



UNITED NATIONS POPULATION FUND

The UNFPA strategic plan, 2018-2021

Annex 4

Business Model

Summary

Annex IV to the UNFPA strategic plan, 2018-2021, describes the business model, and the institutional approach to fine-tuning and strengthening it, including country programme resource allocation. It captures the organizational response to the implications of the changing development environment, the experience and lessons learned from operationalizing the model, and the necessary changes introduced to position the organization to better support UN Member States and achieve maximum impact in all contexts of operation.

I. Introduction

1. This annex to the UNFPA strategic plan, 2018-2021, describes the UNFPA business model, and the institutional approach to fine-tuning and strengthening it, including country programme resource allocation, to become a more responsive, effective and efficient organization in supporting Member States' development aspirations and achievement of the International Conference on Population and Development (ICPD) Programme of Action, Agenda 2030 and the Sustainable Development Goals (SDGs).

2. The business model refers to *what* impact the organization seeks to achieve (including the beneficiaries of these changes), *where* the organization is going to achieve impact, *how* the organization will achieve impact (including the modalities of engagement), and *who* will enable the organization to achieve impact (i.e., organizational structure, skills mix, and partnerships).

3. The approach builds on the basic concepts and methodologies of the current business model, including modalities for country programme resource allocation. It captures the organizational response to the implications of the changing development and humanitarian environment, the experiences and lessons learned from operationalizing the model, and the necessary enhancements introduced to position the organization for achieving maximum impact in all contexts of operation.

II. Context for the Business Model

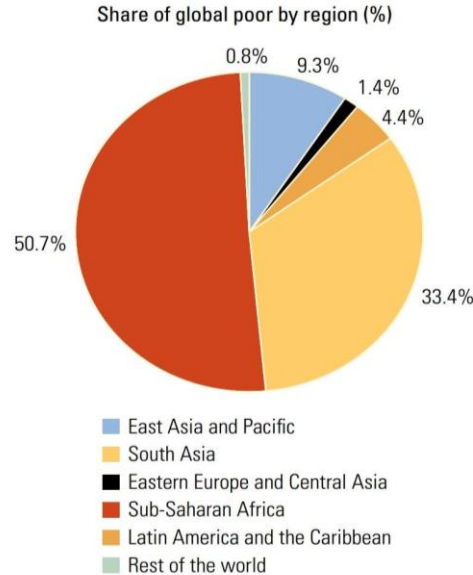
4. Recent trends and events in the global development and humanitarian arena hold implications for the way UNFPA carries out its business in different contexts and present a compelling rationale for making necessary adjustments.

5. Changing geography of poverty, inequality and maternal mortality: Global poverty is on the decline, and many of the world's poor are moving out of extreme poverty. According to World Bank estimates, 1 in 10 people in the world now live under \$1.90 a day, and half of the extremely poor live in Sub-Saharan Africa, consisting of mainly rural, young, poorly educated individuals living in large households with more children.¹ Low-income countries are on the decline as many countries have transitioned into middle and high-income status. Sub-Saharan Africa, as shown in figure 1, accounts for about 50.7 per cent of the world's poor and South Asia's share has shrunk to 33.4 per cent. Extreme poverty has fallen in East Asia and the Pacific due to rapid economic growth. The changing geography of poverty holds profound implications for multidimensional inequality, which is prevalent between and within countries. One dimension is the inequality of access to essential health services, which needs to be addressed to accelerate poverty reduction. The World Health Organization (WHO) emphasizes that maternal mortality is a key indicator of health inequality. Today 99 per cent of maternal deaths occur in developing countries, more than half occur in Sub-Saharan Africa, almost one third in South Asia, and overall, more than half of maternal deaths occur in countries affected by humanitarian crisis, displacement and fragility².

¹ World Bank (2016). Poverty and Shared Prosperity: Taking on inequality

² World Health Organization (2016). [Maternal mortality Fact Sheet](#)

Figure 1: Distribution of the world' poverty



Source: World Bank (2016). Poverty and Shared Prosperity: Taking on inequality

6. The 2030 Agenda: The promise of the 2030 Agenda to ensure equitable and universal access to health care, leave no one behind and reach the furthest behind first—respecting different national realities, capacities and levels of development, policies and priorities—requires renewed consideration in the design and delivery of the UNFPA business model, programmes and operations. With the 2030 Agenda has come renewed focus and commitment to improve access to maternal, newborn and child health, and sexual and reproductive health (SRH). The work of UNFPA to ensure universal access to sexual and reproductive health and reproductive rights is critical and catalytic to realizing all SDGs, with particular emphasis on Sustainable Development Goal 3 to ensure healthy lives and promote wellbeing for all at all ages, Goal 5 to achieve gender equality and the empowerment of women and girls, Goal 10 to reduce inequality within and among countries, Goal 16 to ensure peace, justice and strong institutions, and Goal 17 to revitalize the global partnership for sustainable development. The 2030 Agenda recognizes that gender inequality, rising inequalities within and among countries, and disparities of opportunity, wealth and power remain key challenges that must be tackled to ensure progress. It further recognizes that the most vulnerable countries deserve attention, particularly African countries, least developed countries, landlocked developing countries and Small Island Developing States (SIDS), as do countries in situations of conflict and post-conflict and many middle-income countries. UNFPA is present and supports country programmes in all of these settings.

7. QCPR 2016: While the UNFPA diversified approach to country support responds to most requirements of the 2016 resolution of the Quadrennial Comprehensive Policy Review (QCPR), deeper reflection makes a case for fine-tuning the business model. The QCPR stresses that there is “no one-size-fits-all approach to development”. It calls for the UN Development System (UNDS) to enhance its support efforts at the country level in a flexible, timely, coherent, coordinated and integrated manner, and to pursue full alignment of operational activities for development. UNFPA modes of engagement are consistent with the QCPR and the programme countries’ survey, as shown in figure 2, which indicates that a significant proportion of countries require more upstream support (i.e. policy advice and capacity development) from the UN system going forward.

Figure 2. Programme countries' requests for United Nations support (2016)

Please select up to two partners that you consider to be the preferred provider of each type of support: Areas for possible external support	UN system (Funds, Programmes and Specialized Agencies)	The Bretton Woods Institutions (World Bank, IMF etc.)	Other multilateral & regional institutions not part of the UN	OECD/DA C partners (Traditional bilateral donors)	Southern partners	Thematic or alliance-based partners (e.g. The Global Fund)
Global challenges requiring common action	91	40	34	34	17	46
Peace, security & humanitarian assistance	85	13	40	20	13	16
Policy advice on national strategies & plans	84	33	34	27	7	17
Institutional capacity development	83	49	54	46	17	25
Facilitating participation of civil society & nat'l NGOs in national development processes	77	26	37	33	14	19
Sectoral programming advice & technical assistance	68	60	42	33	15	28
Supporting South-South & triangular cooperation	62	12	36	39	52	12
Mobilizing external resources for development	62	74	34	43	17	28
Supporting regional or sub-regional cooperation	49	27	63	35	28	16
Providing equipment and services	42	27	38	40	18	24

Source: UN DESA Survey 2016

8. Increasing humanitarian crises: The business model must also respond and adjust to increasing number of multidimensional humanitarian crises, including protracted conflicts, across the world, which pose serious threats to development and human well-being. Humanitarian risk and emergencies have increased since the turn of the millennium, with grave consequences and complexities that require increased global attention. Recent conflicts and other humanitarian emergencies are instructive of the ramifications of these crises, resulting in the largest displacement of people since the Second World War, and extreme levels of human suffering and violence, notably against women and girls. According to the UN Office of the Coordination of Humanitarian Affairs (OCHA), humanitarian partners will require \$23.5 billion to meet the needs of 101 million people in 37 countries in 2017. Two-thirds of these countries are in Africa, and about half are middle-income countries. As humanitarian needs increase, along with attacks on aid workers and social infrastructure, it has become extremely difficult to reach the furthest behind with essential life-saving services, especially as political solutions

prove elusive. Beyond this, the effects of climate change and slow-onset disasters continue to cause severe deficits in food security and water shortages in the Horn of Africa, Southern Africa and other regions. Without addressing these critical issues, development and resilience remain threatened, and hard-won gains risk reversals in crisis hotspots and elsewhere. Thus, the 2030 Agenda calls for building resilient communities, and the QCPR urges greater coherence between development and humanitarian efforts. UNFPA must adapt to changing operational contexts to meet the needs of affected people in humanitarian crises, and the UNFPA business model is adjusted accordingly.

I. Strengthening the business model, 2018-2021

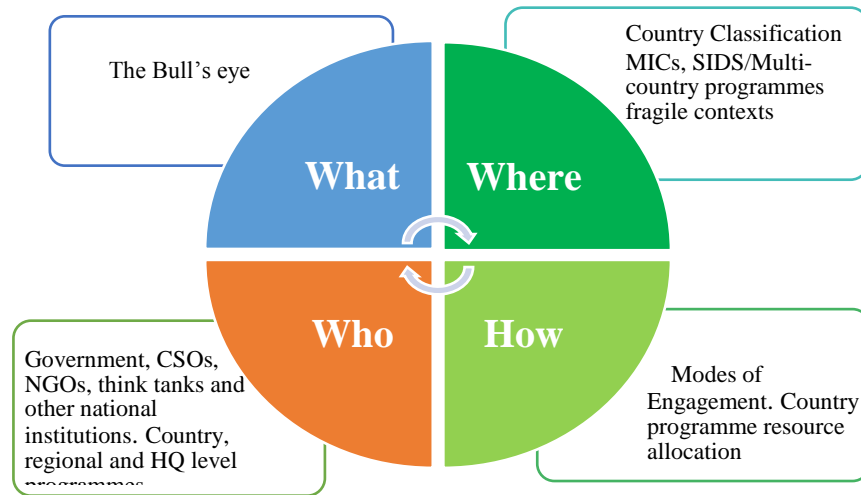
A. Guiding principles

9. The business model maintains its foundational logic and is strengthened through adherence to the following principles:
 - (a) Alignment with Agenda 2030: including leaving no one behind, reaching the furthest behind first, including in humanitarian settings; addressing multidimensional poverty and inequality and embracing universality;
 - (b) Alignment with QCPR 2016: using a differentiated rather than one-size-fits-all approach; adjusting to national development contexts, priorities and specificities; and recognizing challenges and opportunities of the changing development financing landscape;
 - (c) Maximizing the achievement of transformative results: maintaining the fundamental focus on adolescents girls, women and young people; and strengthening collaboration and integration with other UN agencies through joint planning and programming;
 - (d) Consistency, continuity, efficiency and transparency: building on lessons learned and evaluative evidence; preserving gains and sustaining progress made over the current strategic planning cycle; making adjustments, where necessary; and increasing organizational efficiency, accountability, transparency, and results-based management.

B. Focus elements of the business model, 2018-2021

10. The UNFPA business model 2018-2021 is based on evidence and lessons learned during the alignment and implementation phases of the model 2014-2017, including feedback from the field; the strategic plan mid-term review analysis (2016); evaluation of the architecture of the strategic plan, 2014-2017; and analysis for the development of strategic plan, 2018-2021. The influencing dynamics present a mix of the issues, challenges, good practices and lessons learned, structured along the lines of the four elements of the business model, i.e. what, where, how and who. The figure below provides a high-level overview of the focus elements over 2018-2021, including their sub-components, representing the major levers of improvements, which are discussed subsequently in detail.

Figure 3. High-level summary of business model strengthening elements



What

11. The bull's eye, the overarching goal to achieve universal access to sexual and reproductive health and reproductive rights, has brought clarity and focus to the work of UNFPA, and continues to be relevant in the current development era. Sexual and reproductive health and reproductive rights are essential for advancing the Sustainable Development Goals, in all UNFPA contexts of operation. UNFPA has taken steps to further integrate the integrated results framework, the theory of change and the modes of engagement. The strategic plan, 2018-2021, integrated results and resources framework (IRRF) outputs and indicators have been structured to respond closely to the modes of engagement with robust monitoring. Furthermore, UNFPA has introduced a robust theory of change, capturing the interventions and expected results at each change stage. These fundamental approaches are elaborated in the strategic plan annexes on the IRRF (Annex I) and the Theory of change (Annex II).

Where

12. The 2014-2017 business model recognizes the difference in national contexts and needs, and uses a differentiated approach to country programs, based on the scale of national development challenges and national income available to address these needs. UNFPA will maintain its global presence and programmes in more than 150 countries and territories over the course of the strategic plan, 2018-2021. The organization will take steps to assess the nature of its engagement in all contexts to ensure close alignment with national development needs and priorities, and promote national ownership. Where the conditions are congenial, based on mutual agreement, options can be explored for transforming the nature of support and partnership.

13. Given the integrated nature of the 2030 agenda and the principles of *universality* and *leaving no one behind*, UNFPA will not expand its operations into High-Income Countries (HICs). However, the organization, based on mutual agreement, will explore opportunities for working together on the issues at the heart of the ICPD agenda and for promoting sustainable partnerships for development across the world.

14. While the current strategic plan measures *need* by eight bull's eye-related criteria, and the *ability to finance* by Gross National Income per capita (GNIpc) used by the World Bank for country classification, there has been some criticism about the insufficiency of the GNIpc for measuring a country's development status. Critics claim that national economic prosperity does not equal individual health welfare and that GNIpc masks inequalities and variations within and

among countries and holds the potential to limit external funding and technical support to countries in dire need.

15. Consistent with calls in the 2030 Agenda for leaving no one behind and addressing inequalities, and considering the inadequacy of the GNIpc for measuring “ability to finance” and the search for alternatives, including the Equitable Access to Health Initiative,³ UNFPA has introduced inequality considerations in the methodology for country classification.

16. The new approach adjusts the GNIpc for a health inequality aversion parameter,⁴ using the *Disability Adjusted Life Years (DALY)*.⁵ The DALY is a measure of global disease burden and a key indicator of health inequality that is comprehensive and comparable between and among countries, and considers the share of burden arising from *Communicable, Maternal and Prenatal Conditions* to indicate a health system’s strength. Table 1 highlights the impact and effect of adjusting country income classifications for health inequality compared to using the World Bank’s Gross National Income per capita only. Taking a health inequality perspective results in some countries previously classified as low middle-income countries (LMIC) or upper middle-income countries (UMIC) moving to a different level, providing an opportunity to address their needs in a more effective and tailored fashion.

Table 1. Proportion of UNFPA countries by income classification and inequality adjustment

Income Level	2013 GNIpc	2017 GNIpc	2017 Inequality-adjusted GNIpc
LIC	36	31	43
LMIC	41	47	42
UMIC	39	40	33
HIC	5	3	3
<i>Total</i>	<i>121</i>	<i>121</i>	<i>121</i>

17. The adjusted approach allows UNFPA to factor in the dimensions of morbidity (years lost due to sickness, disabilities and illness), as opposed to mortality only, into discussions for investment prioritization and strategy. For instance, disabilities arising from child marriage, adverse maternal outcomes, early or unwanted pregnancies, lack of choices, and unequal access to family planning services could be factored into considerations for prioritization. This approach reinforces the strategic focus on universal access to sexual and reproductive health and strengthening health systems, and accounts for inequality of access to health services in a country. Additionally, the new approach helps UNFPA to classify countries much closer to their development realities and conditions, given that a context with a high disease burden would indicate the need to address acute challenges for equal and affordable access to health services.

18. Applying the methodology to UNFPA country classification results in less than a fifth of countries switching quadrants, as shown in Table 2. The approach preserves the current country

³ Equitable Access Initiative was launched by heads of nine UN agencies and Multilateral Banks, such as WHO, World Bank, UNDP, UNICEF, UNFPA, UNITAID, UNAIDS GAVI, Global Fund, set up to research alternatives for improving methodologies for country classification and prioritization of investments for organizations working with health related mandates.

⁴ See “A New Health Classification Framework,” University of Oxford, 7 December 2015, produced for the Equitable Access Initiative Expert panel

⁵ The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences

classification methodology of combining the “need” and “ability to finance” criteria. It also refines the “ability to finance” discussed above and the minor adjustments to “need” criteria in the context of the SDGs, which are discussed in the subsequent resource allocation section.

Table 2. Comparison of country classification between the current and new approaches⁶

Quadrant	2014-2017	2018-2021
Red	40	45
Orange	21	16
Yellow	16	17
Pink	44	43
Total	121	121
# Quadrant shifts		21

19. The change in proportion of countries by quadrants is driven, essentially, by data updated both for need and adjusted-income criteria. Analysis finds that nearly the same proportion of countries would switch quadrants even without adjusting the GNIpc for health inequality. However, the set of countries changing quadrants due to data updates and inequality adjustments are not mutually exclusive. The three major drivers accounting for change are:

- (a) Improving or worsening need criteria, i.e. indicators such as maternal mortality ratio, skilled birth attendance, proportion of demand for contraceptives satisfied, etc. Approximately half of 21 countries switched quadrants solely because of this factor;
- (b) Increasing or regressing income criteria, i.e. change in “ability to finance,” captured by GNIpc and inequality adjustment. Six countries switched quadrants due to this factor;
- (c) Combination of need and income data changes. Four countries are in this category.
- (d) UNFPA will continue to focus on the needs of the most vulnerable in Africa, least developed countries, and landlocked developing countries. They constitute the largest proportion of countries in the red quadrant and are prioritized in the considerations for investments, paying keen attention to the most vulnerable and marginalized adolescent girls and women. The majority of the countries listed as landlocked developing countries are categorized in the red quadrant as well as 40 of 48 least developed countries (LDCs). Of the remaining eight LDCs, four are classified as part of the multi-county programmes in the Pacific Islands; three are in the orange quadrant, and one is in the pink quadrant.

20. Meeting the needs of women and girls in volatile humanitarian and fragile contexts remains a critical focus for UNFPA. The adjusted classification approach captures the realities of these countries much more robustly than the 2014-2017 classification system. One significant step forward is the clarification that a country’s humanitarian condition does not suggest a change in colour quadrant, but rather a rapid change in the mode of operation, deployment of support and programming, including at the outset of an emergency. For countries affected by humanitarian crises, all modes of engagement can be utilized in order to achieve results in challenging environments.

21. Middle-income countries (MICs) represent about 75 per cent of UNFPA programmes across the world, account for about 60 per cent of country programme regular resources and

⁶ See Table 7 for a detailed list of countries by quadrant for 2018-2021

about 85 per cent share of population. The proportion of MICs has risen since 2000, especially in Africa and South Asia, and two-thirds of the world's poor live in MICs. About half of UNFPA country programmes that are MICs still have a maternal mortality ratio greater than the SDG target, and have less than 50 percent of the need for family planning satisfied. These indicators call for specialized and normative support to achieve universal access to sexual and reproductive health and reproductive rights.

22. UNFPA will undertake human and financial resource mobilization and leveraging efforts in pursuit of the ICPD agenda and the realization of the SDGs. This will be achieved through the sharing of knowledge, brokering of expertise and innovation, convening of partners, and advocacy to advance international norms, standards and agreements. UNFPA will intensify efforts to strengthen national institutional capacities, recognizing the different stages of development in the MICs and responding to the requests of programme countries in line with the QCPR.

23. While the Small Island Developing States have regained centre stage both in the 2030 Agenda and the QCPR, they have always been part of critical consideration for UNFPA. Of the 57 SIDS, UNFPA has full-fledged country programmes in about 10 countries, and 36 others are classified in the two multi-country programmes (MCPs) of Caribbean (22) and Pacific Islands (14). In the period 2013-2016, an average of 6.6 per cent of yearly county programme regular resources went to SIDS and 2.7 per cent to MCPs (Caribbean and PIC).

24. Over the course of 2018-2021, UNFPA will harmonize its approach to multi-country programmes with UNDP and UNICEF to ensure cohesiveness and coordination, and adequate funding for these programmes. For UNFPA, this includes the consideration of a higher "floor" amount in resource allocation, given the countries' high vulnerability and risk associated with climate change and other development challenges. The organization will also provide support and strengthen capacity for additional resource mobilization, and work with regional champions to institute pooled funding to advance the deployment of maximum support to vulnerable populations.

25. Lastly, building on the experience over the current strategic plan period, recognizing the diversities and differences in development status of the countries making up the MCPs, UNFPA will, in addition to classifying the MCPs collectively, classify individual countries so that the business model can be tailored to their specific needs and priorities.

How

26. To achieve impact, UNFPA uses various modalities and strategies, which comprise the modes of engagement--advocacy and policy dialogue, knowledge management, capacity development, and service delivery--as per strategic plan, 2014-2017. Feedback from UNFPA field offices raised the need for a more strategic definition and application of the modes of engagement by context. The implementation of the current strategic plan did define these strategies but only in a limited manner.

27. Additionally, there is a need to better articulate the linkages among the modes of engagement and other programming strategies. Evidence from the strategic plan 2014-2017 architecture evaluation found that restricting the modes of engagement to just one approach is impractical.

28. Capacity development and knowledge management are critical to supporting advocacy and policy dialogue and need to be used in a manner contextualized to the nature of the UNFPA diversified business model to support Member States. Restricting their application also hampers the mobilization of other resources for countries in the upstream contexts. Furthermore, the case for strengthening the coherence, cooperation and complementarity among development, humanitarian action, and sustaining peace is ever more important. While the business model did set the direction, implementation requires continued effort in bringing UNFPA humanitarian and development work into closer convergence.

29. The QCPR sets out concrete functional expectations for the UN Development System at the request of Member States and highlights the increasing normative nature of the needs and priorities of programme countries. The programme countries survey showed clearly that countries are looking to the UN for support in the areas of, among others, policy advice, technical assistance, and institutional capacity development (see figure 2). Support in the area of service delivery was selected by 42 countries. UNFPA modes of engagement thus closely align with country requests.

30. While South-South and triangular cooperation has not been highlighted in the 2014-2017 modes of engagement, it is nevertheless a critical programming strategy for UNFPA, given its cross-cutting nature. The same is the case for partnerships and coordination, including UN inter-agency and humanitarian coordination, which is strategic to the work of the organization. Accordingly, UNFPA has reinstated Partnerships and Coordination, including South-South and triangular cooperation, as the fifth mode of engagement. It is consistent with the Agenda 2030 elevation of partnership and cooperation to a strategic goal (SDG 17) and the directives from the QCPR to UNDS to “mainstream and enhance support to South-South and triangular cooperation at the request, ownership, and leadership of developing countries.”

31. One distinct advantage of this approach is the opportunity for the organization to have a clear sense of results; capture the return-on-investments accurately in partnerships, coordination and South-South and triangular cooperation; and position the organization as a thought-leader. It is also vital for promoting programme countries’ aspirations, particularly MICs, to lend support to other countries to find solutions and achieve results.

32. As a guiding principle, all UNFPA programmes are geared to *National Capacity* development to design, implement and monitor ICPD related programmes to achieve universal access to sexual and reproductive health and reproductive rights. Over the course of 2018-2021, UNFPA will pursue the following five distinctive modes of engagement:

- (a) *Advocacy and Policy Dialogue*⁷ refers to the direct interaction of the UN with national policy decision makers and other stakeholders toward the development, improvement, reform, and monitoring of policies, legislation, strategies, plans, budgets and programmes, by:
 - i. Providing analysis, recommendations on advocacy on policy issues, recognizing development opportunities and offering options to address development challenges;
 - ii. Convening and facilitating dialogue on policies across government ministries and agencies, and/or among government, international partners and civil society;
 - iii. Identifying major policy implementation issues and developing strategies for government and partners to implement the policy more effectively.
 - iv. For UNFPA the focus is on advancing the ICPD agenda, fulfilment of rights and commitment by ministries, departments and agencies of government, stakeholders and the international community to achieve ICPD related 2030 goals through appropriate frameworks of action.
- (b) *Knowledge Management* is a dynamic process of generation, utilization and dissemination of quality knowledge products and evidence, including localized innovative solutions, for advancing the ICPD and 2030 agendas in a timely manner. It also refers to a systematic coordination of people, technology, processes and organizational structures to add value to addressing national priorities and needs through creating, sharing and applying relevant knowledge and experience of what works with maximum impact and what does not, as well as the adaptation of shared experience in different contexts. For UNFPA, the key strategic interventions in knowledge management include:

⁷ UNDG (2011), “UNCTs Engaging in National Policy Dialogue: Lessons from the Field.” Study prepared by the Consensus Building Institute. Accessed December 12, 2014:

- i. Knowledge acquisition—collection, production and generation of timely, high-quality knowledge for specific ICPD issues;
- ii. Knowledge assimilation—absorption of tailored solutions and knowledge gleaned from innovations and experience in programming, including in humanitarian settings;
- iii. Knowledge dissemination—exchange of evidence-based analysis and knowledge and experiences through training, workshops, professional development opportunities, and communication, including mass media;
- iv. Knowledge *application*—applying knowledge to UNFPA operations in all contexts.

Knowledge management is a potent mode of engagement to strengthen programming on the ground. UNFPA will, more than ever before, invest in knowledge management through innovative means.

- (c) **Capacity Development** is a set of interventions by which people skills, organizational and national systems, tools, resources and knowledge are strengthened, created, adapted, mobilized, deployed, and maintained over time to achieve results, including in humanitarian settings. Given the hierarchy of needs, there are three levels of capacity development, i.e. individual, organizational and enabling environment, which further clarify the focus of UNFPA in upstream contexts:

- i. *Individual level*: strengthening an individual’s skills, knowledge, experience, confidence, and leadership through training, mentoring, coaching, and education incentives;
- ii. *Institutional level*: strengthening an organization’s institutional capacity through policies, strategies, plans, rules and regulations, procedures, collaborative structures, management and information systems, service focus, and their ability to develop and sustain partnerships through technical assistance and organizational development;
- iii. *Enabling environment*: making the overarching context, in which organizations and individuals function (policies, laws, budgets, strategies, procedures, participation, and social norms) more conducive to personal and organizational development, as well as leadership for innovation through technical assistance, facilitation of sector-wide collaboration, and the exchange of knowledge and experiences.

As depicted in Table 3, UNFPA engagement and interventions in the orange quadrant context focus on providing support across the three levels of capacity development and the pink quadrant contexts focus more on the enabling environment level through cutting-edge sectoral, multi-sectoral and systemic capacity diagnostics and analysis to identify key systemic challenges and provide solutions for the achievement and preservation of development gains. Country programmes in the pink contexts provide overall policy environment monitoring and connecting best practices and experience of what works and does not. The yellow quadrant contexts focus on the institutional level operations, resources and tools in addition to enabling environment levels.

- (d) **Partnership and Coordination, including South-South and Triangular Cooperation** involves building strategic connections, alliances and networks among stakeholders, and exchanging knowledge, solutions and (technological) innovations. Interventions, strategies and initiatives under this mode of engagement include the following:

- i. Country, regional and global inter-agency and humanitarian (sub-cluster) coordination, especially on thematic issues, such as gender-based violence (GBV) prevention and response, sexual and reproductive health and reproductive rights, census, and on results and monitoring sub-clusters;

- ii. Partnerships focusing on engagements with traditional and new partners, for advancing programme agendas;
 - iii. South-South and triangular cooperation and exchange of technical know-how.
 - iv. At the country level, in particular, UNFPA will strengthen its convening role to connect policy and decision makers and civil society and grassroots groups to drive the ICPD and 2030 agendas.
- (e) **Service delivery** refers to the provision of effective, safe, comprehensive, life-saving and high-quality reproductive health and/or GBV services, supplies or commodities to bridge the essential gaps in countries, predominantly in the red quadrant, and to address critical needs in humanitarian crisis. It includes the following:
- i. Procurement: UNFPA directly procures some reproductive health commodities and also plays a direct role in quality assurance of these products. In both instances, this service delivery is typically coupled with capacity development efforts so that countries ultimately are able to do their own procurement. Dignity kits are also procured for humanitarian crises.
 - ii. Generation of demand: Women, youth and adolescents must have information about services and products and know how to use them. Often this entails information and/or social- and behavioral-change communications campaigns coupled with sexual education.
 - iii. Provision of services: In contexts where services are lacking and facilities are damaged, destroyed or non-existent, including humanitarian or early recovery situations – UNFPA may engage in supporting the rehabilitation or refurbishment of part of a facility, such as the delivery room in a maternity ward, a ‘safe space’, and in providing mobile facilities for life-saving services.

An integrated approach to the planning and delivery of essential SRH and GBV services is key to optimizing resources and maximizing opportunities for improving universal access to sexual and reproductive health. The priority of this mode of engagement is to leave no one behind, reach the further behind first, and ensure that women, adolescent girls and youth have access to a comprehensive package of SRH services using a rights-based approach.

It is recognized that emergencies and large-scale disasters can disrupt and even roll back development gains garnered in the area of SRH service provision in all colour quadrants, with a disproportionate effect on the poorest and most vulnerable, particularly adolescent girls and women. In such situations, there are immediate SRH service needs, such as maternal care for obstetric complications and post-rape treatment for survivors of sexual violence. Service delivery needs to be agile, tailored to the diverse needs of the targeted population under different settings to ensure equitable access to services. Strategic partnerships with governments, NGOs and other key stakeholders are critical to scale up service delivery to achieve universal access by 2030.

33. Recognizing the interdependence of the modes of engagement, and aligning with national requests, development needs and priorities, UNFPA clarifies the deployment of the modes of engagement as follows (see table 3):

- (a) Red quadrant may provide support through all five modes of engagement;
- (b) Orange quadrant may provide support through four modes of engagement only, except service delivery;
- (c) Other quadrants may provide support through three modes of engagement and use the capacity development mode of engagement contextualized to the level of overall programme.

Table 3. Country Context and Modes of Engagement

Modes of engagement	Countries in the red quadrant and countries with humanitarian crises	Countries in the orange quadrant	Countries in the yellow quadrant	Countries in the pink quadrant
Service delivery		Not deployed		
Capacity development	***	***	**	*
Partnerships and coordination, including south-south and triangular cooperation				
Knowledge Management				
Advocacy, policy dialogue and advice				

*** The focus is on an enabling environment, and on institutional and individual levels

** The focus is on an enabling environment and on institutional levels

* The focus is on an enabling environment

34. All modes of engagement contribute to the guiding strategy of national capacity development. Exceptions in deployment of modes of engagement are subject to a rigorous review on a case-by-case basis, based on submission of a robust business case and management approval.

35. A hallmark of the diversified approach is to promote national ownership through upstream work. UNFPA will achieve this through the creation of networks and platforms, evidence-based identification and advocacy for those left behind, and the strengthening of national capacity to reach the marginalized and hardest to reach. Consistent with the Paris Declaration on Aid Effectiveness (2005), the Accra Agenda for Action (2008), the Busan Partnership for Effective Development Cooperation (2011), and the Addis Ababa Action Agenda (2015), UNFPA will support country-level efforts for resource mobilization from a wide range of sources, both domestic and external, with a view to convert competition for resources into collaboration for results.

Modes of engagement in humanitarian settings

36. A country responding to natural or man-made emergencies may deploy all five modes of engagement and does not require a justification in the form of a business case. In addition, neighbouring countries that need to respond to the spill-over effect within their borders would not require a business case to provide life-saving services.

37. UNFPA will strengthen risk-informed programming in the formulation and design of resilience-focused country programmes, including strengthening internal capacity for risk-informed resilience programming, monitored through existing quality assurance mechanisms. This responds to the QCPR call for the UN development system to work collaboratively in countries facing humanitarian emergencies, and move beyond short-term assistance to contribute to longer-term development gains, including by engaging, as appropriate, in joint risk analysis, needs assessments, practice response and a coherent multi-year time frame, with the aim of reducing need, vulnerability and risk over time.

38. UNFPA will strengthen humanitarian operational capacity to better meet the needs of affected populations. This includes: (a) aligning human resources capacity to deliver in humanitarian contexts; (b) strengthening humanitarian advocacy and communications; (c) increasing investment in data in emergencies; (d) promoting strategic partnerships to advance effective humanitarian action; and (f) providing effective leadership of the GBV Area of Responsibility. This will also help the organization to strengthen the cooperation and complementarity among humanitarian and development activities, and emphasize longer term resilience planning through all programmes.

Country Programme Resource Allocation

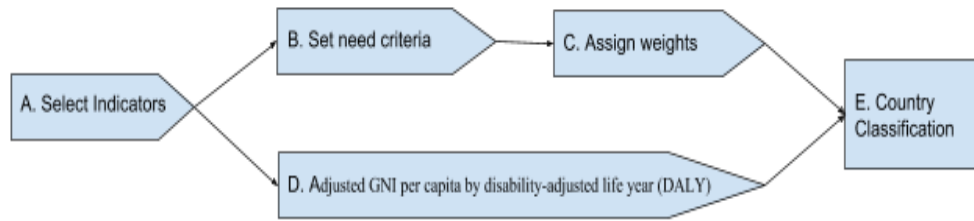
39. UNFPA supports 121 country programmes, including two multi-country programmes in the Pacific and Caribbean islands. The country programmes are funded by both regular and other resources. Given that regular resources are relatively more predictable, they provide the foundation for critical support for countries in achieving the ICPD Programme of Action, and realizing transformative results. Recent declines in regular resources require UNFPA to adapt and systematically maximize impact.

40. UNFPA approaches regular resource allocation to country programmes through a Resource Allocation System (RAS), which is a two-step process. The first step is to determine country classification based on a country's "need" and "ability to finance" its own development. The second step covers the principles and methodologies for determining indicative resource allocation to the quadrants. The Resource Allocation System 2018-2021 builds on the key principles and parameters of the 2014-2017 resource allocation system, with some minor adjustments to respond to external and internal developments and to commitments in the 2018-2021 strategic plan.

41. The criteria considered for resource allocation, the "need" of a country and its "ability to finance", are determined through indicators and guided by the following principles:

- (a) Direct relevance to UNFPA strategic results, as reflected in the bull's eye and goal of the integrated results framework;
- (b) Reflect UNFPA focus on women, adolescent girls, youth and other marginalized populations;
- (c) Issued by a credible international source, preferably the UN sources;
- (d) Incorporate inequality dimensions;
- (e) Data availability and sufficient country coverage.

Figure 5: Country Classification Flowchart



42. Building on the key principles and parameters set in the strategic plan, 2014-2017, the six core and two additional indicators of “need” for UNFPA support have been either retained, amended or replaced. Overall, the core indicators of the bull’s eye have been retained, i.e. maternal mortality ratio, proportion of births attended by skilled health personnel for the poorest quintile, proportion of demand satisfied for modern contraceptives, adolescent fertility rate, and gender inequality index, except for the HIV prevalence 15-24 years old, which has been adjusted for consistency with the focus in SDG 3.3.1. For the additional indicators, while the humanitarian and risk criteria based on the Index for Risk Management (INFORM) has been retained, the indicator on income quintile ratio has been dropped for a more focused equivalent, i.e. health access inequality adjusted income, and moved under the “ability to finance” criteria.

43. The income quintile ratio has been replaced with a measure of need for data availability. Given the role, mandate, and expertise of UNFPA to support population data for development, and SDG 17 to bolster national capacity for monitoring and reporting on progress of the SDGs, UNFPA is introducing a data availability criteria to better support countries where there is limited availability of essential national and subnational development statistical data. Thus, as presented in Table 4, showing the overall summary of adjustments, the data availability criteria fills the gap created by the movement of the income quintile ratio, and takes into consideration the availability of national data, including from surveys and birth registration systems, for: (a) Births attended by skilled health personnel, (b) Adolescent birth rate; and (c) GBV.

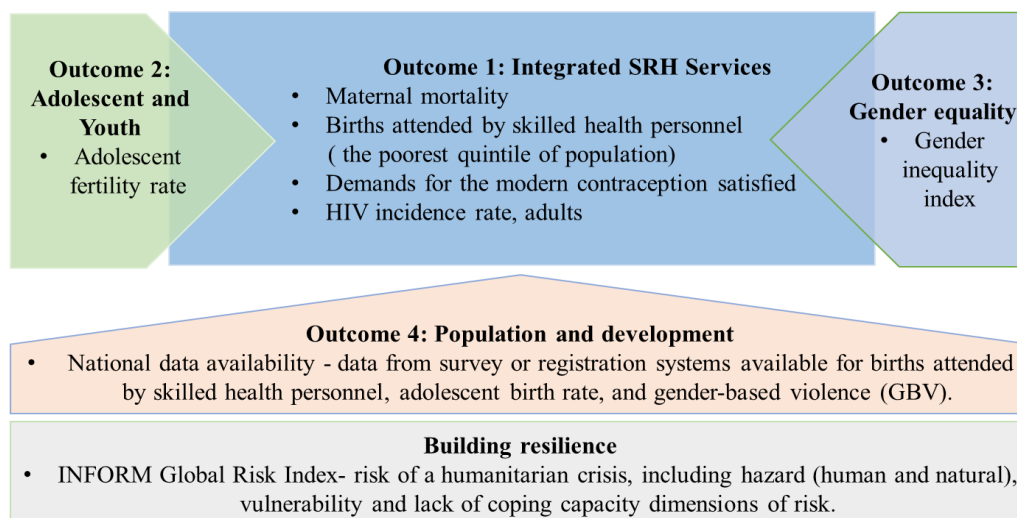
44. One clear advantage of the adjustments is that the resource allocation system and country classification are enhanced through the strengthened “need” criteria, which now have a stronger focus on addressing data gaps in monitoring key ICPD-related SDGs; addressing humanitarian risk, vulnerability and fragility; and fully reflect the strategic results as defined in the strategic plan results framework, 2018-2021. Figure 6 presents a conceptual approach to the alignment between the “need” criteria and the integrated results architecture (outcomes) of the strategic plan, 2018-2021. Furthermore, the RAS, 2018-2021, recognizes that the adolescent fertility rate measures both the impacts of integrated SRH services and the welfare of adolescents and youth.

Table 4: Adjustments to the Resource Allocation System Indicators of “Need”

	Current RAS indicator	Action	New Indicator	Justification
1.	Maternal mortality ratio	Retained		
2.	Proportion of births attended by skilled health personnel for poorest quintile of population	Retained		
3.	Adolescent fertility rate	Retained		
4.	Proportion of demands satisfied for modern	Retained		

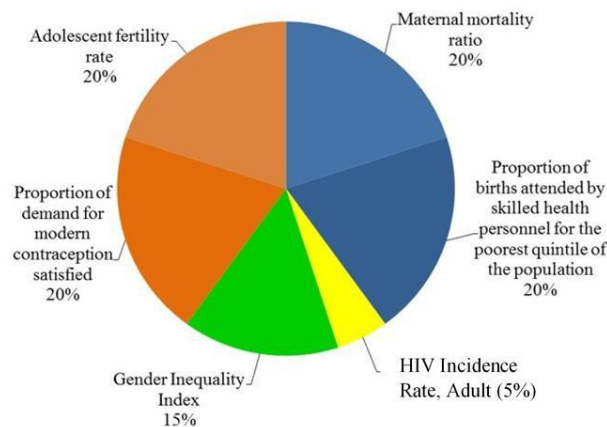
	contraception			
5.	Gender Inequality Index	Retained		
6.	HIV prevalence, 15-24 year old	Amended	HIV incidence rate, adults	Adjusted to align with SDG indicator 3.3.1. Data on youth is not yet available from credible sources
Additional Indicators				
7.	Humanitarian/Risk factor	Retained		
8.	Income inequality ratio	Replaced	Availability of national data	Given new health- inequality adjustment to GNIpc on ability to finance, this indicator was moved to “ability to finance”. In its place is an indicator on need for data availability. This aligns RAS to Integrated Results Framework

Figure 6: Linkage of need indicators with strategic plan Integrated Results and Resource Framework (IRRF)



45. The RAS, 2018-2021, keeps the current points-based system, with minor adjustments of the weights of indicators. Figure 7 shows the weights for each of the eight indicators for measuring a country’s needs. The system reflects UNFPA focus on the bull’s eye and is aligned with the strategic plan results framework and principles of consistency and continuity. The Humanitarian Risk Index maintains a 10-point weight, as in the previous resource allocation system, and the new indicator of data availability will carry a 10-point weight.

Figure 7: Need indicators weighting system



Additional indicators: (a) Humanitarian, risk and fragility (10 points); (b) Data availability (10 points)

46. In the strategic plan, 2014-2017, a country's ability to finance was measured with the gross national income per capita (GNIpc), collected from the World Bank. For 2018-2021, UNFPA will use *A New Health Classification Framework*⁸ by the University of Oxford, UK/Equitable Access to Health Initiative, to adjust the approach. This is similar to the approach in the *Human Development Report*, and is in keeping with the principles of the SDGs. The framework takes into account a country's income level and resource potential, access to healthcare services, and quality of health system and proposes an adjustment of national income by inequality for considerations and decisions about investment prioritization and country classification. The measure of inequality is: (a) general inequality, e.g. GINI Index, poverty gap, share of income of the bottom 40 per cent of the population, headcount of extreme poverty; and (b) health inequality, (e.g. disease burden).

47. UNFPA will use the health inequality adjustment, given its alignment with the strategic focus and suitability with the existing approach. Thus, RAS, 2018-2021, takes health inequality-adjusted GNI per capita for measuring "ability to finance" using the following equation: $Inequality-adjusted\ GNIpc = y (1 - DALY)$, where y is GNI per capita, and DALY is the disability-adjusted life year (DALY) for communicable, maternal, perinatal and nutritional (CMPN) conditions.

48. The combination of the resulting classifications of "need" and "ability to finance" yields the country classification for 2018-2021. For the need criteria, countries are assigned final need classifications based on their computed point total of eight indicators considering the weights assigned in figure 8, with the listed point being the maximum point obtainable (e.g. maternal mortality ratio (MMR) 20 points) by a country with the highest need, and 0 to a country with low need.

49. The outcome produces the classification of countries into the four quadrants, i.e. red, orange, yellow and pink. Table 4 shows the distribution of countries by "need and "ability to finance" classifications in the corresponding quadrants, while Map 1 shows the geographical spread of the countries across the globe.

⁸ [A New Health Classification Framework -final report](#), Mthuli Ncube, Mara Airoldi, Stefan Thewissen, Judith Kabajulizi, Max Roser, & Olivier Sterck, July 2015.

Table 5: Distribution of Countries by “Need” and “Ability to finance”

Ability to finance (Inequality adjusted)	Need			
	Highest	High	Medium	Low
Low	26		3	0
Lower-middle	5	13	14	10
Upper-middle	0	3	15	15
High				3

Map 1: UNFPA Country Classification, 2018-2021

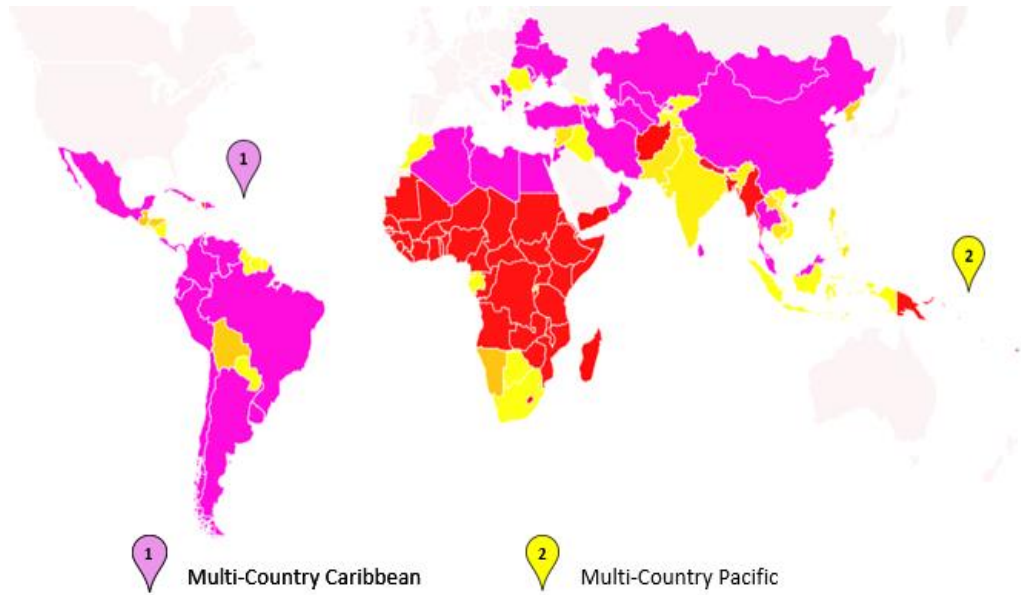
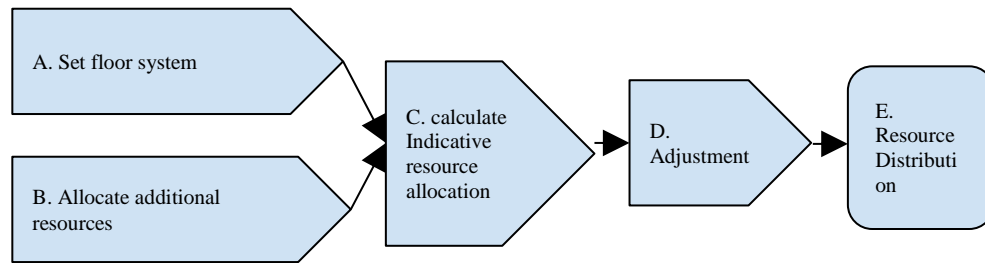


Figure 8. Resource Allocation Flowchart



50. The floor system is based on the “ability to finance” measurement and classification. Whereas the 2014-2017 floor system is based on GNI per capita, the RAS 2018-2021 uses inequality-adjusted GNI per capita. However, it preserves the allocation of a floor amount set at \$500,000 per annum for country programmes in low-income and lower-middle income categories, and \$300,000 per annum for country programmes in upper-middle income and high-income categories. For the two UNFPA multi-country programmes in the Pacific and Caribbean Islands, the floor is set at \$500,000 per annum each in response to the diversity of needs within multi-country programmes, the high vulnerability associated with climate change and other development challenges.

51. Over the course of the strategic plan 2018-2021, UNFPA will continue the *Matching Funds Mechanism*. Consistent with Executive Board decision (2013/31), UNFPA will match any optional contribution provided by upper-middle or high-income programme countries to their own programme activities, on a one-to-one basis up to an amount of \$100,000 per year on top of the \$300,000 floor set for these countries.

52. The total female population aged 10-24 is both a reflection of the population size of a country and the size of the youth population. The average GNIPc over the preceding three years enables the UNFPA resource allocation system to avoid distortions from sudden swings in income, and takes into consideration the lagged effects of income growth on social services and the welfare of all residents in a country.

53. Given the total amount of regular resources available in a given year, as projected in the Integrated Budget, 2018-2021, and the proportion for allocation to country programmes, the indicative resources for individual country programmes are the sum of the “floor” amount and additional resources allocated to each country programme based on the total amount of resources available after the deduction of the total floor amount. Overall, countries with the highest need, low ability to finance and a large population will have a relatively large share of indicative regular resources.

54. Furthermore, to avoid disruptions in programming, the actual amount of regular resources for individual programmes will take into consideration the current country programme; the availability of ICPD funding from other donors; inequalities and disparities within countries; the emergency, transition and recovery situation in the country; and country programme performance or implementation capacity. The final planning figures for each country programme are not set in the RAS. Instead, these figures are approved individually by the Executive Board in country programme documents.

55. The proposed resource allocation system creates a solid and evidence-based foundation for balanced resource distribution. As shown in table 6, 56-60 per cent of regular resources for country programming will be allocated to countries in the red quadrant, 14-18 per cent for countries in the orange quadrant, 7-11 per cent for countries in the yellow quadrant, and 15-17 per cent in the pink quadrant. It is important to note that predictable regular resources are critical for ensuring adequate resources for countries with the highest need, adhering to QCPR principles of universality and leaving no one behind.

Table 6: Resource allocation by quadrant

	Red	Orange	Yellow	Pink
Share of core resource	56-60%	14-18%	7-11%	15-17%
Share of population	21%	29%	9%	41%

56. Country programmes are designed based on regular and other resources. This allows for comprehensive resource planning for programmes addressing national priorities. However, to achieve a greater degree of complementarity between the regular resources and other resources and to optimize utilization, UNFPA will adhere to common overarching principles and criteria for resource allocation, and take a joint planning approach to the regular resources and other resources for country programming.

57. Over two-thirds of UNFPA total resources are other resources. This has been driven primarily by increased funding provided for specific themes, sectors, regions or countries. While other resources can help meet specific needs, they create challenges for the strategic and coherent allocation of resources for individual country, regional and global programmes.

58. To address this UNFPA has established a Non-Core Funds Management Unit in the Office of the Executive Director. It ensures a more coordinated and synergistic management of UNFPA other resources, including diverse thematic funds, and provides support to achieve strategic goals and transformative results. Over the course of the strategic plan, UNFPA will institute joint annual resource planning for country programmes between the regular and other resources, including thematic funds, to ensure a unified approach to planning and early deployment of support. This aims to eliminate implementation capacity gaps and improve programme operations and results.

59. Going forward, country programme resource allocation will be revisited and reviewed together with the strategic plan, 2018-2021, mid-term review. UNFPA will also conduct annual country programme resource reviews through the resource distribution system. The annual review will enable UNFPA to monitor changes impacting the effectiveness and efficiency of both regular resources and co-financing resources, linking to programme performance, and making timely adjustments.

Who

60. This component speaks to the role of organizational structure and partnerships in implementing the programme agenda and business model. The implementation of the 2014-2017 business model required country office human resource realignment, and a rethinking of the skills mix, office configuration and partnerships. Within an environment characterized by declining regular resources and a drive to achieve efficiency gains and cost-savings, there is a need to further align country, regional and HQ level operations, configuration and the skills mix for strategic plan, 2018-2021. Building on significant progress in South-South and triangular cooperation, private sector and non-traditional donor relations, UNFPA will continue to strengthen partnerships at all levels of the organization. All new country programmes now identify strategic partners, not implementing partners, by constituency, rationale, expected results, and contributions to programmes. The plan is monitored closely throughout the programme cycle and quality assured through institutional mechanisms, including results-based management and reporting systems and independent evaluation. UNFPA works increasingly with regional institutions and multilateral banks, and these efforts will be scaled up with attention to involvement with the private sector.

61. Over 2018-2021, UNFPA will maintain the three levels of the organization: country, regional and headquarters. The organization continues to adjust to external shocks and to review its structural arrangements accordingly. For instance, given the unpredictable funding environment, the organization has instituted austerity measures, including a freeze on recruitment of new posts, and scaling down costs on travel and workshops, among others. Furthermore, UNFPA has embarked upon a fund-wide structural review to align resources with strategy, save costs, address capacity gaps and gain efficiency. The organization will continue to better position itself to pursue the strategic plan objectives at all levels.

62. UNFPA country offices will be at the forefront of advancing the business model and implementing the strategic plan. A significant number of country offices, emerging from their alignment to the current business model, have already adjusted their programmes to position appropriately, considering their quadrants, contexts and applicable modes of engagement. However, these efforts also require a corresponding shift in the skills-mix and a new way of working. As a fundamental step to realizing the shift, some of these offices are implementing human resource realignment plans, just as some others are being considered under the fund-wide structural review. The objective is to ensure that country offices have adequate and appropriate human capacity to respond to national development needs and priorities.

63. Another shift at the country level is the reinforcement of the organization's role in brokering, convening and facilitating expertise and technical support. UNFPA will bolster the architecture of technical support to country programmes to fill any potential gaps. This will be accomplished through a multi-level support system, where experts are engaged in problem-solving, change management, and technical expertise in support of advocacy and policy agendas. This will include virtual/remote support to ensure needs-based rapid response in both humanitarian and development contexts. UNFPA will strengthen its Internal Consulting Group mechanism, which holds the potential for cost savings and deployment of critical expertise to augment gaps on the ground.

64. As a field-focused organization, UNFPA has taken specific steps to clarify the roles and responsibilities between the country, regional and headquarters levels of the organization. For instance, the HQ continues to champion the normative work of the organization, while the regional level adapts normative work to regional contexts and provides support for operationalizing norms and standards at the country level. The division of labour for field support is also clarified; the regional offices take leadership for field support, and where additional capacity is required, relevant HQ units provide back-up.

65. Some of the functions that were centralized at HQ have now been decentralized to the regional level. For instance, there are now regional human resource strategic advisors to provide rapid support for addressing capacity gaps and the challenges of recruitment, including change management, office and human resource realignment. Similarly, each regional office now has a communication advisor and a resource mobilization advisor to provide competent support to country programmes.

66. Beyond these, over 2018-2021, UNFPA will reinforce the tripartite roles of the regional offices for advancing the frontiers of programming in the following areas:

- (a) Strengthen provision of timely, cutting edge region-specific technical, programmatic and operational support and oversight to country programmes;
- (b) Increase the focus on regional programmes targeted to address multi-country and cross-border trends, trans-border spill-over effects and common regional or sub-regional issues and challenges. This approach provides complementary support to in-country investments to strengthen results;
- (c) Scale up engagement with regional institutions and bodies to influence regional policies and agendas that catalyse opportunities for country programmes to promote the ICPD and 2030 agendas.

67. UNFPA headquarters will continue to lead global advocacy and campaigns, normative and strategic agenda-setting and oversight for the corporate achievement of results. It will continue to provide top-level programme, technical and operational management support, capacity and quality assurance to the field, and advance global programmes and initiatives, such as ICPD beyond 2014, State of The World Population (SWOP) etc., including development of supportive policies, operational guidelines, tools and platforms, financial oversight and audit and evaluation, which are critical for promoting the ICPD and 2030 agendas and expanding opportunities for country programmes.

68. UNFPA has created a Strategic Partnership Unit at the global level to further advance its corporate direction. In the 2018-2021 strategic plan, UNFPA will strengthen its cooperation with traditional partners (governments, civil society organizations, national statistical offices, national planning departments, private sector and other implementing partners). Stronger attention will be given to business enterprises, corporate foundations, parliamentarians, academia, think tanks and scientific institutions, high net worth individuals, multi-stakeholders, global initiatives and individuals, with an aim to achieve four critical purposes:

- (a) Expand UNFPA reach as global lead organization for SRH and other ICPD related issues;
- (b) Strengthen resource mobilization efforts and capacity for evolving an organization with a diversified, sustainable and predictable funding base;
- (c) Attract critical brainpower for the delivery of state-of-the-art solutions and cutting edge expertise to enhance organizational operational capacity for the delivery of quality programmes and results; and
- (d) Forge alliances for a conducive environment for government and public support for the goals and mandate of UNFPA.

69. UNFPA will intensify efforts to forge and expand partnerships into programme design and implementation, and strengthen related policies and systems. Building on the experiences of the 2014-2017 strategic plan, UNFPA will develop country programmes with accompanying partnership and resource mobilization plans with results, baselines and targets. These will be monitored through the programme cycle. Domestic resource mobilization at the country and regional level will be essential as they continue to inform country programme design, complementary to global efforts.

70. With an ultimate aim toward a joint ownership approach to partnerships, UNFPA will further embark on global joint programmes, which will engender catalytic effects on the ground. For instance, the UNFPA-UNICEF Joint Programme on Female Genital Mutilation and Cutting, which is a flagship collaboration between the two UN agencies, will enter Phase III. In the same manner, the organization will explore further collaboration with other agencies, Potential examples are with UN-Women on the issues of gender equality and the empowerment of women and girls, sexual and reproductive health and reproductive rights and gender-based violence, and with UNICEF on a continuum programme approach on maternal and newborn care.

71. Partnerships will be of major importance for achieving and measuring the SDGs at the country, regional and global levels. Apart from national statistical, planning and population offices, for the 2020 round of census, UNFPA will work with scientific institutions, think tanks and academia to bring advanced expertise to strengthen national monitoring of the development goals within their contexts.

72. The organization will expand on the demonstrable success in engaging and tapping the brainpower and expertise of the private sector for advancing specific initiatives and global campaigns, including for its work in complex, humanitarian, fragile and protracted contexts. One example of such is the leveraging of support of the Benetton Women Empowerment Program for the “*Safe birth even here*” campaign, launched in 2016. Furthermore, the role of high net worth individuals for advocacy to galvanize grassroots support for the mandate of UNFPA, including resource mobilization, will be maximized.

73. UNFPA will expand cooperation and partnerships with multilateral banks, regional institutions and regional bodies. For example, UNFPA will support expansion of the *Sahel Women's Empowerment and Demographic Dividend (SWEDD)* project with World Bank to other African countries and regions, particularly for the realizable dividend from a country's demographics and empowered population. Similar efforts will be expanded in other regions to cover topical multi-country issues where UNFPA could leverage other expertise to promote the ICPD agenda.

74. Finally, the organization will intensify its work in influencing and shaping regional and continental agendas to respond to ICPD and SDG commitments. Over 2018-2021, UNFPA will work with regional institutions and bodies to ensure the promotion of the SDGs and regional agendas, where UNFPA technical support will be critical for resultant programmatic implications and resource mobilization.

II. Conclusion

75. The adjusted business model ensures continuity of country programmes, prioritizes countries with the highest need and low ability to finance, and promotes strengthened fundraising and partnerships at the country level to achieve the strategic plan objectives.

76. UNFPA does not envisage an expanded period of time for implementing the adjustments for the strategic plan 2018-2021. As part of its implementation plan, country programmes will receive adequate support and guidance, and both regional and HQ levels of the organization will be fully engaged to internalize the business model and advance the vision and commitments.

77. The institutional adjustments of the business model, in response to changes in the global development landscape and internal factors, will enable UNFPA to achieve maximum impact in providing support to the development needs and priorities of countries in all UNFPA contexts of operation. Given the commitments set in the business model, UNFPA will be better positioned to advance and achieve the strategic plan objectives.

Table 7: Classification of Countries/Territories

Red Quadrant (45)	Orange Quadrant (16)	Yellow Quadrant (17)	Pink Quadrant (43)
Afghanistan	Bolivia	Botswana	Albania
Angola	Cambodia	El Salvador	Algeria
Bangladesh	Cape Verde	Equatorial Guinea	Argentina
Benin	Guatemala	Gabon	Armenia
Burkina Faso	Honduras	Georgia	Azerbaijan
Burundi	India	Indonesia	Belarus
Cameroon	Korea, Democratic People's Republic of	Iraq	Bhutan
Central African Republic	Lao PDR	Kosovo	Bosnia and Herzegovina
Chad	Namibia	Kyrgyz Republic	Brazil
Comoros	Pakistan	Morocco	Chile
Congo, Dem. Rep.	Philippines	Multi-Country Pacific*	China
Congo, Rep.	Rwanda	Nicaragua	Colombia
Côte d'Ivoire	Sao Tome and Principe	Palestine	Costa Rica
Djibouti	Swaziland	Paraguay	Cuba
Eritrea	Syrian Arab Republic	South Africa	Dominican Republic
Ethiopia	Timor-Leste	Tajikistan	Ecuador
Gambia, The		Vietnam	Egypt, Arab Rep.
Ghana			Iran, Islamic Rep.
Guinea			Jordan
Guinea-Bissau			Kazakhstan
Haiti			Lebanon
Kenya			Libya
Lesotho			Macedonia
Liberia			Malaysia
Madagascar			Maldives
Malawi			Mauritius
Mali			Mexico
Mauritania			Moldova

Mozambique			Mongolia
Myanmar			Oman
Nepal			Panama
Niger			Peru
Nigeria			Serbia
Papua New Guinea			Sri Lanka
Senegal			Thailand
Sierra Leone			Tunisia
Somalia			Turkey
South Sudan			Turkmenistan
Sudan			Ukraine
Tanzania, United Rep.			Uruguay
Togo			Uzbekistan
Uganda			Venezuela
Yemen, Rep.			Multi-Country Caribbean**
Zambia			
Zimbabwe			

* Cook Islands, Fiji, Micronesia (Federated States), Kiribati, Marshall Islands, Niue, Nauru, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu.

**Anguilla, Antigua and Barbuda, Aruba, Bahamas, Barbados, Belize, Bermuda, British Virgin Islands, Cayman Islands, Curacao, Dominica, Grenada, Guyana, Jamaica, Montserrat, Netherlands Antilles, St. Lucia, St. Kitts and Nevis, Saint Maarten (Dutch Part), St. Vincent the Grenadines, Suriname, Turks and Caicos, and Trinidad and Tobago.