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United Nations Population Fund

UNFPA strategic plan, 2026-2029

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Annex 4

Global and regional programmes

8. West and Central Africa regional programme (2026-2029)

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I. Programme rationale

1. The West and Central Africa (WCA) region stands at a pivotal crossroads. Endowed with considerable natural resource wealth and home to a burgeoning youthful population, it also bears the burdens of persistent fragility, food insecurity, systemic poverty, conflicts, and exacerbating megatrends - climate change, rapid urbanization, migration, and technological disruption—compounded by cyclical and entrenched inequalities. In 2021, the percentage of the population living in extreme poverty varied significantly and these interlocking stressors have hindered the region's development progress. Most countries are off track to achieve the Sustainable Development Goals (SDGs), particularly those related to maternal health, gender equality, and education. Approximately 70 per cent of the region's population resides in fragile or conflict-affected settings (UN DESA, 2023).
2. The region is undergoing rapid population growth, home to 553 million people (2024), expected to reach 634 million by 2030 and 853 million by 2050 (United Nations, 2024). Rapid population change and a predominantly youthful populations are driven by the region's high total fertility rate (TFR), with nearly five children born per woman, on average, alongside falling child mortality rates, which have declined from 168 to 92 deaths per 1,000 live births between 2000 and 2021 (United Nations, 2024). The population in the region is among the youngest in the world, with two-thirds under 25. If this demographic force is empowered with targeted investments, quality education, girls' school retention, economic opportunity, and reproductive rights, along with gender equality, it can catalyse a demographic dividend. Yet, 70 per cent of employed youth work in precarious informal sectors (World Bank, 2023), and over 60 per cent of rural youth are excluded from digital learning and emerging job markets (ITU, 2023). In terms of school enrolment, upper secondary plummets to 41 per cent, with a gender parity index of 0.87 (UNFPA 2024).
3. The region is experiencing rapid urbanization, with half of its population living in towns and cities in 2024.¹ For many countries, rapid urban expansion brought about better socioeconomic and health opportunities for urban residents, but it has also led to the mushrooming of slums and informal settlements where a huge part of city dwellers live in extreme poverty without access to basic social services, including SRH care.
4. WCA complexity is illustrated in the prevalent political and security dynamics and the geostrategic reconfigurations currently reshaping its regional landscape. The region's political landscape is characterized by diverse evolving and complex governance contexts.
5. Against a backdrop of deepening global and regional uncertainties countries in WCA region have articulated their national priorities, such as increased national production, industrialization, digitalization, energy and food security, and robust social service provision, including healthcare and education. UNFPA has also amplified its engagement with strategic partners like the World Bank, and regional bodies like ECOWAS, and recently CEMAC, where it is leveraging its comparative advantages in population and data centrality through the HISWACA project to strengthen the demographic statistical systems of countries to ensure governance and development-based decision-making are evidence-informed.
6. West and Central Africa's polycrisis is an interwoven system of chronic shocks impacting the ability of governments and citizens to uphold fundamental human rights, including the right to food security, health, and safety. The aftermath of the COVID-19 pandemic exposed critical vulnerabilities in health systems and service delivery, underscoring the urgent need for strengthened capacity to ensure access to essential sexual and reproductive health and rights (SRHR), particularly in crisis contexts. As highlighted above, the escalation of violent conflicts from the Lake Chad Basin to the Central Sahel and the fragility induced in the form of spillover transboundary security threats across the region are having deepening negative impacts on coastal countries, highlighting the imperative for robust humanitarian preparedness and response mechanisms that prioritize the specific needs of women and young people affected by conflict. In 2025, it is estimated that nearly 36 million people in the region require humanitarian assistance (GHO, 2025). Furthermore, conflicts, political instability, and climate change have forced an increasing number of people to flee their homes. Estimates suggest that 8.4 million were internally displaced persons while 2.3 million are refugees and asylum seekers at the end of 2024². These crises place adolescents and young people, who comprise 65 per cent of the region's population, on the front lines. They

¹ United Nations, Department of Economic and Social Affairs, Population Division (2018). World Urbanization Prospects: 2018 Revision, Online Edition.

² <https://reporting.unhcr.org/global-appeal-2024/west-and-central-africa> (UNHCR regional classification does not include Mauritania and Congo).

are disproportionately affected by displacement, disrupted education, food insecurity, and limited access to health and protection services, including SRHR.

7. The region faces one of the highest maternal mortality burdens worldwide. Recent estimates indicate that despite a 28 per cent decline between 2000 and 2023, from 913 to 691 maternal deaths per 100,000 live births, the region continues to have the highest maternal mortality ratios, accounting for approximately 44 per cent of global maternal deaths in 2023³. Only 28 per cent of health facilities across the region provide basic emergency obstetric care, and fewer than half of births occur in facilities that meet quality standards. Insecurity further compounds these structural gaps; roadblocks, shifting front lines, and damaged infrastructure, leaving obstetric complications untreated and driving a high regional maternal-mortality ratio.

8. On average, WCA governments allocate just 6.5 per cent of their national budgets to health, less than half the 15 per cent target of the Abuja Declaration and progress towards Universal Health Coverage (UHC) remains limited, with many countries experiencing stagnation or decline in essential health service coverage and financial protection. As a result, per capita health spending remains low at \$34, significantly beneath the \$86 benchmark required to ensure access to basic services (WHO, 2022).

9. Modern contraceptive prevalence rates for women aged 15-49 vary from 8.7 per cent to 57 per cent. Unmet needs for family planning remain significant in WCA, with disparities within and between countries in the region, ranging from 12 per cent to 32 per cent.⁴ Adolescent girls and young women remain particularly underserved. Seventy-five unintended pregnancies occur per 1,000 women annually, and 42 per cent end in abortion, many unsafe due to restrictive legal and stigma. Complications from unsafe abortions are among the leading causes of maternal mortality. The HIV epidemic shows that adolescent girls and young women are particularly vulnerable, accounting for 19 per cent of all new HIV infections in 2023. While global new infections in this group decreased by 63 per cent between 2000 and 2023, the trend in WCA leaves the region off track to meet the 2025 Fast-Track targets of a 75 per cent reduction in new infections and 90 per cent treatment access.

10. One out of three women in the region has experienced intimate partner violence (IPV), and seven countries have some of the highest GBV prevalence rates globally, which is further exacerbated by insecurity, climate change, and the humanitarian crisis. Women, especially adolescent girls, migrants, internal displaced persons, and out-of-school youth, including people with disability, are facing multiple challenges in reporting and accessing quality multisectoral SRHR and GBV services. Deeply rooted harmful social norms are key drivers of gender inequality in the WCA. Countries lack comprehensive, inclusive, and specific legislation addressing GBV in line with international standards. Still six countries in the region lack specific legislations on domestic violence (WB 2024), while seven countries are among the top 10 least gender equal countries in the world (GII 2022).

11. Thirty-seven per cent of girls and young women are married before the age of 18, while 12 per cent are married before the age of 15 making child marriage a considerable concern. The region hosts seven of the ten countries with the highest rates of child marriage globally, with the Central Sahel subregion having the highest prevalence in the world. Child marriage is further driven by food insecurity resulting from climate change, insecurity, and humanitarian crises. It is also a key driver of early and teenage pregnancy, representing one key cause of high prevalence of maternal mortality and perpetuating the cycle of poverty. Female genital mutilation (FGM) is highly prevalent, with the region hosting 17 of the 27 countries where FGM is most prevalent, with some countries having more than 80 per cent prevalence.

12. A significant dimension of these inequalities, often overlooked, is the exclusion and marginalization faced by persons with disabilities, experiencing compounded vulnerabilities, including limited access to SRHR information and services, heightened risk of gender-based violence, and greater barriers to education and economic opportunities.

13. The region still grapples with challenges in producing and using timely, disaggregated and high-quality and granular data to inform decision-making, efficient resource allocation and localised interventions. Further, strengthening routine data systems such as civil registration and vital statistics (CRVS) systems and District Health Information Software (DHIS2) can help generate real-time and disaggregated data to understand population health trends, well-being, formulate targeted population policies, and implement inclusive development programmes.

³ Trends in maternal mortality estimates 2000 to 2023 Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA / Population Division.

⁴ ICF, 2015. The DHS Program STATcompiler. Funded by USAID. <http://www.statcompiler.com>. 13 May 2025.

14. Megatrends, including climate change and urbanisation, have significantly impacted the incidence and severity of natural disasters, impacting human and food security, economic growth, health, and socio-economic well-being, and are a driver of migration. Droughts, floods, and food insecurity disproportionately impact women and girls, them being more likely to experience hunger and malnutrition, thus impacting their health status. Food insecurity—affecting 50 million people in 2024 has become a driver of child marriage (UNFPA-WFP, 2023). In fragile contexts, adolescent girls are often withdrawn from school, exposed to violence, and forced into early marriages as a form of harmful coping mechanisms.

15. The evaluation of the 2022-2025 regional programme⁵ reveals significant progress, including strategic alignment, successful LNOB accelerator operationalization, and early positive signs in addressing discriminatory norms, expanding SRHR/GBV services, and enhancing humanitarian preparedness. The strengthened UNFPA teams' capacity in humanitarian settings improved emergency response quality and speed, a model needing sustained and expanded localization with national partners for accessible and sustainable SRHR.

16. The lessons learned from the previous programme include a need to reinforce UNFPA's normative leadership; improve integration among interventions into broader systems including while addressing complex contextual factors like social norms and megatrends; scale up successful interventions; and generating and leveraging data and evidence to optimize strategic shifts and achieve greater impact.

II. Programme priorities and partnerships

17. The vision of the programme supports policies and interventions inspired by foresight, powered by partnerships and informed by quality population data and evidence, driving equitable and quality SRHR to accelerate the elimination of preventable maternal death, in all settings and with youth as a driver for change at the core of everything we do. The programme will support the region in accelerating the implementation of the four outcomes to achieve the three transformative results, the UNFPA strategic plan for 2026-2029, the International Conference on Population and Development (ICPD) Programme of Action, the Cotonou Youth Action Agenda, the 2030 Agenda for Sustainable Development and the Africa Union agenda 2063 with a focus on preventing and reducing maternal mortality. The programme will remain aligned with reforms at the United Nations, including the UN80 initiative.

18. The programme is designed to be a catalyst to achieve the three transformative results by positioning population dynamics, data and key megatrends; migration, urbanisation and climate change, as central to policy and programming, scaling up humanitarian capacity, preparedness and response, and leveraging broad-based partnerships for a system-wide approach to accelerating progress on the four outcomes. It will address intersecting challenges by adopting a humanitarian, development, and peace continuum approach while promoting gender-transformative strategies that empower adolescent girls and young women, shift harmful social norms, and promote gender equality.

19. Given the region's complexity and diversity, the programme will provide technical, and policy advice tailored to country contexts, including humanitarian and fragile contexts, least developed and middle-income countries and small islands. UNFPA is spearheading development of national action plans on youth peace and security to enhance the participation and protection of young people especially women and girls in the broader governance, peace and security architecture. Where countries exhibit similar trends, including security and socio-political ones and common challenges, a cluster approach will be employed to facilitate cross-country exchange, cross-border and cross-regional interventions, and policy dialogues with multi-country and subregional organizations; ensuring cost-effectiveness through the use of capacities, evidence, analysis, innovation, and proven best practices effective in the region's context.

20. To effectively address the region's challenges and seize opportunities, the programme will embrace an integrated approach to address the interrelated population and development issues in the ICPD Programme of Action, for which countries have pressing technical needs for evidence-based policy and programming advice. The programme will continue scaling up normative work to advance the implementation of national development plans and strategies, contributing to the achievement of UHC and gender transformative policy and programming. It will address key determinants to SRHR, including education and harmful social norms driving FGM and child marriage, focusing primarily on young people, especially adolescent girls and young women, recognizing their role in driving

⁵ Please access it here - https://www.unfpa.org/sites/default/files/2024-12/Final%20Report_WCA%20RPE_Nov2024.pdf

change. In line with the African Union's roadmap on 'Harnessing the Demographic Dividend', the programme has targeted interventions and investments in youth to build human capital.

21. The complementarity of the programme will build on existing initiatives (SWEDD, Muskoka and other flagships) and partnerships while expanding strategic alliances with a civil society youth and women-led organizations, communities, traditional and religious leaders, parliamentarians, academia, research institutes, international financial institutions, regional economic communities – the African Union, Economic Community for West African States (ECOWAS) and Economic Community for Central African States (ECCAS), West Africa Health Organization (WAHO) – United Nations agencies, and the private sector.

22. The programme will adopt a human rights and gender transformative approach across its interventions to address and respond to the needs and demands of the population, especially the furthest behind, leveraging on existing regional initiatives. By fostering partnerships, leveraging digital transformation, and prioritizing interventions tailored to local contexts, innovation accelerates progress toward achieving the transformative results while ensuring inclusivity and sustainability.

A. Output 1. Population change and data

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

23. Recognising the centrality of population change and data to policy making and impactful programmes, this output will focus on promoting the development and implementation of evidence-based and people-centred policies and programmes to address the interconnections between population dynamics, key megatrends and the realisation of the ICPD Programme of Action, the Addis Ababa Declaration on Population and Development (AADPD), Agenda 2030 for SDGs, Agenda 2063, and the Pact for the future. This will be done by ensuring that countries are supported to conduct censuses and population situation analysis on population changes and diversity and on the impact of megatrends, on achieving the three transformative results and ICPD Programme of Action to have a comprehensive understanding of population dynamics alongside a holistic approach using disaggregated data, allowing implementation of targeted interventions, advocacy, policy dialogue and community engagement.

24. Building on the SWEDD + gains, the programme will promote evidence-based policies that integrate multisectoral strategies and foster an enabling environment to unlock the potential of the demographic dividend. It will contribute to identifying and addressing the root causes of preventable maternal deaths, unmet needs for family planning, gender-based violence, child marriage, and female genital mutilation.

25. The programme will champion a holistic approach centred on data integration and it will support the strengthening and integration of foundational data production systems such as censuses, surveys, CRVS, and the DHIS2, to generate high-quality, real-time and disaggregated evidence on demographic change. To produce granular data needed for localized interventions, the programme will promote innovative methods such as small areas estimations (SAE) to generate granular indicators for specific, hard-to-reach populations. Furthermore, the programme will promote the innovative use of georeferenced data from censuses, integrated with other sources like satellite imagery, to develop subnational population projections starting from urban and rural areas. This comprehensive understanding of population dynamics will allow for more targeted interventions, advocacy, policy dialogue and community engagement to develop and implement data-centred population policies in line with the ICPD Programme of Action. As part of efforts to improve humanitarian preparedness and response, this approach will be combined with traditional population methods to produce population projections disaggregated by age, sex, and sub-national levels to produce a common operational dataset for population statistics (COD-PS).

26. This output will be achieved through a collaborative effort with diverse partners. Research and academic institutions, including the African Population and Health Research Centre and the African Institute for Development Policy, and youth-led networks will contribute by identifying research priorities and supporting capacity building. Further to existing collaborations with UN agencies, the programme will create synergies and leverage the comparative advantages of regional and international organizations. Under the Regional Initiative on the Centrality of Population, innovative approaches and partnerships are addressing interconnected challenges on food insecurity, on the population dynamics and transforming education; and the connections between population dynamics, peace, and security,.

B. Output 2. Policy, advocacy and accountability

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

27. Through this output, the programme will support countries in mobilizing/leveraging political will and in developing and aligning national legislation with international and continental human rights standards and frameworks. These include the Universal Declaration of Human Rights, humanitarian and refugee law, CEDAW, relevant UN Security Council Resolutions (UNSCRs), the Maputo Protocol, the AU Convention on Ending Violence against Women and Girls, and other global and regional commitments such as the ICPD Programme of Action, AADPD, the Beijing Platform for Action, the Sustainable Development Goals (SDGs), the voluntary Nairobi commitments, and the WCA Commitment for Educated, Healthy and Thriving Adolescents and Youth. Policy and advocacy efforts at regional and national levels will be grounded in robust analysis of population dynamics, megatrends, and their implications for achieving the three transformative results, and seek to mobilize and leverage political will to influence decision-making at all strata of society in support of UNFPA 3 TRs. The programme will place strong emphasis on national ownership, accountability, and sustained political commitment.

28. Furthermore, the programme will support the development of laws and policies that address emerging and intersectional challenges, including those driven by megatrends in line with international legal instruments. This will be achieved through the use of foresight analysis, the integration of best practices, alignment with international human rights instruments, and the effective mobilisation/leveraging of political will to influence decision-making at all strata of society. The regional office will support countries to ensure that the three transformative results supported by data analysis are effectively integrated into national development plans, national climate and resilience policies, such as the national determined contribution, voluntary national reviews on SDGs, crisis and health preparedness plans.

29. To achieve this output, the programme will: (a) strengthen national and regional legal frameworks on gender equality and SRHR, promoting their use and alignment to international standards, norms, and principles grounded in human rights frameworks and evidence-based practices, including supporting the harmonization SRHR policies across the region and ensuring meaningful youth participation in policy dialogues; (b) advocate for the mainstreaming of the three transformative results and population dynamics and its linkages with megatrends, into national development plans and policies, including integration of SRHR into national UHC frameworks; (c) strengthen the capacity of legislators and policymakers on the ICPD Programme of Action and to harmonize relevant legislations and policies; (d) equip country offices and member states and related accountability mechanisms, to conduct the Universal Periodic and CEDAW reviews and in the implementation of the committees' recommendations, ensuring the participation of women and youth, including those with disabilities, in the review and accountability mechanisms; and (e) support country offices and partners to develop and implement Youth, Peace and Security policy frameworks in line with the UNSCRs 2250 and relevant AU framework, ensuring meaningful engagement of young women and men in regional and national peacebuilding frameworks.

C. Output 3. Leveraging sustainable financing and investment

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.

30. Recognizing the region's socioeconomic diversity and the opportunities it presents, the programme—guided by the regional financing framework—will strengthen the capacity of country offices to influence public finance processes. The focus will be on enhancing budget transparency, optimizing public expenditure processes, and addressing persistent funding gaps. The programme will empower country offices to: (a) build country office capacity to measure and monitor government spending on the three transformative results, using evidence from historical and current spending patterns, leveraging tools such as financing dashboards, budget briefs, and National Health Accounts; (b) provide quality advice on how to improve spending quality through the use of analytical tools—including Public Expenditure Reviews, budget execution assessments, value-for-money and benefit incidence analyses—to identify and address inefficiencies in budget design and implementation; (c) provide quality advice on how to enhance domestic resource mobilization, including through the renewal of COMPACT

commitments and innovative mechanisms such as the Match Fund; (d) identify funding gaps and financing options, and demonstrate socioeconomic returns on investment to advocate for increased domestic allocations toward the three transformative results.

31. Innovative financing instruments will be piloted, including in humanitarian settings, to leverage opportunities in middle-income countries.⁶

D. Output 4. Social and gender norms

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

32. The programme will facilitate the roll-out of the *Regional Roadmap for the Accelerated Reduction of Maternal Mortality in WCA* (2025-2029). Its pillar one on scaling up the protection and empowerment of adolescent girls and young women through accelerated actions to end child marriage and female genital mutilation, promote girls' education and agency, prevent teenage pregnancy and ensure first-time young mothers access and use family planning and maternal care. The programme will support country offices to leverage existing food and nutrition programmes as a platform to keep girls in school, address harmful practices, and improve health outcomes. Through an integrated approach, it will layer nutrition into: (a) comprehensive sexuality education to empower adolescents with knowledge on health, rights and nutrition; (b) social and behaviour change communication to shift discriminatory norms that tie girls' nutrition to their perceived value, such as prioritizing child marriage over education; and (c) engagement of men and boys in nutrition-focused dialogues to promote equitable household decision-making and positive masculinity, ultimately reducing adolescent pregnancy, improving maternal health, and ensuring young mothers' access to family planning and care.

33. To address structural inequalities preventing progress towards gender equality and women's rights, interventions under this output are designed to position girls' agency at the centre of the programme and develop integrated and evidence-based approaches to addressing the underlying drivers and consequences of gender discrimination, including GBV and harmful practices. The programme will support to: (a) empower women and girls through skills and education to build agency and capacity as advocates for addressing gender inequalities; (b) strengthen capacities for movement buildings with communities, women and youths to shift harmful social norms and attitudes; (c) strategically partner with youth and women-led organizations and regional feminist movements to advance SRHR in restrictive environments; (d) support the use of accountability mechanisms to advance SRHR at national and regional levels, ensuring the inclusion of youth and people with disabilities, in the formulation and implementation of policies and programmes; and (e) build strategic partnerships with regional and cross regional networks of service providers, men and boys and social influencers across regional offices.

E. Output 5. Quality of care and services

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

34. In line with the WCA regional roadmaps for (a) Accelerated Reduction of Maternal Mortality in WCA (2025-2029) and (b) Better Fit-For-Purpose for Humanitarian Preparedness and Response⁷ and its key pillars, under this output, the programme will strengthen the capacities of national institutions and communities to ensure a comprehensive and essential SRHR package is available, accessible, acceptable and of high quality (AAAQ) and covers the full continuum of care, including antenatal, childbirth and postpartum care, as well as newborn care, menstrual health, nutrition, family planning, HIV/STI prevention, and post-abortion care, FGM specific health services, including midwifery skills to address the consequences of harmful practices on pregnancy, and clinical

⁶ Examples include "sin" taxes, debt-for-health swaps, national and local matching funds, blended financing approaches, development impact bonds and parametric insurance.

⁷ Please access it here - <https://wcaro.unfpa.org/en/publications/west-and-central-africa-regional-office-roadmap-better-fit-purpose-humanitarian>

services for GBV focusing on equitable access for young people and marginalized populations, including people with disabilities.

35. The programme will innovate by adopting a multi sectoral and societal approach while reinforcing a tailored approach to the interventions depending on the specific country socio-economic and political contexts, the maternal mortality ratio levels and family planning trends to ensure efficiency and context-specific interventions and improve the availability of quality Reproductive Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-Nut) services and qualified health workers at the community level. It will promote multisectoral actions for SRHR and apply a human rights-based gender transformative approach to address inequalities, ensuring respectful and equitable access to quality services. Key interventions include: (a) strengthening national networks of emergency and obstetric neonatal care facilities, improving referral linkages, ensuring availability of essential drugs and skilled personnel; (b) investing in midwifery education, strategic deployment and retention, with supportive infrastructure to enhance the quality and availability of midwifery services in remote areas and humanitarian settings; (c) building capacity for robust maternal and perinatal death surveillance and response systems to address causes of death and improve quality of care; (d) providing technical support to eliminate obstetric fistula through prevention, treatment, and social reintegration programmes (e) collaborate to strengthen health systems with partners to improve services for high impact family planning programmes; (f) utilize innovative approaches to promote new contraceptive methods; (g) promote an integrated approach to HIV/STI prevention programming; (h) build resilient and integrated national supply chains that guarantee efficient last mile delivery; and (i) strengthen operational excellence by enhancing end-to-end visibility of in-country supply chains through supporting electronic logistics management information systems alongside other key stakeholders in supply chains, optimizing procurement and supply chain efficiency and cultivating stronger, more collaborative regional and in-country partnerships.

F. Output 6. Humanitarian action and preparedness/resilience

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

36. The programme will advocate at the regional and global levels for effective humanitarian coordination and inclusion of SRHR and GBV in humanitarian response and preparedness. It will roll out the WCA Region Humanitarian Roadmap 2026-2029 for Better-Fit-For-Purpose for Humanitarian Preparedness and Response.

37. To enhance preparedness and ensure a rapid, agile response to SRHR in humanitarian crises, the programme will coordinate with partners to use their emergency hub as part of the stock prepositioning and stockpiling strategy aimed at reducing the lead-time. This regional hub strategy will be complemented by implementing sub-national hubs at the country level through establishing strategic partnerships with local actors as part of advanced preparedness actions and reinforcing national supply chain resilience.

38. In line with UNFPA's humanitarian commitments, the regional programme will support country offices to strengthen partnerships with local actors, including women and youth-led organisations, to reach communities furthest behind, while engaging youth as active agents of peace and resilience.

39. The regional programme will focus on supporting country offices to (a) strengthening the institutional capacity of the health system to better respond to crises, including implementing the minimum initial services packages (MISP) readiness assessment action plans, and advocating for the inclusion of the MISP in midwifery curriculum; (b) train and deploy trained midwives and GBV specialists to locations with limited workforces prone to humanitarian crises through rosters; (c) strengthening frontline service providers' capacity including young people in emergencies to implement the MISP, GBV minimum standards and Cash and Voucher Assistance in humanitarian settings; and (d) fostering partnerships and advocacy for improved humanitarian financing.

G. OEE 1. Improved programming for results

40. The programme will focus on strengthening a people-centred, innovative, flexible, and agile approach of working. It will reinforce policies, global technical standards and enhance technical assistance to country offices.

UNFPA will coordinate integrated United Nations system-wide support to programming, including through joint programming.

41. The programme will support (a) the quality of regional initiatives and ensure country office engagement and UNFPA's mandate is well positioned in national development plans and United Nations Sustainable Development Cooperation Frameworks to ensure the integration of the ICPD Programme of Action, including the national voluntary Nairobi commitments; (b) country office formulation and effective implementation of new country programme informed by quality sociodemographic data, human rights and LNOB principles and foresight analysis; (c) harness innovation to meet challenges and boost impact and advance progress of ICPD Programme of Action; (d) strengthening capacity of country offices and facilitating knowledge management in result based and implementing partners management; (e) promoting adequate PSEA mechanisms at country and regional level and PSEA mainstreaming across programming.

H. OEE 2. Optimized management resources

42. The regional office will ensure efficient management of resources to adequately support the implementation of the regional programme. The effectiveness of the use of resources consists of maintaining a high level of strategic thinking, followed by an operational capacity of the financial management and operations management, including procurement, infrastructure, premises, security, ICT and administrative services. Additionally, the programme will provide tailored specific operational support to clustered middle-income countries and small business units.

43. The regional office will prioritise strengthening efficiencies in (a) ensuring proper allocation of resources in line with policy, (b) strengthening monitoring mechanism of resources for the regional and countries offices (c) increased focus on value for money and reinforcing risk management through the existing mechanism for enterprise risk management (ERM) frameworks; and (d) building a tailored and robust mechanism for strengthening financial accountability on the assurance activities for countries and regional offices, including a timely follow-up on the implementation of audit recommendations (internal audits, spot checks and audits) (e) leverage corporate tools and systems for financial risk management such as the harmonized approach to cash transfers (HACT) to monitor and oversee implementing partner delivery

44. UNFPA strives to achieve gender parity within its workforce and is committed to promoting equal opportunities in recruitment and career advancement.

I. OEE 3. Expanded partnerships and communications for impact

45. The regional office will (a) expand partnership with international financial institutions, leveraging on existing partnerships and programmes, including SWEDD +; (b) adopt a broad system approach to position UNFPA mandate across a wide range of sectors, including agriculture, education and infrastructure; including through joint programmes with other UN agencies within the framework of the UNISS; (c) develop and implement a quality resource mobilisation plan; (d) expand South-South and triangular collaboration across the continent and regions; (e) scale up collaboration with private sector to diversify funding streams and introduce innovative approaches to service delivery; (f) leverage UNFPA brand identity with specific audiences and stakeholders; and (g) strengthen engagement with governments, civil society, the media, and the public on SRHR and choices through partnerships with media partners and enhancing UNFPA's digital communication to broaden audience reach and foster public engagement.

III. Programme and risk management

46. The programme document articulates a strategic vision for enhancing UNFPA's programmatic, technical, and operational effectiveness in WCA, while elevating the organization's regional visibility and impact in advancing the ICPD Programme of Action. To drive this vision, the regional office has put in place an institutional coordination framework and a detailed operational implementation plan, ensuring coherence from strategy to delivery. This framework fosters alignment and collaboration across national entities, partners, and stakeholders—facilitating clear communication of results and programme implementation. It enhances strategic coherence, promotes accountability, and ensures more efficient use of resources. The ongoing business model review will be utilized to harmonize efforts regionally, maximize synergies and deliver greater impact through integrated and results-oriented approaches.

47. To ensure timely, agile, and high-quality support across the region, the regional office will structure its human resources capacity to deliver and broker technical expertise by drawing on a wide network of internal and external resources. This includes leveraging technical support from UNFPA headquarters, the Global Emergency Response Team, regional and global knowledge hubs, technical networks, and centres of excellence. The office will also cultivate strategic partnerships with academic institutions, civil society, the private sector, UN agencies, the World Bank, and other multilateral actors to rapidly fill capacity gaps, respond to emerging priorities, and scale up effective solutions. This dynamic, demand-driven approach will reinforce national systems while enabling flexible, fit-for-purpose support in both development and humanitarian settings.

48. The office will strategically leverage and strengthen national capacities by applying a context-specific geographical and thematic clustering approach to deliver targeted, needs-driven support. This model will enable tailored interventions that respond to local realities while enhancing programmatic oversight, systematically addressing capacity gaps, and optimizing the use of resources. By fostering collaboration across clusters and aligning efforts with the evolving country contexts, the office will ensure more agile, coherent, and impactful delivery of its mandate across the region.

49. The office has identified the following risks through audit recommendations and other assessments: (a) limited domestic financing, economic downturns, and donor funding fluctuations can impact programme delivery and sustainability (b) political and governance instability (c) conflicts, natural disasters, and disease outbreaks can disrupt programme implementation (d) limited digital infrastructure and low access to technology in rural areas may impede service delivery and data collection and (e) push back on SRHR and human rights more broadly.

50. The office has developed a mitigation plan to minimize or prevent the risks: (a) strengthen resource mobilization by engaging with diverse and emerging donors, including private sector partners; advocate for increased domestic financing for SRHR services; enhance efficiency in financial management to maximize available resources; (b) diversify partnerships with civil society and community-based organizations to maintain programme delivery in unstable contexts; (c) integrate humanitarian preparedness into country programmes to ensure rapid response in crises (d) expand digital health solutions and telemedicine to improve outreach; strengthen ICT capacity to enhance data systems; and (e) implement context-specific advocacy and communication strategies to address misinformation.

IV. Monitoring and evaluation

51. The regional office is committed to results-based and adaptive management, ensuring the regional programme incorporates results monitoring, data collection, course correction, and evaluations. The metadata and monitoring plan will outline responsibilities for tracking each result indicator, data sources and collection frequency, quality assurance measures, and reporting guidelines.

52. To strengthen monitoring and corporate reporting, the regional office will enhance staff capacity through existing systems and tools for data collection, analysis, and application. The regional office will provide quality assurance and mentoring to country offices. This will improve results-based management capabilities, align with United Nations reform efforts, support national and regional institutions.

53. Guided by the costed evaluation plan, the regional office will conduct evaluations of the regional programme and one multi-country project implemented in several countries to generate evidence for medium and long-term planning and management. These evaluations will follow a theory-based contribution analysis. A midterm review will be conducted to ensure the programme remains responsive to emerging regional needs and challenges.

54. Regional office management will leverage quarterly and annual results reporting, data monitoring, and evaluation insights, rooted in continuous adaptive learning to refine programme, policy and advisory support which will trigger necessary changes in strategy, resource allocation, or implementation modalities.

Annex: Results and resources framework for the West and Central Africa 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			
Outcome 1: By 2029, the reduction in the unmet need for family planning has accelerated		Indicative resources \$11.6 million (\$4.1 million from regular resources and \$7.5 million from other resources)	
Outcome 2: By 2029, the reduction in preventable maternal deaths has accelerated		Indicative resources \$11.8 million (\$4.3 million from regular resources and \$7.5 million from other resources)	
Outcome 3: By 2029, the reduction of gender-based violence and harmful practices has accelerated		Indicative resources \$11.6 million (\$4.2 million from regular resources and \$7.4 million from other resources)	
Outcome 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.		Indicative resources \$11.5 million (\$4.0 million from regular resources and \$7.5 million from other resources)	
Regional programme output	Output indicators, baselines and targets⁸	Partner contributions	Indicative resources
Output 1: Population change and data By 2029, Strengthened data and statistical systems and foresight to inform sustainable development strategies, policies and programmes with a particular focus on sexual and reproductive health, gender equality and population dynamics.	Percent of countries that conducted population situation analysis on population changes and diversity and the impact of megatrends, including climate change, on achieving the three transformative results and ICPD Programme of Action <i>Baseline (2025): [.04%]; 2026 Target: [13%]; 2027 Target: [21%]; 2028 Target: [34%]; 2029 Target: [43%]</i>	Government, World Pop, Universities and research centres, Vital Strategies, Regional Economic Commissions(RECs), World Bank, International Development Research Centre, African Development Bank , United Nations Economic Commission for Africa , and other UN agencies.	\$10.0 million (\$3.2 million from regular resources and \$6.8 million from other resources)
	Percent of countries that have conducted at least one population and housing census during the last 10 years <i>Baseline (2025): [60%]; 2026 Target: [70%]; 2027 Target: [73%]; 2028 Target: [78%]; Target (2029): [82%]</i>		

⁸ For those targets focusing on particular countries, please list them as the Endnotes.

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	<p>Percent of countries that have a national CRVS strategic plan that has adopted a life-course approach to strengthen CRVS systems including birth, marriage, divorce and death, following the United Nations Principles and Recommendations on Vital Statistics Systems and as part of an integrated approach to strengthened population data systems</p> <p><i>Baseline (2025): [08%]; 2026 Target: [13%]; 2027 Target: [22%]; 2028 Target: [30%]; 2029 Target: [35%]</i></p> <p>Percent of countries with COD-PS updated as per existing standards for humanitarian preparedness and operational response planning</p> <p><i>Baseline (2025): [22%]; 2026 Target: [26%]; 2027 Target: [30%]; 2028 Target: [34%]; 2029 Target: [43%]</i></p>		
<p>Output 2: Policy, advocacy and accountability</p> <p>By 2029, improve formulation, implementation of policies, legal frameworks and programmes related to the advancement of sexual and reproductive health and reproductive rights; prevention of an in response to GBV and harmful practices as well as adaptation to demographic trends and realities</p>	<p>Percent of countries where the MOH has established a multisectoral multidisciplinary mechanism for improving maternal health</p> <p><i>Baseline(2025: [13%]; 2026Target: [26%]; 2027Target: [39%] 2028Target: [52%]; 2029Target: [60%]</i></p> <p>Percent of countries tracking implementation of recommendations on SRHR (including CSE), GBV/harmful practices, adolescent pregnancy, and youth participation in regional and continental commitments</p> <p><i>Baseline (2025: [0]; 2026 Target: [17%]; 2027Target: [52%]; 2028 Target: [87%]; 2029Target: [100%]</i></p> <p>Percent of countries with national SRHR/HIV strategies for adolescents and youth (aligned with international standards) that integrate adolescents and key populations.</p> <p><i>Baseline(2025): [13%]; 2026 Target: [22%]; 2027 Target: [30%]; 2028Target: [39%]; 2029 Target: [65%]</i></p> <p>Proportion of outcome documents of global and regional intergovernmental processes supported by UNFPA that integrate the commitments related to the achievement of transformative results</p>	<p>AUC, UNECA, ECCAS, ECOWAS, CEMAC, government, parliament,, World Bank, African Development Bank</p>	<p>\$6.7 million (\$2.5 million from regular resources and \$4.2 million from other resources</p>

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	<p><i>Baseline(2025): [100%]; 2026 Target: [100%]; 2027 Target: [100%]</i> <i>2028 Target: [100%]; 2029 Target: [100%]</i></p> <p>Number of countries that have integrated sexual and reproductive health and reproductive rights and Programme of Action of the ICPD priorities into the national climate policies.</p> <p><i>Baseline (2025): [0]; 2026 Target: [1]; 2027 Target: [4]</i> <i>2028 Target: [6]; 2029 Target: [10]</i></p>		
<p>Output 3: Leveraging sustainable financing and investments</p> <p>By 2029, increase and diversified financing and investment to advance sexual and reproductive health and gender equality and the empowerment of women, girls and young people</p>	<p>Percent of countries that increased government expenditure on family planning on a real per capita basis</p> <p><i>Baseline (2020): [39%]; 2026 Target: [43%]; 2027 Target: [48%]; 2028 Target: [52%]; 2029 Target: [56%]</i></p> <p>Percent of countries that increased government expenditure on maternal conditions on a real per capita basis</p> <p><i>Baseline (2021): [48%]; 2026 Target: [52%]; 2027 Target: [56%]; 2028 Target: [60%] ; 2029 Target: [65%]</i></p>	<p>Governments, Parliaments, WHO, UNICEF, World Bank, African Union Commission</p>	<p>\$ 2.0 million (\$ 1.0 million from regular resources and \$1.0 million from other resources)</p>
<p>Output 4: Social and Gender norms</p> <p>By 2029, strengthened capacity of individuals communities and institutions to address gender discrimination and harmful social and gender norms to advance equality, bodily autonomy and reproductive rights</p>	<p>Percent of regional feminist and women-led organization networks receiving capacity-building support focused on addressing gender and social norms, which results in the development of concrete plans of action for social and gender norms transformation.</p> <p><i>Baseline(2024): [0]; 2026 Target: [0.08%]; 2027Target: [13%] 2028Target: [22%]; 2029Target: [26%]</i></p> <p>Percent of regional or country-level health and social services bodies formally partnered and engaged in FGM prevention and survivor care initiatives.</p> <p><i>Baseline(2024): [0]; 2026Target: [0.08%]; 2027Target: [22%] 2028Target: [35%]; 2029Target: [43%]</i></p>	<p>Equality Now, UNICEF,, Equipop, UN WOMEN, TOSTAN, UNHCR, WHO</p>	<p>\$10.2 million (\$2.8 million from regular resources and \$7.4 million from other resources)</p>

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	<p>Percent of countries where the Regional Office facilitated engagement with regional or cross-regional networks of service providers, men and boys, or social influencers to scale up prevention and response to GBV and harmful practices</p> <p><i>Baseline(2024): [48%]; 2026Target: [60%]; 2027Target: [70%] 2028Target: [78%]; 2029Target: [87%]</i></p> <p>Percentage of youth-led networks participating in national policy dialogues on SRHR/GBV</p> <p><i>Baseline(2025): [_ 15 _]; 2026Target: [_ 20 _]; 2027Target: [30 _] 2028Target: [40 _]; 2029Target: [60]</i></p>		
<p>Output 5: Quality of care and services</p> <p>By 2029, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices for women, girls and young people</p>	<p>Percent of countries with reported national strategies aimed at midwifery career development and retention strategies, including bonding schemes and incentives</p> <p><i>Baseline(2025): [70%]; 2026Target: [78%]; 2027Target: [87%] 2028Target: [95%]; 2029Target: [100%]</i></p> <p>Percent of countries with national standards for midwifery education with essential competencies aligned with global and/or regional standards such as the ICM and/or WAHO</p> <p><i>Baseline(2025): [30%]; 2026Target: [39%]; 2027Target: [52%] 2028Target: [60%]; 2029Target: [70%]</i></p> <p>Percent of countries that strengthened national supply chain systems based on Last Mile Assurance recommendations and other relevant assessments, with RO support.</p> <p><i>Baseline (2024):[26%]; 2026Target: [_ 35% _]; 2027Target: [43%]; 2028Target: [52%]; 2029Target: [60%]</i></p> <p>Percent of countries with national scale-up plans for delivery of integrated post-partum family planning services</p>	<p>Supply Chain Management Unit/UNFPA, Ministry of Health, Central Medical Stores, The Global Fund, other Global Health Initiatives in supply chains, Centres of Excellence in Supply Chain WAHO, WHO, IntraHealth, Jhpiego, FP2030, Africa Society for Obstetrics and Gynaecology, UNICEF, UNESCO, UNWOMEN, UNAIDS, International Planned Parenthood Federation, Ministries and networks responsible for health, education, youth, women affairs, community development/social action, Health Professional Associations</p>	<p>\$ 8.9 million (\$2.3 million from regular resources and \$6.6 million from other resources)</p>

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	<p><i>Baseline(2025): [39%]; 2026 Target: [-]; 2027 Target: [48%] 2028 Target: [-]; 2029 Target: [56%]</i></p> <p>Percent of countries with national actions plans for preventing teenage pregnancies aligned to the Regional Roadmap for Accelerated Reduction of Maternal Mortality</p> <p><i>Baseline(2025): [0] ; 2026 Target: [.04%]; 2027Target: [13%]; 2028Target: [26%]; 2029Target: [43%]</i></p> <p>Percent of countries where UHC strategies include adolescent-friendly SRHR services and CSE</p> <p><i>Baseline (2025): [13%]; 2026 Target: [21%]; 2027 Target: [39%] 2028 Target: [56%]; 2029 Target: [78%]</i></p>		
<p>Output 6: Humanitarian action and preparedness/resilience</p> <p>By 2029, enhance the 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>Percent of countries with health service providers, programme managers, and other national partners skilled in the provision of integrated SRHiE and GBViE humanitarian programming</p> <p><i>Baseline: [30%]; 2026 Target: [43%]; 2027Target: [60%] ; 2028Target: [74%]; 2029Target: [87%]</i></p> <p>Percent of countries that have enhanced capacities to deploy personnel to respond to humanitarian contexts</p> <p><i>Baseline: [56%]; 2026Target: [65%]; 2027Target: [78%]; 2028Target: [87%]; 2029Target: [100%]</i></p> <p>Percent of countries that have adopted a youth, peace and security framework (cumulative) <i>Baseline: [.08%]; 2026 Target: [26%]; 2027 Target: [43%]; 2028Target: [60%]; 2029Target: [78%]</i></p> <p>Percent of countries in emergency situations with SRHR commodities distributed through regional or sub-national prepositioning hubs</p> <p><i>Baseline(2025): [0]; 2026 Target: [.04%]; 2027Target: [13%] 2028Target: [17%]; 2029Target: [21%]</i></p>	<p>HRD,/partners with experience in SRH/GBV, Governments, Women-Led and Community Based Organizations, NGOs/INGOs, WHO Third-party warehouses</p>	<p>\$ 6.0 million (\$ 3.0 million from regular resources and \$3.0 million from other resources)</p>

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OEE1: Improved programming for results	<p>Percentage of new country programmes with a satisfactory quality assurance score through a peer review process <i>Baseline(2025): [100%]; 2026Target: [100%]; 2027Target: [100%]; 2028Target: [100%]; 2029Target: [100%]</i></p> <p>Percent of COs that have adopted or scaled at least one innovation with evidence of impact, supported by the guidance and technical assistance of the regional office. <i>Baseline(2004): [43%]; 2026 Target: [56%]; 2027 Target: [70%]; 2028 Target: [82%]; 2029 Target: [100%]</i></p> <p>Proportion of evaluation reports rated at least ‘satisfactory’ as per the UNFPA evaluation quality assessment grid for decentralized project evaluation reports <i>Baseline(2025): [100%]; 2026Target: [100%]; 2027Target: [100%]; 2028Target: [100%]; 2029Target: [100%]</i></p>	UN Development Coordination Office, Country Offices	\$0.2 million (\$0.2 million from regular resources and \$0 million from other resources)
OEE 2. Optimized management of resources	<p>RO Implementation rate for (i) regular resources and (ii) non-regular resources. <i>Baseline(2024): [100%]; 2026: 100%; 2027Target: [100%]; 2028Target: [100%]; 2029Target: [100%]</i></p> <p>Percentage of country offices that timely completed the HACT assurance activities for IPs with reduced number of findings/recommendations <i>Baseline(2024): [38%]; 2026 Target: [70%]; 2027Target: [75%]; 2028Target: [85%]; 2029Target: [100%]</i></p> <p>Percentage of UNFPA female staff among international professional and national staff : (a) <i>Baseline(2025): [43%]; 2029 Target [50%] - (b) All international professional staff: Baseline(2025): [45.4%] ; 2029 Target: [50%] (c) Among senior management staff (D2 to P5): Baseline (2025): [39%]; 2029 Target: [50%]</i></p>		\$2.3 million (\$ 1.4 million from regular resources and 0.9 from other resources)

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OEE 3: Expanded partnerships for impact	<p>Number of communication materials (Annual report, newsletters, briefs), produced by RO to enhance WCARO visibility and outreach</p> <p>Baseline 2024 [15]; 2026<i>Target</i>: [50]; 2027<i>Target</i>: [60] 2028<i>Target</i>: [75]; 2029<i>Target</i>: [90]</p> <p>Percentage of annual resource mobilization target met (<i>Baseline(2024)</i>: [100%]; 2026<i>Target</i>: [100%]; 2027<i>Target</i>: [100%] 2028<i>Target</i>: [100%]; 2029<i>Target</i>: [100%]</p>		\$0.2 million (\$0.2 million from regular resources and \$0 million from other resources)
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