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**UNFPA – Country programmes and related matters**

**United Nations Population Fund**

**Country programme document for Cuba**

Proposed indicative UNFPA assistance:	\$8.7 million: \$3.4 million from regular resources and \$5.3 million through co-financing modalities or other resources
Programme period:	Five years (2026-2030)
Cycle of assistance:	Tenth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

## I. Programme rationale

1. Cuba, a socialist State founded on the principles of equality and social justice, has historically prioritized universal policies, ensuring social protection and equitable distribution of benefits among its population. This longstanding commitment has resulted in significant achievements in human development and positive social indicators, particularly in areas related to the Programme of Action of the International Conference on Population and Development (ICPD), including low maternal and child mortality, and high life expectancy. Cuba continues to demonstrate a strong commitment to international development frameworks. The country's National Economic and Social Development Plan 2030 is aligned with the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), reflecting a national vision for a prosperous and sustainable future. Following the approval of its 2019 Constitution, Cuba initiated a significant process of legal and policy reform, which has led to substantial progress in legal frameworks and policies that advance the rights of people in situations of greater vulnerability.

2. These achievements are now under strain, as the country is navigating a complex socioeconomic scenario, as a result of the protracted effects of COVID-19 pandemic, international conflicts and the impact of climate related events, which have led to widening social disparities. This situation is compounded by the intensification of the economic, commercial, and financial blockade, in place for over six decades, and the country's designation as a 'State sponsor of terrorism', which severely constrain access to international markets, foreign investment and financing. Consequently, the availability of essential goods, including food, fuel and medical supplies, is significantly impacted, affecting the well-being of the population.

3. Cuba faces a unique demographic landscape marked by the completion of its demographic transition. This has led to significant changes in the population's age structure, resulting in the highest aging index in the Americas. Of its 9.7 million inhabitants, 25.7 per cent are aged 60 years and older, while 11 per cent are adolescents aged 10-19 years. The median age is 44.5 years (45.9 for women). Two key drivers underpin this shift: low fertility and emigration. The total fertility rate dropped from 4.0 children per woman in 1970 to 1.29 in 2024, well below the replacement level. Emigration, particularly of people in working and reproductive ages, has accelerated population ageing. Recent estimates indicate that over 1 million Cubans emigrated between 2020 and 2024. This demographic shift has exerted increasing pressure on care and protection services. Within this context, strengthening care systems emerges as a structural response to the interlinked challenges of accelerated ageing, low fertility and youth emigration. This strategy also acknowledges the disproportionate burden of unpaid care work, which continues to fall primarily on women.

4. While Cuba's national health system is recognized for its universal coverage with extended referral systems across levels, it currently faces constraints that impact service delivery, including in the area of sexual and reproductive health. Access to family planning has emerged as a growing concern. Evidence indicates a significant increase in the unmet need for family planning among women of reproductive age (15-49 years), which rose from 8.8 per cent (MICS, 2019) to 36.9 per cent (National Fertility Survey, 2022). This trend is associated with the protracted effects of the COVID-19 pandemic and the complex socio-economic context, which have led to disruptions in the supply chain of essential commodities, especially contraceptive supplies. These shortages disproportionately affect adolescents and youth, a group that already exhibited a higher unmet need (21.1 per cent in 2019) prior to the recent increase. Furthermore, available information suggests potential territorial disparities in access to services. In response, and in close collaboration with the Ministry of Health and other national partners, over the past programmes cycles, UNFPA has been supporting efforts to strengthen the national supply chain, which have been fundamental to increasing the availability and accessibility of modern contraceptives, including long-acting reversible contraceptives (LARCs), particularly among adolescents and young women.

5. The latest data on reproductive choices indicates a convergence between actual and desired fertility at low levels. According to the 2022 national fertility surveys, only 21.1 per cent of women intend to have children in the future, with just 9.3 per cent planning to do so within the next three years. This trend is likely driven by a combination of factors: level of education of women; access to sexual and reproductive services; women's participation in the labour market, jointly with the complex

socio-economic situation, the unequal distribution of care responsibilities between men and women in an aging society, and the challenges of balancing productive and reproductive life. Within this context, the Government maintains its progressive, rights-based approach to population policies, evident in the approval of national norms and policies, such as the Comprehensive Care System for Life, the Family Code, and the Programme for the Advancement of Women. Further research is needed to continue updating and deepening the understanding of these reproductive choices.

6. While adolescent fertility rates have historically shown stagnation, a notable decrease was recorded between 2023 and 2024, with the rate falling from 54.1 births to 47.1 births per 1,000 women aged 15-19 years. This promising development may reflect the initial impact of targeted interventions, such as the introduction of LARCs in high-prevalence areas through the UNFPA-supported country programme. Despite this progress, significant challenges persist. Adolescents still account for 18.3 per cent of total fertility (2024), while territorial and social disparities remain. Rates vary between provinces, from 29.7 per cent in the Capital of Havana to 67.5 per cent in Granma, in the eastern parts of the island. Furthermore, higher adolescent fertility rates are recorded in rural areas, among populations with lower educational attainment, and within black and mixed-colour communities. These disparities are driven by the complex Cuban socio-economic context, limited access to contraceptives, and persistent patriarchal and social norms. In response, the Government has approved an emergency action plan, currently being formalized into law, to accelerate the reduction of adolescent pregnancy. Key strategies include strengthening the contraceptive supply chain, implementing effective comprehensive sexuality education, and removing legal barriers to ensure adolescents have autonomous access to quality sexual and reproductive health services with appropriate counselling and information.

7. Despite targeted public policies and programmes, Cuba's maternal mortality ratio has stagnated over recent decades, remaining at around 40 per 100,000 live births. This trend is primarily driven by direct obstetric complications (hypertensive disorders 24.1 per cent; infections 10.3 per cent), which are exacerbated by several underlying health and contextual factors. Food insecurity, nutritional deficiencies and limited availability of family planning and maternal health supplies correlate with preventable maternal and newborn mortality and morbidity. Key contributing factors include: a 20 per cent prevalence of anaemia among women aged 18-40 years, an increase in overnutrition (54.6 per cent) and an increase in low birth weight (rising from 5.1 per cent in 2017 to 7.6 per cent in 2023). The C-section rate in Cuba is at 39.3 per cent. These conditions not only threaten survival but also undermine the physical, psychological and social well-being of women, hindering their ability to thrive and exercise their human rights and contribute to society.

8. While Cuba has made significant strides in promoting gender equality, gaps persist in women's labour force participation, the unequal distribution of care work and the persistence of gender-based violence (GBV) and harmful practices, including early unions. Currently, 28.9 per cent of women aged 15 years and older are dedicated exclusively to household chores, compared to just 0.6 per cent of men. Regarding GBV, official data only includes reported cases with a court sentence. The available statistics show a rate of violent deaths due to gender reasons of 1.79 per 100,000 women and a rate of female victims of sexual violence of 5.42 per 100,000 women. Although the 2022 Family Code prohibits child marriage, early unions remain a critical issue. Among adolescents aged 15-19 years, 28.6 per cent of girls are in a union, compared to 15.7 per cent of boys, highlighting a gender gap often marked by an asymmetric power dynamics due to age differences (NFS, 2022). Despite existing legal and policy frameworks, there are still limitations in women's access to comprehensive services for GBV response, including adequate protection mechanisms. Challenges persist regarding the effective articulation of the response. The persistence of GBV and harmful practices is rooted in deeply ingrained patriarchal attitudes and discriminatory social norms.

9. While the national statistical system provides continuous data through annual population estimates, surveys and administrative records, challenges remain in data accessibility and disaggregation. Increased disaggregation, particularly by sex, colour, geographic location, human mobility and disability, is crucial for evidence-based policymaking, especially given the emphasis placed by the National Economic and Social Development Plan 2030 on addressing inequalities and reaching those furthest left behind. Better disaggregated high-quality data is necessary to address gaps related to unmet need for family planning, preventable maternal deaths, GBV and early unions. On the

other hand, limited access to technology hinders progress in data digitalization and georeferenced statistics. Prioritized actions include conducting the postponed 2020 Census and the National Transfer Account study, a national survey of GBV, and other relevant studies related to care, time use, migration and ageing.

10. Cuba's geographic location and geophysical characteristics make it highly vulnerable to the impact of hurricanes and floods, vulnerabilities that are exacerbated by climate change. Recognizing the crucial link between environmental sustainability and its socioeconomic development model, Cuba has emerged as a regional leader in climate change adaptation and mitigation. Its visionary "Tarea Vida" (Life Task) policy, launched in 2017, exemplifies this commitment. However, while significant progress has been made in strengthening disaster preparedness and response through comprehensive risk management plans, these plans need to more effectively integrate demographic changes, sexual and reproductive health (SRH) and GBV to ensure a more inclusive and effective response to future challenges.

11. The new UNFPA country programme for 2026-2030 will contribute to addressing these challenges, in line with national priorities, as reflected within the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2026-2030, mainly through two strategic priority areas: effective government (priority 1); and human development with equity (priority 4). In addition, given that demographic dynamics is a cross-cutting issue and explicitly mentioned in 4 out of the 11 outputs of the UNSDCF 2026-2030 – particularly in social protection, health, decentralization, statistical systems, and political and institutional frameworks for productive transformation – the contribution of UNFPA will be crucial. The comparative advantage of UNFPA in Cuba stems from a proven ability to foster policy dialogue, promote intersectoral coordination and leverage diverse partnerships with the Government, academia, civil society organizations and other key actors. Furthermore, UNFPA brings significant added value through its commitment to gender equality, underscored by its five-year leadership of the United Nations's inter-agency group on this topic.

12. The new country programme is guided by lessons learned from the current cycle, including the 2022 midterm review of the country programme and the recommendations from the final evaluation of the UNSDCF 2020-2025. Key lessons learned include: (a) recognizing the negative impact of limited resources, equipment and access to international funding on achieving programme objectives; (b) the importance of synergies among United Nations organizations to optimize resources and expand programme reach by leveraging thematic and geographic complementarities; (c) the need to integrate demographic dynamics and a 'leaving no one behind' (LNOB) approach into the new UNSDCF; and (d) the importance of prioritizing efforts to achieve the desired impact within a context of limited resources and complex challenges.

13. The programme will also build upon two innovative experiences from the previous cycle that demonstrated efficiency and high impact: (a) policy dialogue platforms. These have proven to be a best practice for fostering inter-institutional coordination and aligning national policies with demographic shifts; (b) provincial demographic observatories. Effective in monitoring the population policy, the programme will now support the expansion of these observatories to the municipal level to strengthen local evidence-based policymaking.

## **II. Programme priorities and partnerships**

14. The new programme was developed through consultations with stakeholders, including the Government, academia, other United Nations organizations, and civil society (including sectoral and community organizations representing those furthest left behind). It is aligned to Cuba's National Socioeconomic Development Plan 2030 (PNDES 2030), the UNSDCF 2026-2030; the ICPD Programme of Action and voluntary national ICPD commitments; the UNFPA Strategic Plan, 2026-2029. This programme is also aligned with the LNOB principle of the National Programme for the Advancement of Women, the National Programme against Racism and Racial Discrimination, and the Comprehensive Policy for Childhood, Adolescence and Youth.

15. The programme is guided by a clear vision that by 2030, Cuba will be a demographically resilient society, where women, especially those in vulnerable conditions, can exercise their sexual and reproductive health and rights across the life course, in a challenging socioeconomic context. This

vision is in direct alignment with the National Economic and Social Development Plan 2030 (PNDES 2030) and its foundational pillars of human development, social justice, and equity. To realize this vision, UNFPA will be a key partner in generating demographic intelligence, as a key entry point, to inform and shape national policies on health and gender equality.

16. The new country programme is anchored in the concept of demographic resilience, the capacity to anticipate and adapt to population shifts, such as low fertility, accelerated aging and migration, while safeguarding human rights and gender equality. This approach leverages the unique comparative advantage of UNFPA in connecting macro-level population dynamics to the evolving needs of individuals, particularly focusing on how changes in the population age structure impact the demand for women's sexual and reproductive health and care services. By applying this resilience lens, grounded in data and human rights perspectives, the programme will address persistent national challenges like adolescent pregnancy, early unions and GBV with a more integrated and forward-looking approach.

17. The programme aims to close equity gaps by contributing to strengthening legal, normative and policy frameworks, advocating for the removal of barriers that affect women in situations of vulnerability. Central to this work is the use of demographic intelligence to enhance evidence-based policymaking, enabling national partners to anticipate future demands on health and social protection and care systems, and design timely, effective responses. These integrated actions will contribute directly to SDGs 3, 5, and 10, 13, 16 and 17. The programme's theory of change is that if national legal and political frameworks are strengthened to advance the sexual and reproductive health and rights and gender equality of populations in situations of greater vulnerability and if these frameworks are based on a deep understanding of demographic dynamics and their linkages to development, then Cuba will advance towards a more just, inclusive and resilient society where women, particularly those in situations of greater vulnerability, can exercise their rights and bodily autonomy, across the life course.

18. This vision will be achieved through two interconnected outputs, designed following a thorough strategic reflection and prioritization exercise within the context of the UNFPA business model review, the reorganization process that UNFPA launched in the second quarter of 2025 to ensure that the organization remains fit and efficient for the future and can deliver on the ambitions of the new strategic plan in a resource-constrained environment. The first output strengthens national capacities to leverage demographic intelligence for evidence-based analysis and foresight. The second focuses on strengthening evidence-based policies and legal frameworks that advance sexual and reproductive health and gender equality, including those that ensure equitable access to essential commodities. The synergy is foundational: the demographic intelligence from the first output provides the robust evidence needed to inform the design and advocacy of these policies under the second. Progress will be measured using disaggregated indicators to ensure accountability and impact.

19. To maximize the impact of these outputs, the programme will leverage two cross-cutting areas: (a) the LNOB approach: building on the Government's commitment to equity, the programme will use disaggregated data to identify and reach the most marginalized groups, empowering them as key protagonists in decision-making processes; (b) innovation: the programme will foster innovation by advocating for the Government to adopt more innovative service delivery models to better reach its most vulnerable groups, mainly by using remote modalities, including internet, telephone and offline resources and forging new multi-stakeholder partnerships, including with emerging non-statesector actors, to develop creative solutions for persistent development challenges. Central to this programme is the systematic application of cross-cutting approaches, including intersectional, rights-based and gender-transformative perspectives, to address the particular vulnerabilities of specific population groups.

**A. Output 1. By 2030, national and subnational capacities will be strengthened to leverage demographic intelligence to support the development and implementation of evidence-based and human rights-based policies and programmes that address demographic change and its linkages with key dimensions of development.**

20. This output is aligned to the UNFPA Strategic Plan, outcome 4, while also underpinning contributions to the three transformative results. It will further contribute to UNSDCF outcome 1

(improved and modernized public administration at the national and local levels to respond to the needs of all people in an inclusive and participatory manner) and outcome 4 (strengthened design, implementation and evaluation of resilient and sustainable public policies, programmes, and social and protection services). Leveraging its recognized leadership in population dynamics and data, UNFPA will consolidate and expand its support for evidence-based policymaking in Cuba by strengthening national and territorial capacities to leverage demographic intelligence, contributing to understanding and addressing population change and other megatrends and its intersection with key development issues, particularly ageing, health, social protection and care systems, food security and climate resilience, contributing to enhanced and effective Government and policymaking. This work, which UNFPA has been advancing during this cycle, will be consolidated in the proposed country programme, extending the contribution to other socioeconomic areas. The underlying theory of change posits that if the understanding of demographic shifts and their development linkages is improved through the enhanced generation and use of disaggregated data and foresight tools, then national and subnational partners will be better equipped to design and implement inclusive, forward-looking policies that safeguard the rights of groups in vulnerable situations, particularly women in their diversity. Through these interventions, UNFPA will have contributed to a more effective governance.

21. Key interventions include: advocacy and policy dialogue, technical assistance, knowledge management, coordination and partnerships to: (a) enhance demographic intelligence by supporting the development of foresight models that project future needs related to care, health services and social protection for long-term public policy planning at national and subnational levels; (b) strengthen national data systems, including the census and key surveys (fertility, GBV, ageing) to drive technological innovation, visualize demographic dynamics, and map equity gaps and populations affected by discriminatory norms; (c) strengthen the capacities of key sectors (health, justice, social protection, care, among others) to improve data disaggregation by key stratifiers (age, gender, colour, disability, migratory status, among others) by leveraging administrative records and ensuring their integration with diverse data sources, contributing to integrating the intersectional approach to visualize and bridge service delivery gaps; (d) bolster national and subnational monitoring mechanisms, including the demographic and gender observatories, and the maternal and perinatal deaths surveillance and response system to track progress in the implementation of key policies at national and subnational level (National Policy on Demographic Dynamics, National Programme for the Advancement of Women, among others); and (e) convene multi-stakeholders dialogues, fora and strategic partnerships around demographic change and their linkages with key development issues (health, care, migration, food security, climate change, productive transformation).

**B. Output 2. By 2030, legal, normative, and policy frameworks are strengthened to advance the sexual and reproductive health and rights (SRHR) and gender equality of the most vulnerable populations, ensuring they are responsive to demographic change and align with a ‘leaving no one behind’ (LNOB) approach.**

22. This output directly contributes to the four outcomes of the UNFPA Strategic Plan, 2026-2029, and aligns with UNSDCF outcome 4 (strengthened design, implementation and evaluation of resilient and sustainable public policies, social programmes and protection services, incorporating gender, diversity and life-cycle approaches). Building on the recent progress towards human rights, gender equality and LNOB and on the policy achievements of the current cycle (National Programme for Maternal and Child Care; National Programme for the Advancement of Women; National Strategy for the Prevention and Attention to Gender-based Violence; and the National Integrated Care System), UNFPA will step up its contribution to the promotion and formulation of public policies, including an LNOB perspective to ensure advancement towards the full exercise of SRHR and gender equality. Special attention will be given to women’s and adolescent comprehensive health, with a view to reducing adolescent pregnancy and preventable maternal deaths. This work will also integrate emergency preparedness in SRH and GBV, reflecting Cuba’s geographical context. The use of data and evidence will support these normative and policy dialogue efforts. This output is driven by the theory that if UNFPA intensifies its upstream policy support, using targeted data and evidence to illuminate the specific needs of those furthest left behind and the long-term impacts of demographic change, then

public policies – from maternal health to the integrated care system – will become more equitable, responsive and rights-based.

23. Key interventions: advocacy and policy dialogue, knowledge management and coordination, and partnership to: (a) lead evidence-based advocacy to align Cuba's social protection and SRHR legal frameworks with its demographic realities, ensuring an inclusive and intersectional approach and rights-based access for the most vulnerable populations, including persons with disabilities, adolescent mothers and GBV survivors; (b) support the delivery of health supplies, including contraceptive methods, with an emphasis on LARCs, within the context of limited access to essential supplies, international markets and financing; (c) promote, together with United Nations partners, the meaningful participation of vulnerable populations in multi-stakeholder policy platforms to ensure their perspectives directly shape the design, implementation and oversight of SRH, GBV, and care policies; (d) leverage global and regional knowledge to enhance the equity and responsiveness of the national care system, facilitating exchanges and learning with other countries; and (e) contribute to strengthening the inclusion of SRH and GBV in emergency preparedness and response plans and programmes, using an LNOB approach.

### III. Programme and risk management

24. Programme implementation will occur in close collaboration with key government partners, academic institutions, civil society organizations and territorial governments. Programme delivery will be fully aligned with United Nations system-wide coherence and effectiveness mandates, including UN 2.0, the UN80 Initiative and the quadrennial comprehensive policy review (QCPR). UNFPA supports the implementation of United Nations reform efforts at the country level, as well as the joint business operations strategy and the harmonized approach to cash transfers.

25. The new country programme is designed with an innovative financing modality for the local context. Building on lessons learned and considering new funding opportunities for the UNFPA mandate, the country office will strengthen alliances with relevant stakeholders in Cuba. The partnership strategy focuses on both traditional and non-traditional partners, and on different modalities of collaboration with United Nations organizations. Regular resources will form the basis for the office's operations and for implementing fundraising and partnership diversification strategies. In a scenario where regular resources are likely to be limited, the 'country programme's business model prioritizes the pursuit of efficiency by reducing transactional costs and prioritizing key work areas. This prioritization aims to achieve greater impact by leveraging the strong agenda positioning of UNFPA in the country. In addition, the recognized expertise of UNFPA in demographic resilience will be used as opportunity to develop an investment case that addresses the linkages between population change and other priority development areas of the UNSDCF. While the resource mobilization and alliances strategy have limitations in accessing multilateral financial institutions, other opportunities could arise within the scope of joint programmes and multi-country initiatives. The national non-State sector emerges as a new partner for the programme. Its financial contribution is expected to be limited; however, its role as a strategic ally for the mandate is likely to be strengthened.

26. The proposed human resources structure for the programme is well-suited to meet the outlined commitments. The country office will be part of a cluster with the Dominican Republic, overseen by the Mexico country office, receiving dedicated technical and operational support from the Mexico hub as well as the regional office and UNFPA headquarters, based on the principle of subsidiarity. The subcluster structure will allow for coordinated actions among the three offices, based on shared priorities and the comparative advantages of the personnel as a single team. The exchange of experiences among technical teams will favour more robust strategies and opportunities for learning processes. This could also include opportunities to develop multi-country resource mobilization initiatives, as well as providing backup personnel to cover areas during leave periods. The team's focus is on a blend of high-level strategic engagement and policy advisory support. To achieve this and create a more efficient and impactful presence in Cuba, the country office has a leadership of a skilled head of office and highly qualified technical staff, allowing for a more flexible and agile country team. Partnerships with other United Nations organizations in the country will be leveraged and strengthened to enhance the efficiency of administrative and logistical processes. The recognition of the comparative

advantage of UNFPA in Cuba for incorporating demographic intelligence into development scenarios and humanitarian response plans will be a key focus of the work with other United Nations organizations and with key national stakeholders such as Civil Defence. In emergency situations, additional resources will be mobilized or roles within pre-defined staff will be reassigned to allow for an immediate response.

27. The UNFPA' work in Cuba faces several significant risks: (a) intensification of the economic, commercial and financial blockade by the United States, along with Cuba's inclusion on the list of State sponsors of terrorism, significantly restricts access to health supplies and equipment, information technologies and infrastructure; (b) the country's difficult socioeconomic situation impacts the performance of all sectors, including those crucial for the country programme, which can create obstacles to the feasibility and scope of the commitments made; (c) demographic changes – including an aging population structure and high rates of emigration – exert pressure on care systems, causing high staff turnover that destabilizes human resources in key sectors and among implementing partners; (d) Cuba's regular vulnerability to hydrometeorological events (such as hurricanes) may create the need to mobilize additional resources or reallocate regular resources to assist the most affected populations, which could slow down the implementation of planned activities and impact the programme; (e) competition for scarce resources and the limited presence of international funding sources could limit the scope of the country programme and the leveraging of additional funding sources; and (f) persistence of sociocultural norms as significant barriers to the success of critical initiatives, particularly those related to gender equality and sexual rights, is a challenge to consider when defining commitments on these issues.

28. The new programme outlines a mitigation strategy for the aforementioned risks, based on lessons learned from previous cycles and the experience of the country office team in addressing complex situations. Key actions will include: (a) diversifying supply chains through a broader portfolio of local suppliers, as well as initiating international procurement processes early each year, to ensure timely access to necessary supplies; (b) expanding innovative modalities for working with national partners that take into account the difficulties of the socioeconomic context; (c) strengthening inter-institutional coordination and coordination with United Nations system organizations in the country by developing national and local capacities, using "demographic intelligence," applying tools to accelerate the programme implementation, and strengthening the humanitarian, development and peacebuilding continuum programming (including the provision of SRH services and supplies in emergencies); (d) promoting an adaptive and flexible programming process as well as enhancing resource mobilization to diversify donors and partnerships; (e) leveraging and supporting the positioning of the UNFPA mandate on the political and public agendas with strategic communication processes; and (f) identifying and implementing more efficient, focused, collaborative and innovative initiatives to deconstruct the gender social norms that could affect progress in programme implementation. These measures aim to build resilience and ensure the continued effectiveness of the vital work of UNFPA in Cuba, despite the challenging environment.

29. In emergency situations, UNFPA may, in consultation with the Government, reschedule programme activities to respond to humanitarian situations. The search for options for pre-positioning resources will be promoted.

30. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

## IV. Monitoring and evaluation

31. The UNFPA country office and the Government, through the Ministry of Foreign Trade and Foreign Investment (MINCEX), will jointly manage and oversee the country programme implementation. This will be done in accordance with the procedures agreed upon in the UNSDCF 2026-2030, UNFPA procedures, guidelines and policies, results-based management standards and principles, and the jointly agreed evaluation and monitoring plan.



32. The programme's monitoring and evaluation plan will be aligned with the UNFPA Strategic Plan, 2026-2029, the monitoring and evaluation plan of the UNSDCF 2026-2030, and National Economic and Social Development Plan 2030. The costed evaluation plan details all planned evaluations, including a country programme evaluation; an evaluation of the gender-based violence project, funded by Canada; and the final evaluation of the UNSDCF. Furthermore, annual programme monitoring will be conducted through field visits, quarterly reviews, and annual meetings with partners. If applicable, a midterm review will be conducted in 2028 to assess progress and adjust strategies. Relevant centralized evaluations for the programme will be considered, to make early adjustments, if necessary. The integrated partnership and resource mobilization plan will be evaluated annually.

33. UNFPA will actively contribute to strengthening national capacities for results-based planning, monitoring, reporting and evaluation. This programme will support accountability processes through strategic and technical assistance in data collection, and the preparation and dissemination of voluntary country reports. Furthermore, UNFPA will contribute to strengthening national monitoring and reporting capacities for the 2030 Agenda and the SDGs, the Montevideo Consensus and the ICPD Programme of Action.

## RESULTS AND RESOURCES FRAMEWORK FOR CUBA (2026-2030)

<b>NATIONAL PRIORITY:</b> Effective government. Human development with equity.				
<b>UNSDCF OUTCOME:</b> 1. By 2030, institutions, territorial governments, and key actors, in accordance with national legislation, will have improved and modernized public administration at the national and local levels to respond to the needs of all people in an inclusive and participatory manner, adopting a gender and rights-based approach; 4. By 2030, institutions, territorial governments, and other actors, in accordance with national legislation, strengthen the design, implementation, and evaluation of resilient and sustainable public policies, programs, and social and protection services, with gender, diversity, and throughout the life cycle of people, contributing to national priorities of equality and inclusion.				
<b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1: By 2029, the reduction in the unmet needs for family planning has accelerated; 2 By 2029, the reduction in preventable maternal death has accelerated; 3 By 2029, the reduction of gender based violence and harmful practices has accelerated; 4: By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<u>UNSDCF outcome indicator(s):</u> <ul style="list-style-type: none"> <li>Number of countries that have national urban policies or regional development plans that (a) respond to population dynamics; (b) ensure balanced territorial development; and (c) increase local fiscal space <i>Baseline: No (2025); Target: Yes (2030)</i></li> </ul> <u>Related UNFPA Strategic Plan Outcome indicator(s)</u> <ul style="list-style-type: none"> <li>Number of national policies that have a dedicated section on demographic change and its implications in national and/or sectoral development strategies <i>Baseline: 3 (2025); Target: 6 (2030)</i></li> <li>Unmet need of family planning <i>Baseline: 36.9% (2022); Target: 30% (2030)</i></li> <li>Percentage of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 26.7% (2016); Target: 20% (2030)</i></li> <li>Percentage of population covered by social protection floors/systems, (disaggregated by sex, age, unemployed persons, persons with disabilities,</li> </ul>	<u>Output 1.</u> By 2030, national and subnational capacities will be strengthened to leverage demographic intelligence to support the development and implementation of evidence-based and human rights-based policies and programmes that address demographic change and its linkages with key dimensions of development.	<ul style="list-style-type: none"> <li>Population and Housing Census provides updated population data disaggregated by key stratifiers (age, gender, colour, disability and geographic location), with UNFPA technical support <i>Baseline: No (2025); Target: Yes (2030)</i></li> <li>Number of key population data outputs produced, with UNFPA support, from the Census and thematic surveys (National Fertility Survey, ageing, GBV) <i>Baseline: 0 (2025); Target: 3 (2030)</i></li> <li>Number of key sectors that use interoperable data systems and digitalized tools to collect, analyse and disseminate updated and disaggregated civil registration and vital statistics (including on care, GBV, early unions) at national and subnational levels, with UNFPA technical support <i>Baseline: 0 (2025); Target: 4 (2030)</i></li> <li>Number of national and subnational mechanisms, including the gender and demographic observatories and the maternal and perinatal deaths surveillance and response system, that monitor the implementation of public policies, particularly the demographic dynamics policy, with UNFPA support <i>Baseline: 5 (2025); Target: 16 (2030)</i></li> <li>Number of national institutions that have developed projections or anticipatory analysis on care and health needs, labour market participation or pension demands to inform the development, updating or costing of plans, policies and programmes related to demographic resilience and the three transformative results, with UNFPA support <i>Baseline: 1 (2025); Target: 3 (2030)</i></li> </ul>	National institutions; territorial governments; academia; civil society organizations; and other United Nations organizations	\$3.7 million (\$1.4 million from regular resources and \$2.3 million from other resources)

<p>pregnant women, work-injury victims and the poor and the vulnerable)</p> <p><i>Baselines (2025):</i></p> <p>(a) sex : (i) female 4%, (ii) male: 3%</p> <p>(b) age (i) 0-18 years:3%; (ii) 19-30 years:3%; (iii) 31-59 years:2%; (iv) 60 years and over:5%</p> <p>(c) People with disabilities:12%</p> <p>(d) Colour: (i) black:8% (ii) mixed : 4%: (iii) white: 2%</p> <p><i>Target (2030):</i> (a) sex : (i) female 3%, (ii) male: 3%</p> <p>(b) age: (i) 0-18 years:3%; (ii) 19-30 years:2%; (iii) 31-59 years:1.5%; (iv) 60 years and over:6%</p> <p>(c) People with disabilities:11%</p> <p>(d) Colour: (i) black:7% (ii) mixed : 4%: (iii) white: 2%</p> <ul style="list-style-type: none"> <li>Percentage of population enumerated in the 2030 census round (2025-2034)</li> </ul> <p><i>Baseline: N/A (Census 2022);</i></p> <p><i>Target: 98.8% (Census 2026)</i></p>				
<b>NATIONAL PRIORITY</b> Human development with equity				
<p><b>UNSDCF OUTCOME:</b> 4: By 2030, institutions, territorial governments, and other actors, in accordance with national legislation, will have strengthened the design, implementation, and evaluation of resilient and sustainable public policies, social programmes, and protection services, incorporating gender, diversity, and life-cycle approaches, thereby contributing to national priorities for equality and inclusion.</p>				
<p><b>RELATED UNFPA STRATEGIC PLAN OUTCOME(S):</b> 1 By 2029, the reduction in the unmet needs for family planning has accelerated; 2: By 2029, the reduction in preventable maternal death has accelerated; 3 By 2029, the reduction of gender based violence and harmful practices has accelerated; 4:By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations, while upholding individual rights and choices.</p>				
<b>UNSDCF outcome indicators, baselines, targets</b>	<b>Country programme outputs</b>	<b>Output indicators, baselines and targets</b>	<b>Partner contributions</b>	<b>Indicative resources</b>
<p><u>UNSDCF outcome indicator(s)</u></p> <ul style="list-style-type: none"> <li>Proportion of total government spending on essential services (education, health and social protection)</li> </ul> <p><i>Baseline: 40.8% (2024); Target: 45% (2030)</i></p> <p><u>Related UNFPA Strategic Plan Outcome indicator(s)</u></p> <ul style="list-style-type: none"> <li>Unmet need of family planning</li> </ul> <p><i>Baseline: 36.9% (2022); Target: 30% (2030)</i></p>	<p><u>Output 2.</u> Strengthened legal, normative and policy frameworks that advance the SRHR and gender equality of populations in situations of greater vulnerability, incorporating an LNOB approach and ensuring responsiveness to demographic change.</p>	<ul style="list-style-type: none"> <li>Number of legal and policy frameworks on SRHR, gender equality and population that incorporate rights-based, gender and intersectional approaches, with the support of UNFPA, to leverage evidence on demographic shifts and inequalities</li> </ul> <p><i>Baseline: 5 (2026); Target: 9 (2030)</i></p> <ul style="list-style-type: none"> <li>Number of national programmes designed or updated with UNFPA advocacy and policy support, to advance the comprehensive well-being of adolescent girls, with a special focus on adolescent pregnancy and its linkages with early unions and sexual violence</li> </ul> <p><i>Baseline: 0 (2025); Target: 3 (2030)</i></p>	<p>National institutions; territorial governments; academia; civil society organizations; and other United Nations system organizations</p>	<p>\$4.5 million (\$1.5 million from regular resources and \$3.0 million from other resources)</p>

<ul style="list-style-type: none"> <li>Percentage of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by age and place of occurrence <i>Baseline: 26.7% (2016); Target: 20% (2030)</i></li> <li>Percentage of women aged 20-24 years who were married or in a union before: (a) age 15; and (b) age 18 <i>Baseline: (a) 3.3%; (b) 21.3% (2022)</i> <i>Target: (a) 1%; (b) 15% (2030)</i></li> </ul>		<ul style="list-style-type: none"> <li>Number of municipalities that have introduced LARCs within their family planning offer, with UNFPA support <i>Baseline: 66 (2025); Target: 100 (2030)</i></li> <li>Number of emergency preparedness and response plans and programmes of key national sectors that incorporate demographic change, sexual and reproductive health and gender-based violence, with UNFPA support <i>Baseline: 1 (2025); Target: 3 (2030)</i></li> </ul>		
Programme coordination and assistance				\$0.5 million from regular resources.