



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

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**UNFPA – Annual report of the Executive Director**

**United Nations Population Fund**

**Implementation of the UNFPA strategic plan, 2018-2021**

**Report of the Executive Director**

*Summary*

This report analyses the cumulative progress made in achieving the results of the UNFPA strategic plan, 2018-2021. It should be read in conjunction with the statistical and financial review, 2022 (DP/FPA/2022/4 (Part I)/Add.1), which provides details of UNFPA expenditures.

This report also describes the results achieved in 2020-2021 in responding to the coronavirus disease 2019 (COVID-19) pandemic.

UNFPA made substantial progress in achieving the results and the end-of-plan targets of its strategic plan, 2018-2021. The report takes stock of the challenges encountered and the lessons learned. The annexes to the report, available on the UNFPA Executive Board website, provide detailed analyses and information on the progress achieved.

*Elements of a decision*

The Executive Board may wish to:

- (a) Take note of the documents that make up the report of the Executive Director for 2021: DP/FPA/2022/4 (Part I, Part I/Add.1 and Part II);
- (b) Note with appreciation the progress made by UNFPA in achieving the results and the end-of-plan targets of the UNFPA strategic plan, 2018-2021.

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*The annexes are available on the [UNFPA Executive Board website](#).*

## I. Overview

1. This report details the cumulative progress UNFPA made in achieving the results and end-of-plan targets of the strategic plan, 2018-2021. This plan was the first of three consecutive strategic plans<sup>1</sup> designed to guide UNFPA in accelerating progress in implementing the Programme of Action of the International Conference on Population and Development (ICPD) and contributing to the achievement of the Sustainable Development Goals, as outlined in the 2030 Agenda for Sustainable Development.
2. The report also details the progress made in implementing General Assembly resolutions 71/243 and 75/233 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system. It describes the challenges encountered and the lessons learned in implementing the strategic plan during 2018-2021.
3. Despite the disruption caused by the coronavirus disease 2019 (COVID-19) pandemic, UNFPA was able to adapt its programmes and made substantial progress towards achieving the goal of the strategic plan: universal access to sexual and reproductive health, realizing reproductive rights, and reducing maternal mortality, to accelerate the achievement of the ICPD Programme of Action. According to the most recent data, most of the goal indicators recorded positive trends. All the evaluations conducted after the emergence of the COVID-19 pandemic indicated that UNFPA country offices had adapted well in response to the pandemic.
4. UNFPA and its partners made steady progress up to the pre-pandemic phase towards achieving the four strategic plan outcomes: (a) increasing the use of integrated sexual and reproductive health services; (b) empowering youth; (c) advancing gender equality and the empowerment of women and girls; and (d) counting everyone everywhere. Several outcome and impact indicators recorded a higher rate of progress during 2018-2021 than in previous years.
5. Despite the pandemic, UNFPA recorded its highest output performance in 2021, compared to 2018, 2019 and 2020. UNFPA fully achieved eight of 14 development outputs of its strategic plan against the end-of-plan targets.
6. UNFPA exceeded the achievement of almost all the service-delivery targets in 2021. This demonstrates the effectiveness and agility of the UNFPA COVID-19 response, which focused on ensuring the continuity of services.
7. UNFPA and its partners built a solid foundation to achieve the three transformative results of the strategic plan, especially in the context of global, regional and country-level uncertainties. The three transformative results are: (a) ending preventable maternal deaths; (b) ending the unmet need for family planning; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage. The results achieved by UNFPA also contributed to the achievement of the Sustainable Development Goals.
8. Figure 1 below highlights the key results achieved during 2018-2021.

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<sup>1</sup> The two subsequent strategic plans cover 2022-2025 and 2026-2029. The current strategic plan (2022-2025) is thus the second of the three phases.

Figure 1  
**Key results achieved during 2018-2021,  
 in UNFPA programme countries**

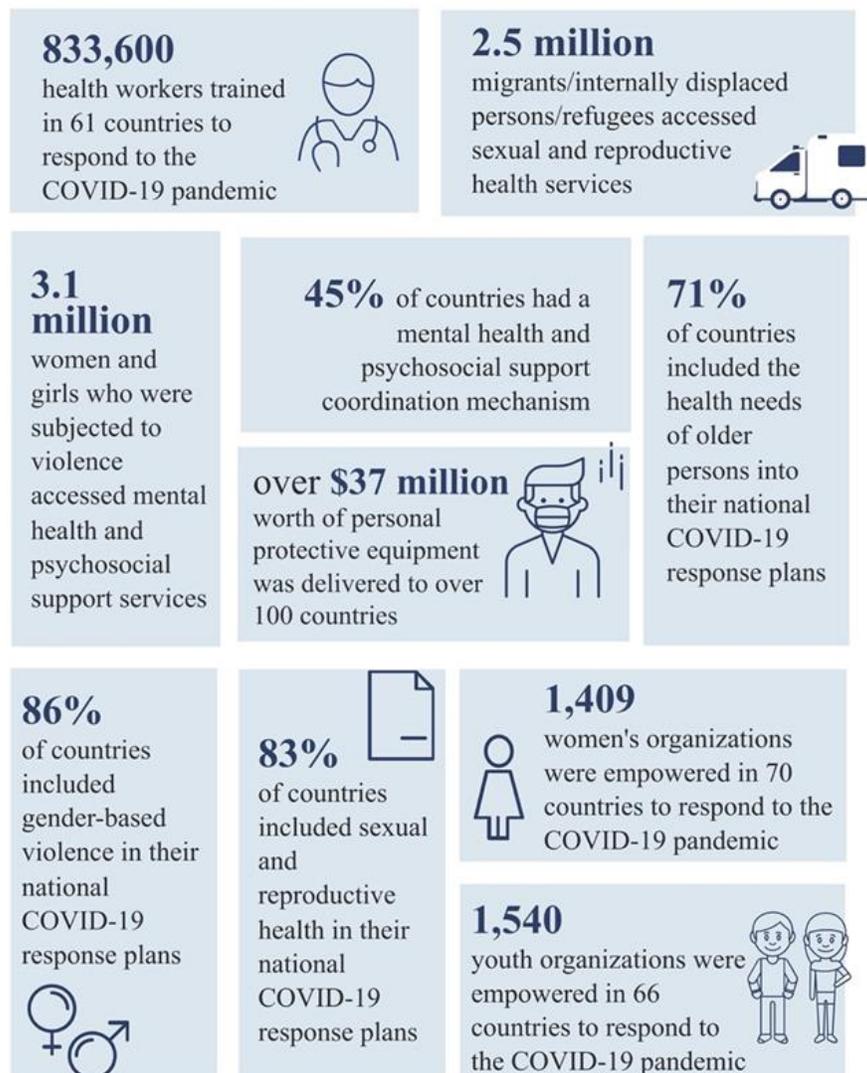


\*Estimated results obtained from the family planning commodity distribution of UNFPA

More results may be found at:  
[www.unfpa.org/data/results](http://www.unfpa.org/data/results)

9. During the period of the strategic plan, UNFPA and its partners responded effectively and efficiently not only to the COVID-19 pandemic but also to a range of other humanitarian emergencies, thus contributing to saving the lives of millions of women and young people. Figure 2 highlights the key results achieved in responding to the COVID-19 pandemic.

Figure 2  
**Results achieved in responding to the COVID-19 pandemic, 2020-2021,  
 in UNFPA programme countries**



Source: UNFPA COVID-19 response survey, 2020 and 2021

10. Regarding humanitarian emergencies, key results achieved in 2021 included the following: (a) reaching more than 29 million women of reproductive age with sexual and reproductive health information and services in 42 countries; (b) providing 1.5 million UNFPA-assisted safe deliveries in 29 countries; and (c) enabling millions of survivors of gender-based violence to access services through the more than 12,000 safe spaces supported by UNFPA in 38 countries.

11. During the period of the strategic plan, UNFPA underwent important transformations that improved its overall efficiency and effectiveness in achieving results. These included:

- (a) Operationalizing change-management initiatives;
- (b) Strengthening the UNFPA humanitarian response and expanding its reach and enhancing the results achieved. The UNFPA humanitarian revenue doubled, from \$172 million in 2018 to almost \$350 million in 2021 (see annex 2);

- (c) Introducing ‘diversity’ and ‘inclusion’ as an organization-wide corporate initiative, and strengthening the focus on ‘leaving no one behind,’ including by prioritizing an emphasis on people of African descent in programming;
  - (d) Institutionalizing ‘disability’ in UNFPA programmes and operations and launching the first-ever disability inclusion strategy. As a result, the number of women and young people with disabilities who benefited from sexual and reproductive health services during 2018-2021 was 10 times higher than during the previous strategic plan period (2014-2017);
  - (e) Championing the protection against sexual exploitation and abuse;
  - (f) Institutionalizing the commitments related to climate change, such as social and environmental standards;
  - (g) Achieving gender parity and full compliance with the United Nations system-wide action plan on gender equality and the empowerment of women. By December 2021, over half (51.4 per cent) of UNFPA staff were female;
  - (h) Mobilizing the largest amount of resources in UNFPA history, thereby increasing the achievement of life-saving results and improving the rights and choices for women and girls;
  - (i) Mainstreaming and institutionalizing innovation at UNFPA and integrating innovative approaches into key processes and programme interventions.
12. Coordination with other United Nations organizations was critical in achieving the results of the strategic plan and in enabling UNFPA to respond effectively to the COVID-19 pandemic. UNFPA learned several lessons in the process of achieving those results. These included:
- (a) Investing in the three transformative results has long-term economic benefits for the world and is a catalyst in accelerating the achievement of nearly all the Sustainable Development Goals;
  - (b) The importance of preparing for the next pandemic by integrating sexual and reproductive health and reproductive rights into preparedness, early detection, and rapid response and recovery efforts;
  - (c) The importance of prioritizing the normative role of UNFPA and injecting a sense of urgency into achieving sexual and reproductive health and reproductive rights for all;
  - (d) The urgency of prioritizing agency and bodily autonomy to accelerate the achievement of results;
  - (e) The requirement of bolstering primary health care and supporting the realization of universal health coverage by keeping women, children and adolescents at the centre of policy and programming;
  - (f) The importance of the digital transformation, as nearly 800 million people accessed the Internet for the first time in 2019 and 2020;
  - (g) The importance of statistical visibility and addressing inequalities. The COVID-19 pandemic has highlighted and exacerbated entrenched inequalities;
  - (h) The importance of scaling up adaptations and women-centred innovations, such as the use of telemedicine and digital platforms for services, which evolved during the COVID-19 pandemic;
  - (i) The importance of further investing in resilience, ensuring tailored responses to national and subnational contexts and coordinating actions that address the root causes of poverty and vulnerability.
13. UNFPA faced several challenges in implementing its strategic plan. These challenges included: (a) difficulties encountered in working on upstream policy support and normative work due to the shift in priorities towards downstream work because of the COVID-19 pandemic; (b) opposition to sexual and reproductive health and rights in certain contexts; and (c) limited capacity of some implementing partners.
14. UNFPA has integrated the lessons learned into its new strategic plan, 2022-2025, and is taking steps to address these challenges in its implementation.

## II. The context of the strategic plan, 2018-2021

15. The strategic plan, 2018-2021, witnessed a range of contrasting contexts during its implementation. On the one hand, opportunities and enhanced momentum for progress toward achieving the ICPD Programme of Action and the 2030 Agenda for Sustainable Development were present; on the other, there were numerous challenges: the rapid emergence of the COVID-19 pandemic, growing inequalities, the impact of climate change, and numerous humanitarian crises. In addition, migration, changing population structures and digital transformation affected progress.

16. In 2019, the Secretary-General declared that progress towards achieving the Sustainable Development Goals was off track and issued a global call<sup>2</sup> for a Decade of Action (2020-2030) to deliver the Sustainable Development Goals by 2030 – to work together at all levels and increase investments to achieve the Goals within the timeframe of the 2030 Agenda for Sustainable Development.

17. The 52nd session of the United Nations Commission on Population and Development in April 2019 adopted a political declaration,<sup>3</sup> which serves as a powerful reaffirmation of the ICPD agenda and its centrality to the 2030 Agenda for Sustainable Development.

18. In November 2019, the Governments of Kenya and Denmark, together with UNFPA, convened the Nairobi Summit on ICPD25,<sup>4</sup> to commemorate the 25th anniversary of the adoption of the ICPD Programme of Action. At the summit, 145 Governments and stakeholders made over 1,300 voluntary commitments to accelerate the implementation of the ICPD Programme of Action and the achievement of the three transformative results.

19. At the Generation Equality Forum,<sup>5</sup> held in Mexico City, Mexico, and in Paris, France, in 2021, sexual and reproductive health and reproductive rights were integrated into the Global Acceleration Plan for Gender Equality. Sexual and reproductive health and reproductive rights were also integrated into the most recent 26th United Nations Climate Change Conference (COP26),<sup>6</sup> held in Glasgow, Scotland, United Kingdom, in 2021.

20. Population dynamics demonstrated complex trends that must be considered in developing strategies for sustainable development. Many countries face population ageing; about half the world's population lives in countries with below-replacement fertility while other countries have youthful and rapidly growing populations, where high unemployment rates make it difficult for youth to fulfil their potential.

21. Available data indicate that rate of progress toward achieving the Sustainable Development Goals has been insufficient. If the current rate of progress continues, the world will not be on track to achieve gender equality, end the unmet need for family planning, end preventable maternal deaths or end gender-based violence by 2030. Technological advancements, essential to transforming societies, have also contributed to a digital divide – and deepened the gender digital divide – exacerbating inequalities and, in some cases, fuelling misinformation and disinformation. This has undermined trust in science and in life-saving health interventions.

22. The COVID-19 pandemic was the gravest challenge faced during the period of the strategic plan. The pandemic was the largest humanitarian crisis since the creation of UNFPA. To date, it has claimed over 6 million lives, infected more than 400 million people; and it disproportionately affected the lives of women, girls and vulnerable populations worldwide.

23. Due to the COVID-19 pandemic, some countries experienced up to a 25 per cent drop in coverage of life-saving health interventions for women, children and adolescents. In South Asia, the disruptions in health services may have caused an additional 239,000 child and maternal deaths in 2021. In Yemen, the pandemic compounded the humanitarian crisis and led to a catastrophic situation in which a woman died in childbirth every two hours.

<sup>2</sup> <https://www.un.org/sg/en/content/sg/speeches/2019-09-24/remarks-high-level-political-sustainable-development-forum>

<sup>3</sup> [E/CN.9/2019/L.5](https://www.un.org/sg/en/content/sg/speeches/2019-09-24/remarks-high-level-political-sustainable-development-forum)

<sup>4</sup> <https://www.nairobisummiticpd.org/>

<sup>5</sup> <https://forum.generationequality.org/home>

<sup>6</sup> <https://www.un.org/en/climatechange/cop26>

24. Several low- and middle-income countries reported a short-term decline in births; they have since recovered to pre-pandemic levels. There is no evidence of dramatic fertility increases or decreases due to the COVID-19 pandemic.

25. The escalation in gender-based violence incidents during the COVID-19 pandemic alarmingly constituted a ‘shadow pandemic’ within the pandemic. According to a survey conducted by the United Nations in 58 countries, seven in 10 women thought that verbal or physical abuse by a partner had increased. Three in five women said they believed sexual harassment in public had worsened.

26. The pandemic has also affected the flow of resources. While there was a slight increase in official development assistance during 2019 and 2020, official development assistance for sexual and reproductive health and reproductive rights has declined. In addition, estimates indicate that per capita spending on health will fall by approximately 20 per cent in low-income and lower-middle-income countries between 2019 and 2026, down from an average of \$114 to an average of \$82. The pandemic has also impacted data systems, denying countries the critical data needed for planning.

27. During 2018-2021, the rights of women and girls and the populations left behind in the development process were, in many instances, threatened by a rise in populism. Yet the period also saw the emergence of more active movements against racism, discrimination, xenophobia and intolerance, as well as increased efforts to realize sexual and reproductive health and rights

### **III. Results achieved during 2018-2021**

28. Despite the COVID-19 pandemic, UNFPA performance against the strategic plan targets was strong. The following section highlights the positive trends in progress toward the three transformative results. UNFPA and its partners made strides in positioning the transformative results at all levels. Trends in most of the strategic plan outcomes were positive. While it did not achieve two outputs, UNFPA and its partners fully achieved eight of the 14 strategic plan outputs and partially achieved four (see annex 1).

#### **A. Status of the three transformative results**

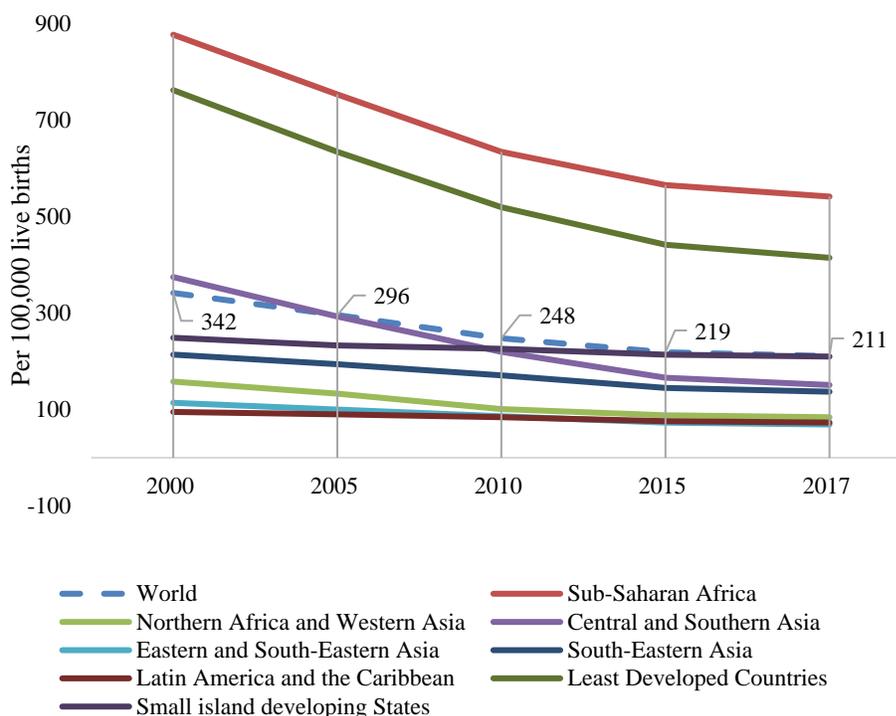
##### *Progress in achieving the three transformative results*

29. According to data available through 2020, substantial progress has been made in achieving the three transformative results. In some cases, progress accelerated during 2010-2020, compared to the previous decade. However, without further acceleration, the world will not be able to achieve the transformative results by 2030.

##### *Ending preventable maternal deaths*

30. Global maternal mortality estimates declined from 451,000 in 2000 to 295,000 in 2017 – representing a 35 per cent reduction. The global lifetime risk of maternal mortality for a 15-year-old girl in 2017 was approximately half the risk present in 2000. The proportion of women of reproductive age (15 to 49 years) who died due to maternal causes was estimated at 9.2 per cent in 2017 – down by 26.3 per cent from 2000.

Figure 3  
Trends in maternal mortality



Source: Trends in maternal mortality 2000 to 2017, United Nations

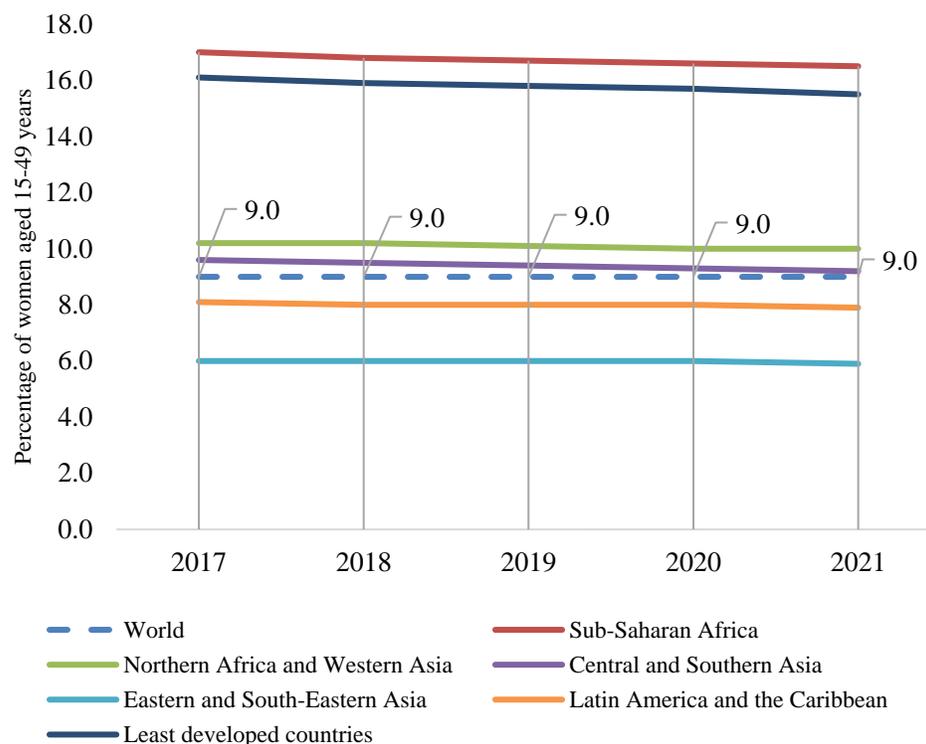
31. Even before the COVID-19 pandemic, the reduction in maternal mortality was not yet at the level required to achieve the Sustainable Development Goal target on maternal mortality (fewer than 70 maternal deaths per 100,000 live births), nor was it at a level to reach the transformative result to end preventable maternal deaths by 2030.

#### *Ending the unmet need for family planning*

32. The unmet need for family planning declined at a slightly higher rate in certain regions during 2018-2021, compared to the previous four-year period. However, the rate of reduction is not sufficient to end the unmet need for family planning by 2030.

33. Globally, the proportion of women of reproductive age who have an unmet need for family planning remained at around 9 per cent in the past two decades. Since 2000, the absolute number of women with an unmet need for family planning has increased, by 20 million, mainly due to growth in the number of women of reproductive age. Unmet need is higher for adolescents than for all women aged 15-49 years. Nearly half of all pregnancies worldwide are unintended, and many result in unsafe abortions; this contributes to the high number of maternal deaths.

Figure 4  
Trends in the unmet need for family planning



Source: World Contraceptive Use 2020, Department of Economic and Social Affairs, United Nations

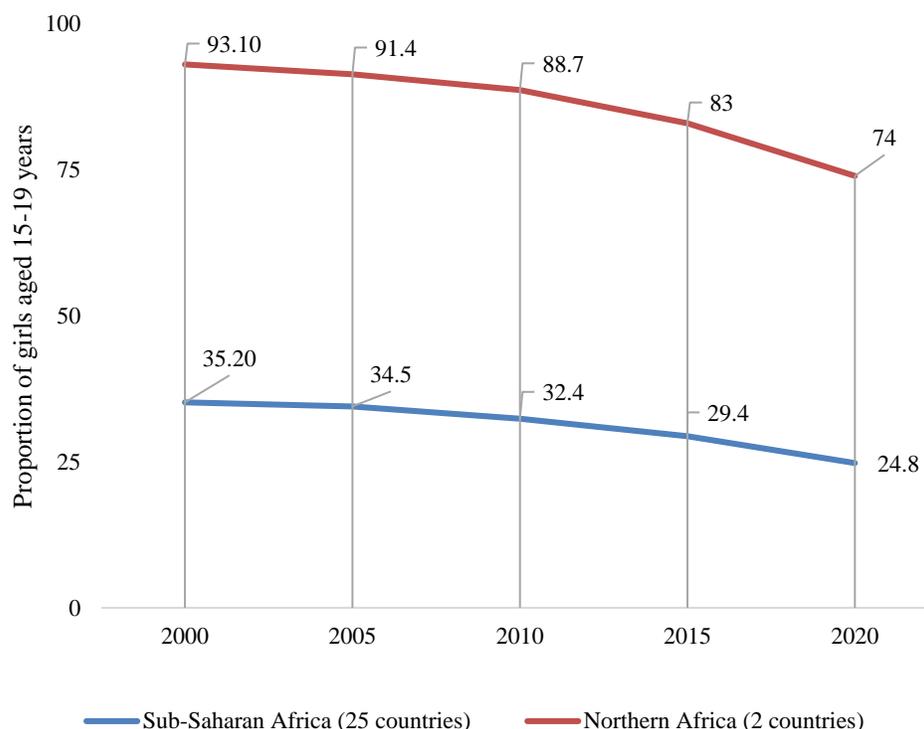
***Ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage***

34. Available population-based prevalence data from 2000 to 2018 for women aged 15 years and older indicates that an estimated 736 million women – almost one in three – have been subjected to intimate partner violence, non-partner sexual violence, or both, at least once during their lifetime. More than 640 million women aged 15 years and older (26 per cent) have been subjected to intimate partner violence.

35. Of girls aged 15-19 years who have been in a relationship, almost one in four (24 per cent) have experienced physical or sexual violence from an intimate partner or husband. Women with disabilities are up to 10 times more likely to experience gender-based violence.

36. Since 2000, the prevalence of female genital mutilation has declined by 25 per cent. The rate of reduction of female genital mutilation was higher during 2015-2020, compared to 2010-2015. The rate of decline in 25 countries in sub-Saharan Africa between 2015 and 2020 was 15.6 per cent, compared to a 9.3 per cent reduction between 2005 and 2010.

Figure 5  
Trends in female genital mutilation



Source: Global databases, 2021, United Nations Children's Fund

37. However, the pace of decline of female genital mutilation has been uneven. To date, over 200 million women and girls have undergone female genital mutilation; without concerted and accelerated action, 48 million more girls could be subjected to this practice by 2030.

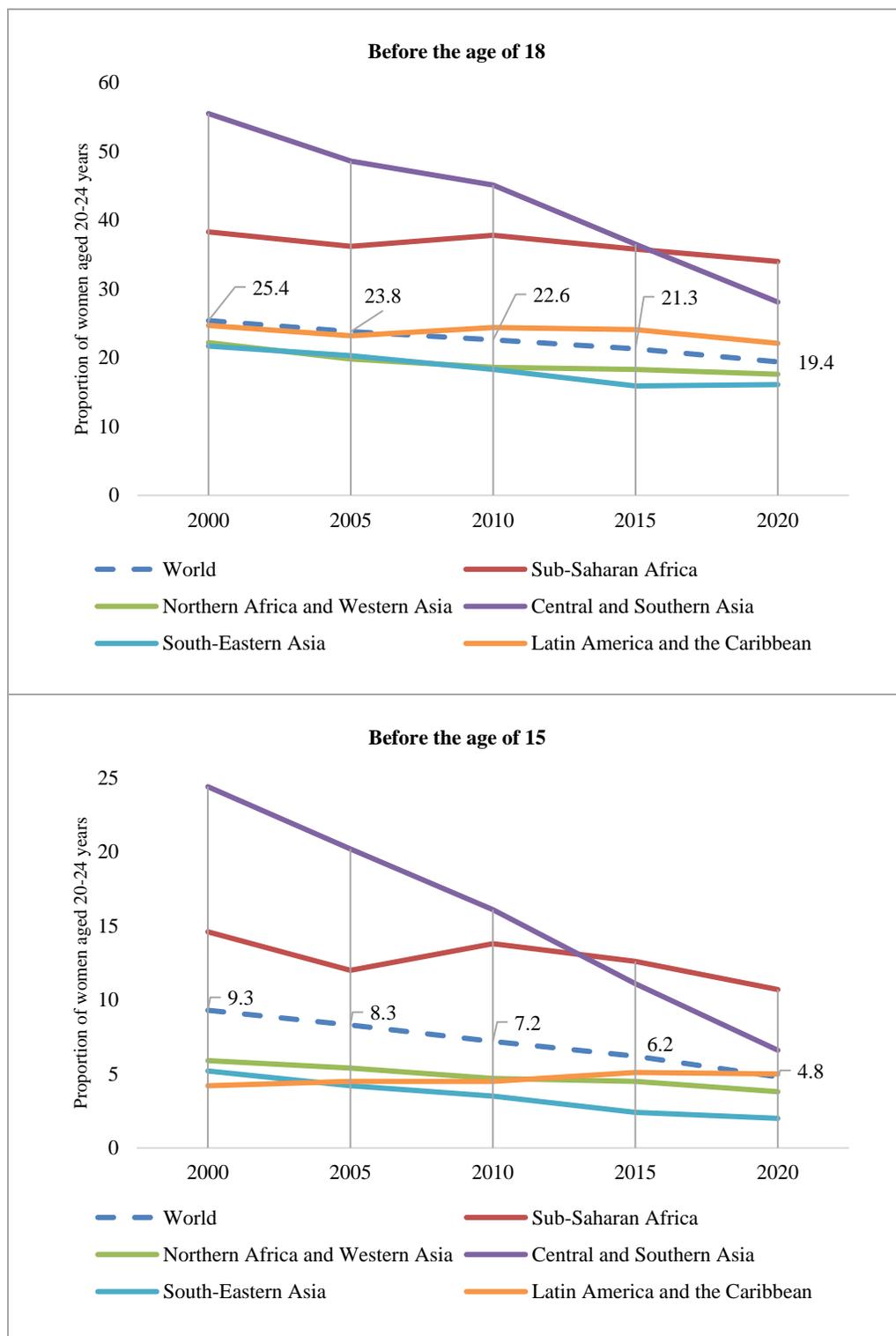
38. During the last decade, 25 million child marriages have been averted thanks to accelerated progress in eliminating the practice. During 2015-2020, the global rate of decline of child marriage was higher than it was during 2010-2015. For child marriage before the age of 18, the percentage point decline during 2015-2020 was almost 2.0, compared to 1.3 during 2010-2015. For child marriage before the age of 15, the percentage point decline during 2015-2020 was 1.4, compared to 1.0 during 2010-2015.

39. Latin America and the Caribbean had the highest rate of decline in child marriage during 2015-2020, compared to 2010-2015. Sub-Saharan Africa achieved the highest level of reduction in child marriage before the age of 15 during 2015-2020 (1.9 percentage points), compared to 2010-2015 (1.2 percentage points).

40. Bangladesh reduced child marriage from 59 per cent in 2017/2018 to 51 per cent in 2019. Sierra Leone reduced child marriage by nine percentage points between 2013 and 2019. Nepal reduced child marriage by 17 per cent between 2016 and 2019.

41. However, the current rate of decline in child marriage is insufficient to meet the 2030 target. Without accelerating the reduction in child marriages, more than 150 million additional girls under 18 years of age will marry by 2030.

Figure 6  
Trends in child marriage



Source: Global databases, 2021, United Nations Children’s Fund

42. UNFPA and its partners faced several challenges in prioritizing and achieving the transformative results. Much of the data for the transformative results were available only through 2020, and that data did not reflect the impact of the COVID-19 pandemic.

*Positioning the three transformative results.*

43. During the implementation of the strategic plan, UNFPA laid the foundation for achieving the transformative results by positioning them in internal and external global, regional and national development frameworks.

44. For example, several countries integrated the voluntary country commitments made in the context of ICPD25 into their national policies and programmes to accelerate the achievement of the transformative results and the ICPD Programme of Action. Countries have developed national tracking mechanisms or established national or multi-stakeholder committees to follow up on the implementation of the commitments. In September 2020, UNFPA established the High-level Commission on the Nairobi Summit on ICPD25 Follow-up. Its first report notes progress on some voluntary commitments and calls for ambitious, deliberate and comprehensive action to accelerate progress.

Box 1

**Implementation of the voluntary country commitments**

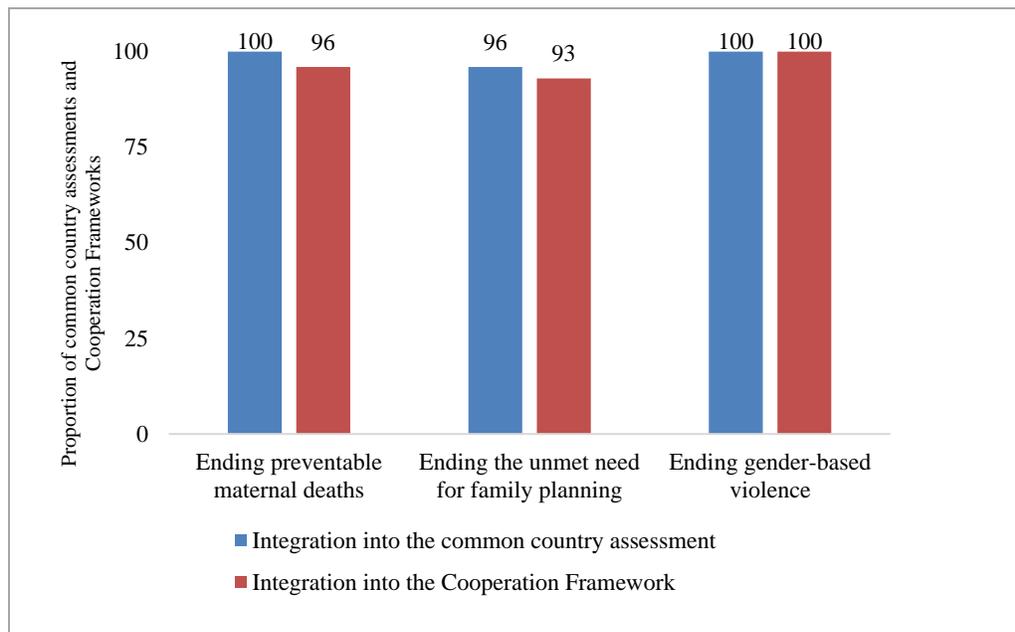
According to preliminary data reported by 123 UNFPA country offices on 986 voluntary country commitments by 31 December 2021, 10 per cent of those commitments were fully implemented; 54 per cent of the commitments were partially implemented; 20 per cent of the commitments were prioritized in national policies and programmes; and 16 per cent were not yet prioritized in national policies and programmes.

45. The voluntary commitments to accelerate the transformative results were also reflected in accountability mechanisms. Of the 2,176 Universal Periodic Review recommendations examined at the 39th session of the Universal Periodic Review Working Group in 2021, for example, approximately 959 (44 per cent) were related to voluntary commitments made in the context of ICPD25.

46. The transformative results were also prioritized in voluntary national reviews. In the 41 voluntary national reviews implemented in 2021, (a) 97 per cent included maternal health; (b) 78 per cent included family planning; (c) 95 per cent included gender-based violence; (d) 71 per cent included child, early and forced marriage; and (e) 29 per cent included female genital mutilation.

47. By 2021, all new UNFPA country programmes committed to the achievement of at least one of the three transformative results. Nearly all United Nations Sustainable Development Cooperation Frameworks that were started between 2020 and 2022 integrated the transformative results into the common country assessments and the United Nations Sustainable Development Cooperation Frameworks

Figure 7  
**Prioritization of the three transformative results in common country assessments and in United Nations Sustainable Development Cooperation Frameworks started in 2020-2022**



Source: UNFPA analysis

48. In addition, 89 per cent of the overviews of humanitarian needs implemented in 2021 had integrated gender-based violence into the overviews.

49. The development of investment cases for the three transformative results helped countries to prioritize the transformative results within their policies and programmes. For example, owing to the investment cases developed in Peru, the transformative results were integrated into the country’s Sustainable Development Cooperation Framework.

50. In 2021, UNFPA and its academic partners began analysing the cost-benefit ratios of investing in the three transformative results (see box 2 below).

Box 2

**Cost-benefit ratios of investing in the transformative results**

Every dollar invested in ending preventable maternal deaths and the unmet need for family planning by 2030 will bring economic benefits of \$8.78 by 2050.

Every dollar invested in ending female genital mutilation by 2030 will bring economic benefits of \$10.13 by 2050.

Every dollar invested in ending child marriage by 2030 will bring economic benefits of \$33.60 by 2050.

51. Advancements in data utilization, evidence gathering and the analysis of population dynamics enabled UNFPA and its partners to prioritize and position the three transformative results. Demographic trends are among the five megatrends<sup>7</sup> that affect progress in achieving the Sustainable Development Goals. Where everyone is counted, and demographic change is understood and planned for, governments can optimize investments in health, education, life-long learning, housing and infrastructure.

52. Achievements in the four strategic plan outcomes (section B) also contributed to progress in achieving the three transformative results.

## B. Progress in achieving the outcomes of the UNFPA strategic plan, 2018-2021

*Outcome 1: Every woman, adolescent and youth everywhere, especially those furthest behind, has utilized integrated sexual and reproductive health services and exercised reproductive rights, free of coercion, discrimination and violence.*

**Outcome 1 has contributed to the achievement of the following Sustainable Development Goals:**

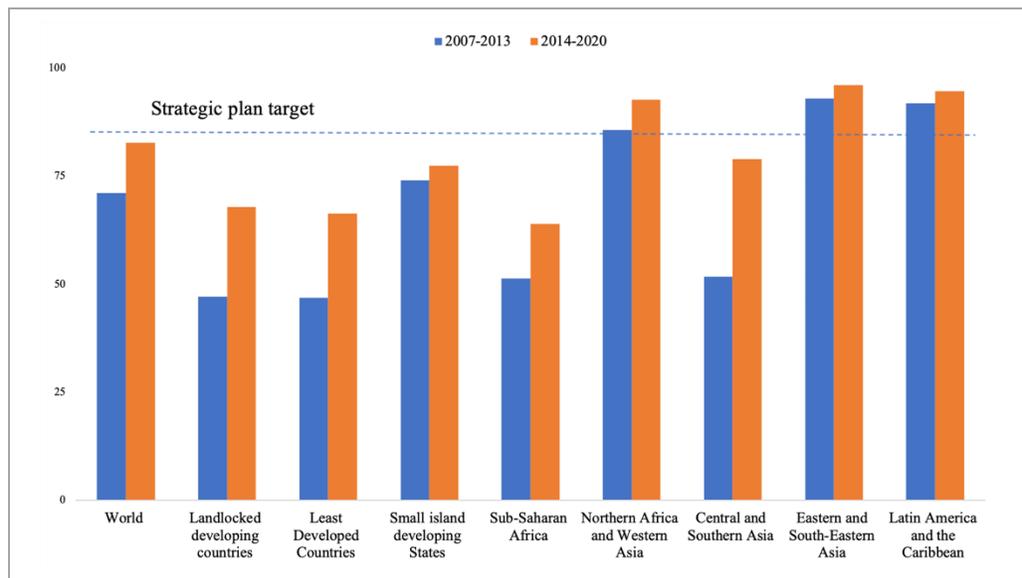


53. Global trends demonstrate notable progress in increasing the utilization of integrated sexual and reproductive health services during the period of the strategic plan. UNFPA met, on average, all the 2021 outcome indicator targets by 84 per cent. During 2018-2021, 116 million women and young people in UNFPA priority countries utilized integrated sexual and reproductive health services, surpassing the strategic plan target of 87 million.

54. UNFPA was successful in accelerating the achievement of some of the outcome indicators during the implementation of the strategic plan. During 2014-2020, the number of births attended by skilled birth attendants increased by 17 per cent, compared to 2007-2013. In the least developed countries, primarily the UNFPA priority countries, the number of births attended by skilled birth attendants increased by 44 per cent. In South Asia, that number doubled. Globally, 83 per cent of births were assisted by skilled health personnel.

<sup>7</sup> In addition to demographic trends, the other megatrends are climate change, urbanization, digital technologies and inequalities. See *Report of the United Nations Economist Network for the seventy-fifth anniversary of the United Nations: Shaping the Trends of Our Time*, United Nations, 2020.

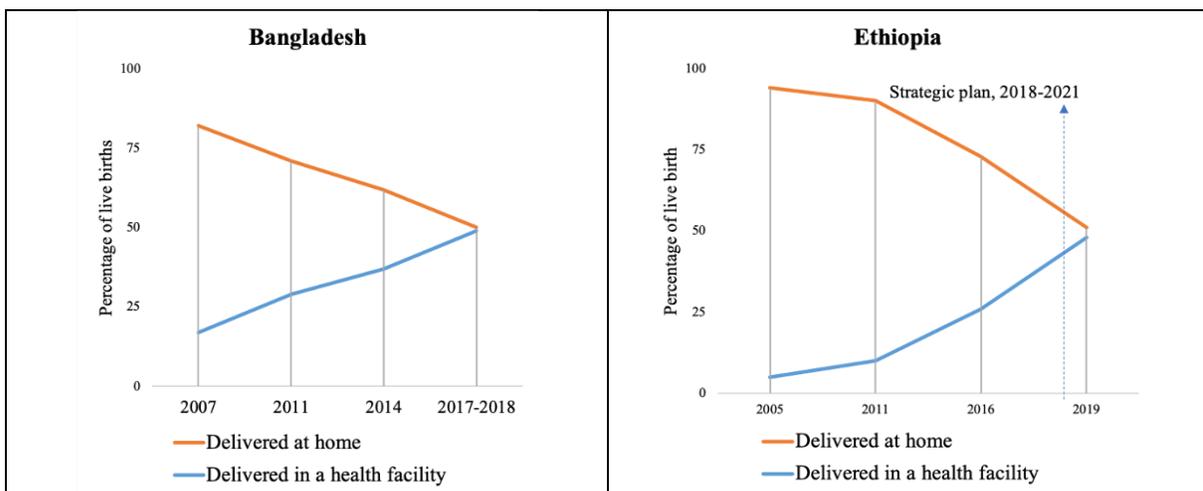
Figure 8  
Births attended by skilled health personnel

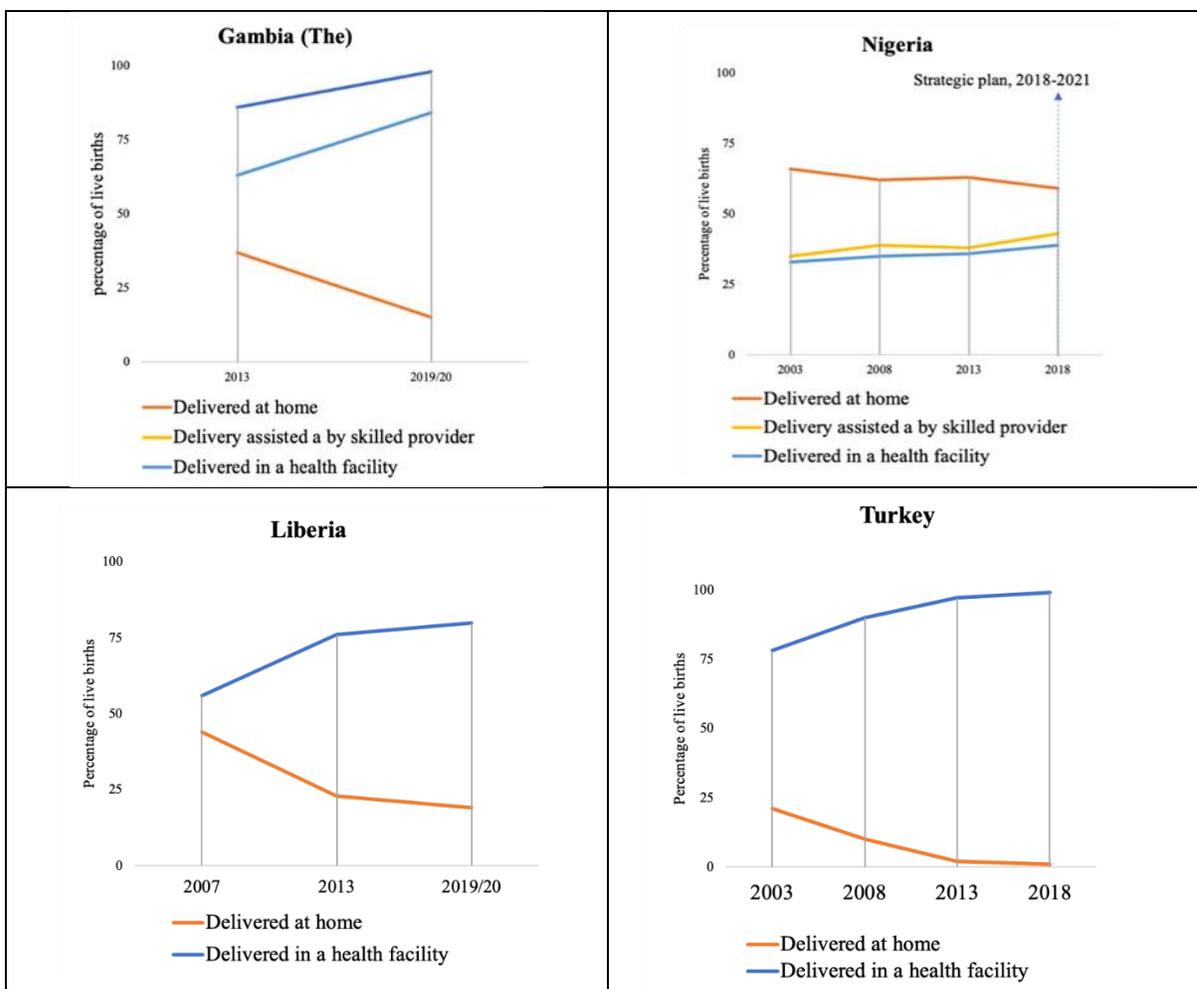


Source: Joint global database on births attended by skilled health personnel, 2021, United Nations Children’s Fund and the World Health Organization

55. Trends in several countries show that during the period of the strategic plan, births delivered at home declined while births delivered at health facilities increased, in some cases drastically (see figure 9).

Figure 9  
Trends in home deliveries compared to health facility deliveries

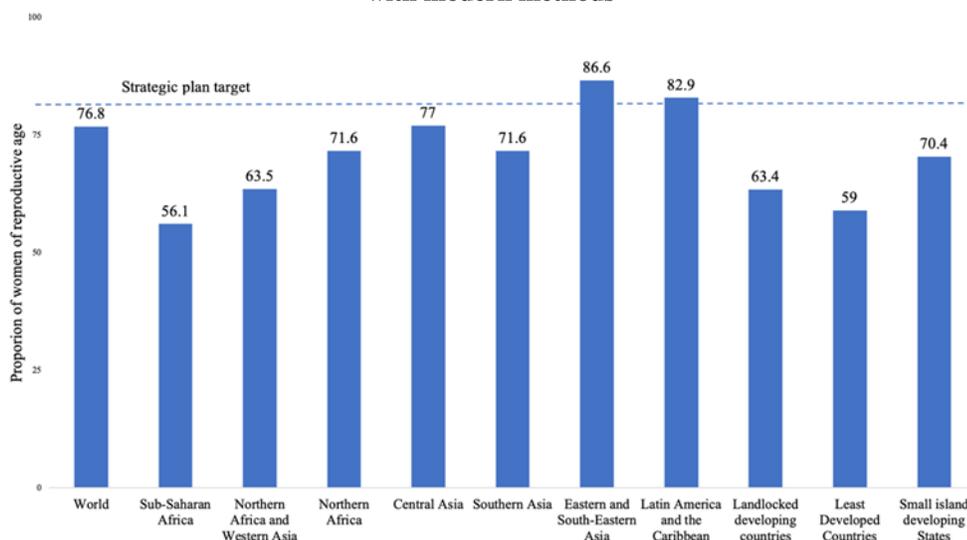




Source: Demographic and health surveys

56. Globally, 49 per cent of women or their partners use at least one method of contraception; this represents an achievement of 77 per cent of the strategic plan target. The rate increased slightly during 2018-2021, compared to 2014-2017. By 2021, 76.8 per cent of women of reproductive age satisfied their family planning needs with modern methods; this represents an achievement of 93 per cent of the strategic plan target. Some regions surpassed the strategic plan global targets in 2021 (see figure 10).

Figure 10  
**Proportion of women of reproductive age who have their needs satisfied with modern methods**



Source: Family planning estimates, 2020, United Nations Department of Economic and Social Affairs

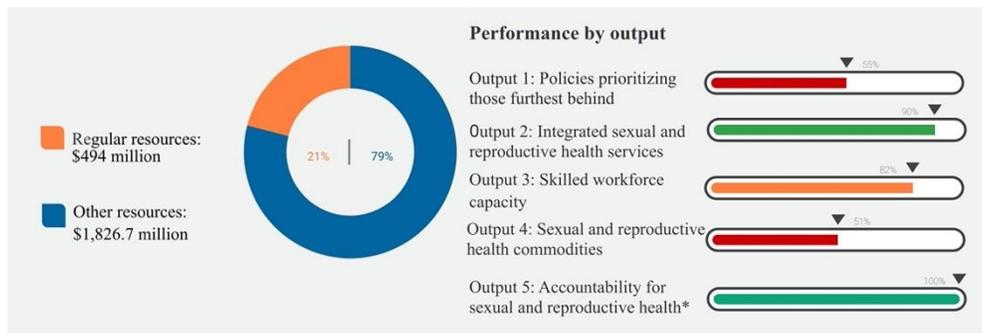
57. Performance regarding strategic plan outputs that contributed to the increased utilization of sexual and reproductive health services was mixed. UNFPA made considerable progress on the outputs regarding: (a) integrated sexual and reproductive health services; (b) accountability for sexual and reproductive health; and (c) skilled health workforce capacity.

58. UNFPA partially achieved the outputs on: (a) the development of sexual and reproductive health policies prioritizing furthest behind populations; and (b) the delivery of sexual and reproductive health commodities. Due to the pandemic, several countries could not prioritize the policy and system development indicators relating to supply management strategies, sexual and reproductive health action plans, and the implementation of risk pooling and pre-payment schemes. The pandemic also disrupted the supply chain management systems, adversely affecting the delivery of the commodities. The resource cuts to the UNFPA Supplies programme also had an impact on performance.

59. UNFPA invested significantly in preventing and mitigating the COVID-19 pandemic service utilization disruptions and posted an impressive performance despite the disruptions, achieving results beyond what was expected in the integrated results and resources framework. For instance, in 2020, UNFPA delivered \$29 million worth of personal protection equipment in 102 countries and supported the inclusion of sexual and reproductive health and prevention of gender-based violence in the COVID-19 response plans in over 80 per cent of programme countries.

60. Figure 11 below illustrates the key achievements in utilizing sexual and reproductive health services during the period of the strategic plan.

Figure 11  
**Key achievements in utilizing sexual and reproductive health services, as of 2021, in UNFPA Programme Countries**



**Sexual and reproductive health plan**

61 countries had a national sexual and reproductive health plan that prioritized services for marginalized groups



**Emergency preparedness**

46 countries integrated sexual and reproductive health into emergency preparedness and response plans or disaster risk reduction plans

**Couple years of protection**

45.3 million couple years of protection for contraceptives procured by UNFPA in 2021



**Fistula**

62,000 women and girls living with obstetric fistula received treatment

**Integrated services**

116 million women and young people were reached with sexual and reproductive health services



**Humanitarian**

3,460 health facilities provided emergency obstetric care in humanitarian settings

**Midwifery**

Over 100,000 midwives graduated, with support from UNFPA



**Disability**

53 countries included the needs of persons with disabilities in the pre-service curricula for midwives

**Minimum initial service package**

89,000 health service providers and managers were trained as trainers on the minimum initial service package



**Logistics management information system**

65 countries had a logistics management information system that reached the "last mile"

**More results may be found at:**

[unfpa.org/data/results](https://unfpa.org/data/results)

\*Capped at 100 per cent

61. UNFPA partnerships contributed to the increased utilization of sexual and reproductive health services and the improvement of accountability mechanisms during the period of the strategic plan. For example:

- (a) UNFPA contributed to the H6 partnership and UHC2030, the global movement to build stronger health systems for universal health coverage;
- (b) UNFPA and the World Health Organization co-led the revitalization of the initiative to end preventable maternal mortality;
- (c) The Maternal and Newborn Health Thematic Fund, the UNFPA flagship programme to improve maternal and newborn health, has supported the establishment of emergency obstetric and newborn care facility networks in over 10 countries and strengthened the competencies of more than 100,000 midwives;
- (d) UNFPA Supplies began its third phase as the UNFPA Supplies partnership, 2021-2030. By 2030, the UNFPA Supplies partnership will have the potential to prevent 141 million unintended pregnancies and avert 328,000 maternal deaths;
- (e) As one of the co-sponsors of the United Nations Joint Programme on HIV/AIDS, UNFPA continues to lead HIV/AIDS prevention among adolescents, youth and key populations through a unified budget, results and accountability framework;
- (f) UNFPA continues to lead efforts to end fistula by 2030. By the end of 2021, 22 countries that are part of the maternal health trust fund had national strategic plans to end fistula within a decade.

62. There were several challenges in increasing the utilization of sexual and reproductive health services. According to the findings of the demographic and health surveys conducted during the period of the strategic plan, the greatest challenge to accessing health care among women of reproductive age remained securing the money for services. Other challenges identified in the surveys included the distance to health facilities, not wanting to visit health facilities alone, and requiring permission to obtain treatment.

63. Additional challenges in increasing the utilization of sexual and reproductive health services include:

- (a) The global shortage of 900,000 midwives to provide sexual and reproductive health services;
- (b) The increase of out-of-pocket expenditures for health care in 2019 and 2020, particularly in low-income countries. Fifty-five per cent of mothers with newborns have no maternity cash benefits. Bilateral assistance for family planning declined for the first time since 2017;
- (c) The existence of inequalities. For example, in Bangladesh, births to women in the highest wealth quintile were three times more likely to be delivered at a health facility than births to women in the lowest quintile.

64. UNFPA learned key lessons regarding the utilization of sexual and reproductive health services, including the importance of integrating sexual and reproductive health into the broader socioeconomic framework. These include:

- (a) The importance of prioritizing resilient health systems, logistics management and procurement systems, as well as partnerships that can adapt and minimize disruptions in major emergencies such as the COVID-19 pandemic;
- (b) The importance of addressing the broader determinants of sexual and reproductive health and reproductive rights, including social, economic and environmental factors;
- (c) The acknowledgement that universal health coverage and primary health care are major factors in reducing inequality and fighting poverty;
- (d) The importance of using cash and voucher assistance programming for refugees and internally displaced populations. In 2021, UNFPA integrated cash and voucher assistance programming into more than 20 per cent of its humanitarian response efforts;
- (e) The importance of self-care interventions when there are major disruptions to national health systems;
- (f) The importance of investing in and expanding access to high-quality midwifery care; this has the potential to save 4.3 million lives by 2035;

- (g) The importance of leveraging technology to maximize the effectiveness of service delivery and capacity-building.

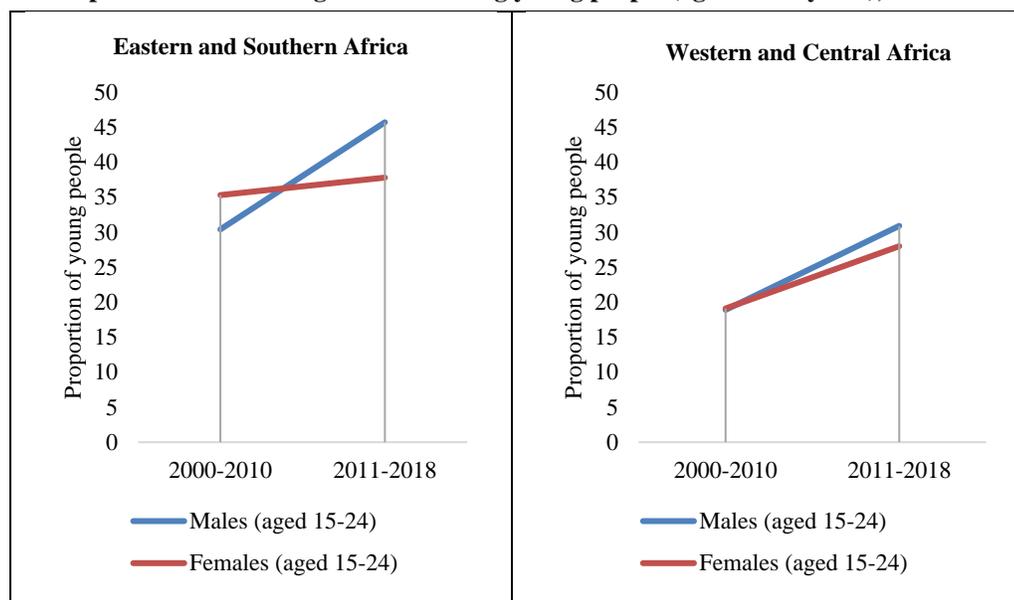
*Outcome 2: Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.*

**Outcome 2 has contributed to the achievement of the following Sustainable Development Goals:**



65. During 2018-2021, adolescents and youth, in particular adolescent girls, were empowered to have access to sexual and reproductive health and rights. HIV knowledge is a proxy measure for youth empowerment in accessing sexual and reproductive health services. According to the most recent data available, the percentage of young people aged 15-24 years who have the correct knowledge to prevent the sexual transmission of HIV increased in Eastern and Southern Africa and in Western and Central Africa (see figure 12).

Figure 12  
**Comprehensive knowledge of HIV among young people (aged 15-24 years), 2000-2018**



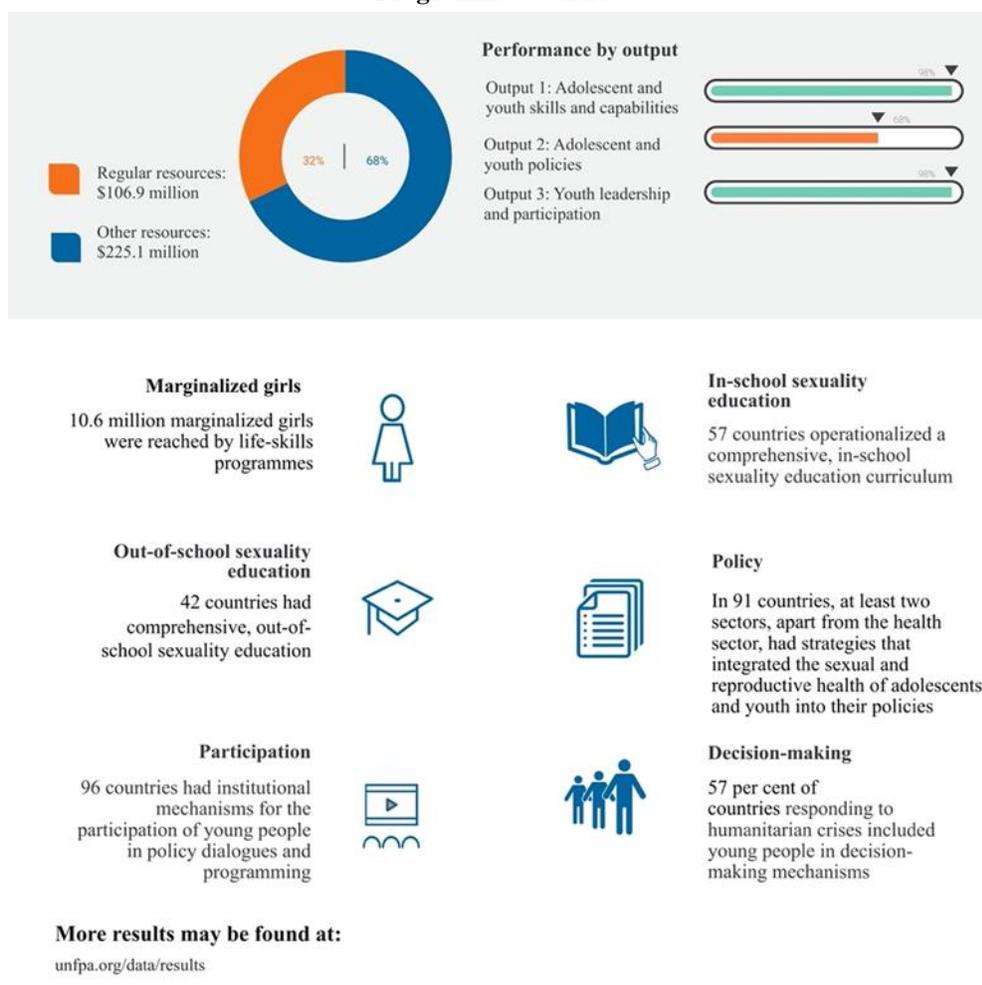
Source: Joint United Nations Programme on HIV/AIDS, 2020

66. The reduction of adolescent birth rates demonstrates several positive trends. Most countries with elevated levels of the early adolescent birth rate— with six or more births per 1,000 girls aged 10-14-years per year – recorded a reduction in this rate during 2000-2007 and 2010-2017. The decline in the early adolescent birth rate was particularly sharp in Sierra Leone and in South Sudan; both recorded a reduction of 6.4 births per 1,000 girls aged 10-14 years during 2000-2007 and 2010-2017. The early adolescent birth rate in Chad, Côte d'Ivoire, Gabon, Liberia, Madagascar, Mali, Niger and the Bolivarian Republic of Venezuela dropped to less than 1.5 births per 1,000 girls aged 10-14 years. The global adolescent birth rate for girls aged 15-19 years has declined, from 56.4 per 1,000 in 2000 to 41.2 per 1,000 in 2020.

67. By 2021, in 72 (61 per cent) of 118 UNFPA programme countries, young people, including marginalized adolescents and youth, participated in the formulation of sexual and reproductive health policies and programmes. Fifty-seven per cent of 99 countries surveyed by the United Nations Educational, Scientific and Cultural Organization have policies or laws relating to a sexuality education curriculum.

68. During 2018-2021, UNFPA developed an adolescent and youth strategy, *My Body, My Life, My World*. UNFPA also contributed to the development and operationalization of the United Nations youth strategy, *Youth 2030*. UNFPA made substantial progress in achieving the strategic plan outputs to empower adolescents and youth. Figure 13 below highlights this progress.

Figure 13  
Key achievements in empowering adolescents and youth, as of 2021, in UNFPA Programme Countries



69. UNFPA partnerships contributed to empowering young people, especially girls, in accessing sexual and reproductive health services. For example, in 2020, the World Bank and UNFPA, together with the West Africa Health Organization, the African Union and the French Development Agency, began the second phase of the Sahel Women’s Empowerment and Demographic Dividend Project to accelerate the demographic transition and reduce gender inequalities. In 2021, the project helped to increase the income of 26,500 girls and prevent 2.4 million unintended pregnancies.

70. The pandemic has had a significant negative effect on young people. This includes: (a) the disruption of education, training and access to services, including sexual and reproductive health services; (b) a greater likelihood of job loss; and (c) and greater obstacles to finding work, particularly for those entering the workforce for the first time. The mental health impact of the pandemic is particularly serious for adolescents and young people. According to a survey conducted in 112 countries, one in four young people felt that the pandemic had affected their right to access information.

71. UNFPA learned several lessons in empowering young people. Young people were instrumental in identifying innovative solutions for achieving results. UNFPA realized:

- (a) The importance of mobilizing young people in risk-communication initiatives and in addressing misinformation during crises;
- (b) The necessity of engaging young people in bridging the digital divide;
- (c) The importance of fostering intergenerational dialogue and promoting intergenerational equity, and recognizing the role of young people in leading climate activism;
- (d) Engaging youth in data collection and knowledge generation supports accountability and can contribute to the empowerment of youth;
- (e) Comprehensive sexuality education has the potential to be a powerful component for the primary prevention of gender-based violence;
- (f) The importance of strengthening partnerships with youth-led organizations.

72. The United Nations joint evaluation on young people found that interventions that deliver human rights education to young people are more successful if they also promote human rights for youth among duty bearers.

*Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.*

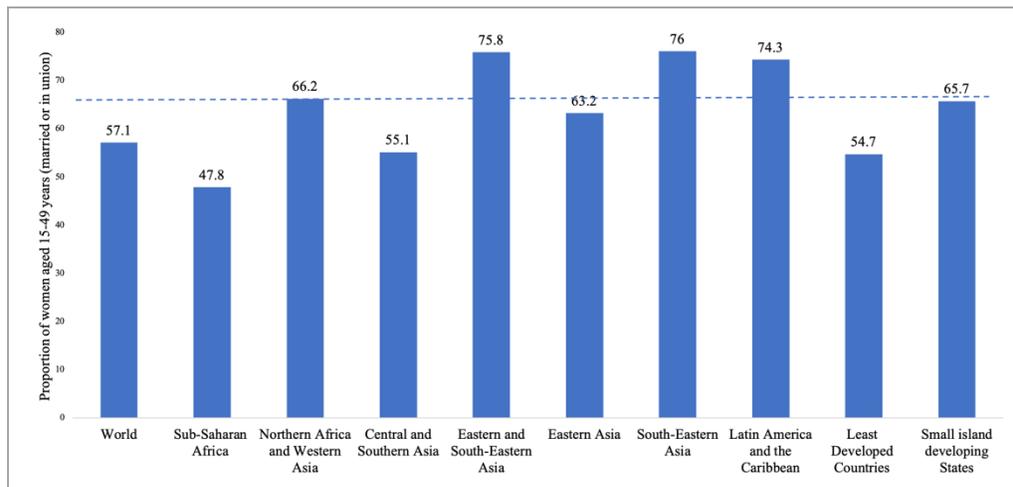
**Outcome 3 has contributed to the achievement of the following Sustainable Development Goals:**



73. As of 2020, gender equality and the empowerment of women and girls continued to progress. All outcome indicator targets for gender equality and the empowerment of women were achieved by an average of 71 per cent by 2021.

74. Based on data from 64 countries, approximately 57.1 per cent of women aged 15-49 years make their own informed decisions regarding sexual and reproductive health, which approaches the strategic plan target (see figure 14). Eastern and South-Eastern Asia, and Latin America and the Caribbean surpassed the global strategic plan target.

Figure 14  
**Women's decision-making on sexual and reproductive health**



Source: UNFPA database, 2021

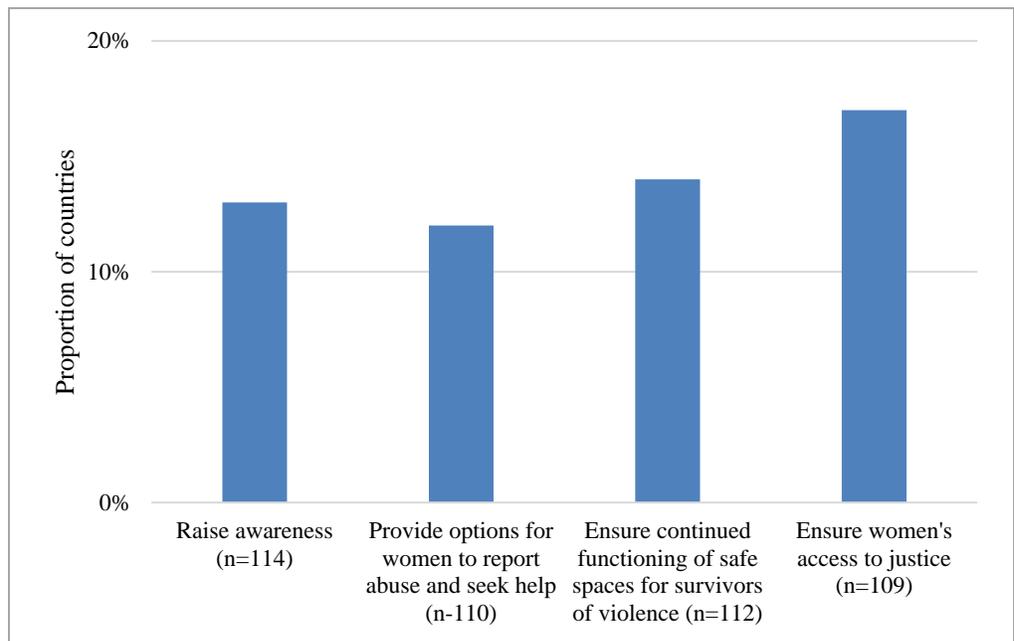
75. Currently, 73 per cent of countries now have laws and regulations that guarantee full and equal access to sexual and reproductive health care, information and services for women and men aged 15 years and older. These countries have achieved the end-of-plan target by 97 per cent. For the least developed countries, primarily the UNFPA programme countries, the percentage is 71 per cent.

76. As of 2021, 81 per cent of 194 countries had multisectoral policies to combat violence against women. Approximately half of those countries had a national health policy that mentioned addressing violence against women. As of 2020, 78 per cent of the countries also had legal frameworks to address violence against women.

77. Countries made significant achievements in gender equality and the empowerment of women and girls during the period of the strategic plan. For example, in Liberia, the proportion of married women aged 15-49 years who experienced sexual violence committed by an intimate partner decreased from 11 per cent to 8 per cent between 2007 and 2019-2020. In Nigeria, women's participation in household decision-making about their own health care increased, from 31 per cent in 2013 to 35 per cent in 2018.

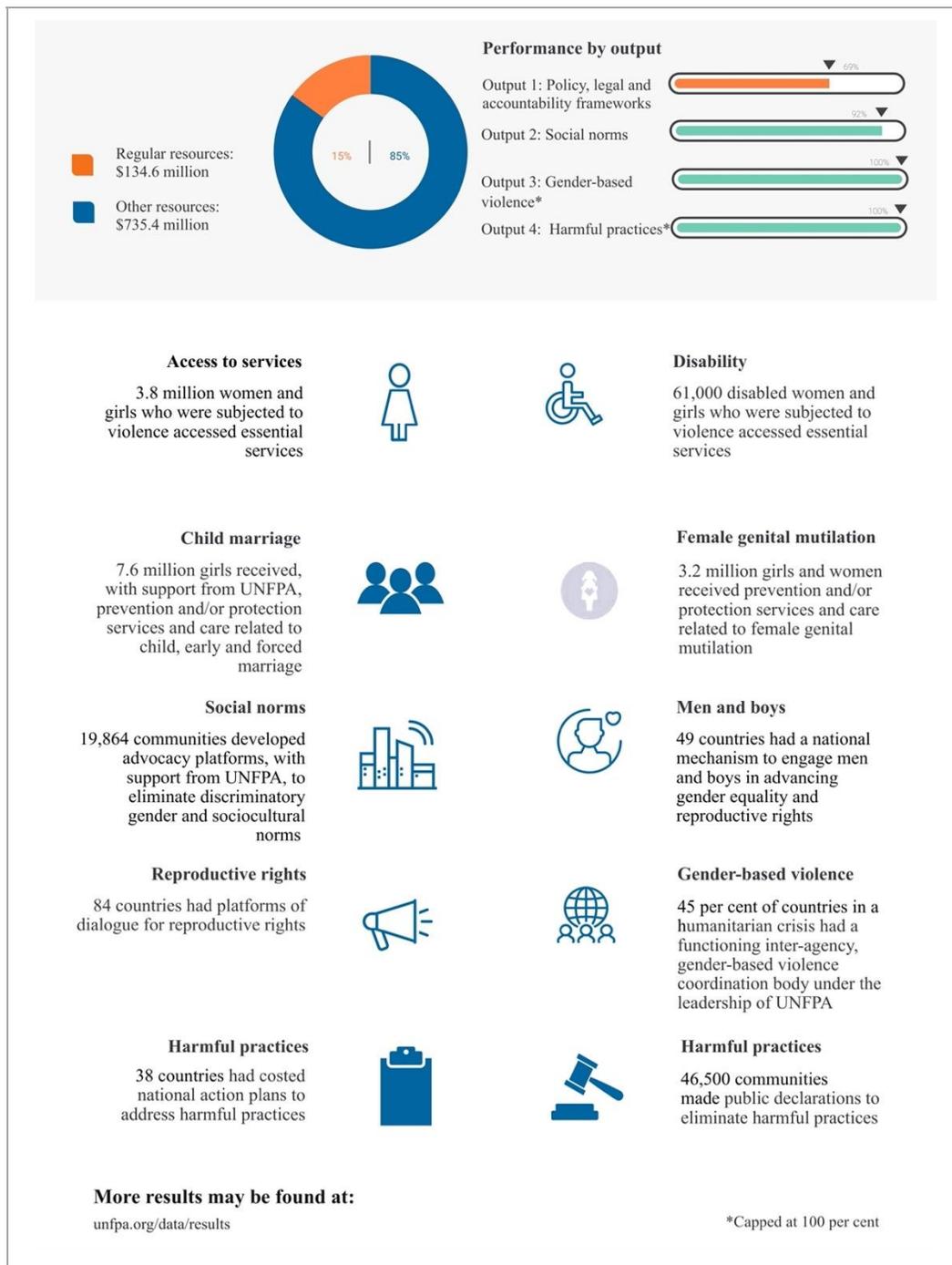
78. Achievements at the output level contributed to advancements at the outcome level. UNFPA fully achieved the outputs related to social norms, gender-based violence and harmful practices. UNFPA partially achieved the policy, legal and accountability output because of disruptions due to the COVID-19 pandemic. According to the 2021 UNFPA COVID-19 survey, the greatest disruptions occurred in women's access to justice (see figure 15).

Figure 15  
**Proportion of programme countries that reported disruptions to the gender-based violence service interventions during the COVID-19 pandemic areas**



n= number of countries  
Source: UNFPA COVID-19 survey

Figure 16  
**Key achievements in gender equality and the empowerment of women and girls, as of 2021, in UNFPA Programme Countries**



79. Several achievements at the country level contributed to the advancement of gender equality and the empowerment of women and girls. For example, in Sudan, UNFPA launched the first coding training initiative (“Girls Who Code”) dedicated to young women and girls in the state of North Darfur. The Philippines passed a new law that made child marriage a public crime.

80. Partnerships also played a vital role in achieving the outputs:
- (a) UNFPA continues to serve in the Inter-agency Standing Committee as the lead agency in the area of responsibility for preventing and addressing gender-based violence in humanitarian settings;
  - (b) In cooperation with the United Nations Children’s Fund (UNICEF), UNFPA continues to lead the largest global programme to accelerate the abandonment of female genital mutilation. To date, 14 countries under this programme now have legal and policy frameworks banning female genital mutilation, with nearly 1,700 cases of legal enforcement and arrests;
  - (c) UNFPA continues to be an active partner in the Spotlight Initiative, which seeks to eliminate all forms of violence against women and girls, including harmful practices, in 26 programme countries;
  - (d) UNFPA work with the Governments of Georgia and the Republic of Korea contributed to a reduction in gender-biased sex selection, as reflected in the normalization of their sex ratios at birth. The sex ratios at birth in Armenia and Nepal are approaching normal rates. The sex ratios at birth in Azerbaijan, India and Vietnam have improved in some regions, although their national rates remain high;
  - (e) UNFPA and UNICEF jointly implement a global programme to accelerate action to end child marriage. As of 2021, 10 of the 12 countries in the programme developed national action plans to end child marriage.
  - (f) UNFPA contributed to the midterm review of the International Decade for People of African Descent, 2015-2024, in collaboration with the Office of the High Commissioner of Human Rights and the United Nations Department of Global Communications.
81. Several challenges impeded the achievement of results in gender equality and the empowerment of women and girls. These include the following:
- (a) Overall mental health decline due to the COVID-19 pandemic. A survey in 58 countries revealed that the overall mental and emotional health of more than two in five women (40 per cent) worsened during the pandemic;
  - (b) Digital violence has not only increased but become widespread. Approximately 85 per cent of women who went online experienced digital violence or witnessed it;
  - (c) An alarming trend to medicalize female genital mutilation, although there is no medical justification for the practice;
  - (d) Insufficient tracking of resource allocations for gender equality and women’s empowerment; of 69 programme countries surveyed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), only 19 per cent had a system to track public allocations for gender equality and the empowerment of women and girls.
82. Bodily autonomy is central to achieving gender equality. The 2021 evaluation of UNFPA support to gender equality and women’s empowerment suggested that UNFPA further strengthen its policies to mainstream gender in programming.
83. The joint evaluation of the UNFPA-UNICEF joint programme on the elimination of female genital mutilation recommended: (a) prioritizing addressing harmful practices in humanitarian programming; and (b) strengthening the linkages between the joint programmes, since the practices have the same root causes.
84. UNFPA learned the importance of strengthening its partnerships with women-led and youth-led organizations during crises, since they are often the first responders in such situations.

*Outcome 4: Everyone, everywhere, is counted, and accounted for, in the pursuit of sustainable development.*

**Outcome 4 has contributed to achieving the following Sustainable Development Goals:**



85. As of early 2020, available data indicate steady progress in counting and accounting for everyone, everywhere in the pursuit of sustainable development:

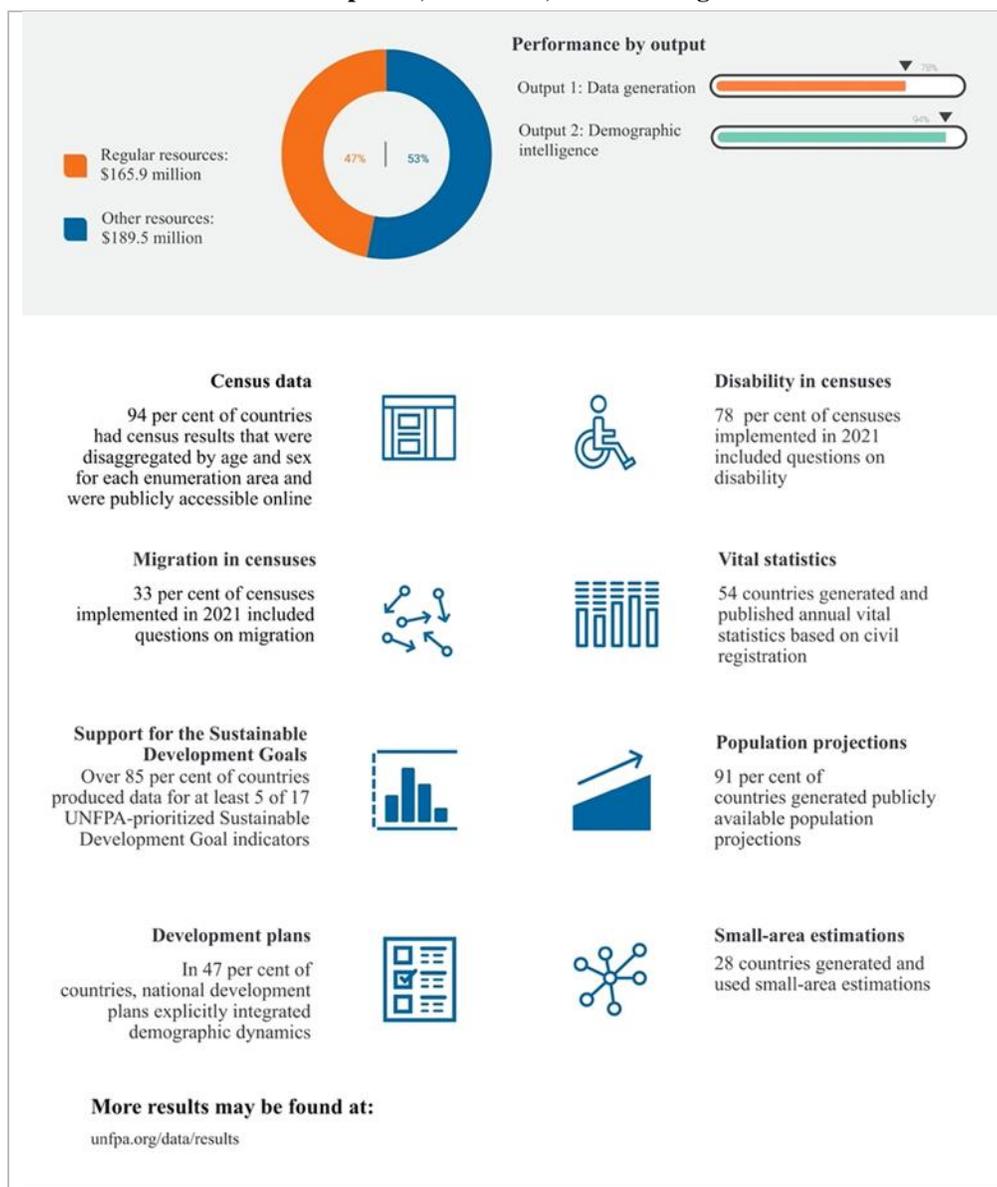
- (a) 73.1 per cent of the population scheduled to be counted in the 2020 round of censuses was counted by the end of 2020, despite postponements due to the COVID-19 pandemic;
- (b) 86.1 per cent of countries conducted at least one population and housing census in the last 10 years;
- (c) 59.8 per cent of countries have birth registration data that were at least 90 per cent complete during 2015-2019;
- (d) 61.6 per cent of countries have death registration data that were at least 75 per cent complete;
- (e) 73.3 per cent of children under five years had their births registered by age with civil authorities.

86. Several examples of UNFPA achievements on outcome 4 at the country level include the following:

- (a) Kazakhstan conducted a census during the COVID-19 pandemic using tablet computers. This reduced labour costs and increased the reliability of the census data;
- (b) Panama conducted its experimental census during the COVID-19 pandemic, approved financial resources to conduct the census in 2022, and acquired computer tablets and high-resolution imagery for the census;
- (c) In 2021, UNFPA implemented dedicated initiatives on ageing in over 30 countries.

Figure 17

**Key achievements in counting and accounting for everyone, everywhere in the pursuit of sustainable development, as of 2021, UNFPA Programme Countries**



87. UNFPA global and regional initiatives were critical in counting and accounting for everyone, everywhere, in the pursuit of sustainable development. UNFPA supported the 54th session of the Commission on Population and Development in adopting a consensus resolution on population, food security, nutrition and sustainable development. During 2018-2021, UNFPA scaled up the “kNOwVAW” data initiative to reach beyond the Asia and the Pacific region to generate prevalence data on violence against women.

88. UNFPA has 79 common operational datasets on population statistics to support United Nations system-wide humanitarian preparedness and operational responses. These datasets are some of the most widely used humanitarian datasets in the humanitarian data exchange of the United Nations Office for the Coordination of Humanitarian Affairs. In Honduras and in Saint Vincent and the Grenadines, the geospatial mapping of affected populations was used in developing humanitarian responses in these countries.

89. In 2021, UNFPA operationalized a geospatial dashboard on intimate partner violence. In addition, UNFPA introduced a COVID-19 population vulnerability dashboard and a tracker to measure the impact of COVID-19 on censuses.

90. UNFPA learned the following lessons in counting and accounting for everyone, everywhere:

- (a) Investments in data and innovation are key to responding to crises and in supporting the acceleration of the Sustainable Development Goals;
- (b) Assessments of statistical operations worldwide indicate an urgent need for investments in and support for data innovations;
- (c) Overreliance on “slow” data; relying on rarely collected data hampers real-time effects;
- (d) Adopting a life-cycle approach to population ageing, grounded in gender equality and the principles of human rights, is crucial.

91. The COVID-19 pandemic was a major challenge in counting and accounting for everyone, everywhere. The pandemic disrupted routine operations of the global statistical and data systems: 65 per cent of the headquarters of statistical offices worldwide were partially or fully closed, and 96 per cent partially or fully halted face-to-face data collection. This limited the ability of national statistical offices to report the data needed to monitor progress on the Sustainable Development Goals.

92. Some countries have begun to implement pro-natalist policies due to concerns about low fertility or falling fertility levels, an acceleration in population ageing or a decline in absolute population numbers. Such policies have, in some cases, resulted in a pushback against the further implementation of the ICPD Programme of Action.

#### *Advancements in organizational effectiveness and efficiency*

93. Advancements in organizational effectiveness and efficiency contributed to the achievement of development results in 2018-2021. UNFPA demonstrated substantial progress in all four of the outputs under organizational effectiveness and efficiency. Between 2017 and 2021, the country programmes rated as good performers increased from 87 per cent to 90 per cent.

94. The metasynthesis of UNFPA country programme evaluations conducted during 2018-2021 revealed that:

- (a) All UNFPA programmes at the country level were aligned with various frameworks and agendas, including national development frameworks and the United Nations Sustainable Development Cooperation Frameworks;
- (b) The UNFPA approach to strengthening the capacity of national institutions was key to achieving a sustainable impact;
- (c) UNFPA was considered to have good partnerships with duty-bearers and rights-holders;
- (d) UNFPA was seen to be a significant, active, visible and valued member of the United Nations country team.

95. UNFPA programmes at global, regional and country levels performed well and contributed to the achievement of the strategic plan commitments. In 2021, UNFPA fully met 85 per cent of the targets of its regional programmes and 79 per cent of the targets of its global programme (see annex 3).

96. During 2019-2021, UNFPA realized operational efficiency gains of \$24.2 million. This included \$19.5 million from UNFPA-specific initiatives and \$4.7 million from bilateral initiatives with partner United Nations organizations. Box 3 below displays the key efficiencies gained by UNFPA in 2018-2021.

## Box 3

**Key efficiencies gained by UNFPA in 2020****Surge deployment**

The proportion of level 1 and level 2 humanitarian emergencies in which surge deployment was achieved within the lead response time increased from 33 per cent in 2017 to 96 per cent in 2021.

**Cost savings due to generic contraceptives**

The cost savings from procuring generic contraceptives increased to over \$4.8 million in 2021.

**Applying minimum preparedness actions**

UNFPA country offices that implemented the UNFPA minimum preparedness actions nearly doubled during 2018-2021.

**Implementation rate for non-core donor agreements**

The financial implementation rate for non-core donor agreements increased from 76 per cent to 84 per cent during 2018-2021.

**Cash transfers to implementing partners**

Over 80 per cent of cash transfers to partners processed were disbursed within 15 working days during 2019-2021, compared to 68 per cent during 2017-2018.

**Prevention of waste and losses**

Through its 'last-mile' assurance process, UNFPA prevented waste and losses of over \$3.4 million in managing reproductive health commodities provided to partners in 2021.

97. The change-management transformations implemented by UNFPA during 2018-2021 helped it to become a more agile, integrated and results-oriented organization. UNFPA is now more efficient and "fit for purpose". The change-management transformations included:

- (a) Revision of the intergovernmental affairs architecture of UNFPA;
- (b) Establishment of a dedicated humanitarian office;
- (c) Strengthening of the architecture of UNFPA liaison offices;
- (d) Creation of a new supply chain management unit;
- (e) Launching of a culture initiative to equip UNFPA with the values and behaviour needed to achieve the three transformative results.

98. The country programme evaluations conducted in 2018-2021 found that most country programmes were effective and that all were relevant to the country context and the strategic focus of UNFPA. In 2021, 77 per cent of UNFPA country programmes integrated 'disability' into their programmes, surpassing the strategic plan target of 75 per cent. In 2021, UNFPA implemented 89 per cent of the evaluation recommendations.

99. The advancement of a "results culture" contributed to the overall performance of UNFPA. During 2018-2021, UNFPA conducted the first developmental evaluation of results-based management. As of 2021, UNFPA implemented 95 per cent of the follow-up actions of the evaluation recommendations, surpassing the strategic plan target of 88 per cent. UNFPA also piloted a "RBM seal" that recognizes country offices that have improved their results-based management capacity. Nearly 50 per cent of UNFPA programme countries used South-South cooperation and triangular cooperation as strategies to achieve results.

100. In 2021, UNFPA developed an adaptive management framework to institutionalize agility and adaptation in the organization. UNFPA also developed a 'leaving no one behind' operational plan in 2021

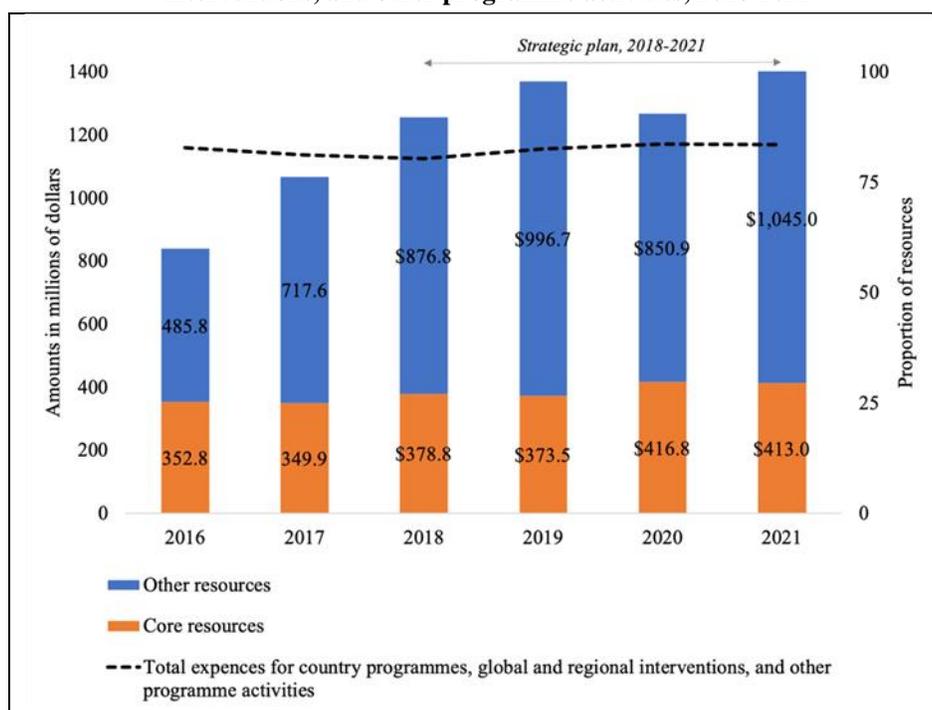
and introduced a ‘leaving no one behind’ marker, which measures the prioritization of ‘leaving no one behind’ in projects and programmes.

101. In 2021, UNFPA established the Innovation Unit in the Office of the Executive Director to facilitate the mainstreaming and institutionalization of innovation throughout the organization. UNFPA strengthened its innovation architecture and capacity-building, innovation culture and innovative financing. UNFPA also launched several innovation initiatives, including the UNFPA Innovation Accelerator fund and innovation awards. The proportion of UNFPA offices that piloted or scaled up innovation initiatives increased from 45 per cent in 2017 to 68 per cent in 2021.

102. UNFPA maintained a healthy financial position during 2018-2021. UNFPA revenue exceeded the \$1 billion mark for the fifth year in a row, surpassing the targets of the strategic plan. Regular resources were \$1,581 million during 2018-2021, up slightly from \$1,578 million in 2014-2017. Co-financing resources increased by 64 per cent in 2018-2021, compared to 2014-2017.

103. UNFPA received a record \$350 million in humanitarian funding in 2021. This represents approximately one-third of the total co-financing resources. In 2020 and 2021, UNFPA allocated 38 per cent of humanitarian funds to women-led organizations.

Figure 18  
**Contribution revenue and total expenses for country programmes, global and regional interventions, and other programme activities, 2016-2021**



104. UNFPA received increased contributions from United Nations inter-agency transfers – from \$494.6 million during 2014-2017 to \$944.9 million during 2018-2021; this represents a 91 per cent increase. Private-sector contributions increased from \$56 million during 2014-2017 to \$140 million during 2018-2021. The number of multi-year agreements rose from 6 in 2016 to 18 in 2021.

105. UNFPA continued to be a field-focused organization. During 2018-2021, UNFPA spent nearly 89 per cent of its resources in the field. UNFPA increased its emergency fund by an average of 64 per cent per year during 2018-2021. UNFPA also increased its resources for audit and investigation functions in 2018-2021, compared to 2014-2017.

106. UNFPA introduced an individual giving programme in 2018-2021. During 2019-2021, UNFPA received nearly \$5 million from this programme.

107. In 2021, UNFPA received an unqualified opinion for 2020 from the United Nations Board of Auditors. The implementation rate for internal audit recommendations made prior to 2021 was 96 per cent.

108. UNFPA is confident that its anti-fraud controls were effective in 2021, based upon the results of its enterprise risk management and control self-assessment processes. These processes rely on an improved ‘second line of defense’ controls, particularly around implementing partner cash transfers and high-quality ‘last-mile’ delivery of programme supplies. UNFPA continued additional mitigating measures in response to new risks associated with the pandemic. A newly developed risk-management policy, issued in 2022, emphasizes fraud prevention and detection controls.

109. UNFPA made notable human resources advancements during 2018-2021:

- (a) UNFPA had 51.4 per cent female staff and 48.6 per cent male staff;
- (b) UNFPA committed itself to implementing a ‘zero-tolerance’ policy to prevent sexual exploitation, abuse and harassment;
- (c) UNFPA is an anti-racist organization and continues to take measures to build awareness and foster inclusion and diversity in the workplace;
- (d) UNFPA continues to provide psychosocial support and to promote mental health and well-being among staff, as per the United Nations mental health strategy;
- (e) To date, 82 per cent of UNFPA staff in managerial positions completed their managerial certifications within one year of being in their posts.

110. According to the 2021 UNFPA staff survey, UNFPA continues to be a place where staff are proud to work. UNFPA expects to launch a new “people strategy” in 2022.

111. UNFPA continues to minimize its environmental footprint. During 2018-2021, UNFPA reduced its per capita emissions by 56 per cent. UNFPA also introduced several policy initiatives to address climate change:

- (a) UNFPA operationalized social and environmental standards for programming;
- (b) UNFPA drafted a new climate strategy for the organization. The new strategic plan also includes a stronger focus on climate change;
- (c) UNFPA launched an environmental efficiency strategy.

112. UNFPA made significant contributions to United Nations system-wide results, coordination and coherence during 2018-2021. The metasynthesis of UNFPA country programme evaluations found that UNFPA had maintained strong working relationships with other United Nations entities.

113. UNFPA, together with UNDP, UNICEF and UN-Women, developed a joint comprehensive cost-recovery policy, which the Executive Board approved in decision 2020/12. The new policy was used in preparing the UNFPA integrated budget, 2022-2025, which the Executive Board approved in decision 2021/18.

#### Box 4

#### **UNFPA harmonization of business practices and contributions to United Nations system-wide results**

1. UNFPA doubled its financial contribution to the resident coordinator system.
2. Over 93 per cent of UNFPA country offices participated in 397 joint programmes in 2021.
3. Currently, 72 per cent of UNFPA offices share premises with other United Nations organizations.
4. UNFPA further integrated its partner management processes in 2021 with the United Nations partner portal and developed new, shared functionalities for risk and capacity management and the assessment of the prevention of sexual exploitation and abuse.
5. Some 82 countries have business operation strategies, with an estimated operational efficiency gain of \$2.2 million per year.

6. Over 82 per cent of UNFPA country offices conducted joint risk assessments in 2021.
7. UNFPA initiated in 2021 the updating of the harmonized implementing partner capacity assessment and increased the number of participating United Nations organizations from three to six.
8. The proportion of results group chair or co-chair posts that UNFPA holds in United Nations country teams doubled during 2018-2021.
9. UNFPA conducted joint implementing partner audits with other United Nations organizations, with 30 such audits conducted in 2021.

#### **IV. The new UNFPA strategic plan, 2022-2025**

114. In 2021, UNFPA developed its new strategic plan for 2022-2025. It integrated the lessons learned from the previous strategic plan (2018-2021) into the new plan. The new strategic plan serves as the second of three consecutive strategic plans that seek to achieve, by 2030, the three transformative results. The strategic plan, 2022-2025, focuses on accelerating the achievement of those transformative results.

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