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UNFPA – Annual report of the Executive Director

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Progress in implementing the UNFPA strategic plan, 2022-2025

Report of the Executive Director for 2024

Summary

This report analyses the progress made in achieving the results of the UNFPA strategic plan, 2022-2025, during the penultimate year of its implementation. It should be read in conjunction with the statistical and financial review, 2024 (DP/FPA/2025/4 (Part I)/Add.1), which provides details of UNFPA expenditures.

By 2024, UNFPA had generated sufficient momentum to accelerate the achievement of the three transformative results of its strategic plan: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage. The year 2024 marked the thirtieth anniversary of the International Conference on Population and Development. The report takes stock of the challenges encountered and the lessons learned. The annexes to the report, available on the UNFPA Executive Board website, provide detailed analyses and information on the progress achieved.

Elements of a decision

The Executive Board may wish to:

- (a) Take note of the documents that make up the report of the Executive Director for 2024: DP/FPA/2025/4 (Part I, Part I/Add.1 and Part II);
- (b) Note with appreciation the progress made by UNFPA in achieving the results of the UNFPA strategic plan, 2022-2025, during the penultimate year of its implementation.

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The annexes are available on the <u>UNFPA Executive Board website</u>.

I. Overview

- 1. This report analyses the progress made in pursuit of the results of the UNFPA strategic plan, 2022-2025, during the penultimate year of its implementation. As the second of three consecutive strategic plans guiding the UNFPA contribution to the 2030 Agenda for Sustainable Development and the implementation of the International Conference on Population and Development (ICPD) Programme of Action, the plan reflects a critical moment in the trajectory toward global commitments on sexual and reproductive health and rights (SRHR), gender equality, and population dynamics. A successor strategic plan covering 2026-2029 is under development.
- 2. Launched in 2022, the current strategic plan reaffirmed UNFPA commitment to: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage.
- 3. The thirtieth anniversary of the ICPD in 2024 offered a moment to take stock of and celebrate the progress achieved since 1994. The ICPD Programme of Action has served as a catalyst for expanding rights and choices and has reinforced the centrality of human rights, gender equality, and population dynamics in sustainable development. Progress has been notable across key indicators (box 1), and the principles of the ICPD remain vital to addressing the systemic inequalities that persist today.

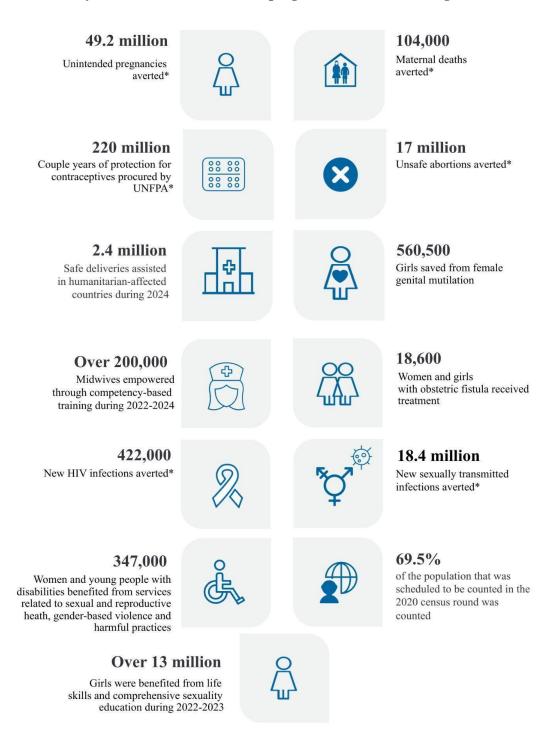
BOX 1

Achievements since the adoption, in 1994, of the ICPD Programme of Action

- ➤ Between 2000 and 2022, the proportion of the global population below the international poverty line decreased by over 69 per cent, from 29.2 per cent to 9 per cent;
- ➤ Between 2000 and 2023, the number of women dying from preventable complications of pregnancy and childbirth declined by 40 per cent;
- ➤ Since 2000, the number of girls (aged 15-19 years) giving birth has dropped by more than a third;
- Since 1990, the number of women using modern contraceptives has doubled;
- ➤ Since 1994, the unmet need for family planning for any method has decreased by 20 per cent worldwide;
- Adolescent girls have reached parity with boys in primary school enrolment, and now exceed boys in post-secondary enrolment;
- ➤ Between 2000 and 2022, the estimated HIV global incidence rate has declined from 0.48 to 0.17;
- ➤ Between 2000 and 2021, the universal health coverage index, which measures service coverage, increased globally by 41 per cent.
- 4. The global operating context continues to evolve. Widening inequality, climate disruption, demographic shifts, geopolitical instability, and protracted crises threaten to reverse gains made over the past three decades. The pushback against SRHR and gender equality in some settings risks undermining progress. This notwithstanding, UNFPA remains a trusted partner, with continued broad support from Member States, the private sector, civil society and national counterparts.

- 5. Within this context, UNFPA continued to deliver on its mandate across both development and humanitarian settings. The organization safeguarded access to essential services, protected bodily autonomy, and advanced evidence-based, rights-affirming policies and programmes. In 2024 alone, over 10 million people accessed reproductive health services in UNFPA-supported contexts, and over 3.6 million were reached with protection from gender-based violence in 59 crisis-affected countries
- 6. Notably, 2024 saw measurable acceleration in efforts to end child marriage and female genital mutilation. These gains, although fragile, reflect the impact of long-term investment, community mobilization, and multisectoral partnerships. However, progress on other results has slowed. The global unmet need for family planning has plateaued since 2021, driven by demographic growth, constrained fiscal space, discriminatory social norms, legal and policy barriers, and supply-side challenges in health systems.
- 7. In contrast, the proportion of demand satisfied with modern contraceptive methods continues to rise in many programme countries, supported by sustained investments through the UNFPA Supplies Partnership and matched domestic financing. Similarly, maternal mortality ratios have continued to decline globally, though inequities remain, especially in conflict-affected and resource-constrained settings.
- 8. The six outputs under the UNFPA strategic plan, 2022-2025 (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) population data and analysis; (e) humanitarian action; and (f) adolescents and youth served as the principal pathways to accelerate progress toward the three transformative results. In 2024, output-level performance reached its highest level during the current plan period, with all six outputs classified as "fully achieved." These results reflect the organization's continued commitment to delivering context-responsive, rights-based programming at scale.
- 9. Figure 1 below highlights the key results achieved during 2022-2024.

Figure 1
Key results achieved in UNFPA programme countries during 2022-2024



^{*}Estimated results modeled on UNFPA procurement of family planning commodities

- 10. UNFPA leadership across the humanitarian-development-peace continuum was particularly visible in complex settings. In the Gaza Strip, despite the ongoing conflict, over 90 per cent of births occurred in health facilities, supported through coordinated delivery of the Minimum Initial Service Package. More than 60 countries had anticipatory action plans in place, enabling the timely deployment of resources before crises emerged.
- 11. UNFPA sustained its leadership on population dynamics and demographic data, providing technical support and policy guidance to ensure that countries could integrate demographic change into national development planning. The organization also continued to promote the rights, participation, and leadership of adolescents and youth in policymaking processes. As of 2024:
- (a) Worldwide, 150 countries had birth registration data that were at least 90 per cent complete;
- (b) Approximately 80 per cent of UNFPA programme countries conducted at least one population and housing census as part of the 2020 census round;
- (c) Over 100 UNFPA programme countries engaged young people in formulating and implementing policies and programmes.
- 12. This work remains central to accelerating progress on the transformative results, as it enables countries to align SRH strategies with emerging demographic realities and to ensure no one is left behind.
- 13. In 2024, UNFPA supported countries in advancing policy responses to demographic challenges, grounded in rights and evidence. Examples include: (a) Armenia's adoption of a demographic strategy linked to SRH priorities; (b) Iraq's first population census in 37 years; (c) Viet Nam's development of a national population law; and (d) Morocco's launch of a national strategy for older persons (2024-2030).
- 14. UNFPA advanced a set of institutional transformation initiatives in 2024, aligned with the UN 2.0 vision, in order to strengthen organizational agility and proximity to field needs. These included the headquarters optimization initiative, which saw the establishment of a new Programme Division integrating technical and strategic functions.
- 15. The majority of the functions of this merged division will be moved from New York and other locations to Nairobi, Kenya, by September 2025, along with the UNFPA Independent Evaluation Office (IEO).
- 16. As part of the headquarters optimization, UNFPA also strengthened the Division of External Relations (the former Division of Communications and Strategic Partnerships) by integrating into it the Intergovernmental, Inter-agency and Policy Dialogue Branch of the former Policy and Strategy Division.
- 17. While it is too early to monitor the overall impact of full headquarters optimization initiative, some of these reforms have already generated early efficiency gains, including improved collaboration between divisions, streamlined workflows, and more integrated strategic planning, such as in the development of the next strategic plan. UNFPA will regularly monitor the outcomes of this initiative as requested by the Executive Board decision 2024/18.
- 18. UNFPA also introduced a number of other organizational adjustments during 2024:
- (a) Restructuring the Supply Chain Management Unit and launching a new supply chain management strategy, 2024-2029;
- (b) Introducing the Innovation and Transformation Branch, which merges the former Innovation Unit and the Corporate Performance and Foresight Unit.
- 19. These reforms also position UNFPA as a proactive contributor to the Secretary-General's 'UN80 initiative.'

- 20. The results presented in this report highlight how the comparative and collaborative advantage of UNFPA lies in its unique blend of normative leadership, technical depth and operational reach, enabling it to accelerate progress on sexual and reproductive health and reproductive rights, gender equality and population dynamics while delivering context-specific, high-impact results across the humanitarian-development-peace continuum. In an increasingly competitive development landscape, the organization's trusted partnerships, strong localization efforts, universal presence, data-driven programming and ability to adapt across different country settings position UNFPA to continue delivering results that matter for women and girls across the life course.
- 21. UNFPA also introduced several initiatives in 2024 to improve organizational effectiveness and efficiency. It (a) launched its first-ever strategy on protection from sexual exploitation and abuse, and sexual harassment; (b) strengthened the capacity of independent oversight bodies; (c) operationalized the new enterprise resource planning system; (d) strengthened foresight work by introducing a dedicated foresight team; and (e) advanced work to implement the UNFPA culture initiative and continued to strengthen interventions towards combating racism and racial discrimination.
- 22. The Multilateral Organisation Performance Assessment Network (MOPAN) assessment of UNFPA and the formative evaluation of the strategic plan, 2022-2025 reported in 2024 further evidence that UNFPA influenced the achievement of the relevant commitments of the 2030 Agenda for Sustainable Development. These reports also determined that:
- (a) The UNFPA strategic plan, 2022-2025, continues to play a catalytic role in achieving country priorities; its long-term vision is strongly aligned with the 2030 Agenda for Sustainable Development;
- (b) UNFPA remains a fundamental pillar of the ongoing repositioning of the United Nations development system;
- (c) UNFPA solidified its presence in the global humanitarian sphere by advancing the sexual and reproductive health and rights of women and girls and by addressing gender-based violence; it also led strategies to prevent sexual exploitation and abuse in several countries;
- (d) UNFPA oversight and accountability functions have been strengthened.
- 23. Evidence continues to show that investments in sexual and reproductive health and rights generate high returns across health, economic, and social indicators. For every dollar invested in family planning and maternal health in low-income and middle-income countries, the estimated benefit to families and societies exceeds \$8.40.
- 24. Informed by evaluations and lessons from the current strategic cycle, UNFPA is finalizing its next strategic plan for 2026-2029. The new plan will build on this momentum to drive continued progress toward the three transformative results, anchored in evidence and data, rights-based, gender-responsive and context-specific programming, based on the organization's unique comparative advantages within the broader United Nations system.

II. Context

- 25. The global operating context in 2024 was defined by intersecting crises: rising inequality, climate disruption, forced displacement, conflict, and political polarization; all of which can be seen as part of a broader and more complex 'polycrisis' that is increasingly intense, interlinked and protracted. More than 123 million people were forcibly displaced, and progress across multiple Sustainable Development Goals, including universal health coverage and gender equality, remains off track.
- 26. During 2024, more women and girls living through war or armed conflicts experienced sexual violence as a weapon of war. An estimated one in five refugees or displaced women in humanitarian crises face sexual violence. Women and young people could not access sexual and reproductive health services, including 80,000 women of reproductive age.
- 27. Bodily autonomy, gender equality, and protection from discrimination were increasingly politicized in 2024, threatening hard-won gains under international human rights frameworks. Despite electoral activity in over 60 countries, women remained underrepresented in leadership, with only five women elected head of state in 31 direct presidential elections.

- 28. Climate change continues to intensify, with 2024 marking the hottest year on record. The ten warmest years in recorded history occurred in the past decade alone. The climate crisis disproportionately affects women, and rising temperatures are linked to poorer maternal and newborn health outcomes. For example, a one-degree increase during the week prior to delivery raises the risk of stillbirth by 6 per cent.
- 29. The world population reached 8.1 billion in 2024. Population size has already peaked in 63 countries and areas, representing 28 per cent of the world's population in 2024. Fertility rates have declined in all countries, with almost 70 per cent of the world's population currently living in countries that have a total fertility rate below the replacement level of approximately 2.1 children per woman.
- 30. Demographic changes have far-reaching implications for sustainable development. They affect the demand for essential goods and services, including health, education, work and social protection; and have implications for our global ambition to eradicate poverty, reduce inequalities, achieve universal education and health coverage, and protect critical environmental resources.
- 31. In 2024, UNFPA carried out a 30-year review of the International Conference on Population and Development. This included the following milestones:
- (a) Arranging three global dialogues on: (i) demographic change; (ii) technology; and (iii) youth leadership. At the global dialogue on youth, *the 'Cotonou youth action agenda'* was adopted, reaffirming the pivotal role young people continue to play in advancing implementation of the ICPD Programme of Action.
- (b) The Summit of the Future concluded with a pact that includes a declaration on future generations. During the Summit, UNFPA mobilized over \$350 million for reproductive health commodities;
- (c) The declaration on the occasion of the 30th anniversary of the International Conference on Population and Development was adopted during the 57th Session of the Commission on Population and Development;
- (d) The United Nations General Assembly adopted resolution 79/226 on the 2024 quadrennial comprehensive policy review of operational activities for development of the United Nations system. The resolution includes dedicated paragraphs on the ICPD Programme of Action and the need for adequate resource mobilization for its implementation, population dynamics and demographic diversity;
- (e) In March 2024, the Secretary-General launched the United Nations System-wide Gender Equality Acceleration Plan. UNFPA participates in or co-leads four of its six working groups.
- (f) The General Assembly adopted resolution 77/196 to intensify efforts to end obstetric fistula.

III. Results achieved during 2024

A. Status of the strategic plan outcomes

Outcome 1. By 2025, the reduction in the unmet need for family planning has accelerated.

- 32. Since the adoption of the ICPD Programme of Action in 1994, the global unmet need for family planning (for any method) has declined by approximately 20 per cent. In the least developed countries many of which are UNFPA programme countries the unmet need decreased by about 28 per cent over the same period.
- 33. Regional estimates indicate substantial progress. For example, Central and Southern Asia halved the unmet need for family planning, while Northern Africa and Western Asia achieved a reduction of around one third (see figure 2).

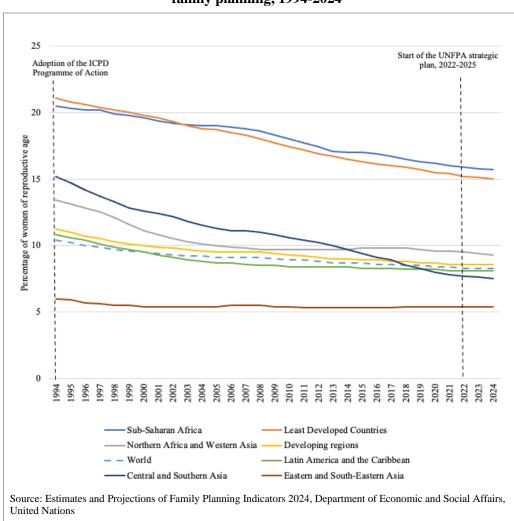


Figure 2
Percentage of women of reproductive age who have an unmet need for family planning, 1994-2024

34. Though the unmet need for family planning for any method appears to have stagnated since 2021, the need for family planning satisfied with modern methods has steadily increased, particularly in the least developed countries. This highlights the progress made in providing access to family planning options, a key indicator for women's reproductive health and empowerment (see figure 3).

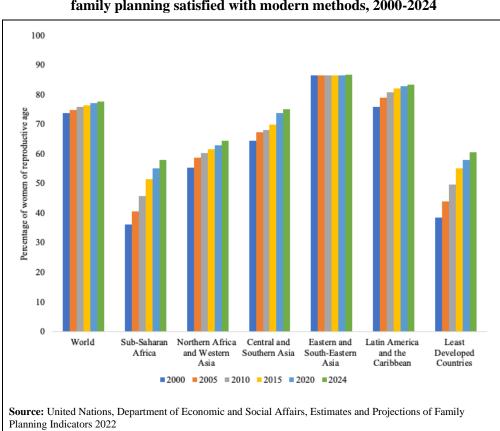
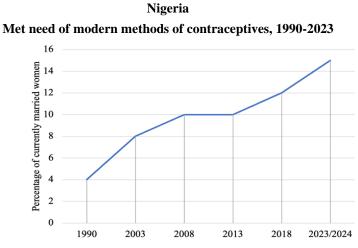


Figure 3

Proportion of women of reproductive age who have had their need for family planning satisfied with modern methods, 2000-2024

35. A number of countries made advancements in terms of accelerating access to family planning. In Liberia, during 2024, over 368,000 women utilized family planning services, including 96,485 new users, which was an 8 per cent increase from 2023. Tajikistan increased state financing for modern contraceptive procurement by 5 per cent between 2023 and 2024. Timor-Leste recorded a notable increase in contraceptive implant use from 5 per cent in 2010 to 45 per cent in 2023.

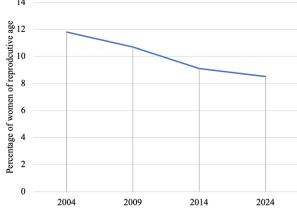
Figure 4 **Examples of country advancements in family planning**



Source: Nigeria Demographic and Health Survey

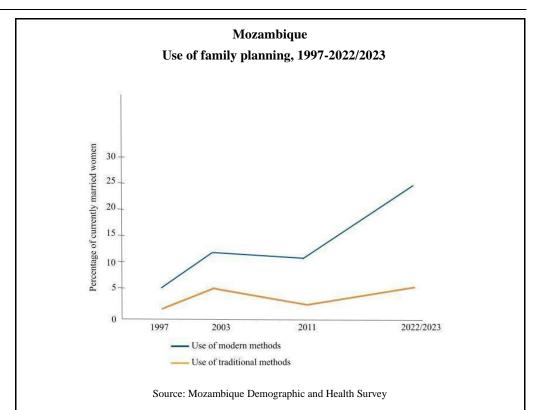
In Nigeria, there was an acceleration in the met need of modern contraceptives during 2018-2023/2024, compared to the 2013-2014 period. This was due to: (a) a strengthened health system; and (b) expanded last-mile access to high-quality family planning services. In addition, UNFPA supported the development and review of key policy documents and guidelines in Nigeria, including the Investment Case and Sustainability Plan for Family Planning, National Guidelines for State-Funded Procurement of Family Planning Commodities, and the Family Planning Blueprint.

Lesotho Unmet need for family planning, 2004-2024 14



Source: Lesotho Demographic and Health Survey

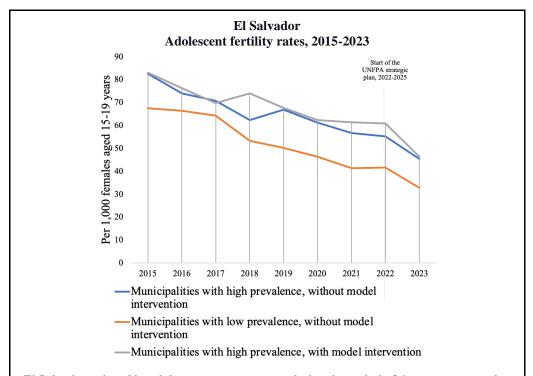
Since 2004, Lesotho has demonstrated a continuous decline in the unmet need for family planning. The most recent data illustrate that unmet need has been reduced due to: (a) increased budget allocations for family planning by the Government; (b) expanded access to, availability of, and the choice of modern contraceptives in rural locations; (c) addressing social norms and behaviour change; (d) the increased capacity of healthcare providers and health facilities; and (e) increased partnerships with the Lesotho Planned Parenthood Association and other stakeholders.



In Mozambique, the use of modern methods of contraceptives accelerated during 2011-2022/2023, compared to 2003-2011. This was due to: (a) improved last-mile access through mobile outreach interventions; (b) expanded behaviour change communication programming; (c) improved quality of care; and (d) improved policy commitment for family planning by the Government and other stakeholders.

36. In addition, UNFPA family planning interventions contributed to a significant reduction in adolescent pregnancies. For example, in El Salvador, the reduction in adolescent pregnancies in UNFPA-supported municipalities accelerated during 2023. Although adolescent pregnancy is declining, the reduction is faster and more pronounced in municipalities that implemented the "Llegar a Cero" (Reach Zero) initiative (figure 5).

Figure 5



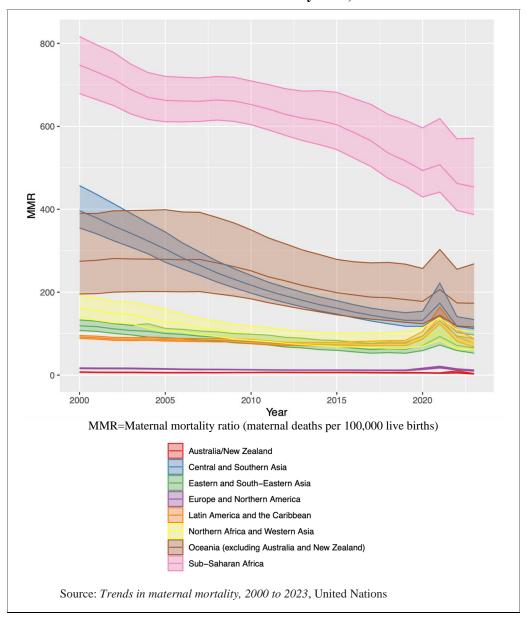
El Salvador reduced its adolescent pregnancy rate during the period of the current strategic plan due to the implementation of the "Llegar a Cero" (Reach Zero) initiative and its territorial model. The model, based on access to sexual and reproductive health services, the prevention of gender-based violence, and the empowerment of girls, has created protective environments by engaging families, institutions and local organizations.

- 37. UNFPA contributions to family planning were instrumental in maintaining or scaling up the progress in family planning indicators. There was a 7 per cent increase in donor government bilateral funding for family planning between 2022 and 2023. In addition: (a) over 24 countries procured new and lesser-used reproductive health commodities; (b) all 54 high-priority countries supported by the UNFPA Supplies Partnership had supply or procurement plans; and (c) over 80 programme countries had a functioning logistics management system.
- 38. UNFPA continued to invest in the UNFPA Supplies Partnership the world's largest provider of donated reproductive health commodities. The Partnership is tailored to accelerate the reduction of the unmet need for family planning in 54 high-priority countries. Since its inception in 2007, the modern contraceptives prevalence rate in countries supported through the Partnership has increased by 5.7 per cent, compared with 3.2 per cent in non-programme countries.
- 39. Despite earlier gains, the global level of unmet need for family planning has plateaued since 2021, remaining at approximately 8.3 per cent. The slow decrease in unmet need for family planning can be primarily attributed to the increase in the number of women in reproductive age globally. Progress is also constrained by multiple factors such as: (a) discriminatory gender and social norms; (b) gender inequalities that limit women's autonomy in relation to reproductive choices whether, when and with whom to bear children; (c) unfavourable legal frameworks; (d) health system supply-side barriers; and (e) increasing humanitarian crises.
- 40. Investing in family planning can bring excellent short and long-term returns on investment. It is estimated that low-income and middle-income countries would need to invest an additional \$79 billion from 2022 to 2030 to end the unmet need for family planning and end preventable maternal deaths. Doing so could generate up to \$660 billion in economic benefits in UNFPA programme countries by 2050.

- 41. UNFPA learned several key lessons in advancing sustainable access to family planning:
- (a) The family planning compact and the Match Fund of the UNFPA Supplies Partnership have been instrumental in increasing government investments in family planning, including in reproductive health commodities. In 2024, the Match Fund mobilized an additional \$9.3 million in domestic resources in 13 countries. In 2024, the Government of Malawi made a landmark \$9 million contribution towards the cost of commodities and also made a commitment to allocate \$25 million to family planning commodities in 2025;
- (b) Expanding access to new and lesser-used methods must be done with a proper introduction package and scale-up plans;
- (c) UNFPA recognized the importance of redesigning the last-mile assurance process and prioritized the quality and the sustainability of interventions.

Outcome 2. By 2025, the reduction of preventable maternal deaths has accelerated.

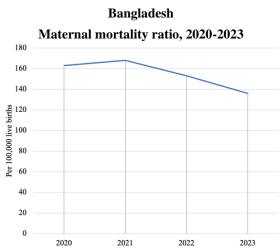
- 42. Since 2000 six years after the adoption of the ICPD Programme of Action the global maternal mortality ratio has declined by over 40 per cent, reflecting the impact of sustained policy commitments and investments in maternal health. Although there was a temporary rise in maternal deaths during the COVID-19 pandemic, recent data show that this trend is reversing under the current strategic plan. In the least developed countries many of which are priority UNFPA programme countries maternal mortality has been reduced by more than half. Importantly, for the first time, no country is currently classified as having an 'extremely high' maternal mortality ratio, according to the latest estimates. This milestone underscores the importance of continued political leadership, financing, and health system strengthening to accelerate progress and close remaining equity gaps.
- 43. Between 2000 and 2023, four regions with UNFPA programme countries achieved significant reductions in maternal mortality: (a) Central and Southern Asia (72.9 per cent); (b) Northern Africa and Western Asia (52 per cent); (c) Eastern and South-Eastern Asia (45 per cent); and (d) Sub-Saharan Africa (40 per cent). After several years of stagnation, Latin America and the Caribbean also reduced its maternal mortality ratio (see figure 6).
- 44. During the first eight years of the implementation of the 2030 Agenda for Sustainable Development (from 2016 to 2023), the global maternal mortality ratio declined by 10 per cent from 220 maternal deaths to 197 per 100,000 live births.



 $\label{eq:Figure 6}$ Trends in the maternal mortality ratio, 2000-2023

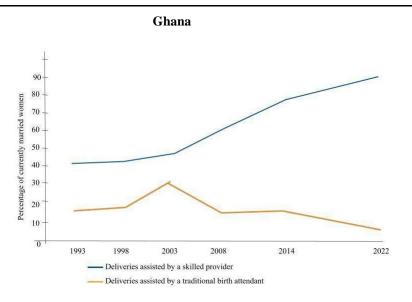
45. In 2024, several countries introduced initiatives to scale up the reduction of maternal deaths in the UNFPA strategic plan, 2022-2025. For example, Moldova enhanced the resilience of seven perinatal hospitals near the Ukrainian border; this resulted in the safe delivery of more than 15,000 newborns.

Figure 7
Examples of country advancements in reducing maternal mortality



Source: Bangladesh Demographic and Health Survey

During the period of the current UNFPA strategic plan, Bangladesh achieved a significant acceleration in reducing maternal mortality. This was due to: (a) the improved quality of maternal health care; (b) strengthened midwifery at the sub-district level, which managed 89 per cent of vaginal deliveries in 2023; (c) increased institutional deliveries; (d) improvements in essential supplies and logistics at facilities; and (e) increased community demand for antenatal and postnatal care, including the provision of maternal healthcare vouchers.



Source: Ghana Demographic and Health Survey

In Ghana, deliveries assisted by skilled providers have continued to increase, reaching 88 per cent in 2024. In addition, 98 per cent of women who had a live birth received antenatal care.

- 46. According to the most recent data, approximately 95 per cent of all maternal deaths occurred in low income and lower middle-income countries. Maternal mortality is disproportionately high in conflict and fragile contexts. In 2023, 37 countries were classified as being in such contexts, accounting for 64 per cent of global maternal deaths.
- 47. A number of other challenges hindered the acceleration in reducing maternal deaths:
- (a) Ending maternal and newborn mortality requires significant investments, yet UNFPA estimates a funding gap of \$104 billion. Only 61 per cent of countries have developed costed maternal and newborn health plans, and just 12 per cent have fully funded these plans;
- (b) Legal and policy restrictions prevent equitable access to services and care. Of 153 countries, only 40 have reported having all the legal guarantees for access to sexual and reproductive healthcare, information and services, including maternity care;
- (c) Worldwide, only 57 per cent of women of reproductive age can make informed decisions regarding sexual relations, contraceptive use and reproductive healthcare;
- (d) Harmful gender norms, stereotypes and inequalities continue to limit access to essential services:
- (e) Over 100 countries lack disaggregated data on sexual and reproductive health and rights, severely hindering the development of informed policies and programmes;
- (f) Malnutrition is a challenge for maternal health and well-being. In Sudan alone, it is estimated that 1.2 million pregnant and breastfeeding women suffer from malnutrition, and are facing severe health complications during and after delivery;
- (g) Rising inequalities are impacting access to high-quality maternal health services.
- 48. Access to sexual and reproductive health services is a human right and should be available to all people throughout their lives, as part of ensuring universal health coverage. Lessons learned include the following:
- (a) Women's and girls' access to education is associated with a reduced likelihood of maternal death. Ensuring that girls can stay in school and make decisions about their health and bodies is critical for improving their health and well-being;
- (b) Maternal health needs are changing, with a growing burden of non-communicable diseases impacting health in pregnancy and beyond;
- (c) Recognizing the importance of investing in artificial intelligence in reducing maternal mortality. For example, in India, the UNFPA-supported "JustASK" chat box reached thousands of users with information related to sexual and reproductive health. A number of other countries were prototyping artificial intelligence-powered ultrasounds.
- 49. To address challenges and incorporate the lessons learned, UNFPA developed its Strategy for Reproductive, Maternal, and Newborn Health and Well-Being, 2025-2030, to re-ignite a global sense of urgency to end preventable maternal deaths. UNFPA will also continue to scale up high-impact practices such as midwifery, emergency obstetric and newborn care, and increase maternal health commodities.
- 50. UNFPA also continued to capitalize on focused and joint initiatives to further accelerate progress in reducing preventable maternal deaths. For example:
- (a) In 2024, UNFPA began the fourth phase (2024-2028) of the Maternal and Newborn Health Fund, which focuses on 44 high-burden countries. Since its inception of this Fund in 2008, 30.8 million pregnant women have received safer delivery care. More than 550,000 midwives have been trained and supported; and 578 midwifery schools have been accredited to meet national or international standards;
- (b) UNFPA, along with the World Health Organization and UNICEF, chairs the "Every Woman Every Newborn Everywhere" management team, to improve maternal and newborn health. As of 2024, over 55 countries had acceleration plans to end preventable maternal deaths.

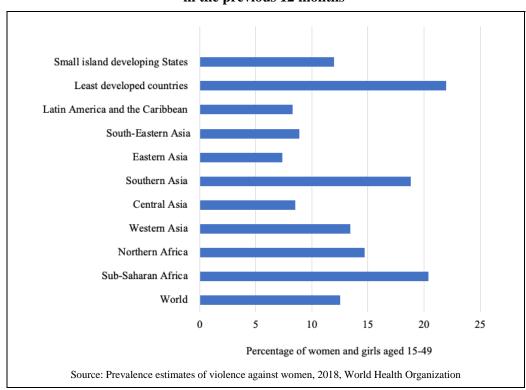
Outcome 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.

Gender-based violence

- 51. In 2024, the world advanced efforts to end gender-based violence. The latest global estimates revealed that 12.5 per cent of ever-partnered women aged 15-49 year have been subjected to physical and/or sexual violence by a male partner or an ex-partner within the past 12 months (figure 8).
- 52. Though data are limited, several countries reported significant developments in accelerating progress towards ending gender-based violence. As of 2024, 78.8 per cent of countries worldwide had legal frameworks to address violence against women. Approximately three quarters of countries worldwide have regulations that guarantee full and equal access to sexual and reproductive health care, information and education.

Figure 8

Percentage of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by a current or former intimate partner in the previous 12 months

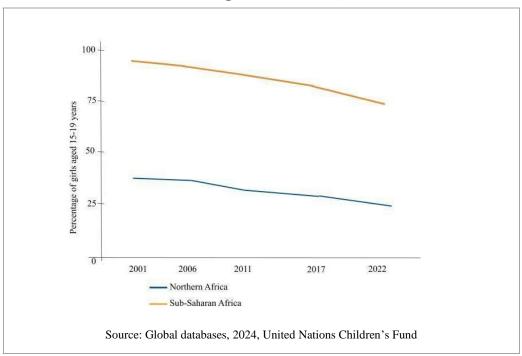


- 53. The following countries are among those that took steps to end gender-based violence:
- (a) Indonesia introduced a regulation to implement the sexual violence criminal law. This marks a critical step in strengthening the legal landscape and ensuring justice for survivors of sexual violence;
- (b) Mali adopted a revised penal code and a code of criminal procedure that integrates specific provisions on gender and gender-based violence;
- (c) Tajikistan amended its law to prevent domestic violence, expanded support services and extended protection orders;
- (d) Chile published a comprehensive law on violence against women and girls.

Female genital mutilation

- 54. The reduction in female genital mutilation continues to accelerate. The rate of reduction increased from 9 per cent during 2012-2017 to 15 per cent during 2017-2022 (figure 9).
- 55. Of the 25 countries with the highest incidence of female genital mutilation, 10 countries have made significant progress. Ten more countries have shown some progress, while five countries did not demonstrate a notable change.

Figure 9
Trends in female genital mutilation, 2001-2022



- 56. A number of countries made considerable progress towards ending female genital mutilation:
- (a) In Kenya, as a result of partnerships and high-level political commitments, female genital mutilation was reduced from 21 per cent in 2014 to 15 per cent in 2022;
- (b) In Egypt, 20 universities integrated the subject of female genital mutilation and its harmful effects into their medical school curricula;
- (c) In Nigeria, over 100 communities publicly declared in 2024 the abandonment of female genital mutilation.

30% — 25% — 25% — 20% — 64-51 policy for a p

Figure 10
Acceleration in the reduction of female genital mutilation in Senegal, 2005-2023

Source: Senegal Demographic and Health Survey

2015

2019

2023

Between 2019 and 2023, Senegal accelerated progress in reducing female genital mutilation after a period of stagnation. This progress was attributed to: (a) the integration of the abandonment of female genital mutilation into the national health and development plan; (b) the operationalization of the national strategy for the abandonment of female genital mutilation and its action plan; (c) high-level engagement with members of parliament, which led to a 50 per cent increase in the budget allocation to combat female genital mutilation; (d) increasing the mobilization of young people; and (e) men's and boys' engagement through the "husband school" model that promotes positive masculinity.

- 57. However, the pace of decline of female genital mutilation worldwide has been uneven. Over 200 million women and girls alive today have undergone female genital mutilation. Without concerted and accelerated action, 48 million more girls could be subjected to this practice by 2030. The rate of decline must be 10 times faster to eliminate the practice by 2030.
- 58. UNFPA and UNICEF continued to lead the largest global programme to accelerate the elimination of female genital mutilation in 17 countries. As of 2024, 14 of the 17 countries supported by the joint UNFPA-UNICEF programme have legal and policy frameworks that ban female genital mutilation.

Child, early and forced marriage

0

2005

- 59. For the first time during the current strategic plan, the reduction in child early and forced marriage has begun to accelerate globally. The prevalence of this practice before the age of 18 decreased by 10.5 per cent from 2018 to 2023, compared to 3.7 per cent from 2018 to 2018.
- 60. During the current strategic plan, sub-Saharan Africa achieved the largest level of acceleration in reducing child marriage. Northern Africa and Western Asia reported a notable level of acceleration in reducing the practice as of 2023. All the other regions registered a decline in the prevalence of child early and forced marriage (figure 11).
- 61. As of 2024, 72 per cent of countries set the minimum age of marriage below 18 years, with no legal exceptions for women and men.

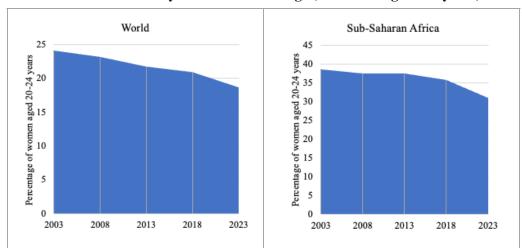


Figure 11
Trends in child early and forced marriage (before the age of 18 years)

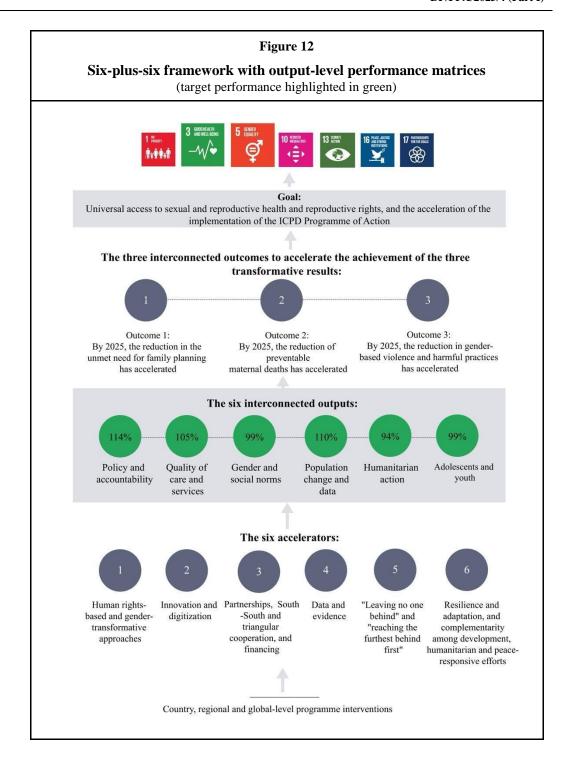
Source: Global databases, 2024, United Nations Children's Fund

- 62. In 2024, a number of countries sought to accelerate the reduction of child, early and forced marriage. Jordan demonstrated a significant reduction in child marriage, from 11.5 per cent to 8.5 per cent, since 2020, after having launched its multisectoral action plan to end marriage. In addition:
- (a) Colombia passed a law to end child early and forced marriage;
- (b) Sierra Leone passed a historic bill that secures the future of its girls;
- (c) Malawi launched its national strategy to end child, early and forced marriage;
- (d) Suriname adopted a new civil code that adjusted the minimum age of marriage from 15 years for girls and 17 years for boys to 18 years for both girls and boys.
- 63. Today, 1 in 5 young women aged 20-24 years were married as children. Ten years ago, nearly 1 in 4 young women were married as children. However, the current rate of decline in child marriage is insufficient to meet the 2030 target. Globally, approximately 19 per cent of young women were still married before their 18th birthday. Without accelerating the reduction in child marriages, more than 150 million additional girls under 18 years of age will marry by 2030.
- 64. UNFPA and its partners continue to face a number of challenges in ending gender-based violence and harmful practices, which are often the result of entrenched gender inequality.
- 65. Gender-based violence and harmful practices have also intensified with the scale and frequency of humanitarian crises. For example, the average incidence of child, early and forced marriage in conflict-affected countries is 14.4 percentage points higher than in non-conflict settings.
- 66. Other challenges to ending gender-based violence and harmful practices include the following:
- (a) Climate change is increasing gender-based violence. In sub-Saharan Africa, it has been estimated that domestic violence will triple by 2060 due to extreme heat conditions and the resulting impediment to development;
- (b) Globally, an estimated 51,100 women and girls were killed by their intimate partners or other family members during 2023. This is higher than the 2022 estimate of 48,800 victims;
- (c) More than 1 in 8 women and girls experienced rape or sexual assault before the age of 18. Roughly 1 in 11 men and boys experienced rape or sexual assault during childhood;
- (d) The rise in the weaponization of technology, including in online spaces, perpetrates violence against women and girls based on their gender. Over 85 per cent of women and girls have witnessed technology-facilitated gender-based violence;

- (e) There are insufficient investments in comprehensive programming to combat gender-based violence. There is a \$360 billion annual worldwide deficit in spending on gender-equality measures by 2030;
- (f) Less than half of the data required to monitor Sustainable Development Goal 5 (achieve gender equality and empower all women and girls) are currently available; more investments in gender statistics are therefore vital.
- 67. Gender-based violence takes place in all levels of the socioecological model and is influenced by factors that span all levels of that model. UNFPA learned several lessons in accelerating the reduction of gender-based violence and harmful practices. These include:
- (a) Reproductive violence must be addressed: tackling reproductive violence is essential to uphold autonomy, agency and self-determination within GBV responses;
- (b) Technology needs to be safe by design: digital tools must prioritize safety, privacy and security to avoid reinforcing harm;
- (c) Survivor-centred approaches depend on strong systems: effective, compassionate support requires robust case management and coordination;
- 68. The impact of cash and voucher assistance in mitigating the risk of gender-based violence and well-being. In Türkiye, 90 per cent of women and girls who benefited from cash assistance experienced a lower risk of gender-based violence in 2024. To address these challenges and lessons, UNFPA has undertaken a number of initiatives, including:
- (a) Implementing a global programme to end technology-facilitated gender-based violence;
- (b) Scaling up the national capacity to measure violence against women through the "kNOwVAWdata" initiative, which supports and strengthens regional and national capacity to measure such violence;
- (c) Leading a programme to showcase technology that centres on gender;
- 69. UNFPA, in partnership with UNICEF, will continue to operationalize the Global Programme to End Child Marriage and the Joint Programme on the Elimination of Female Genital Mutilation, focusing on high-prevalence countries. As of 2024, through the joint programmes, over 162,000 girls were protected from undergoing female genital mutilation and over 7.2 million girls were prevented from entering into child, early and forced marriage.
- 70. UNFPA also continues to be part of the Spotlight Initiative, a global effort that seeks to eliminate all forms of violence against women and girls. Through this initiative, as of 2024, over 540 laws and policies worldwide were signed or strengthened to end such violence.

B. Output-level performance and results that contributed to outcome-level results

- 71. UNFPA recorded steadfast performance in achieving its strategic plan outputs the pathways through which UNFPA contributes most directly to accelerating progress in achieving the three transformative results. In 2024, UNFPA fully achieved all six outputs in the current strategic plan (figure 12). In addition, in 2024, UNFPA reported the highest output-level performance to date during the period of the current strategic plan.
- 72. In 2024, UNFPA improved the performance of the outputs related to population change and data, as well as those related to gender and social norms. These outputs demonstrated significant achievements, compared to previous years.



73. Figure 13 below highlights some of the evidence for the output-level achievements that contributed to accelerating the achievement of the three transformative results.

Figure 13

Key output-level achievements, as of 2024

Universal health coverage

80% of countries

integrated sexual and reproductive health into universal health coveragerelated policies



Youth policies

66% of countries

integrated sexual and reproductive health and rights into national youth policies and plans



65 countries

made new commitments to achieve the three transformative results during the 2022-2024 period



Population change

92% of countries

integrated population change into sexual and reproductive health policies



63% of countries

had laws and regulations that support the realization of universal access to sexual and reproductive health



Service provision

Over 54 million

women, adolescents and youth in 2024 benefited from sexual and reproductive health services



52% of countries

had a national mechanism to address discriminatory gender and social norms



Social movements

67% of countries

had social movements that advocated against harmful gender and social norms



52% of countries

integrated sexual and reproductive health into emergency preparedness and disaster risk-reduction plans



Sexuality education

41% of countries

had operationalized in-school comprehensive sexuality education



integrated sexual and reproductive health into policies related to climate change





Adolescent girls

10.6 million

marginalized adolescent girls in 2024 were empowered through health and economic asset-building programmes

Civil registration and vital statistics systems 87% of countries strengthened civil registration

and vital statistics systems





Youth-led innovations

67 countries

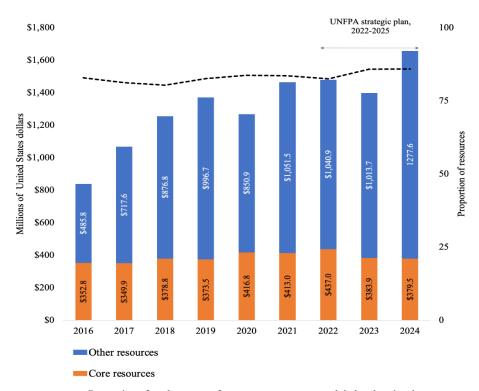
promoted youth-led innovative solutions related to the three transformative results

IV. Advancements in organizational effectiveness and efficiency

- 74. During 2024, UNFPA introduced various organizational shifts to improve organizational effectiveness and efficiency. In 2024, UNFPA received a positive assessment from MOPAN for organizational effectiveness, performance and results. Overall, 52 of 57 micro-indicators were rated as 'satisfactory' or 'highly satisfactory.'
- 75. In 2024, UNFPA achieved an overall operational efficiency gain of \$14.7 million. Of these gains, \$7.6 million were generated from UNFPA-specific initiatives, \$1.8 million were from bilateral initiatives with partner United Nations organizations, and \$5.3 million through business operation strategies.
- 76. In 2024, UNFPA gross contributions exceeded the \$1 billion mark for the eighth year in a row, surpassing the strategic plan target and reaching an unprecedented level of \$1,657.1 million.
- 77. The increase is attributable to an increase in gross contributions received for other resources, which rose to \$1,277.6 million (increasing by 26 per cent compared to 2023), partially offset by a marginal decrease in regular resources received, which fell to \$379.5 million, compared to \$383.9 million in 2023 (figure 14). As a result of the trend in contributions to core and non-core resources, the overall core to non-core ratio declined to 23 per cent, the lowest on record, below the Funding Compact benchmark of 30 per cent.
- 78. UNFPA continued to expand its humanitarian-response capacity. UNFPA has increased humanitarian funding over the past five years, with growth of over 32 per cent in 2024, compared to 2023. UNFPA also mainstreamed resilience, prevention, preparedness and early action, and highlighted the complementarity among humanitarian, development and peace-responsive interventions.

Figure 14

Contribution revenue and total expenses for country programmes, global and regional programmes, and other programme activities, 2016-2024



 ⁻⁻⁻Proportion of total expences for country programmes, global and regional programmes, and other programme activities

- 79. However, the funding situation for 2025 and beyond is seriously challenging due to the changing geopolitical and aid landscape. During 2024, UNFPA began planning for adverse revenue scenarios that will require budget reduction measures in 2025 and adjustments to the integrated budget for 2026-2029.
- 80. UNFPA initiated several strategies to diversify its funding sources. For example:
- (a) UNFPA has strengthened its partnerships with international financial institutions at all levels;
- (b) UNFPA has scaled up its engagement with private-sector partners, corporations and foundations. In 2024, UNFPA established 94 new partnerships and mobilized \$63.7 million. Between 2023 and 2024, UNFPA doubled its contributions from foundations and philanthropic institutions. UNFPA also received over \$3.8 million in donated products and services;
- (c) The individual giving programme has also experienced a rapid growth. In 2024, the rate of recruitment of individual donors opting to provide monthly gifts to UNFPA increased by 134 per cent, compared to 2023. During 2024, UNFPA mobilized more than \$10 million under this programme.
- 81. UNFPA continued to share compelling evidence, insights and stories of change on key issues related to the ICPD agenda, including through its flagship report, *State of the World's Population*. The 2024 report garnered significant public attention, with its microsite attracting nearly a quarter of a million views and coverage in numerous top-tier media outlets. On social media, posts featuring the report generated over 401,000 impressions, and the report was downloaded more than 13,000 times. More broadly, the digital reach of UNFPA continues to expand. In 2024 alone, UNFPA websites recorded over 25 million page views, while content across all social media channels amassed more than 1.35 billion impressions.
- 82. UNFPA developed policy and procedures for resource management that govern the UNFPA integrated budget. The policy and procedures also provide guidelines for planning and administering UNFPA resources covering all cost classifications.
- 83. In 2024, UNFPA launched its new strategy for financing the ICPD agenda and scaled up: (a) the UNFPA Strategic Investment Facility; (b) the Match Fund of the UNFPA Supplies Partnership; and (c) the development of investment cases.
- 84. UNFPA continued to strengthen its internal control environment, risk management and independent oversight functions. UNFPA is committed to maintaining a strong risk-management culture through the operationalization of a comprehensive enterprise risk management framework, guided by a "risk appetite statement" and reinforced by robust governance mechanisms. By utilizing the reference maturity model for risk management of the High-Level Committee on Management, UNFPA has achieved maturity in six key dimensions of risk management. It reached an 'established' level in risk culture, frameworks and capabilities, alongside notable advancements in governance and integration.
- 85. By proactively addressing strategic risks, including funding sustainability, reputational integrity and operational resilience, UNFPA ensures transparency, accountability and adaptability in its operations. These efforts reflect the commitment of UNFPA to zero tolerance for any form of wrongdoing and to foster trust among stakeholders while effectively fulfilling its mandate to advance the ICPD Programme of Action and the 2030 Agenda for Sustainable Development.
- 86. In 2024, UNFPA received an unqualified audit opinion from the Board of Auditors for the financial year that ended on 31 December 2023, a 14-year consecutive achievement that UNFPA is determined to uphold. UNFPA is committed to accelerating the implementation of Board of Auditors recommendations in a timely manner and strengthening accountability and operational effectiveness. UNFPA remains focused on addressing audit findings proactively, ensuring transparency and making sustained improvements in its governance and oversight mechanisms.
- 87. During 2024, UNFPA operationalized its 2030 People Strategy to better align human resources to accelerate the three transformative results. UNFPA maintained a gender-balanced workforce, with women making up 52 per cent of the staff, and men making up 48 per cent.

- 88. In 2024, UNFPA launched its first strategy on the protection from sexual exploitation and abuse and sexual harassment, which seeks to achieve zero tolerance for sexual misconduct through three core pillars: (a) evidence-driven prevention and response; (b) accountability and survivorcentred principles; and (c) organizational culture change. UNFPA also drafted its first foresight strategy and foresight toolkit to navigate future uncertainties and complexities.
- 89. In 2024, UNFPA expanded its innovative initiatives. Along with investing in strengthening its innovation capabilities and enabling culture, UNFPA created an incentive and recognition system to nurture innovations, including through innovation fairs, awards and capacity-building initiatives. During 2024, 67 countries promoted youth-led innovative initiatives to accelerate the achievement of the three transformative results.
- 90. In 2024, UNFPA made noteworthy progress in digital transformation. UNFPA digitalized 75 per cent of the processes that were targeted to become paperless or automated in the future. UNFPA (a) launched a policy for information and communications technology that promotes the use of digital solutions; (b) operationalized the digitalized enterprise resource planning system; (c) operationalized the artificial intelligence ideation process to obtain potential use cases; and (d) established a digital centre of excellence to support field offices. UNFPA also introduced initiatives in cybersecurity.
- 91. UNFPA continued to support United Nations reforms and business harmonization. In 2024:
- (a) Over 93 per cent of UNFPA country offices participated in 397 joint programmes;
- (b) Over 70 per cent of UNFPA offices share premises with other United Nations organizations;
- (c) Over 88 per cent of UNFPA country offices conducted joint risk assessments;
- (d) The proportion of group chair or co-chair posts that UNFPA holds in United Nations country teams increased during the period of the current strategic plan.
- 92. UNFPA is committed to maintaining environmental efficiency in its operations. UNFPA was one of the few United Nations entities that have met the environmental management systems criteria. Between 2010 and 2023, its total emissions were reduced by 25 per cent.

V. Development of the next UNFPA strategic plan, for 2026-2029

- 93. UNFPA has begun the development of its next strategic plan, for 2026-2029, in consultation with various stakeholders, including Member States. The strategic plan for 2026-2029 will be the third and final of three sequential UNFPA strategic plans covering the Sustainable Development Goals era and will continue to focus on the achievement of the three transformative results and the acceleration of the implementation of the ICPD Programme of Action.
- 94. UNFPA will maintain sexual and reproductive health and rights at the centre of its strategic plan for 2026-2029, reaffirming its normative leadership and operational commitment to bodily autonomy, women's health, and gender equality. A new dedicated outcome on demographic change will strengthen the organization's ability to support countries in adapting to population dynamics through rights-based, data-driven policies, while accelerating progress towards the three transformative results and advancing the full realization of the ICPD Programme of Action. Within the broader United Nations development system and in alignment with the 'UN80' reform agenda, this approach reinforces the unique contribution of UNFPA to delivering integrated, rights-based and forward-looking development solutions that leave no one behind.

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