinated humanitarian response is essential to protecting the rights and well-being of women, adolescents, young people and other vulnerable populations. The regional programme will prioritize efforts to ensure that lifesaving SRH and GBV services are not only available during crises but that they are also resilient, inclusive and sustained across the humanitarian-development-peace continuum. Gaps in preparedness, limited institutional capacity and weak coordination continue to place those most at risk – particularly women, girls, adolescents, indigenous populations, persons with disabilities and forcibly displaced populations – outside the reach of essential SRH and GBV care. In the context of a shifting humanitarian architecture, UNFPA will continue working to respond to the most pressing needs of affected populations. Strengthening national systems and regional mechanisms to anticipate, absorb and respond to emergencies is vital for ensuring the continuity of lifesaving, essential SRH and GBV services; reducing preventable maternal and neonatal deaths, unintended pregnancies, and the transmission and impact of STI and HIV; preventing and mitigating GBV risks; and upholding rights in times of crisis. By promoting integrated, locally led, survivor-centred, rights-based

approaches, the programme will help ensure that emergency preparedness and response efforts contribute not only to immediate relief, but also to longer-term recovery and the resilience of national systems.

25. Strategic interventions will include: (a) providing technical advisory support to prioritized country offices, governments, local organizations and other key stakeholders to strengthen SRH and GBV emergency preparedness and response, leveraging data and evidence, and applying rights-based, gender-responsive, intercultural, disability-inclusive and continuum approaches at the national and regional levels; (b) supporting the operationalization of effective life-saving SRH and GBV multistakeholder emergency response systems, including technical assistance for the implementation of the minimum initial service package (MISP) for reproductive health, the interagency minimum standards for GBV in emergencies programming, ensuring alignment with the UNFPA humanitarian mandate and international standards; and (c) strengthening inter-agency coordination at the regional and national levels by providing technical support to humanitarian response mechanisms, humanitarian needs and response plans, refugees and migrants response plans and flash appeals, with the aim of ensuring timely, concrete actions to mitigate risks and prevent and respond to GBV and SRHRR needs, applying an intersectional approach across development and humanitarian contexts.

G. OEE1. Improved programming for results

26. By strengthening its normative and oversight role, the UNFPA Latin America and the Caribbean Regional Office will ensure integrated support for the advancement of the ICPD Programme of Action in the region. A key component of this effort involves the regional office's continued provision of technical guidance, quality assurance tools and regional knowledge to support the design, monitoring, evaluation and reporting of the next generation of country programmes. These programmes will be built upon a strengthened value proposition, a heightened normative role and a more fit-for-purpose operational and funding approach. As part of these efforts to improve programming for results, the regional office will continue contributing to the effective positioning of the three transformative results and demographic resilience within CCAs and UNSDCF in the region, reinforcing their alignment with the 2030 Agenda, the SDGs and the Montevideo Consensus. The regional programme will foster stronger results-based management practices by facilitating access to reliable performance data and promoting its use to inform planning, monitoring, evaluation, reporting, learning and adaptive management.

H. OEE2. Optimized management of resources

27. The regional programme will contribute to more efficient and impactful use of resources by supporting oversight functions, promoting management accountability and advancing operational innovation across Latin America and the Caribbean. It will facilitate the implementation of coordinated approaches that enhance the operational and logistics capacities of country offices – such as shared services, common back offices and regional initiatives on supply-chain management. In contexts of humanitarian risk, the programme will also contribute to the prepositioning and strategic deployment of supplies, helping to ensure timely and effective responses. Strategic human resources management will underpin these efforts, with a focus on streamlined processes, targeted talent acquisition and performance-based accountability to ensure the right expertise is in place to deliver results

I. OEE3. Expanded partnerships for impact

28. The regional programme will drive the implementation of a coordinated approach to resource mobilization, partnerships and strategic communication to diversify financing and expand collaboration in support of regional priorities. By connecting programmatic results with compelling investment cases, data-informed advocacy and strategic messaging, the programme will engage traditional and emerging donors, international financial institutions, private sector actors and individual contributors. These efforts will strengthen co-financing opportunities, reinforce UNFPA credibility as a trusted development partner, and enable catalytic impact across the region.

III. Programme and risk management

29. The regional programme will be implemented within a harmonized framework that is guided by the ongoing business model review and reinforcing institutional coordination and operational efficiency across global, regional and national levels. It reflects the profound transformations reshaping the development and humanitarian landscape – including the evolving restructuring of the United Nations system, the UN80 initiative and the humanitarian reset – ensuring full alignment with the principles of United Nations reform and contributing to more coordinated, coherent and complementary action across the United Nations system. UNFPA will continue to play a leading role in interagency collaboration at the regional and country levels – supporting joint programming, advancing integrated policy advice and driving collective results through issue-based coalitions and UNSDCF. A unified implementation plan will guide collaboration among United Nations organizations, governments, CSOs and private sector actors, ensuring mutual accountability and maximizing impact. Programme and operations teams will work in close synergy through joint planning, co-led monitoring and integrated implementation oversight mechanisms, supported by strengthened work planning processes that align results, resources and accountabilities. The programme will continue to apply the harmonized approach to cash transfers to enhance financial oversight and reduce fiduciary risks, complemented by risk-based quality assurance, standard audit procedures and adaptive management approaches that ensure effective delivery.

30. To ensure financial sustainability, UNFPA will deploy a comprehensive financing strategy that promotes sustainable investments in SRHRR, gender equality and demographic intelligence. The strategy will prioritize domestic resources, engagement with international financial institutions and expansion of South-South and triangular cooperation, including with regional institutions and through joint initiatives, knowledge exchange and technical cooperation across countries and regions. Non-traditional partners in the corporatesector, philanthropy, academia and development banks will help diversify funding and co-create solutions. Strategic alliances with intergovernmental and subregional bodies – e.g., the Caribbean Community (CARICOM), SICA, the Community of Latin American and Caribbean States (CELAC) – will reinforce regional ownership and alignment with development priorities. UNFPA will also invest in advocacy and knowledge products to demonstrate value for money and evidence of catalytic impact, particularly in middle-income countries facing declining access to traditional aid.

31. To deliver on its mandate and accelerate results, the regional programme will strategically leverage the full spectrum of UNFPA human capital. This includes tapping into global and regional expertise from the Global Emergency Response Team, thematic knowledge hubs and technical networks. Collaboration with centres of excellence, academic partners and CSOs will ensure context-responsive and technically sound interventions. UNFPA will also invest in capacity strengthening of national institutions, with a focus on sustainability and long-term ownership of interventions. Human resource deployment will be guided by a flexible staffing model that allows for surge support in crisis settings, and targeted technical assistance based on emerging country office needs.

32. The programme will apply a robust risk management approach, addressing risks such as: (a) poverty and territorial inequality, which masks low institutional capacity in underserved regions; (b) weak and fragmented national health systems, limiting access to integrated, intercultural SRH services; (c) persistent human mobility, despite tightening migration policies; (d) violence and armed conflict, including the use of sexual and gender-based violence as a weapon of war; (e) discriminatory social norms and anti-rights movements, undermining gender equality and SRHRR, as well as intersectional discrimination against women, adolescents, Indigenous and Afrodescendant communities, people with disabilities, and persons of diverse identity and/or sexual orientation – often invisible in national data systems; (g) limited availability and disaggregation of data and financing, hampering decision-making and accountability; and (h) evolving aid architecture, including humanitarian reform processes and shifting donor priorities. To address these risks, the programme will integrate adaptive and mitigating strategies, including scenario-based planning; catalytic support to UNFPA country offices in supporting investment in local capacity and systems strengthening; efforts to foster civic dialogue and rights-based advocacy; strengthening data systems and evidence use as well as real-time monitoring and evidence-informed course correction; and diversification of partnerships and financing channels and enhanced preparedness for humanitarian crises and climate shocks. In countries affected by violence and armed conflict – including Colombia, Haiti and parts of Central America – mitigation will include coordination with humanitarian actors and tailored capacity-building for conflict-

sensitive programming. Risk-informed programming will be mainstreamed through country support plans, ensuring alignment with the SDGs, the ICPD and the Montevideo Consensus.

IV. Monitoring and evaluation

33. The regional programme will establish a robust monitoring and evaluation framework that ensures accountability, results-based management and adaptive learning. This framework will integrate a multi-tiered approach, combining operational, programmatic, financing and technical dimensions to assess progress toward the three transformative results and demographic resilience, as well as the SDGs. Building on the successes of the 2022-2025 cycle, the regional office will enhance its real-time performance tracking systems, including quarterly milestone monitoring, an expanded dashboard for key performance indicators, and midterm strategic reviews to ensure continuous alignment with evolving regional priorities. Data collection will be reinforced through partnerships to improve disaggregation and ensure targeted interventions reach the most left-behind populations.

34. To strengthen regional and national capacities for results-based management, the programme will implement tailored technical assistance and training initiatives for country offices and implementing partners. This will include enhanced guidance on results-based reporting, impact assessments and evidence-based policymaking to support the effective use of demographic data in national development planning. The programme will also introduce innovative monitoring methodologies, leveraging digital tools and artificial intelligence for real-time data analysis and predictive modelling, and position UNFPA as a source of cutting-edge advanced analytics. A participatory approach will be central to these efforts, ensuring that monitoring mechanisms incorporate feedback from women, adolescents and marginalized communities to refine programme implementation. Collaboration with ECLAC, PAHO and other regional United Nations entities will strengthen demographic intelligence and ensure alignment with UNSDCF.

35. Evaluation will be a cornerstone of the programme's learning agenda, with a focus on thematic and programmatic evaluations that inform decision-making and strategic adaptation. A final evaluation of the regional programme for Latin America and the Caribbean, 2026-2029, will be conducted to assess progress towards expected results and make recommendations for the design of the next programme. Findings will be systematically integrated into programme adjustments, ensuring a dynamic and evidence-driven approach to implementation. Finally, UNFPA will continue supporting national institutions in SDG reporting, ICPD25 follow-ups and voluntary national reviews, reinforcing its commitment to data-driven advocacy and policy innovation for sustainable development in Latin America and the Caribbean.

Annex: Results and resources framework for the Latin America and the Caribbean regional programme (2026-2029)

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.			
UNFPA Strategic Plan outcome 1: By 2029, the reduction of unmet need for family planning has accelerated		\$5.43M (\$4.08M regular resources and \$1.35M other resources)	
UNFPA Strategic Plan outcome 2: By 2029, the reduction of preventable maternal deaths has accelerated		Indicative resources: \$6.49M (\$4.77M from regular resources and \$1.72M from other resources)	
UNFPA Strategic Plan outcome 3: By 2029, the reduction of all forms of gender-based violence and harmful practices has accelerated		\$6.93M (\$5.17M regular resources and \$1.76M 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		\$8.40M (\$6.36M regular resources and \$2.04M other resources)	
Regional programme output	Output indicators, baselines and targets	Partner contributions	Indicative resources
Output 1: By 2029, strengthened data and statistical systems, analytical capabilities and foresight to inform sustainable development strategies, policies, and programmes, with a particular focus on sexual and reproductive health and gender equality	1.1 Number of countries that strengthen national statistical, population, and civil registration and vital statistics (CRVS) systems to enable the production, monitoring, and use of disaggregated socio-demographic and health indicators—including on sexual and reproductive health and family planning – through a life-course, gender, intersectional, and human rights-based approach. Baseline: 3, 2026: 8; 2027: 10; 2028: 12; 2029: 14	National Ministries, local governments, subregional mechanisms, intergovernmental organizations, international cooperation, United Nations system organizations, international financial institutions, academia, professional associations, civil society organizations, community-based and grassroots organizations, media.	\$9.03M (\$6.77M regular resources and 2.26M other resources)
	1.2 Number of countries that strengthen their capacity to produce key population data outputs, disaggregated by key stratifiers, including (sub)national population projections with a focus on those furthest left behind. Baseline: 6; 2026: 12; 2027: 14; 2028: 16; 2029: 18		
	1.3 Number of regional and national interventions to generate and use disaggregated data on gender-based violence and harmful practices to inform policies and programmes. Baseline: 2; 2026: 4; 2027: 5; 2028: 6; 2029: 7		
	1.4 Number of countries that strengthen the collection and/or use of census data disaggregated by key stratifiers with a focus on those furthest left behind.		

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	<p>Baseline: 12; 2026: 23; 2027: 23; 2028: 23; 2029: 23</p> <p>1.5 Number of countries that have functioning maternal and neonatal surveillance and response systems (including institutional and community-based) including in humanitarian contexts. Baseline: 10; 2026: 11; 2027: 12; 2028: 13; 2029: 14</p> <p>1.6 Number of regional and national initiatives supported to apply geographic modelling and/or small area estimation techniques to map disparities in key indicators. Baseline: 5; 2026: 9; 2027: 11; 2028: 13; 2029: 15</p> <p>1.7 Number of regional initiatives implemented to produce subnational population estimates or projections for humanitarian preparedness and response. Baseline: 1; 2026: 1; 2027: 1; 2028: 1; 2029: 1</p>		
<p><u>Output 2:</u> By 2029, improved formulation, implementation of policies, legal frameworks and programmes related to advancement of sexual and reproductive health and reproductive rights; prevention of and response to gender-based violence and harmful practices; as well as the adaptation to demographic trends and realities</p>	<p>2.1 Number of countries and regional or subregional bodies that integrate sexual and reproductive health and rights, including age-appropriate CSE, into the universal health coverage-related policies and plans. Baseline: 12; 2026: 14; 2027: 16; 2028: 18; 2029: 20.</p> <p>2.2 Number of countries and regional or subregional bodies that integrate the prevention and response to gender-based violence and harmful practices into national policies and plans. Baseline: 4; 2026: 5; 2027: 6; 2028: 7; 2029: 8.</p> <p>2.3 Number of country offices supported by the regional office that follow accepted recommendations from international/regional human rights mechanisms related to discriminatory social/gender norms and stereotypes. Baseline: 15; 2026: 10; 2027: 12; 2028: 14; 2029: 15.</p> <p>2.4 Number of countries that integrate the analysis of implications of demographic changes in national and/or sectoral development strategies (older persons, adolescents and youth, health, education, human capital, labour markets, social protection, other). Baseline: 0; 2026: 4; 2027: 6; 2028: 8; 2029: 10</p> <p>2.5 Number of outcome documents of global and regional intergovernmental processes supported by UNFPA that</p>		<p>\$5.22 million (\$3.89M regular resources and \$1.33M other resources)</p>

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	integrate the commitments related to the achievement of transformative results. Baseline: 11; 2026: 13, 2027: 14; 2028: 15; 2029: 16		
Output 3: 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	<p>3.1 Number of countries that used tools, budget and expenditure analyses to inform decision for more and better government spending on sexual and reproductive health, gender-based violence and population data and policy analysis. Baseline: 3; 2026: 5, 2027: 7; 2028: 10; 2029: 12.</p> <p>3.2 Number of socioeconomic tools developed at national, regional or subregional level that advocate for investments in sexual and reproductive health, including (and differentiated for family planning, maternal mortality, adolescent pregnancy); gender-based violence and harmful practices, and demographic resilience. Baseline: 43; 2026: 57, 2027: 61; 2028: 64; 2029: 66.</p> <p>3.3 Number of regional or subregional initiatives supported by the regional office that include costing to identify investment needs for achieving targets in reducing maternal mortality, family planning, adolescent pregnancy and GBV and harmful practices. Baseline: 0; 2026: 1, 2027: 2; 2028: 3; 2029: 4.</p>		\$0.89M (\$0.51M regular resources and \$0.38M other resources)
Output 4: By 2029, strengthened capacity of individuals, communities and institutions to address gender discrimination and harmful social and gender norms to advance gender equality, bodily autonomy and reproductive rights	<p>4.1 Number of country offices that implement the regional strategy on transforming harmful gender and social norms, stereotypes and discriminatory practices. Baseline: 0; 2026: 6, 2027: 7; 2028: 8; 2029: 9.</p> <p>4.2 Number of advocacy actions led by regional youth networks and women's movement, in all its diversity, in favour of the ICPD Programme of Action, the Montevideo Consensus and the UNFPA mandate. Baseline: 7; 2026: 8, 2027: 8; 2028: 9; 2029: 9.</p> <p>4.3 Number of country offices that implement a comprehensive intervention for preventing and responding to child marriage and early unions. Baseline: 6; 2026: 8, 2027: 9; 2028: 9; 2029: 10.</p>		\$3.32M (\$2.49M regular resources and \$0.83M other resources)
Output 5: 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	<p>5.1 Number of countries that scale up interventions to strengthen national quality of care standards and protocols for sexual and reproductive health services, including provisions for accessibility and inclusion of persons with disabilities. Baseline: 8; 2026: 9, 2027: 10; 2028: 11; 2029: 12.</p>		\$3.85M (\$2.58M regular resources and \$1.27M other resources)

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<p>gender-based violence and harmful practices for women, girls and young people</p>	<p>5.2 Number of countries and partners supported for accreditation, strengthening education, programmes and training of midwives and midwifery institutions. Baseline: 8; 2026: 9, 2027: 10; 2028: 11; 2029: 12.</p> <p>5.3 Number of countries that support operationalization in / out of school gender transformative comprehensive sexuality education following international standards. Baseline: 10; 2026: 12, 2027: 13; 2028: 14; 2029: 15.</p> <p>5.4 Number of countries supported in the implementation and assessment of the access of hard-to-reach populations to functioning emergency obstetric and newborn care (EmONC) health facilities that provide quality services. Baseline: 5; 2026: 6, 2027: 7; 2028: 8; 2029: 9.</p> <p>5.5 Number of countries that strengthen their supply chains, including the logistics management information system (LMIS), including in humanitarian settings. Baseline: 11; 2026: 12, 2027: 13; 2028: 13; 2029: 13.</p> <p>5.6 Number of countries with standards and protocols in place to support the delivery of quality, multisectoral, survivor-centred services for gender-based violence and harmful practices, in both development and humanitarian settings, from an intersectional perspective, including provisions for accessibility and inclusion of persons with disabilities. Baseline: 8; 2026: 8, 2027: 10; 2028: 10; 2029: 10.</p> <p>5.7 Number of countries that strengthened inclusive and gender-responsive social protection and care systems to address demographic challenges. Baseline: 0; 2026: 2, 2027: 4; 2028: 6; 2029: 8</p>		
<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 sexual and reproductive health, gender-based violence and harmful practices</p>	<p>6.1 Number of countries that have enhanced their emergency preparedness and capacity to implement the MISP for sexual and reproductive health and/or the inter-agency minimum standards for gender-based violence in emergencies (GBViE). Baseline: 2; 2026: 4, 2027: 5; 2028: 6; 2029: 7.</p> <p>6.2 Proportion of countries with humanitarian response plans and regional refugee and migrant response plans receiving the regional office's technical support for quality lifesaving SRH and GBV in emergencies services and/or programme response.</p>		<p>\$2.50M (\$1.70M and \$0.80M other resources)</p>

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	<p>Baseline: 95%; 2026: 95%, 2027: 95%; 2028: 95%; 2029: 95%.</p> <p>6.3 Number of countries with humanitarian response plans and/or flash appeals that have a functioning inter-agency coordination mechanism or platform receiving technical support from the regional office for coordinating and addressing GBV and SRHRR in emergencies, including provisions to ensure the participation of persons with disabilities and other marginalized populations. Baseline: 3; 2026: 3, 2027: 3; 2028: 3; 2029: 3</p>		
OEE 1: Improved programming for results	<p>1.1 Proportion of new country programmes that meet organizational quality standards for the criteria of programme principles and results-based management/evidence-based programming. Baseline: 80%; 2026: 80%, 2027: 80%; 2028: 80%; 2029: 80%.</p> <p>1.2 Proportion of regional and country programme and project evaluations implemented as planned. Baseline: 90%; 2026: 90%, 2027: 90%; 2028: 90%; 2029: 90%.</p> <p>1.3 Proportion of regional and country programme evaluation reports rated at least 'satisfactory' as per the UNFPA evaluation quality assessment grid. Baseline: 100%; 2026: 90%, 2027: 90%; 2028: 90%; 2029: 90%.</p> <p>1.4 Number of tested or scaled innovative approaches supported by the regional office that demonstrate measurable improvements in effectiveness, efficiency and/or scope across defined programme strategies. Baseline: 0; 2026: 2; 2027: 4; 2028: 6; 2029: 8</p> <p>1.5 Number of country offices that strengthen the operationalization of the intersectional approach to ensure the principle of leaving no one behind, with emphasis on people with disabilities, youth, Afrodescendant and Indigenous populations and other populations that experience multiple discrimination. Baseline: 3; 2026: 5; 2027: 6; 2028: 7; 2029: 8</p>	UNFPA Country Offices, UNFPA HQ, UNCTs and other UN Organizations, NGOs, evaluation networks, civil society organizations (particularly women's organizations and youth networks), media and private sector.	\$0.46M (\$0.46M regular resources and \$0M other resources)
OEE 2. Optimized management of resources	<p>2.1 Percentage of staff compliant with the career and performance management (CPM) cycle. Baseline: 95% ; 2026: 95%, 2027: 95%; 2028: 95%; 2029: 95%.</p>		\$1.14M (\$1.14M regular resources and \$0M other resources)

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	<p>2.2 Percentage of completion rates of mandatory training courses by office. Baseline: 70%; 2026: 85%, 2027: 85%; 2028: 85%; 2029: 85%.</p> <p>2.3 Vacancy rates for leadership/key positions. Baseline: 5%; 2026: 10%, 2027: 10%; 2028: 10%; 2029: 10%</p> <p>2.4 Average recruitment time in days. Baseline: 90; 2026: 90, 2027: 90; 2028: 90; 2029: 90.</p> <p>2.5 Implementation rate for regular resources. Baseline: 90%; 2026: 90%, 2027: 90%; 2028: 90%; 2029: 90%.</p> <p>2.6 Implementation rate for other resources expiring in the current year. Baseline: 80%; 2026: 80%, 2027: 80%; 2028: 80%; 2029: 80%.</p>		
<p>OOE 3: Expanded partnerships strategic communications for impact</p>	<p>3.1 Proportion of annual resource mobilization targets met: (a) total resources; (b) core resources; (c) non-core resources. Baseline: 90%; 2026: 92%, 2027: 94%; 2028: 96%; 2029: 98%.</p> <p>3.2 Proportion of country offices, including subregional offices, that reached at least 90% of the target Baseline: 60%; 2026: 65%, 2027: 70%; 2028: 75%; 2029: 80%.</p> <p>3.3 Number of country programme agreements/memoranda of understanding signed by business units in the Latin America and the Caribbean region. Baseline: 24; 2026: 35; 2027: 40; 2028: 45; 2029: 50</p> <p>3.4 Number of formalized partnerships for resource mobilization with non-traditional partners (i.e., international financial institutions, innovative financing investors, vertical funds, private sector, individual giving). Baseline: 4; 2026: 5; 2027: 6; 2028: 7; 2029: 8.</p> <p>3.5 Number of resource mobilization proposals designed and/or supported by the regional office. Baseline: 4; 2026: 6; 2027: 8; 2028: 10; 2029: 12.</p> <p>3.6 Number of result groups or issue-based coalitions chair or co-chair posts that UNFPA holds in the Regional Collaborative Platform. Baseline: 3; 2026: 3, 2027: 3; 2028: 3; 2029: 3.</p>		<p>\$0.84M (\$0.84M regular resources and \$0M regular resources)</p>

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	<p>3.7 Proportion of United Nations country teams that are supported by the regional office during the CCA/UNSDCF development process. Baseline: 80%; 2026: 80%; 2027: 80%; 2028: 80%; 2029: 80%.</p> <p>3.8 Number of media/advertising/entertainment partners who publicly support or amplify UNFPA advocacy. Baseline: 3; 2026: 3; 2027: 3; 2028: 3; 2029: 3</p> <p>3.9 Number of times UNFPA is mentioned in the media in the region. Baseline: 4,000; 2026: 4,200; 2027: 4,400; 2028: 4,600; 2029: 4,800</p> <p>3.10 Number of: (a) website users; and (b) social media engagements across UNFPA regional accounts. Baseline website users: 400,000; 2026: 420,000; 2027: 440,000; 2028: 460,000; 2029: 480,000 Baseline social media engagement: 115,000; 2026: 118,500; 2027: 122,000; 2028: 125,500; 2029: 129,000</p>		
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