



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

Distr.: General
6 November 2023

Original: English

First regular session 2024

29 January to 2 February 2024, New York

Item X of the provisional agenda

UNFPA – Country programmes and related matters

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United Nations Population Fund

Country programme document for Brazil

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| Proposed indicative UNFPA assistance: | \$30.0 million: \$7.5 million from regular resources and \$22.5 million through co-financing modalities or other resources |
| Programme period: | 5 years (2024-2028) |
| Cycle of assistance: | Seventh |
| Category: | Tier II |
| Alignment with the UNSDCF Cycle | United Nations Sustainable Development Cooperation Framework for Brazil, 2023-2027 |

I. Programme rationale

1. Brazil is an upper middle-income country and the tenth largest economy in the world.¹ It is the sixth most populous country in the world, with a population of over 203 million (Demographic Census, 2022). It is also one of the most multicultural and ethnically diverse countries in the world: 42.8 per cent of Brazilians declare themselves as white and 55.9 per cent as African descendants (45.3 per cent as brown and 10.6 per cent as black). Approximately 1.69 million are indigenous people and 1.32 million people belong to rural traditional black communities (known as *quilombolas*), as per last Census 2022 count. It is estimated that 8.9 per cent of the population (18.6 million people) are persons with disabilities.²
2. Adolescents and young people aged 15-29 years account for 23 per cent of the country's total population.³ Total fertility rates declined between 2000 and 2021, from 2.3 to 1.6 children per woman,⁴ and the aging index is expected to increase threefold, from 43.19 per cent in 2018 to 173.47 per cent in 2060.⁵
3. Gender, race, ethnicity, age, income and geographical inequalities are key intersecting factors that determine vulnerability to poverty, exclusion and violence. In 2021, 62.5 million people (29.4 per cent) were living in poverty, with 17.9 million people living in extreme poverty.⁶ The proportion of Afro-descendants below the poverty line is twice the proportion of whites (37.7 per cent versus 18.6 per cent), with the Northeast (48.7 per cent) and North (44.9 per cent) regions concentrating the highest percentages of poor people. Women and young people, particularly among Afro-descendant communities, reflect higher poverty rates, reduced access to health, education, work opportunities and increased exposure to violence.⁷ In 2019, 77 per cent of homicide victims were Afro-descendants, with a homicide rate of 29.2 per 100,000 inhabitants (11.2 per 100,000 for the other racial groups, mostly white).⁸
4. Brazil supports the International Conference on Population and Development (ICPD) agenda and ratified the major international instruments for the promotion and protection of human rights, including sexual and reproductive rights. The UNFPA country programme builds on a robust legal, policy and accountability framework to ensure access to sexual and reproductive health and rights, although their full implementation remains a challenge. Health is enshrined in the Brazilian Constitution as a universal right. An estimated 150 million people (71.5 per cent of the population) benefit from free healthcare, provided by the Unified Health System (SUS).⁹ Since 1940, abortion is legal in the country on two grounds (risk to the woman's life or rape) and, since 2012, also in case of anencephalic foetuses.¹⁰ Since 2006, Brazil has counted on Law 11.340 (known as Law Maria da Penha).
5. Around 80 per cent of women in reproductive age use modern contraception and the unmet need for contraceptives ranges between 6 per cent and 7.7 per cent, affecting 3.5-4.2 million women of reproductive age.¹¹ Despite the high contraceptive prevalence rate and relatively low unmet need, more than half of pregnancies are unintended or unplanned.¹² Births are concentrated in younger cohorts of the reproductive cycle, with 38.5 per cent live births recorded in young girls under 24 years and 13.6 per cent from adolescents under 19 years.¹³ Adolescent pregnancy is high (45.6 births per 1,000 girls aged 15-19 years), particularly among Afro-descendant girls, who account for 73.9 per cent of adolescent births.¹⁴ Women's reproductive intentions and fertility patterns reflect a demographically diverse country with changing needs across the lifecycle. For adult women and specific groups,

¹ International Monetary Fund, 2023. Available at < <https://worldpopulationreview.com/countries/by-gdp>>.

² Continuous National Household Sample Survey (PNADC, IBGE, 2022).

³ Idem.

⁴ United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

⁵ IBGE. Revision of Population Projections, 2018. Available at < [⁶ IBGE, Social Indicators Synthesis 2022. Available at: < <https://biblioteca.ibge.gov.br/visualizacao/livros/liv101979.pdf>>.](https://educa.ibge.gov.br/professores/educa-atividades/20818-producao-textual-o-envelhecimento-da-populacao.html#:~:text=A%20rela%C3%A7%C3%A3o%20entre%20a%20porcentagem,%2C%20IBGE%2C%20p%2022)>.</p>
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⁷ Social Inequalities by Colour or Race in Brazil. Available at < https://biblioteca.ibge.gov.br/visualizacao/livros/liv101681_informativo.pdf>.

⁸ Brazilian Public Security Yearbook, 2022.

⁹ National Health Survey (PNS, IBGE, 2019).

¹⁰ The Supreme Federal Court – Argument of Non Compliance with A Fundamental Precept 54, Judgment - Full content: < <https://portal.stf.jus.br/processos/downloadPeca.asp?id=136389880&ext=.pdf>>.

¹¹ National Health Survey (PNS, IBGE, 2019).

¹² FioCruz. Cadernos de Saúde Pública, volume 30, suplemento 1, 2014. Available at: < <https://portal.fiocruz.br/noticia/cadernos-de-saude-publica-lanca-especial-sobre-pesquisa-nascer-no-brasil>>.

¹³ Ministry of Health, Mortality Information System (SIM) and Live Birth Information System (SINASC), 2021. Data available at < [Painel de Monitoramento de Nascidos Vivos – Plataforma Integrada de Vigilância em Saúde – Ministério da Saúde \(saude.gov.br\)](https://saude.gov.br)>.

¹⁴ Ministry of Health, Mortality Information System (SIM) and Live Birth Information System (SINASC), 2021. Data available at < [Painel de Monitoramento de Nascidos Vivos - Plataforma Integrada de Vigilância em Saúde - Ministério da Saúde \(saude.gov.br\)](https://saude.gov.br)>.

such as lesbian, gay, bisexual, transgender, intersex, queer/questioning or asexual (LGBTQIA+), the fulfilment of reproductive intentions demands easier access to public assisted reproductive services, currently rare and hard to access.¹⁵

6. The SUS provides free public access to nine contraceptive methods, with the most used contraceptive methods being the pill (40.6 per cent), sterilization (22.9 per cent) and condoms (20.4 per cent). Long-acting reversible methods (LARCs) usage is low (4.4 per cent of users).¹⁶

7. Between 2010 and 2020, there was an upward trend in HIV detection rates among young people aged 15-19 years, especially from key populations (29 per cent) and those aged 20-24 years (20.2 per cent).¹⁷ Human papillomavirus (HPV) vaccination is offered by SUS to girls (aged 9- 14 years) and boys (aged 11- 14 years); however, coverage only reaches 57.4 per cent for girls and 36.5 per cent for boys.¹⁸ This vaccination is a key strategy for addressing cervical and other types of cancer along the life cycle, which disproportionately affect indigenous and Afro-descendant populations in the country.¹⁹

8. The maternal mortality ratio shows stagnation trends over the last decade, with 57.9 per 100,000 live births in 2019,²⁰ far from the national Sustainable Development Goal (SDG) target for 2030 (30 per 100,000 live births). It increased during the COVID-19 pandemic, reaching 74.7 and 117.4 per 100,000 live births in 2020 and 2021, respectively.²¹ Afro-descendant women represented 65 per cent of maternal deaths in 2020. About 8.1 per cent occurred in girls and adolescents aged 10-19 years. Direct obstetric causes account for most of these deaths (65.7 per cent in 2019),²² while indirect causes account for 30.4 per cent. The main causes for maternal mortality were hypertension (20 per cent); haemorrhage (12.4 per cent); puerperal infection (4.4 per cent); and unsafe abortion (2.7 per cent).²³ An overmedicalization of interventions is observed, with C-sections accounting for 57.2 per cent of all deliveries in 2020.²⁴

9. Access to prenatal care and childbirth in maternity hospitals faces barriers related to socioeconomic inequalities and regional access, inadequate qualification of care processes and disconnection between outpatient care and the hospital in public services, which express the need for articulation between the levels of health care.²⁵ Evidence shows considerable variation in the implementation of childbirth guidelines across regions, with the South and Southeast being the best-performing regions in most areas.²⁶

10. Gender-based violence (GBV) and harmful practices are widespread in Brazil, within the context of generally high levels of violence; in 2022, 4,034 women were killed in Brazil (femicides were 35.62 per cent of those). Of the femicides, 71.9 per cent of the victims were between 18 and 44 years old, and 61.1 per cent were Afro-descendants.²⁷ Each year, in Brazil, around 822,000 people are raped, and women are the main victims (88.9 per

¹⁵ See, among others: “SUS pode ser esperança para mulheres que sonham ser mães: no país, dez centros de reprodução assistida atendem na rede pública” at <<https://agenciabrasil.ebc.com.br/saude/noticia/2023-05/sus-pode-ser-esperanca-para-mulheres-que-sonham-ser-maes>> or “Fora da “família tradicional”, população trans não tem saúde reprodutiva garantida pelo SUS” at <<https://www.generonumero.media/reportagens/mesmo-sendo-um-direito-saude-reprodutiva-da-populacao-trans-nao-e-garantida-pelo-sus/>>.

¹⁶ IBGE, Diretoria de Pesquisas, Coordenação de Trabalho e Rendimento, Pesquisa Nacional de Saúde 2019.

¹⁷ Ministry of Health, Epidemiological Bulletin, 2021. <https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/epidemiologicos/especiais/2021/boletim-epidemiologico-especial-hiv-aids-2021.pdf/view>.

¹⁸ Fundação Nacional do Câncer, 2023. <https://www.cancer.org.br/wp-content/uploads/2023/03/FC_collectinfo_2023_folhetodigital_v23-compactado.pdf> and <<https://bvsmis.saude.gov.br/vacina-contr-o-hpv-a-melhor-e-mais-eficaz-forma-de-protecao-contr-o-cancer-de-colo-de-utero/>>.

¹⁹ Center for Data and Knowledge Integration For Health (CIDACS), 2023.

<<https://www.tandfonline.com/doi/epdf/10.1080/13557858.2023.2245183?needAccess=true&role=button>>.

²⁰ Ministry of Health, Mortality Information System (SIM) and Live Birth Information System (SINASC), 2023.

<https://svs.aids.gov.br/daent/acesso-a-informacao/acoes-e-programas/busca-ativa/indicadores-de-saude/mortalidade/>.

²¹ Idem.

²² Ref. Boletim Epidemiológico - Ministério da Saúde - Volume 52 | Nº 29 | Ago. 2021. Mortalidade Materna no Brasil, 2009-2019 https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/boletins-epidemiologicos/edicoes/2021/boletim_epidemiologico_svs_29.pdf.

²³ Ref. Boletim Epidemiológico - Ministério da Saúde - Volume 52 | Nº 29 | Ago. 2021. Mortalidade Materna no Brasil, 2009-2019 https://www.gov.br/saude/pt-br/centrais-de-conteudo/publicacoes/boletins/boletins-epidemiologicos/edicoes/2021/boletim_epidemiologico_svs_29.pdf.

²⁴ Ministry of Health, SINASC, 2021.

²⁵ Fiocruz, Pesquisa Nascer no Brasil. <https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/fichas_pesquisadores_todas19vf.pdf>.

²⁶ Labor and childbirth care in maternities participating in the “Rede Cegonha/Brazil”: an evaluation of the degree of implementation of the activities. *Ciênc. saúde coletiva* 26 (3) • Mar 2021. Available at <<https://www.scielo.br/j/csc/a/4p3vFS9znjmjkKxrXBfdrMM/?lang=en>>.

²⁷ Data from the State Secretariats for Public Security and/or Social Defense; Civil Police of Minas Gerais; Technical Support Center of the Public Ministry of Acre (NAT/MPAC); Institute of Public Security of Rio de Janeiro; Brazilian Institute of Geography and Statistics (IBGE); Brazilian Public Security Forum systematized by the Fórum Brasileiro de Segurança Pública. 17º Anuário Brasileiro de Segurança Pública

cent according to the Notifiable Diseases Information System-SINAN).²⁸ Despite legal prohibition of marriage for adolescents under the age of 16, child marriages still occur. According to UNICEF, 36 per cent of women aged 20-24 years were first married or in union before age 18.²⁹

11. The gaps that need to be addressed are: (a) the scarcity of high-quality data on sexual and gender-based violence are a major barrier to evidence-based public policies and plans; (b) the lack of a multisectoral approach to the provision of GBV services and care; (c) persistent discriminatory gender and social norms, which underpin violence and racism, including institutional systemic racism in access to services, particularly for Afro-descendant women and other furthest left-behind populations.³⁰

12. Brazil has a solid national statistical system, coordinated by the Brazilian Institute for Geography and Statistics (IBGE). The 2022 Census data provides key information for the adequate and updated characterization of Brazil's current and future population. The latest Brazilian Demographic and Health Survey (PNDS) dates from 2006. Regarding gender-based violence, there are no prevalence surveys, administrative records are insufficient, and information systems need to be integrated.

13. Updated data and responses on the impact of emerging megatrends – particularly population dynamics, such as aging and migration, environmental issues and digitalization – are needed.³¹ The census data revealed that the North and Northeast regions are home to 76 per cent of total indigenous population and 80.7 per cent of *quilombolas* communities. An estimated 475,975 refugees and migrants with acute needs are expected to enter Brazil from its northern border by 2024.³²

14. The United Nations Sustainable Development Framework (UNSDCF) for Brazil, 2023-2027, establishes five strategic priorities: (a) economic transformation; (b) social inclusion for sustainable development; (c) environment and climate action for sustainable development; (d) governance and institutional capacities; and (e) sustainable development and humanitarian action. UNFPA will contribute to all five and draw on its comparative advantages in evidence-based advocacy, analysis of population dynamics and data production and dissemination, GBV prevention and response with a 'leave no one behind' approach and South-South and triangular cooperation (SSTC) strategies.

15. The final evaluation of the sixth country programme cycle included the following lessons learned: (a) evidence-based advocacy proved to be a powerful tool for legal and policy formulation, national capacity development, technical cooperation and social awareness raising; (b) expanding partnerships and dialogue with different levels of government and types of organizations is key to sustaining the ICPD agenda; (c) unpredictability of resources, challenges in achieving high resource mobilization targets and delays in implementation have hindered the country office's ability to plan, monitor and respond to local needs.

16. The evaluation recommended to: (a) combine upstream and downstream modes of engagement, including service delivery, at subnational levels, in humanitarian settings; (b) focus on the furthest left-behind populations, broadening the scope of activities aimed at indigenous peoples, Afro-descendants, women, *quilombola* communities and older vulnerable adults; (c) scale up interventions in GBV and sexual and reproductive health (SRH) in humanitarian response, including capacity-building at local levels; (d) strengthen interventions for adolescents and young people, as subjects of rights and users of SRH services; and (e) expand the generation, analysis and dissemination of disaggregated data, filling in data gaps.

[livro eletrônico] / Fórum Brasileiro de Segurança Pública. – São Paulo: FBSP, 2023. Available at < <https://forumseguranca.org.br/wp-content/uploads/2023/07/anuario-2023.pdf>.

²⁸ Policy Brief "Elucidando a prevalência de estupro no Brasil a partir de diferentes bases de dados". Available at < <https://www.ipea.gov.br/atlasviolencia/arquivos/artigos/1694-pbestuprofinal.pdf> >.

²⁹ Girls Not Bride. Child marriage in Latin America and the Caribbean <https://www.girlsnotbrides.org/documents/535/Child-marriage-in-LAC-01.2017.pdf>.

³⁰ Data from State Secretariats for Public Security and/or Social Defense; Institute of Public Security/RJ (ISP); Brazilian Public Security Forum analysed by the Fórum de Segurança. Direitos trancados no armário: LGBTQfobia e Racismo. Available at: <https://forumseguranca.org.br/wp-content/uploads/2021/07/5-direitos-trancados-no-armario-lgbtqfobia-e-racismo-no-brasil.pdf>. Accessed on: April 7, 2022.

³¹ Nas Nossas Palavras: Vozes das mulheres afrodescendentes em prol da justiça reprodutiva e climática". Available at < <https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA%20Climate%20Change%20Brief%20-%20Portuguese.pdf> >.

³² RMRP 2023-2024.

II. Programme priorities and partnerships

17. The proposed country programme is the result of an extensive consultation process, held during the development of the UNSDCF, 2023-2027, which involved a wide range of stakeholders, including governmental institutions, at national and subnational levels, statistical agencies, academia and civil society and community-based organizations, including representatives of the furthest left-behind populations.

18. The proposed programme is aligned to national priorities, as expressed in the Brazil Pluriannual Plan, 2020-2023; the UNSDCF, 2023-2027; the 2030 Agenda for Sustainable Development and the SDGs, particularly Goals 3, 5, 16 and 17 (and indirectly SDGs 4 and 10); the ICPD Programme of Action and the voluntary national commitments on ICPD25; the Montevideo Consensus; and the UNFPA Strategic Plan, 2022-2025. Since the Brazil Pluriannual Plan, 2024-2027 is still under approval, the UNFPA country office held consultations with the Government and civil society organizations aimed at identifying priorities and strategies for the new national planning cycle.

19. The vision for the proposed programme, resulting from the theory of change process, is that by 2028, women, adolescents and youth, particularly those furthest left behind, can fully exercise their sexual and reproductive health and rights and be free from gender-based violence throughout their lifecycle, in an enabling environment that promotes universal access to SRH and GBV services and equal opportunities for all population groups regardless of gender, race/ethnicity, age, income and geographical location. The programme will support government actions to reduce equity gaps in the achievement of the three transformative results of UNFPA, particularly for the furthest left-behind groups, particularly Afro-descendants, indigenous people, traditional communities, people with disabilities, LGBTQIA+ and key populations, migrants and refugees.

20. UNFPA can leverage its subnational presence in the North and Northeast regions to ensure territorial outreach and impact. It will implement a combination of upstream and downstream interventions, ensuring complementarity between development and humanitarian contexts.

21. The programme will apply the following accelerators: (a) 'leaving no one behind' and reaching those furthest left behind first, as an overarching strategy, considering the impacts of intersecting inequalities; (b) human rights-based, intercultural, intersectional and gender-transformative approaches, promoting the transformation of discriminatory gender and social norms that are structural barriers in access to services and opportunities; (c) data and evidence, addressing data gaps for adequate policymaking and monitoring of the SDGs and the three transformative results; (d) partnerships, United Nations coordination and financing, including SSTC initiatives; and (e) resilience, adaptation and complementarity among development, humanitarian and peace-responsive efforts, with a focus on accelerating development in the regions with the greatest equity gaps or most affected by humanitarian emergencies.

22. UNFPA will continue to foster and scale up SSTC initiatives, leveraging Brazil's wealth of experience in this area. In partnership with the Brazilian Cooperation Agency (ABC), the government at national and subnational levels, and with countries (especially the Portuguese-speaking countries) in Africa and in Latin America and the Caribbean, as well as the least developed countries and small island developing States, UNFPA will implement SSTC initiatives to foster knowledge sharing to accelerate the goals of the ICPD Programme of Action, the Montevideo Consensus and the 2030 Agenda.

23. UNFPA will leverage multi-stakeholder partnerships, including with governmental and non-governmental institutions, at national and subnational levels, other United Nations organizations, academia and centres of excellence and think tanks, professional associations, women-led and youth-led organizations, civil society and community-based organizations, particularly networks or groups that are representative of furthest left-behind populations, and the private sector.

A. **Output 1. Enhanced integration of universal coverage and access to sexual and reproductive health and rights and GBV prevention and response into the SUS and other national laws, policies, plans and accountability frameworks, from an equity and rights-based approach, considering demographic transitions and other megatrends.**

24. This output contributes to the UNSDCF – Strategic Priority 2 (Social inclusion for sustainable development), Outcome 2; Strategic Priority 3 (Environment and climate action for sustainable development); Outcome 1; and Strategic Priority 4 (Governance and institutional capacities); Outcomes 1 and 2 – by strengthening the inclusion of sexual and reproductive health and rights (SRHR) and GBV in the Universal Health System and other multisectoral laws, policies and plans to bridge the gaps in the exercise of sexual and reproductive health and rights and the right of all population groups to a life free of violence. UNFPA will increase upstream advocacy and policy dialogue efforts aimed at fostering transformation results.

25. Key interventions: UNFPA will engage, upon government demand, in advocacy and policy dialogue, capacity development, knowledge management, coordination, partnerships and SSTC to: (a) strengthen the capacities of national and subnational institutions to implement evidence-based legal and policy frameworks related to SRHR, particularly maternal mortality reduction, respectful maternity care without discrimination, access to contraceptives, based on free and informed choice, prevention of adolescent pregnancy, sexually transmitted infections (STIs), HIV/AIDS and HPV, as well as prevention and response to GBV and harmful practices, including intersectional and intercultural approaches within policies; (b) strengthen the design and implementation of evidence-based SRHR policies that consider epidemiological and demographic transitions, including women's reproductive intentions and sexual health across the life-cycle, as well as the impact of emerging megatrends, on the furthest left-behind populations; (c) strengthen the development and implementation of in-school and out-of-school comprehensive sexuality education (CSE) programmes at national and subnational levels, promoting the inclusion of human rights, gender, race/ethnicity and disability perspectives; (d) strengthen resilience and adaptation through the inclusion of continuity SRH (including the minimum initial service package) and GBV (including the minimum standards for GBV programming in emergencies) in emergency preparedness and response plans, including among refugees and migrants, through the complementarity of humanitarian and development interventions.

B. Output 2. Strengthened national and subnational capacity to provide high-quality SRH and GBV information and services, from an equity, rights-based and intercultural approach, focusing on the furthest left-behind populations, in development and humanitarian settings.

26. This output contributes to the UNSDCF – Strategic Priority 1 (economic transformation), Outcome 1; Strategic Priority 2 (social inclusion for sustainable development), Outcomes 1 and 2; and Strategic Priority 5 (sustainable development and humanitarian action), Outcome 1 – by strengthening national capacities to increase the quality, coverage and access to comprehensive SRHR and GBV information and services, including reproductive health commodities, actions and plans, to foster complementarity of humanitarian and development work in the North region. Special focus will be placed on reducing access barriers for the furthest left-behind populations and in underserved territories, contributing to reducing maternal mortality, adolescent pregnancies and gender-based violence.

27. Key interventions: UNFPA will engage, upon government demand, in technical assistance, knowledge management, coordination and partnerships, including SSTC, in development and humanitarian settings, to: (a) strengthen national capacities to ensure access to the SRHR comprehensive package of care, including contraception, counselling, basic and comprehensive emergency obstetric care, STIs/HIV/AIDS prevention, and access to public services for women's reproductive health; (b) strengthening national capacities to expand and scale up access to modern contraceptives and counselling, with an emphasis on LARCs; (c) strengthen national capacities for forecasting, procurement and distribution of contraceptives and reproductive technologies, to reach remote and underserved territories and populations; (d) strengthen the primary healthcare system for high-quality SRHR, prenatal and maternal health care, including midwifery services and referral systems, with an emphasis on Afro-descendant, indigenous and traditional rural communities, and people with disabilities; and (e) strengthen the GBV protection network for the delivery of high-quality multisectoral and survivor-centred GBV resilient services (prevention, protection and care), promoting the complementarity of development and humanitarian settings (particularly in the North and Northeast).

C. Output 3. Strengthened capacities of key national and subnational institutions and civil society organizations to address discriminatory gender and social norms that underpin racism and violence, including gender-based violence and harmful practices, and the unequal exercise of sexual and reproductive rights by women, adolescents and youth, particularly those facing intersectional vulnerabilities, in development and humanitarian contexts.

28. This output contributes to the UNSDCF – Strategic Priority 1 (economic transformation), Outcome 2; Strategic Priority 2 (social inclusion for sustainable development), Outcomes 1 and 2; Strategic Priority 3 (environment and climate action for sustainable development), Outcome 2; and Strategic Priority 5 (sustainable development and humanitarian action), Outcome 1 – by strengthening the capacities of key public institutions and civil society organizations to address discriminatory gender and social norms that underpin racism, violence, including gender-based violence and harmful practices, and the unequal exercise of sexual and reproductive rights by women, adolescents and youth from diverse population groups.

29. Key interventions: UNFPA will engage, upon government demand, in advocacy, capacity development, knowledge management, coordination, partnerships and SSTC to: (a) strengthen the capacities of national and subnational institutions to foster the transformation of discriminatory gender and social norms, including through the promotion of positive masculinities in legal, executive and judicial systems; (b) strengthen national and subnational capacities to implement strategies for in-school and out-of-school CSE, prevent child marriage, aligned with international standards, and reach those furthest left-behind; (c) strengthen the advocacy capacities of civil society and community-based organizations, including women-led and youth-led networks; (d) strengthen the capacities of young people, particularly Afro-descendants, among other furthest left-behind populations, to participate in strategic public policy spaces; and (e) develop or scale up joint strategic communication initiatives through traditional media and digital platforms, including social networks and other innovative communication strategies, to reach the furthest left-behind women, adolescents and youth.

D. Output 4. Strengthened national capacities to collect, generate, analyse, use and disseminate disaggregated socio-demographic data and evidence to guide national planning processes and public policymaking, taking into account structural inequalities in the exercise of sexual and reproductive health and rights, population dynamics and other megatrends, in development and humanitarian settings.

30. This output contributes to the UNSDCF – Strategic Priority 2 (social inclusion for sustainable development), Outcome 1; Strategic Priority 4 (governance and institutional capacities), Outcome 1; and Strategic Priority 5 (sustainable development and humanitarian action), Outcome 1 – by strengthening the capacities of the national statistical and data system for the generation, analysis and use of disaggregated data to shed light on the situation of those furthest left behind, filling data and evidence gaps by key stratifiers, taking into account population dynamics, structural inequalities and other megatrends (aging, migration, environmental issues and digitalization). These strategic interventions will underpin UNFPA work across all four outputs of the country programme and allow insight into demographic trends and the underlying determinants of maternal mortality, adolescent pregnancies, gender-based violence, child marriage, and gender and social norms, against the backdrop of emerging megatrends, contributing to evidence-based decision-making and policies.

31. Key strategic interventions: UNFPA will engage, upon government demand, in advocacy, capacity development and technical assistance, knowledge management, coordination, partnerships and SSTC to: (a) strengthen the capacities of IBGE for data collection, analysis and dissemination of the Census, the National Demographic Health Survey and other population surveys and for incorporation of SRHR, GBV and megatrends into the National Continuous Household Survey; (b) strengthen national and subnational capacities to utilize, qualify and analyse data from the Census, and other population surveys in demographic change, SRHR and GBV, particularly by key stratifiers (race/ethnicity, age, gender, sexual orientation/gender identity, disability and human mobility); (c) strengthen national capacities to improve the digitalization, coverage, quality and integration of administrative records by strengthening vital and administrative records and country-investment cases and tools for the estimation of the socio-economic costs associated to adolescent pregnancy, maternal mortality, GBV and child marriage; (d) strengthen capacities of national institutions and civil society organizations to generate data and evidence on SRHR, population dynamics and other megatrends, by key stratifiers for the periodic follow-up of the 2030 Agenda and the SDGs, the Montevideo Consensus, the ICPD Programme of Action and the voluntary national commitments on ICPD25; (e) strengthen the capacities of national mechanisms for implementation, reporting and follow-up of human rights recommendations; (f) strengthen the capacities of IBGE and academia for the use of innovative statistical approaches in population modelling in small areas, to support and potentially improve census planning and implementation, complement census enumeration, and estimate census coverage, among others.

III. Programme and risk management

32. The programme will be implemented through various partners, including national and subnational governments and multiple stakeholders. UNFPA will facilitate participatory joint planning, implementation and monitoring of workplans with key partners, using a harmonized approach to cash transfers and other tools. UNFPA will participate in the common back office initiative and in the implementation of the UNSDCF, 2023-2027, including through inter-agency working groups. UNFPA will lead the United Nations work group on youth and actively engage with the United Nations working group on gender/race/ethnicity. The development of joint initiatives with other United Nations organizations will be sought and joint efforts will be coordinated with PAHO, UNAIDS, UNICEF, UN-Women, the United Nations High Commissioner for Refugees, and others on SRHR and GBV, both in development and humanitarian settings.

33. UNFPA will pursue an integrated partnership and resource mobilization strategy, prioritizing joint work with other United Nations organizations in Brazil, and with international and regional financial institutions in pursuit of innovative financing approaches and SSTC, while continuing to strengthen co-financing initiatives with the Government and the private sector. UNFPA will prioritize strategies to generate evidence and cost-benefit analysis on the three transformative results for increased investments in the country programme, consolidate partnerships with the private sector for SRHR and explore new resource mobilization strategies, including a targeted strategy aimed at individual giving.

34. UNFPA is committed to building a human resources structure not only consistent with the stated results but also promotes the recruitment of new talents through specialized networking dissemination strategies aimed at reaching people from minority groups. It will continue to invest in strengthening capacities to ensure an adequate presence and engagement in high-level and strategic policy spaces (G20, Mercosur and the upcoming United Nations Climate Change Conference (COP30) in 2025). Support will be sought from UNFPA headquarters and the Regional Office as well as national or regional centres of excellence or technical experts, including through SSTC initiatives, in line with national priorities and programmatic needs.

35. Potential risks to the implementation of the programme include: (a) changes in the political landscape; (b) external impact of regional political and economic crises, violence, migration flows, environmental issues and epidemiological risks; (c) unpredictability of the financing environment and lack of engagement of potential donors in the financing of the three transformative results in Brazil; (d) limited advocacy, resources mobilization and communications capacity of civil society organizations and youth networks; and (e) possible increase in costs and disruption of operational services.

36. UNFPA will adopt the following risk mitigation strategies: (a) conduct regular environmental scanning to guide advocacy and policy dialogue around the ICPD agenda and develop contingency plans; (b) monitor regional political, social and economic trends to develop preparedness and emergency response plans; (c) leverage multi-stakeholder partnerships and expand resource mobilization efforts with a diversified base; (d) foster advocacy and policy dialogue to increase financial commitment and investment in ICPD-related legal and policy frameworks, using evidence generated on the cost of inaction and on investing in capacity development of civil society organizations; and (e) enhance institutional resources and internal capacities (strategic communications, partnerships and resource mobilization) of the country office staff for programme implementation.

37. 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 the managers at UNFPA 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

38. The programme will be governed by a joint committee comprising UNFPA and the Ministry of Foreign Affairs, following procedures agreed upon in the UNSDCF guidance, UNFPA policies and procedures, results-based management principles and standards, and a jointly agreed monitoring and evaluation plan, which will be developed in coordination with relevant ministries and other stakeholders.

39. UNFPA will actively participate in the joint planning, programming, monitoring, evaluation and reporting of the UNSDCF, and will integrate the monitoring and reporting process of the country programme results under the Cooperation Framework. The UNDCSF contribution to the development of Brazil will be evaluated, based on national priorities established by the Government for its programme cycle.
40. The monitoring and evaluation plan includes field monitoring visits, annual reviews with implementing partners, periodic financial performance reviews, thematic and programmatic evaluations, annual progress reports, risk assessment, mitigation actions and knowledge management initiatives. A midterm review and a final, independent evaluation of the country programme are planned.
41. UNFPA will contribute to strengthening the capacities of national mechanisms for implementation, reporting and follow-up of human rights recommendations, the 2030 Agenda, the Montevideo Consensus, the ICPD Programme of Action and the voluntary national commitments on ICPD25.

RESULTS AND RESOURCES FRAMEWORK FOR BRAZIL (2024-2028)

| NATIONAL PRIORITY: Pluriannual Plan 2024-2027 (under approval); ICPD25 voluntary national commitments. | | | | |
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| <p>UNSDCF OUTCOMES: <i>Priority 1. Outcome 1:</i> By 2027, Brazil will have made progress in the sustainable, inclusive, and responsive economic transformation of generation, gender, race and ethnicity, with the inclusion of the socio-environmental dimension in production chains, with improved productivity, as part of the ongoing technological and digital transformation and expanding national competitiveness and the development of human capacities. <i>Outcome 2:</i> By 2027, Brazil will have advanced in economic inclusion that contributes to the reduction of poverty, hunger, vulnerabilities, inequalities and discrimination of generation, gender, race and ethnicity, and that guarantees the right to transformative education for full development of the person and access to decent work, opportunities for income generation, social and economic protection and care policies and resilient infrastructure, ensuring equal opportunities and their sustainability.</p> <p><i>Priority 2. Outcome 1:</i> By 2027, Brazil will have expanded and strengthened social protection and other public policies to be more intersectoral, inclusive, participatory and effective, based on evidence, attentive to groups and people in vulnerable situations and oriented, at all levels of government, respect for human rights and the reduction of poverty, hunger and inequalities of groups and people in vulnerable situations and the promotion of generational, gender, racial and ethnic equality and environmentally and socially sustainable development. <i>Outcome 2:</i> By 2027, Brazil will have expanded and strengthened the rights guarantee systems so that they are even more effective in the transversal integration of respect for human rights and equality of generation, gender, race and ethnicity, in confronting their violations and the multiple forms of discrimination and violence, including gender-based violence, and to promote the coordinated action of different instances at all levels of government, as well as the participation of civil society.</p> <p><i>Priority 3. Outcome 1:</i> By 2027, Brazil will have advanced even further in environmental conservation and restoration, in reducing pollution and in sustainable production and consumption and disposal, based on knowledge, technology, training, investment and financing, valuing the specificities and regional and regional knowledge. local, and promoting sovereignty and food and nutritional, health, water, basic sanitation, and energy security, in the context of sustainable development from the perspective of generation, gender, race and ethnicity. <i>Outcome 2:</i> By 2027, Brazil will have made progress in implementing actions to mitigate climate change and adapt to its effects, reducing deforestation and disaster risks, considering vulnerable groups and people, including forcibly displaced people, as of the perspective of generation, gender, race and ethnicity, and protection of the territories of indigenous peoples, traditional peoples and communities and populations of the countryside, forests and waters in general, with a view to promoting a resilient and decarbonized economy, in the light of legal frameworks and national regulatory frameworks, and in line with internationally prevailing commitments.</p> <p><i>Priority 4. Outcome 1:</i> By 2027, Brazil will have strengthened, within the framework of the democratic rule of law, its governance, legislation, institutional capacities and articulation with increased popular participation to design and implement public policies based on evidence, human rights and generational equity, gender, race and ethnicity, with a view to preventing and confronting corruption, crime and multiple forms of violence, and oriented to the specificities of the territory and transparency, with innovation, national and international cooperation, and broad participation of society. <i>Outcome 2:</i> By 2027, Brazilian society - especially vulnerable groups and people - will have greater access to quality public goods and services, digital inclusion and new technologies, greater capacity to exercise their rights and contribute to the decision-making process, free from violence and discrimination, to reduce social inequalities and promote equality of generation, gender, race, and ethnicity.</p> <p><i>Priority 5. Outcome 1:</i> By 2027, Brazil will have its strategies, public policies and institutional capacities strengthened and expanded, at all levels of government and in articulation with the private sector and civil society, to prevent, mitigate and respond to humanitarian crises and disasters, based on evidence, with special attention to the affected populations, refugees, migrants and stateless people and other vulnerable groups and people, in their diversity, combating xenophobia and intolerance and promoting respect for human rights, generational equity, gender, race and ethnicity and sustainable development.</p> | | | | |
| RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated. 2. By 2025, the reduction of preventable maternal deaths has accelerated. 3. By 2025, the reduction in GBV and harmful practices has accelerated. | | | | |
| UNSDCF outcome indicators, baselines, targets | Country programme outputs | Output indicators, baselines and targets | Partner contributions | Indicative resources |
| <ul style="list-style-type: none"> • <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> • The country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to | Output 1. Enhanced integration of universal coverage and access to sexual and reproductive health and rights and GBV prevention and response into the SUS and | <ul style="list-style-type: none"> • Number of national and subnational policies, plans or programmes that integrate SRHR and prevention and response to GBV and harmful practices, from an equity and rights-based approach, with UNFPA technical support <i>Baseline: 3 (2023); Target: 8 (2028)</i> | National and subnational levels of government and legislative chambers; civil society and community-based | \$6.5 million (\$1.5 million from regular resources and \$5.0 million |

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| sexual and reproductive health care, information, and education <i>Baseline: Yes (2013); Target: Yes (2025)</i> | other national laws, policies, plans and accountability frameworks, from an equity and rights-based approach, considering demographic transitions and other megatrends. | <ul style="list-style-type: none"> Number of evidence-based policies that consider the epidemiological and demographic transitions, including the impact of emerging megatrends, on the furthest left-behind populations, designed or implemented with UNFPA support <i>Baseline: 18 (2023); Target: 68 (2028).</i> Number of strategic partners, including government partners, that ensure a sustained commitment or provide financial resources for SRH and reproductive rights, prevention of and response to GBV and harmful practices and the promotion of gender equality, because of UNFPAs advocacy <i>Baseline: 6 (2023); Target: 14 (2028)</i> Number of emergency preparedness, response, and resilience plans related to emergencies, and migration, at national and subnational levels, especially in the Northern regions, that include SRH and GBV, with UNFPA support <i>Baseline: 2 (2023); Target: 8 (2028)</i> | organizations, including youth networks; academia; United Nations organizations; international donors; private sector | from other resources) |
| <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Adolescent birth rate per 1,000 women aged 15-19 years <i>Baseline: 53 (2020); Target: 34.7 (2024)</i> Maternal mortality per 100,000 live births <i>Baseline: 58 (2019); Target: 30 (2030)</i> Coverage of essential services <i>Baseline: 71 (2019); Target: 72 (2023)</i> | Output 2. Strengthened national and subnational capacity to provide high-quality SRH and GBV information and services, from an equity, rights-based and intercultural approach, focusing on the furthest left-behind populations, in development and humanitarian settings. | <ul style="list-style-type: none"> Number of national and subnational initiatives, supported by UNFPA, for forecasting, procurement or distribution of contraceptives, particularly LARCs, and access to reproductive technologies, to reach remote and underserved territories and populations <i>Baseline: 2 (2023); Target: 8 (2028)</i> Number of health and protection professionals, including nurses and midwives, trained by UNFPA to ensure access to high-quality and respectful SRH and GBV care, including maternal health care and clinical management of sexual violence, within a human rights-based approach <i>Baseline: 2,450 (2023); Target: 10,000 (2028)</i> Number of gender-based violence referral pathways established in the North and Northeast regions, to deliver high-quality multisectoral, survivor-centred and resilient GBV services, with technical support of UNFPA <i>Baseline: 2 (2023); Target: 27 (2028)</i> | National and subnational levels of government and legislative chambers; civil society and community-based organizations, including youth networks; academia; United Nations organizations; international donors; private sector. | \$7.5 million (\$2.5 million from regular resources and \$5.0 million from other resources) |
| <u>Pluriannual Plan 2024-2027:</u> <ul style="list-style-type: none"> By 2028, reduction to 0.96 in the homicide rate of women in the domestic sphere. <i>Baseline: 1.15 per 100,000 resident women (2022); Target: 0.96 per 100,000 resident women</i> | Output 3. Strengthened capacities of key national and subnational institutions and civil society organizations to address discriminatory gender and social norms that underpin racism and violence, including GBV and harmful practices, and the unequal exercise of sexual and reproductive health and rights | <ul style="list-style-type: none"> Number of national and subnational institutions that incorporate transformative strategies to address discriminatory gender and social norms that underpin racism and violence, including through the promotion of positive masculinities, in legal, executive and judicial systems, with UNFPA advocacy and technical support <i>Baseline: 11 (2023); Target: 36 (2028)</i> Number of UNFPA-supported initiatives for the implementation of (a) in-school and (b) out-of-school CSE programmes to reach those furthest left-behind <i>Baseline: (a): 1 (2023); Target: 10 (2028)</i> <i>Baseline: (b): 4 (2023); Target: 18 (2028)</i> | National and subnational levels of government and legislative chambers; civil society and community-based organizations, including youth networks; academia; United Nations organizations; | \$8.0 million (1.5 million from regular resources and \$6.5 million from other resources) |

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| | by women, adolescents, and youth, particularly those facing intersectional vulnerabilities, in development and humanitarian contexts. | <ul style="list-style-type: none"> Number of civil society organizations and youth networks supported by UNFPA to advocate for SRH and rights, prevention of GBV and harmful practices, as well as race, age and gender equality, in strategic public policy spaces <i>Baseline: 10 (2023); Target: 60 (2028)</i> Number of strategic communication initiatives, including innovative strategies, developed or scaled up to reach out to the furthest left-behind women, adolescents and youth chaired/co-chaired by UNFPA <i>Baseline: 7 (2023); Target: 30 (2028)</i> | international donors; private sector. | |
| <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> The country has conducted at least one population and housing census during the last 10 years <i>Baseline: Yes (2022)</i> <i>Target: Yes (2030)</i> | Output 4: Strengthened national capacities to collect, generate, analyse, use and disseminate disaggregated socio-demographic data and evidence to guide national planning processes and public policymaking, taking into account structural inequalities in the exercise of sexual and reproductive health and rights (SRHR), population dynamics and other megatrends, in development and humanitarian settings | <ul style="list-style-type: none"> Number of data strategies supported by UNFPA, to ensure the generation of disaggregated socio-demographic data, particularly by key stratifiers, for evidence-based public policymaking, at national and subnational levels <i>Baseline: 0 (2023); Target: X (2028)</i> Number of studies, including tools for the estimation of socio-economic costs related to the three transformational results, developed or supported by UNFPA <i>Baseline: 7 (2023); Target: 22 (2028)</i> Number of initiatives developed by national institutions or civil society organizations for the follow-up of the SDGs, the Montevideo Consensus, the ICPD Programme of Action and the voluntary ICPD25 national commitments, supported by UNFPA <i>Baseline: 4 (2023); Target: 10 (2028)</i> Number of South-South or trilateral cooperation initiatives developed by UNFPA, in partnership with ABC, to accelerate the three transformative results <i>Baseline: 2 (2023); Target: 7 (2028)</i> | National and subnational levels of government and legislative chambers; civil society and community-based organizations, including youth networks; academia; United Nations organizations; international donors; private sector. | \$7.0 million (\$1.0 million from regular resources and \$6.0 million from other resources) |
| Programme coordination and assistance | | | | \$1.0 million from regular resources |