



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

Distr.: General
27 April 2026

Original: English

Annual session 2026

8 to 11 June 2026, New York

Item 13 of the provisional agenda

UNFPA – Annual report of the Executive Director

United Nations Population Fund

Progress in implementing the UNFPA strategic plan, 2022-2025

Report of the Executive Director for 2025

Summary

This report analyses the cumulative progress made in achieving the results of the UNFPA strategic plan, 2022-2025, and marks the completion of its implementation. It should be read in conjunction with the statistical and financial review, 2025 (DP/FPA/2026/4/Add.1), which provides details of UNFPA expenditures.

During 2022-2025, UNFPA intensified its efforts to accelerate the achievement of the three transformative results of its strategic plan, 2022-2025: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage, within the context of broader efforts to accelerate the achievement of the Programme of Action of the International Conference on Population and Development.

This 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 2025: DP/FPA/2026/4, Add.1 and Add.2);

(b) Note with appreciation the progress made by UNFPA in achieving the results of the UNFPA strategic plan, 2022-2025, in its final year of implementation.

Contents

I.	Overview	3
II.	Context and global challenges	6
III.	Results achieved as of 2025	7
	A. Status of the strategic plan outcomes	7
	B. Other key high-level results	21
	C. Output-level results that contributed to outcome-level results	22
IV.	Advancements in organizational effectiveness and efficiency	23
V.	Operationalization of the new UNFPA strategic plan, 2026-2029	27

Annexes

Annex 1:	Output scorecard and indicator updates, 2025
Annex 2:	UNFPA humanitarian update, 2025
Annex 3:	<i>The Orange Book of Results, 2025</i> (results achieved at the country level)
Annex 4:	Implementation of the global and regional programme, 2025
Annex 5:	Implementation, in 2025, of General Assembly resolution 79/226 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system
Annex 6:	Update on oversight functions, 2025
Annex 7:	Integrated results and resources framework, strategic plan, 2026-2029

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

I. Overview

1. UNFPA is the United Nations agency with a specialized mandate on population and development, supporting countries to respond to demographic change through data, policy advice, institutional capacity-building and operational assistance. Established in 1969, 2026 marks the organization's 57th year of advancing sustainable development through people-centred and rights-based solutions.

2. Grounded in the Programme of Action of the International Conference on Population and Development (ICPD), UNFPA works to build knowledge and capacity to respond to population and development needs, promote awareness of population issues and provide assistance tailored to countries. As the lead United Nations agency on sexual and reproductive health and rights, UNFPA emphasizes that population issues are not problems to be managed, but rather rooted in individual rights, choices and empowerment. UNFPA works to ensure every pregnancy is intended, every childbirth is safe, and every young person's potential is fulfilled. It advances individual rights and choices while helping countries address population trends, inequality and resilience challenges.

3. With a decentralized operational presence encompassing 121 offices supporting programmes in more than 150 countries and territories, UNFPA combines normative leadership, technical expertise and operational delivery across development, humanitarian and peacebuilding contexts, focusing on sexual and reproductive health, including family planning, maternal and newborn health, preventing and responding to gender-based violence, and demographic foresight and analysis. UNFPA is the world's largest provider of contraceptives and maternal health medicines to developing countries, delivering significant economies of scale as a global public good. UNFPA is also the United Nations lead agency for censuses, surveys and population data systems. In humanitarian contexts, UNFPA plays a critical role as the global lead for sexual and reproductive health and as the provider of last resort for gender-based violence programming in emergencies.

4. At the global level, UNFPA helps build consensus and standards, and through regional and country presence, it supports governments to translate international commitments into laws, policies and programmes that are nationally owned and adapted to local contexts.

5. During the strategic plan period (2022-2025), UNFPA positioned its mandate to respond to a changing and complex world by helping countries to advance health, equality and resilience through accelerated progress towards: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage, while keeping population and development and the empowerment of women, adolescents and youth at the centre of its work.

6. The UNFPA strategic plan, 2022-2025, was the second of three consecutive strategic plans that contribute to the 2030 Agenda for Sustainable Development. In 2025, the UNFPA Executive Board approved the third of the three sequential strategic plans, covering 2026-2029; its operationalization began in 2026.

7. UNFPA implemented the strategic plan, 2022-2025, in a context of significant global complexity and accelerating crises, which increased the demand of countries for integrated support on health systems, protection, adaptation and resilience in response to major demographic changes and other megatrends.

8. Despite these challenges, UNFPA achieved between 2022 and 2025 results of notable scale and impact, which demonstrated the continuing relevance of its integrated mandate and field presence. These results reflected the organization's unique combination of normative leadership, technical expertise and operational reach across diverse development, humanitarian and peacebuilding contexts. For example, while global efforts to reduce child marriage, female genital mutilation and maternal mortality accelerated during the period, progress in reducing the unmet need for family planning stagnated, as the expansion of services did not keep pace with the rapid population growth in many contexts. At the same time, data limitations constrained the ability to assess whether there had been a comparable acceleration in efforts to end gender-based violence.

9. UNFPA is the lead United Nations entity supporting the strengthening of population data systems, including population and housing censuses, civil registration and vital statistics, and household surveys. This work underpins the core mandate of UNFPA on population and development and reinforces its role as the preeminent United Nations entity supporting countries in anticipating, understanding and responding to demographic change. During 2022-2025, UNFPA advanced its leadership role in population dynamics and demographic change, foundational population data systems, and the empowerment of young people. This enabled countries to accelerate achievement of the three transformative results, protect the gains made to date, and support national partners to better integrate demographic change into development planning. UNFPA support included the use of innovative approaches, digital tools and new financing models to expand reach and improve impact.

10. For example, in 2025, Viet Nam approved a new population law, marking a major policy shift. During the strategic plan period, Iraq achieved a historic milestone by conducting its first full population census in 40 years. In Uganda, the demographic dividend was integrated as a central pillar into its fourth national development plan. Throughout many programme countries, UNFPA supported population data systems, strengthened civil registration and vital statistics, and advanced youth engagement in policy and peacebuilding processes.

11. These efforts demonstrate how UNFPA supports nationally owned policy and planning processes through population data, leadership in censuses and demographic analysis, linking its normative mandate to practical decision-making at the country level.

12. Figure 1 below highlights some key results achieved during 2022-2025 (see annex 3 for country-specific results).

Figure 1
Key results achieved in UNFPA programme countries during 2022-2025

- 295 million couple years of protection provided through contraceptives procured;
- 66.1 million unintended pregnancies averted;
- 8.5 million safe deliveries assisted in crisis-affected countries;
- 142,000 maternal deaths averted; *
- Over 50,000 women and girls with obstetric fistula received treatment;
- 23.6 million new sexually transmitted infections averted; *
- 540,000 new HIV infections averted; *
- Over 24 million women and young people with disabilities benefited from services related to sexual and reproductive health, gender-based violence and harmful practices;
- Over 28 million girls benefited from life skills and comprehensive sexuality education under the UNFPA-UNICEF joint programme of to end child, early and forced marriage;
- 820,000 girls saved from female genital mutilation;
- 70 per cent of the global population was counted in the 2020 census round.

* Estimated results are modelled on UNFPA procurement of family planning commodities

13. UNFPA demonstrated strong humanitarian leadership throughout 2022-2025, providing critical services that few actors are mandated or equipped to deliver at scale in crisis settings, which benefitted over 80 million people in life saving services in crisis settings. As needs intensified and humanitarian financing remained under severe strain towards the end of the strategic plan period, UNFPA continued to serve as a critical provider of life-saving sexual and reproductive health services and services to prevent and respond to gender-based violence in crisis settings. Despite the ongoing conflict in Gaza, more than 90 per cent of births took place in health facilities, reflecting sustained access to essential maternal and newborn health care. In Ukraine, tens of thousands of women, girls and vulnerable persons benefited from UNFPA-supported life-saving assistance to combat gender-based violence and provide sexual and reproductive health services.

14. The 2025 independent evaluation of UNFPA humanitarian action capacity concluded that:
- (a) UNFPA solidified its position as a credible humanitarian actor, fostering key partnerships and providing leadership in areas such as the protection from sexual exploitation and abuse;
 - (b) UNFPA made considerable progress in supporting the delivery and coordination of high-quality sexual and reproductive health services as well as services to prevent and respond to gender-based violence;
 - (c) UNFPA was a leading actor in the area of population data and demographics; its data efforts have informed policy advancements;
 - (d) Humanitarian operational efficiency improved, driven by restructuring, new policies and the adoption of cost-effective modalities;
 - (e) Humanitarian programming demonstrated strong internal coherence and the provision of integrated services at the country level;
 - (f) UNFPA demonstrated the conceptual and programmatic links among humanitarian, development and peace processes. These links are increasingly visible in strategic plans and country-level operations that seek to build resilience by strengthening systems as well as through anticipatory action. Efforts to localize aid have also been strengthened through support from UNFPA.
15. Progress at the outcome level of the strategic plan is dependent on many actors, not least national governments. However, the achievements of the development outputs of the strategic plan, 2022-2025, demonstrated solid UNFPA contributions towards the achievement of the three transformative results. UNFPA recorded substantial progress among all six interconnected strategic plan outputs (see annex 1 on scorecard and indicator updates). The performance of global and regional programmes during 2022-2025 was instrumental in achieving the overall results of the strategic plan (see annex 4 on the implementation of the global and regional programme, 2025).
16. To attain these results, UNFPA demonstrated institutional resilience and adaptability in the face of unprecedented global challenges. UNFPA introduced several adjustments to remain future-fit, strengthen organizational agility and sustain delivery in a rapidly changing environment. It did this while actively supporting the Secretary-General's UN80 initiative and drawing on lessons from its own internal change efforts.
17. During the implementation of the strategic plan, 2022-2025, UNFPA and its partners recognized that investments in sexual and reproductive health and rights are among the most effective determinants of sustainable development, contributing to improved health outcomes, gender equality, human capital development and demographic resilience. For example, for every dollar invested in family planning and maternal health, the estimated health and economic benefits exceeds \$27. This reinforces the importance not only of funding but also financing and investment approaches that can help to sustain progress at scale, a key lesson reflected in the new UNFPA Strategic Plan, 2026-2029.
18. The recent assessment of UNFPA by the Multilateral Organisation Performance Assessment Network (MOPAN) as well as the formative evaluation of the UNFPA strategic plan, 2022-2025, provided further evidence that UNFPA influenced the achievement of the commitments relevant to UNFPA of the 2030 Agenda for Sustainable Development.
19. The implementation and evaluation of the strategic plan, 2022-2025, highlighted several other key lessons. First, further investment in population dynamics and demographic change is critical to strengthening resilience for current and future generations, while upholding individual rights and choices. Second, UNFPA should continue to play a leading role in mobilizing sustainable financing to accelerate progress towards comprehensive sexual and reproductive health and rights and the implementation of the ICPD Programme of Action. Third, the increasing backlash against women's rights, gender equality, and sexual and reproductive health, underscores the need to intensify advocacy and normative leadership in order to safeguard hard-won gains.
20. Informed by evaluations and lessons from the strategic plan, 2022-2025, UNFPA has begun to operationalize the new Strategic Plan, 2026-2029, with a focus on resilience and renewal of its mandate and operations, including in humanitarian contexts.

21. Amid global disruption and uncertainty, the UNFPA Strategic Plan, 2026-2029, will further scale up efforts to accelerate the achievement of the Sustainable Development Goals and the ICPD Programme of Action. It will respond to rising threats to sexual and reproductive health and rights, and the right to be free from violence and harmful practices, as a primary contribution to gender equality, while also unlocking opportunities for UNFPA and its partners to adapt, innovate and continue to lead global efforts, in partnership with national governments.

22. The new UNFPA Strategic Plan, 2026-2029, retains the focus on the previous three outcomes: (a) ending the unmet need for family planning; (b) ending preventable maternal deaths; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage. Of fundamental importance is the introduction by UNFPA of a new fourth outcome (d) on population dynamics and demographic change in the new strategic plan. This outcome responds to the request by Member States to support issues such as demographic transitions, low fertility, population ageing and migration, as they are critical to accelerating the achievement of the first three outcomes, which remain at the core of the UNFPA mandate.

23. As with the strategic plan, 2022-2025, UNFPA is operationalizing its new strategic plan in accordance with national policies and laws. It is rooted in national ownership, as expressed in the development of country programme documents.

II. Context and global challenges

24. UNFPA implemented its strategic plan, 2022-2025, at a critical juncture for global commitments on sexual and reproductive health and rights, gender equality and population dynamics, with progress increasingly shaped by complex and interrelated global challenges.

25. The multilateral system faced significant constraints in responding effectively to global priorities. Throughout the four years of the strategic plan implementation, opposition to sexual and reproductive health and rights, gender equality and broader human rights grew, with political and social resistance threatening decades of advancement. These trends reflected broader political and social polarization and required sustained normative leadership and advocacy to safeguard progress. Nearly 1 in 4 countries reported a backlash against women's rights in 2024, including a weakening of protections and increased discrimination.

26. The implementation period was also marked by intersecting and intensifying crises. The number of forcibly displaced people, including women and young people, increased by 50 per cent during 2022-2025, compared to 2018-2021 (the previous strategic plan period). Medical facilities, health personnel and patients continued to be targeted. Conflict-related sexual violence increased, with perpetrators operating with impunity and in clear violation of international humanitarian law. Women and girls continued to bear the disproportionate consequences of these violations.

27. Climate change continued to intensify, with 2022-2025 recorded as the hottest period on record. Its impact disproportionately affects women, with rising temperatures linked to poorer maternal and newborn health outcomes. For instance, a one-degree increase in temperature during the week prior to delivery raises the risk of stillbirth by 6 per cent.

28. The period was also characterized by economic uncertainty, with rising inflation and volatile energy and food prices; deteriorating global financial conditions; and growing debt vulnerabilities in developing countries. These economic challenges intensified pressure on health and social systems, affecting access to essential services and the well-being of vulnerable populations.

29. Notwithstanding the increasing needs, government and donor spending on health in low-income countries has remained far below what is required to provide essential services, including sexual and reproductive health services, with spending averaging just \$17 per capita in 2024, less than the minimum (\$40 to \$60 per capita) needed for basic care.

30. The strategic plan period was characterized by significant financing constraints and heightened fiscal pressures, as humanitarian and development resources failed to keep pace with escalating needs. During 2024-2025, UNFPA humanitarian response operations were funded at only 47-42 per cent of requirements, forcing closures of health facilities, safe spaces and other vital services for women and girls in crisis-affected settings.

31. The period also witnessed widening inequalities within and between countries, with women, adolescents and marginalized populations disproportionately affected and furthest left behind. According to the UNFPA State of World Population 2024 report, global gains in sexual and reproductive health have bypassed many women and girls owing to where they live or who they are, with poorer and conflict-affected populations more likely to lack timely access to critical care and services. An African woman today may be up to 130 times more likely to die from pregnancy-related causes than a woman in Europe or North America; this underscores stark disparities in access and outcomes.

32. During that period, the expansion of technologies, including the rapid adoption of artificial intelligence, presented both opportunities and challenges for implementing the strategic plan. Artificial intelligence has considerable scope to support UNFPA by promoting inclusivity, reducing inequalities and helping stakeholders to accelerate the achievement of the Sustainable Development Goals. At the same time, it raises important considerations related to equity, access and ethical use, particularly in contexts where a digital divide persists.

33. Demographic shifts, including declining fertility rates, often lead to policy concerns; however, the underlying challenge lay in the insufficient reproductive agency worldwide. Around the globe, millions of individuals are unable to achieve their fertility intentions and have the number of children they want – whether they want more, fewer or none – due to barriers in access to sexual and reproductive health services, gender inequalities and socio-economic constraints. Ensuring reproductive choice and agency is therefore central to addressing population and development concerns.

34. Despite these challenges, UNFPA and its partners upheld the organization’s mandate for rights and choices and continued to achieve vital results for women, girls and young people. During the period of the strategic plan, UNFPA increased its global advocacy to promote harmonized approaches to address these key challenges. It elevated human rights and gender equality agendas at all levels, placing the empowerment of women, girls and marginalized populations at the centre of its work.

35. In this context of heightened pressure and evolving global dynamics, the ability to sustain gains, protect essential services and adapt to emerging challenges has become increasingly critical. The following section outlines how UNFPA translated these conditions into results across the three transformative outcomes.

III. Results achieved as of 2025

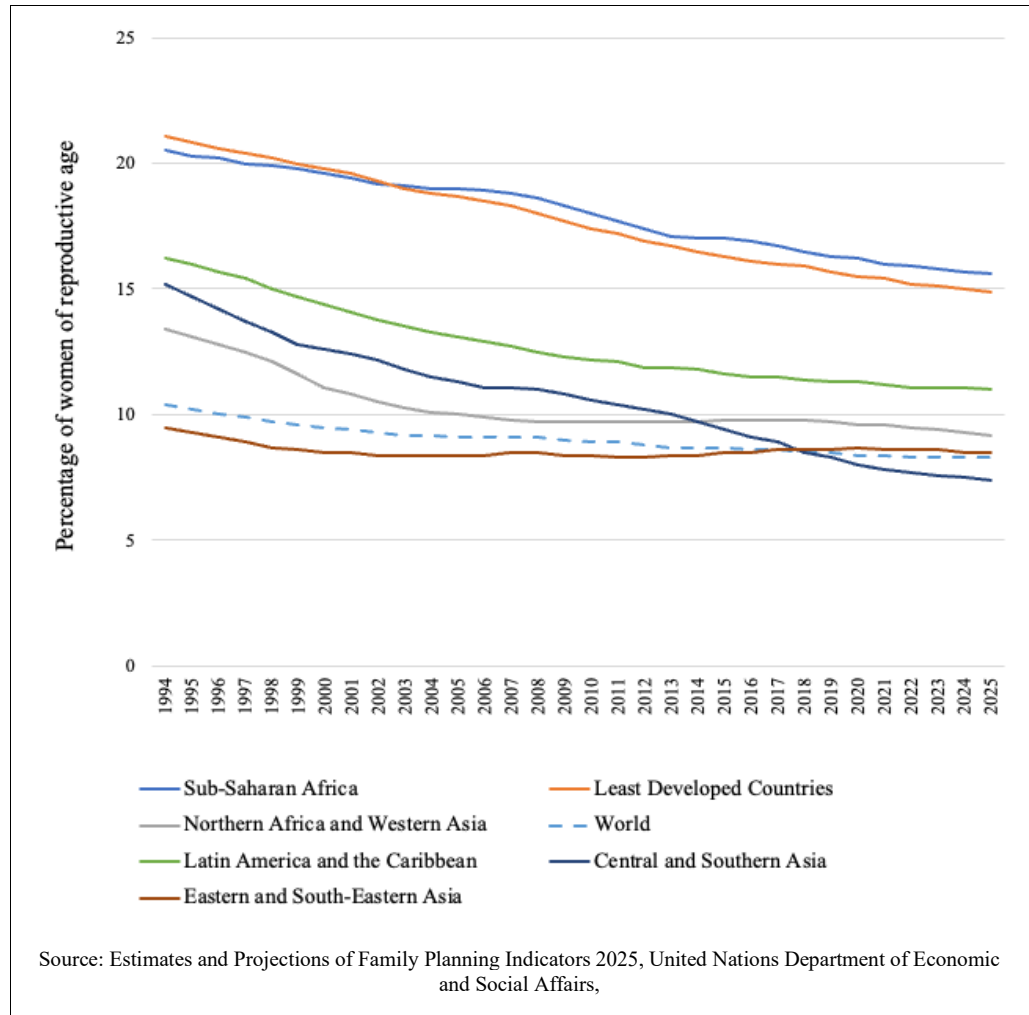
A. Status of the strategic plan outcomes

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

36. Since the adoption of the ICPD Programme of Action in 1994, the unmet need for family planning has declined globally, reflecting the sustained progress toward meeting women’s fertility intentions. Overall, the unmet need for family planning (for all women using any method) has decreased by approximately 20 per cent, and by 29 per cent in the least developed countries.

37. During the strategic plan period (2022-2025), the unmet need for family planning stagnated. The slowing decline can be primarily attributed to the increase in the number of women of reproductive age globally. Progress has also been constrained by multiple factors, including: (a) discriminatory social and gender norms; (b) gender inequalities that limit women’s autonomy in relation to reproductive choices about whether, when and with whom to bear children; (c) unfavourable legal frameworks; (d) health system supply-side barriers; and (e) increasing humanitarian crises.

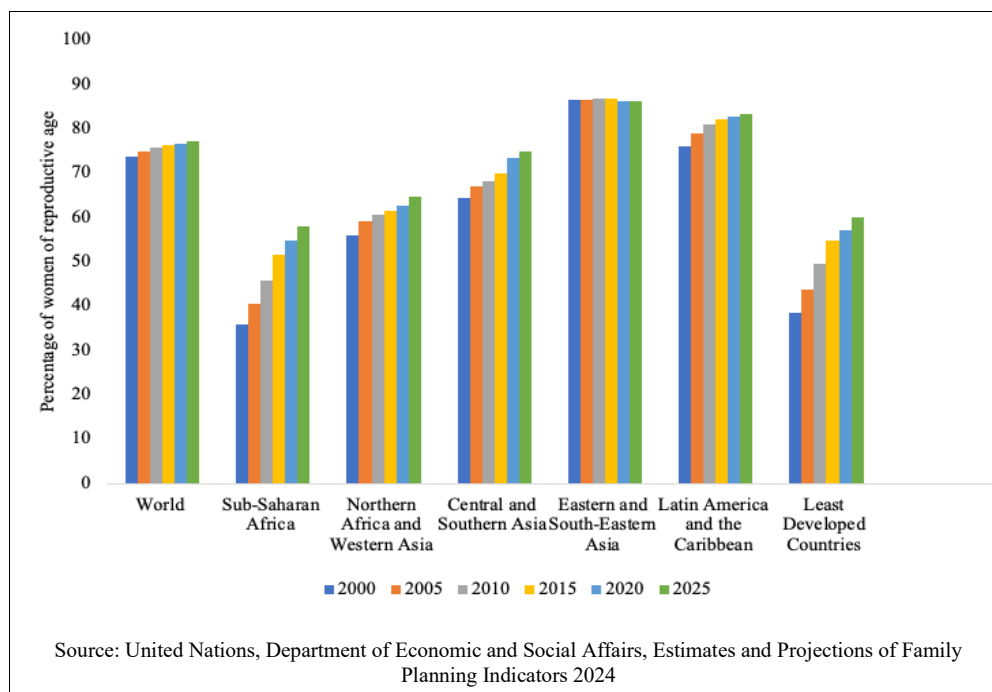
Figure 2
Percentage of women of reproductive age who have an unmet need for family planning, 1994-2025



38. Although the unmet need for family planning has declined over the long term, the demand for contraception has continued to grow, as millions of women seek to prevent unintended pregnancies. At the same time, the share of demand satisfied with modern methods has improved, particularly in the least developed countries (see figure 3 below).

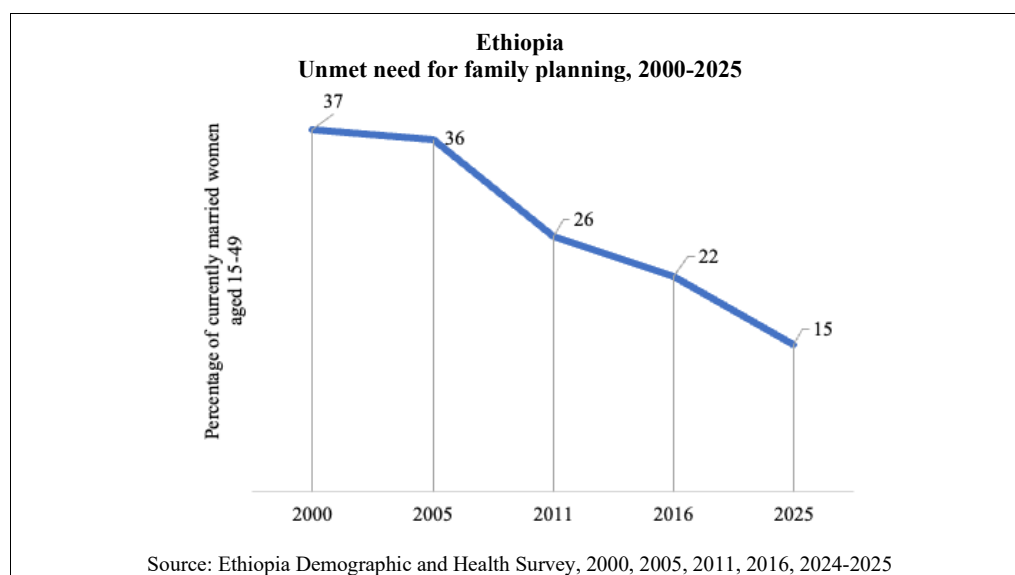
39. This progress underscores the importance of integrating family planning into primary health care and universal health coverage, recognizing that contraception is most effective when delivered as part of continuous, person-centred, life-course care rather than as an isolated commodity programme.

Figure 3
Percentage of women of reproductive age who have had their need for family planning satisfied with modern methods, 2000-2025

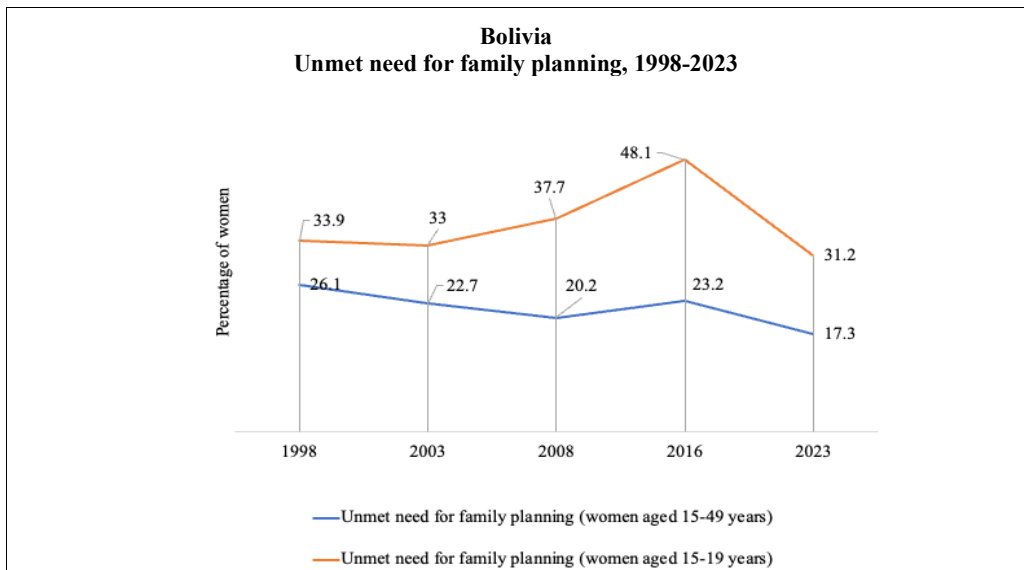


40. Several countries made significant advances in accelerating access to family planning. For example, between 2018 and 2024, Zambia accelerated its use of modern family planning methods. Figure 4 below provides additional examples of countries that made advancements in family planning.

Figure 4
Examples of country advancements in family planning

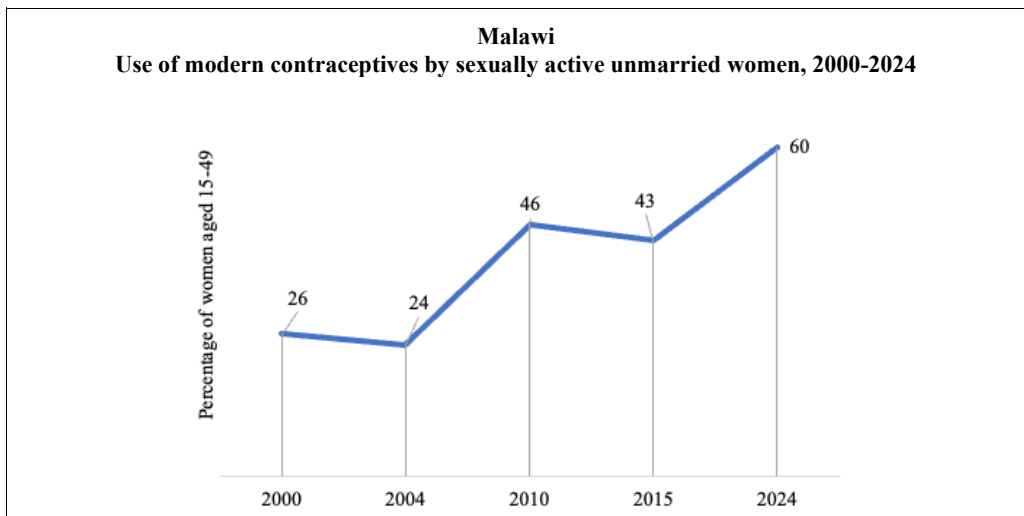


In Ethiopia, the reduction of unmet need for family planning accelerated between 2016 and 2025 due to: (a) increased domestic resource allocation for family planning; (b) task shifting and task sharing through the health extension worker programme; and (c) efforts to expand the method mix by introducing new and lesser-used methods.



Source: Bolivia Demographic and Health Survey, 1998, 2003, 2008, 2016, 2023

Bolivia recorded a marked decline in unmet need for family planning among women in union between 2016 and 2023. This progress reflects improved availability of modern contraceptive methods at health facilities, underpinned by UNFPA support to subnational institutions in quantification, forecasting and supply planning, alongside strengthened monitoring systems to prevent stock-outs. The Sectoral Health Plan 2021-2025 further reinforced these gains by prioritizing the maintenance of a minimum stock of five contraceptive methods across facilities. In parallel, targeted efforts increased demand for sexual and reproductive health services, particularly among adolescents, complemented by the enhanced quality of differentiated, adolescent-responsive services. Strengthened inter-institutional collaboration with the education sector, to implement comprehensive sexuality education, further contributed to sustained improvements in access and utilization services.

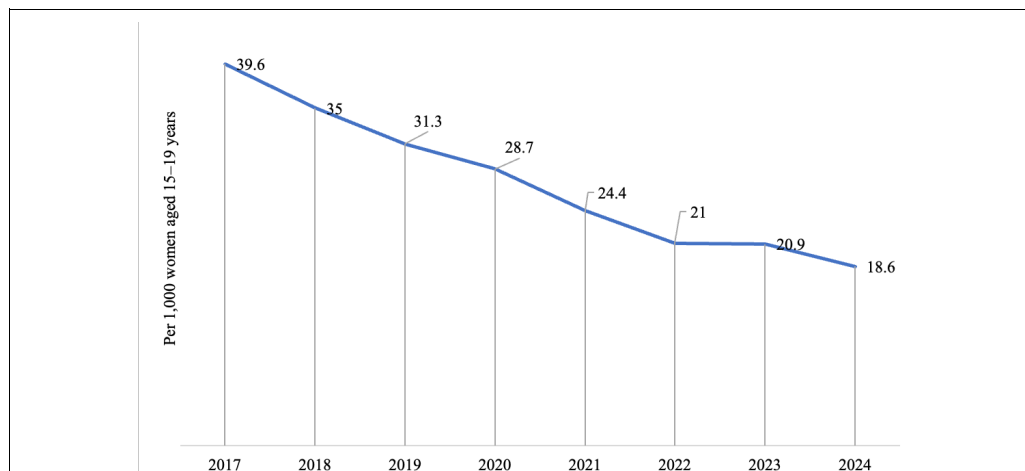


Source: Malawi Demographic and Health Survey, 2000, 2004, 2010, 2015, 2024

Malawi accelerated progress in the use of modern contraceptives among unmarried women between 2015 and 2024. This progress has been underpinned by the continuous provision of family planning commodities, supported by UNFPA, alongside strengthened community-based service delivery through the Health Surveillance Assistants model. UNFPA also prioritized investments in long-acting reversible contraceptives, while supporting the introduction of adolescent- and youth-friendly health service policies and related delivery models. In parallel, targeted demand-generation efforts, including through youth-led outreach clinics, have contributed to increased awareness, access and uptake of modern contraceptive methods among underserved populations.

41. UNFPA family planning interventions also contributed to a reduction in adolescent pregnancies. In Thailand, for example (see figure 5 below), the reduction in the adolescent fertility rate accelerated between 2023 and 2024.

Figure 5
Thailand. Adolescent fertility rates (15-19 years), 2017-2024



Source: Thailand Ministry of Public Health, 2017-2024

Thailand experienced an accelerated decline in its adolescent birth rate due to strengthened legal frameworks, coordinated national and subnational efforts, sustained domestic financing and the active engagement of youth networks, supported by UNFPA and its partners.

42. The family-planning mandate of UNFPA is anchored in the ICPD Programme of Action. It is explicitly rights-based and centred on informed choice, bodily autonomy and reproductive agency. This means supporting countries not only in expanding access to modern contraceptives, but also in ensuring person-centred counselling, a broad method mix of contraceptives, non-discrimination and equitable access for adolescents, young people and other populations that are furthest left behind.

43. UNFPA played a central role in sustaining and scaling up progress in family planning. As a global leader in the supply of contraceptives, UNFPA procured over \$2 billion in reproductive health commodities during 2022-2025, providing choices and healthcare for women while reducing long-term healthcare costs. Further, UNFPA contributed to a reduction of over \$3 billion in direct healthcare costs. This was achieved through reduced costs for pregnancy and delivery care, and for the treatment of complications from unsafe abortions.

44. Donor funding for family planning activities totalled approximately \$1.47 billion in 2023, below the peak achieved in 2019 (\$1.58 billion), but greater than the funding total in 2022. In addition, notable achievements were recorded: (a) a number of countries procured new and lesser-used reproductive health commodities; (b) all 54 high-priority countries supported by the UNFPA Supplies Partnership had supply or procurement plans; and (c) over 80 programme countries had a functioning logistics management system.

45. Government spending on family planning increased in several countries. For example, in 2024, Nigeria increased its spending more than tenfold, compared to 2023; Ethiopia more than tripled its expenditure; and Madagascar more than doubled domestic investment in family planning. In 2025, 41 countries in the UNFPA Supplies Partnership signed agreements to make a minimum domestic financing contribution of 1 per cent to 10 per cent towards the cost of programme-funded family planning commodities.

46. Efforts to expand access to family planning are at a critical inflection point. Globally, according to the most recent data, 257 million women who wish to avoid pregnancy are not using a safe, modern method of contraception.

47. Investments in family planning can bring excellent short-term and long-term returns beyond health. Such investments also play a major role in reducing maternal mortality when combined with high-quality maternity care.

48. Global investments in family planning remain inadequate to fully meet the rising demand. Recent declines in donor funds have significantly impacted service delivery in some regions. Sustainable, predictable financing – both domestic and international – is essential to ensuring the continuity of family planning services and expanding access where need is the greatest. Building resilient financing and supply chains is a prerequisite to stabilizing access to family planning services. In a recent survey conducted by UNFPA in 14 programme countries, 39 per cent of respondents reported that financial limitations had affected or would affect their ability to realize their desired family size.

49. UNFPA continues to leverage the UNFPA Supplies Partnership, the world's largest provider of donated reproductive health commodities. The Supplies Partnership is designed to accelerate the reduction in unmet need for family planning in 54 high-priority countries. Since its inception in 2007, the modern contraceptive prevalence rate in countries supported through the Partnership has increased by 5.7 per cent, compared to 3.2 per cent in non-programme countries.

50. Under the new Strategic Plan, 2026-2029, the UNFPA Supplies Partnership will scale up support for policy reform, forecasting, last-mile delivery, market shaping and national procurement capacity.

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

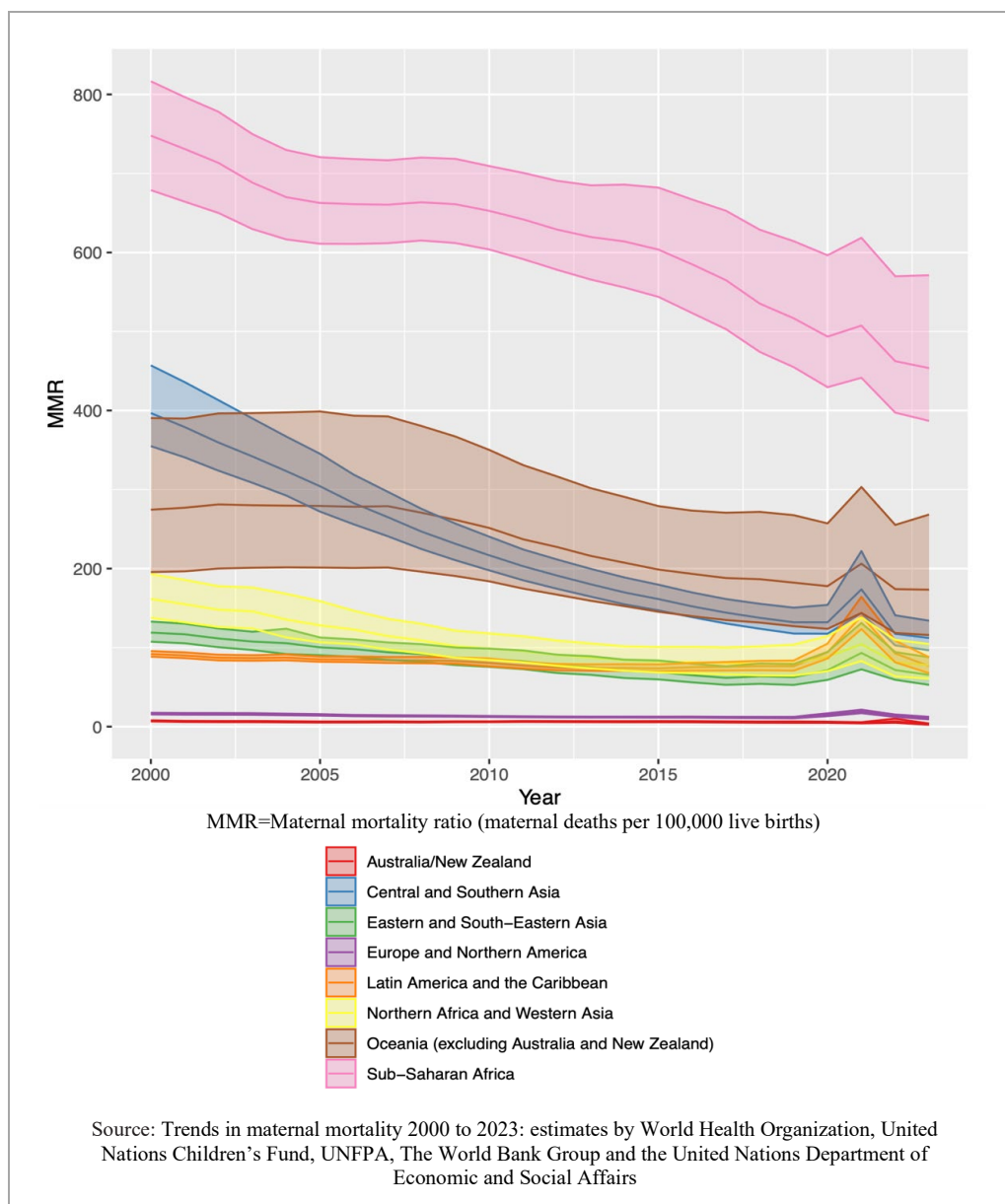
51. Recent data indicate that maternal mortality, which rose during the COVID-19 pandemic, declined during the implementation of the 2022-2025 UNFPA strategic plan.

52. Since 2000, the global maternal mortality ratio has declined by over 40 per cent, reflecting sustained policy commitments and investments in maternal health. From 2016 to 2023, during the first eight years of implementation of the 2030 Agenda for Sustainable Development, the global maternal mortality ratio declined by 10 per cent, from 220 to 197 maternal deaths per 100,000 live births.

53. Between 2000 and 2023, maternal mortality in the least developed countries has been reduced by more than half. In 2023, no country was classified as having an 'extremely high' maternal mortality ratio (over 1,000 maternal deaths per 100,000 live births), according to the latest estimates. This milestone underscores the importance of continued political leadership, sustained financing, and health system strengthening to accelerate progress and close the remaining equity gaps.

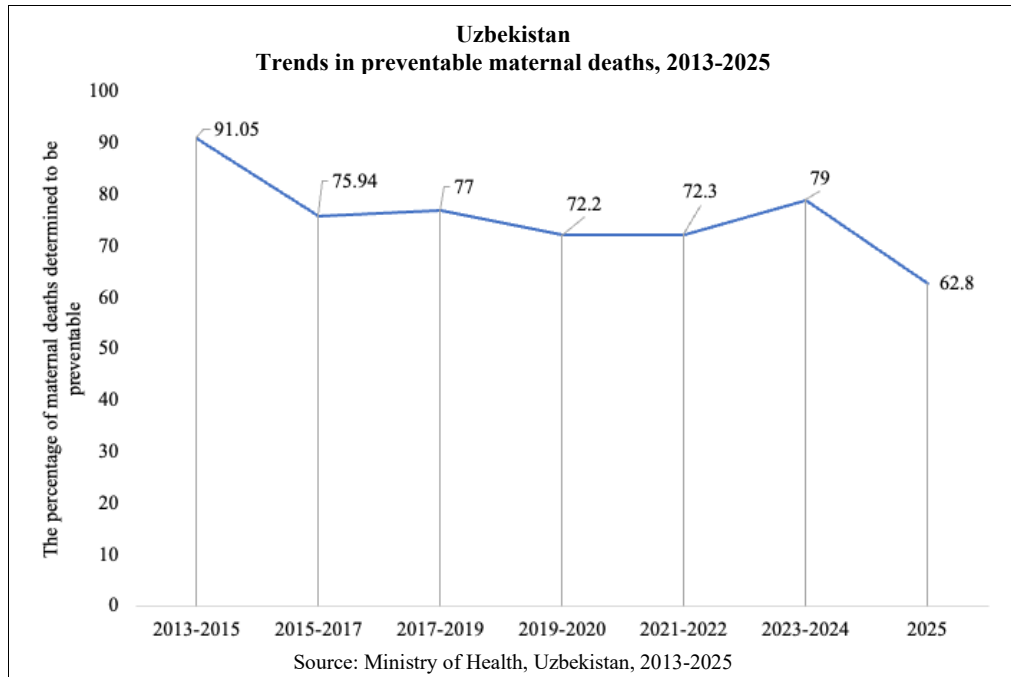
54. Between 2000 and 2023, UNFPA programme countries in four regions achieved significant reductions in maternal mortality (see figure 6 below): (a) Central and Southern Asia (72 per cent); (b) Northern Africa and Western Asia (52 per cent); (c) Eastern and South-Eastern Asia (45 per cent); and (d) Sub-Saharan Africa (40 per cent).

Figure 6
Trends in the maternal mortality ratio, 2000-2023

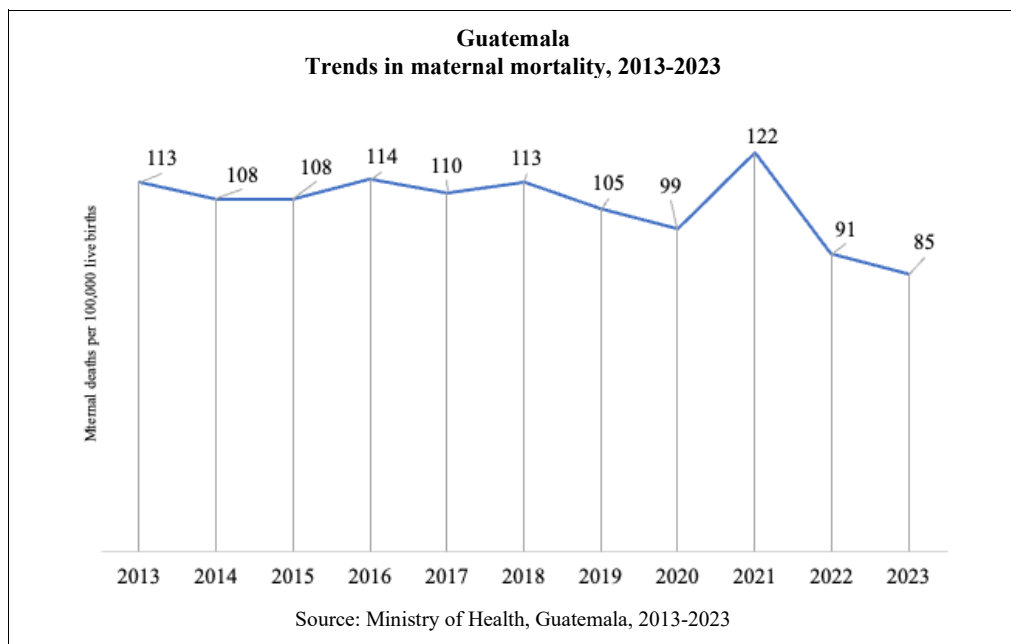


55. By 2025, several countries had introduced initiatives to accelerate the decline in maternal deaths under the UNFPA strategic plan. For example, Tajikistan marked an important milestone when it achieved 95 per cent of deliveries occurring in health facilities. Other countries, too, made advancements in reducing maternal mortality, as illustrated in figure 7 below.

Figure 7
Examples of country advancements in reducing maternal mortality



Uzbekistan recorded a marked acceleration in the reduction of preventable maternal deaths between 2023 and 2025, reflecting the impact of sustained support from the UNFPA. Leveraging its normative leadership, convening power and technical expertise, UNFPA supported the large-scale implementation of interventions to strengthen maternal and reproductive health services. In partnership with the Ministry of Health, national policy commitments were translated into tangible frontline improvements across 231 perinatal hospitals and more than 3,000 primary healthcare facilities. UNFPA also facilitated the provision of life-saving equipment to over 200 maternal hospitals across all 14 regions, complemented by comprehensive capacity-building and supportive supervision. In parallel, extensive community outreach reached more than one million people, enhancing health literacy, promoting timely care-seeking and increasing the demand for high-quality maternal and reproductive health services.



Guatemala has accelerated the reduction of maternal mortality since 2022, following setbacks associated with the COVID-19 pandemic. This progress, supported by UNFPA, reflects the strengthened availability of contraceptive methods nationwide, enhanced hospital capacity through training, clear clinical protocols, and improved supplies and equipment, as well as the establishment of high-dependency and intensive obstetric care units for managing severe complications. UNFPA also supported the training and deployment of midwifery personnel and improvements in referral and counter-referral systems. At the subnational level, a targeted territorial approach, focusing on high-burden departments and municipalities, combined with the mobilization of local resources for maternal mortality reduction plans, has contributed to improved access to quality maternal and neonatal care and the prevention of maternal deaths.

56. According to recent data, over 90 per cent of maternal deaths occur in low-income and lower middle-income countries. Maternal mortality is disproportionately high in conflict and fragile contexts. The lifetime risk of maternal death at age 15 is 1 in 51 in conflict settings, compared to 1 in 593 in non-conflict settings.
57. Several factors continue to hinder progress in reducing maternal deaths:
- (a) Preventing unintended pregnancies is vital to avoiding maternal deaths. All women, including adolescents, require access to contraception; safe abortion services, to the full extent of the law; and high-quality post-abortion care;
 - (b) Ending maternal and newborn mortality requires significant investments; yet UNFPA estimates a funding gap of \$104 billion. Only 61 per cent of countries have developed costed maternal and newborn health plans, and just 12 per cent have fully funded these plans;
 - (c) Rising structural inequalities (for example, disparities in wealth and rights) and intersectional inequalities (such as race and class) are impacting access to high-quality maternal health services.
58. UNFPA plays a central role in coordinating sexual and reproductive health in humanitarian settings. UNFPA is also advancing focused and joint initiatives under the new strategic plan to accelerate progress in reducing preventable maternal deaths. For example:
- (a) In 2024, UNFPA began the fourth phase (2024-2028) of the Maternal and Newborn Health Fund, which is the flagship initiative of UNFPA to end preventable maternal and newborn deaths in 44 high-burden countries. The Maternal and Newborn Health Fund focused on four intervention areas: (a) midwifery and emergency obstetric and newborn care; (b) maternal and perinatal death surveillance and response; (c) obstetric fistula; and (d) other obstetric morbidities. Since the inception of the Fund in 2008, more than 30.8 million pregnant women have received safe delivery care. More than 550,000 midwives have been trained and supported, and 578 midwifery schools have been accredited to meet national or international standards;
 - (b) UNFPA, the World Health Organization and UNICEF lead the management team of the “Every Woman Every Newborn Everywhere” initiative, which seeks to improve maternal and newborn health. As of 2025, over 55 countries had plans to accelerate the end of preventable maternal deaths;
 - (c) In Eastern Europe and Central Asia, UNFPA has led the regional alliance for the elimination of cervical cancer since 2021. The human papillomavirus vaccine is now integrated into national vaccination calendars in 15 of the 16 countries in the region. Turkmenistan and Uzbekistan have exceeded the global target of 90 per cent vaccination coverage.

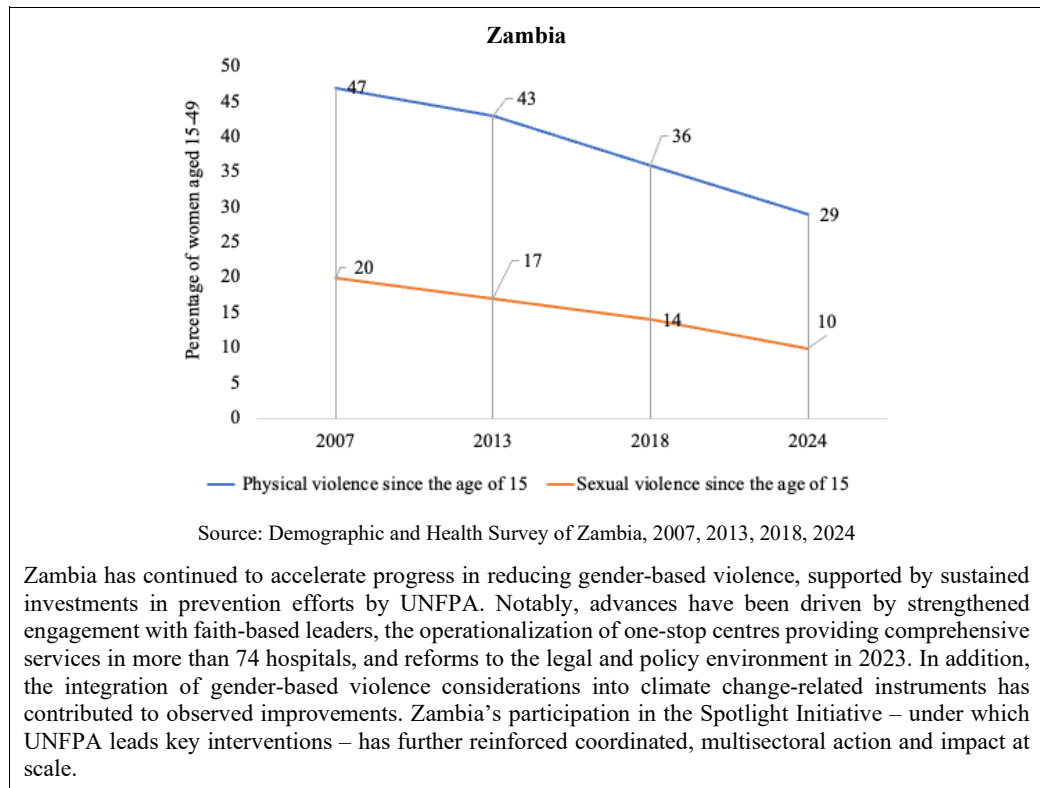
Outcome 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated

Gender-based violence

59. During 2022-2025, global efforts to end gender-based violence continued, but progress remained slow. The latest global estimates revealed that 13.7 per cent of ever-partnered women aged 15-49 years were subjected to physical and/or sexual violence by a male partner or an ex-partner within the past 12 months. Progress in reducing intimate partner violence has been extremely slow, with only a 0.2 per cent annual decline over the past two decades, despite the increase in resources and a growing technical body of work.

60. Despite data limitations, several countries reported progress in accelerating efforts to end gender-based violence (see figure 8 below). As of 2025, nearly 79 per cent of countries worldwide had legal frameworks to address violence against women. Gaps, however, continue to persist in the implementation of laws and policies. The government of Lagos State in Nigeria has launched a sexual exploitation, abuse and harassment policy for tertiary educational institutions.

Figure 8
Percentage of ever-partnered women and girls aged 15-49 years subjected to physical and/or sexual violence by any perpetrator



61. In Azerbaijan, El Salvador, Indonesia, Madagascar and Zimbabwe, UNFPA supports the professionalization of social services through systems of accreditation and delivery of pre-service and in-service curricula. This ensures the high-quality case management of gender-based violence as well as the implementation of standard operating procedures.

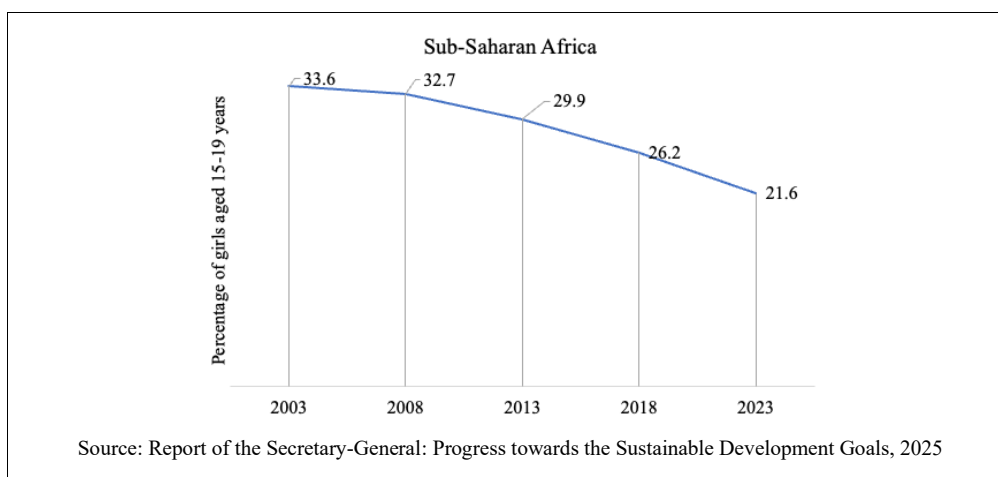
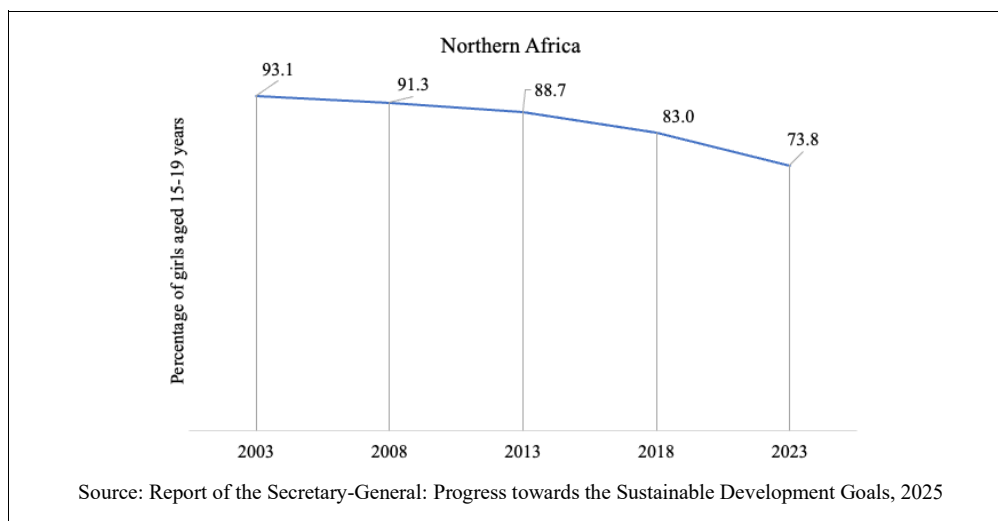
62. Gender-based violence has an enormous economic toll because of lost productivity, healthcare burdens and reduced human capital, which are estimated to cost the global economy \$5 trillion. Investing in gender-based prevention and survivor support yields significant cost savings. Programmes can offer returns of \$5 to \$7 for every \$1 invested, primarily through reduced health costs, increased productivity, and decreased justice and policing costs.

63. UNFPA continues to support a wide range of joint programmes to end gender-based violence at national, regional and global levels, including the Spotlight Initiative, a United Nations initiative designed to eliminate all forms of violence against women and girls. Since 2024, with support from this initiative, over 540 laws and policies worldwide have been signed or strengthened to end such violence.

Female genital mutilation

64. The reduction in female genital mutilation accelerated during 2022-2025. In Northern Africa, the subregion with the highest concentration of high-prevalence countries, the decline in the harmful practice accelerated to 9.2 percentage points during 2018-2023 (which overlapped with the period of the strategic plan), compared to a 5.7 percentage point reduction during 2013-2018 (see figure 9 below). Sub-Saharan Africa also recorded an acceleration over that same period (2013-2018), with a 4.1 percentage-point reduction in female genital mutilation during 2018-2023, compared to a 3.7 percentage-point decline during 2013-2018.

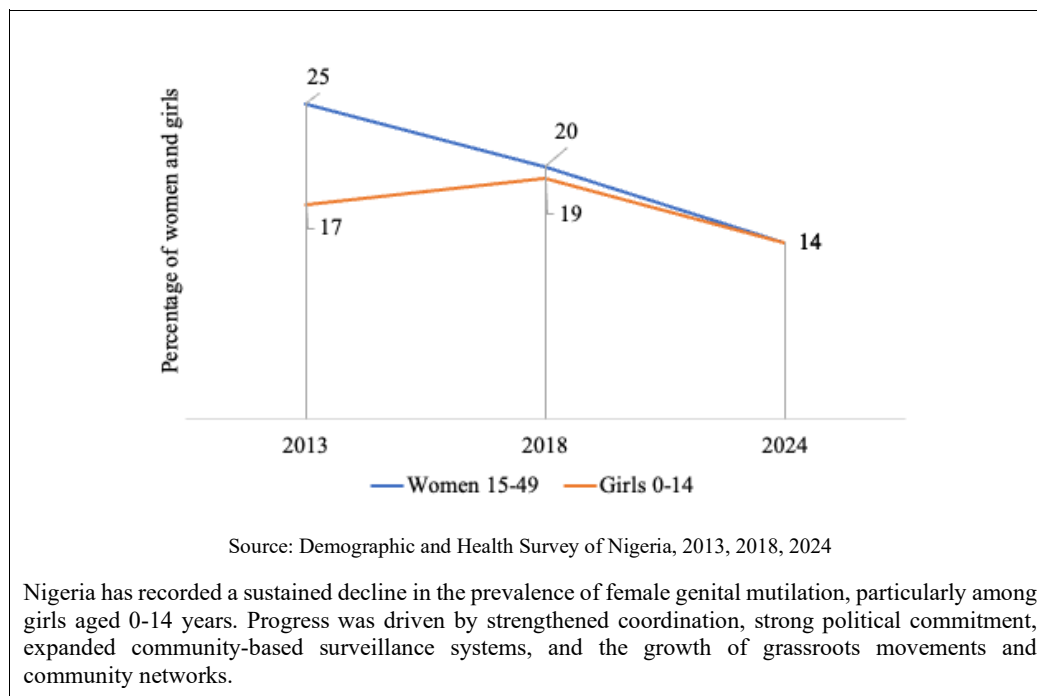
Figure 9
Trends in female genital mutilation, 2003-2023



65. In many countries, communities are moving closer to abandoning female genital mutilation; a number of countries accelerated the reduction of female genital mutilation during 2022-2025. For example, in November 2025, the National Assembly of Djibouti unanimously adopted a constitutional amendment prohibiting female genital mutilation, following sustained advocacy by UNFPA and its partners.

66. Based on the latest data, the strongest progress in addressing female genital mutilation was recorded in Benin, Burkina Faso, Ethiopia, Kenya, Liberia, Maldives, Nigeria and the United Republic of Tanzania. Moderate progress was observed in the Central African Republic, Chad, Côte d'Ivoire, Djibouti, Egypt, Eritrea, Guinea, Mauritania, Sudan and Yemen.

Figure 10
Acceleration in the reduction of female genital mutilation in Nigeria, 2013-2024



67. The pace of decline of female genital mutilation worldwide has been uneven. Over 230 million girls and women worldwide have undergone female genital mutilation. Africa accounts for the largest share, with over 144 million. Asia follows with over 80 million; a further 6 million are in the Middle East. Another 1 to 2 million women and girls are affected in communities and countries as a result of migration.

68. Rapid population growth in countries where female genital mutilation is practised underscores the need for intensified prevention efforts. Despite this, there have been significant strides in combating female genital mutilation in a number of countries. For example, in Nigeria, the prevalence of female genital mutilation among girls aged 15-19 years declined by approximately 50 per cent between 2003 and 2024.

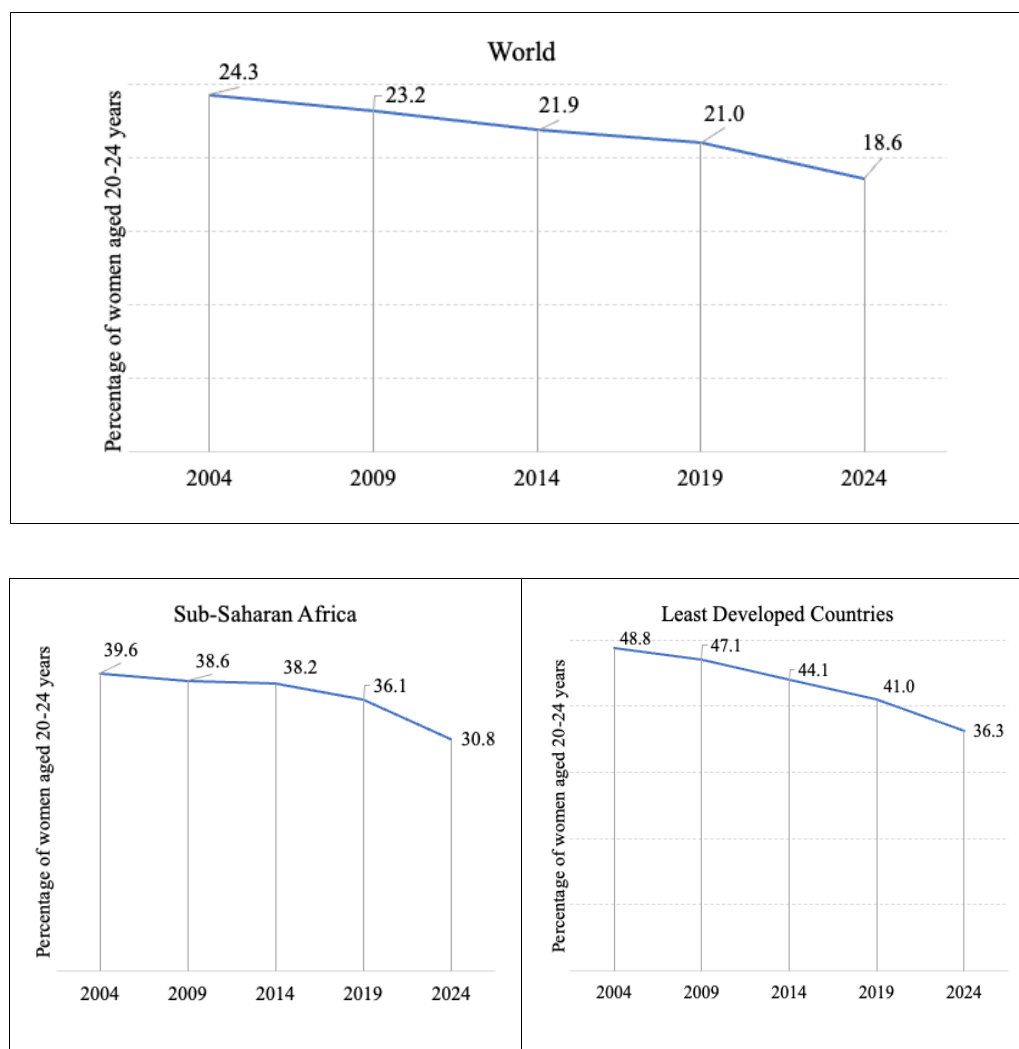
69. The UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation is the largest global initiative supporting national efforts to eliminate the practice. It focuses on 18 countries in Africa and Asia. Established in 2008, the Joint Programme collaborates with governments and partners across community, subnational, national, regional and global levels. Since its inception, it has protected more than 1.4 million girls aged 0-14 years from female genital mutilation.

Child, early and forced marriage

70. The reduction in child, early and forced marriage accelerated globally during the period of the strategic plan. Child marriage prevalence before the age of 18 decreased by 11.4 per cent during 2019-2024, compared to 4.1 per cent during 2014-2019. During 2022-2025, the least developed countries – primarily UNFPA programme countries with the highest child marriage prevalence – achieved a faster reduction in child marriage, compared to the global trend (see figure 11 below).

71. The regions and subregions with the highest burden of child marriage were successful in accelerating the reduction during the period of the strategic plan. Sub-Saharan Africa achieved the highest level of acceleration in reducing child marriage. As of 2025, Northern Africa and South-Eastern Asia reported a notable level of acceleration in reducing child marriage. South Asia, one of the subregions with the highest child marriage rate in the world, continued to demonstrate the highest rate of reduction.

Figure 11
Trends in child, early and forced marriage (before the age of 18 years), 2004-2024

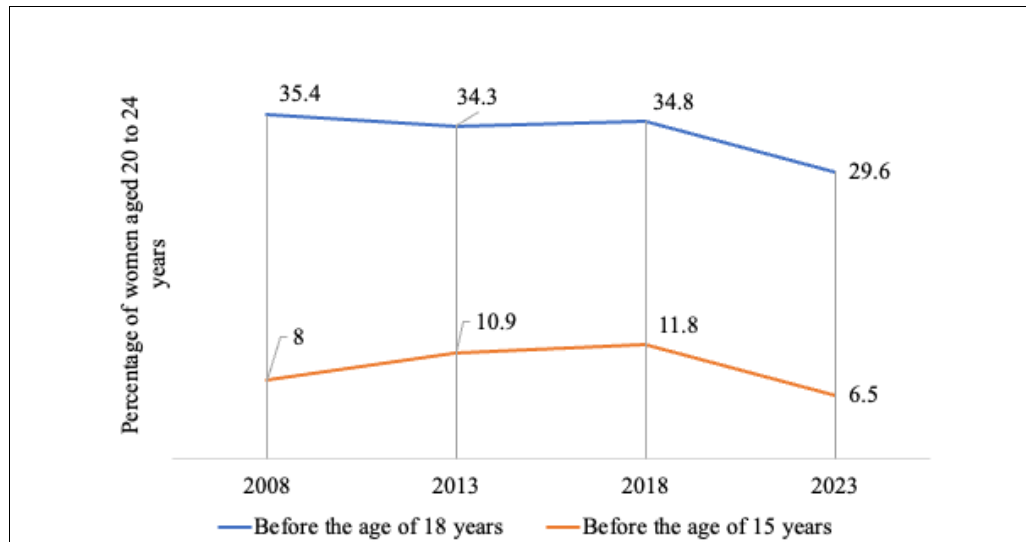


Source: Report of the Secretary-General: Progress towards the Sustainable Development Goals, 2025

72. In 2025, several countries introduced measures to accelerate the reduction of child marriage. Jordan has demonstrated a reduction in child marriage, from 14.2 per cent in 2013 to 9.9 per cent in 2023, after having launched its multisectoral action plan to end child marriage. In addition, during 2025:

- (a) Bolivia enacted Law number 1639, prohibiting marriage under age 18;
- (b) Colombia enacted a landmark law that officially bans child marriage;
- (c) Malawi launched its national strategy to end child, early and forced marriage;
- (d) Sierra Leone passed a historic bill prohibiting child marriage;
- (e) Uruguay, through an amendment to its civil code, raised the minimum age of marriage from 16 years to 18 years.

Figure 12
Trends in child, early and forced marriage in Yemen, 2008-2023



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

In Yemen, despite a protracted conflict environment, progress in reducing child, early and forced marriage accelerated during 2018-2023, largely driven by the joint efforts of the UNFPA-UNICEF Global Programme to End Child Marriage. Progress was fuelled by expanded access to vocational training, literacy and life-skills programmes for marginalized girls, strengthened community mobilization efforts, and access to support services.

73. In 2025, 1 in 5 young women aged 20-24 years were married as children (below the age of 18). Ten years ago, nearly 1 in 4 young women were married as children. However, while there has been progress, the current rate of decline in child marriage is insufficient to meet the 2030 target. Globally, approximately 19 per cent of young women were still married before their 18th birthday. Without accelerating the reduction in child marriages, more than 150 million additional girls under 18 years of age will marry by 2030.

74. UNFPA, in partnership with UNICEF, will continue to implement the Global Programme to End Child Marriage, focusing on high-prevalence countries. As of 2025, through the UNFPA-UNICEF Global Programme, over 7.3 million girls were equipped with life skills and comprehensive sexuality education to prevent them from entering into child, early or forced marriages. In addition, the Global Programme supported 8.4 million girls by enabling them to enrol in, return to, or remain in school. Furthermore, 81 policies or legal instruments addressing child marriage were drafted, proposed or adopted by governments.

75. UNFPA provided global leadership in comprehensive sexuality education, a proven and cost-effective intervention for improving sexual and reproductive health and rights through age-appropriate and scientific information for young people.. This is facilitated through two flagship global programmes: (a) the “EmpowerEd” global initiative, which supports the expansion of comprehensive sexuality education; and (b) the global programme on out-of-school comprehensive sexuality education, which targets the most vulnerable young people. In 2025, these initiatives equipped over 3,300 teachers and facilitators in 14 countries to provide high-quality, context-responsive comprehensive sexuality education.

76. Significant challenges remain in ending gender-based violence and harmful practices. For example:

- (a) Despite mounting evidence on effective strategies to prevent violence against women, funding for such initiatives is rapidly declining. As per the most recent data available, only 0.2 per cent of global development aid was allocated to programmes focused on the prevention of violence against women. Funding further decreased in 2025;
- (b) Gender-based violence and harmful practices intensified because of global conflicts. In 2024, the average incidence of child, early and forced marriage in conflict-affected countries is 16 percentage points higher than in non-conflict settings. Humanitarian and fragile contexts reveal some of the highest risk levels for gender-based violence;
- (c) An emerging trend has been the growth of technology-facilitated gender-based violence. Online violence is now increasingly linked to offline physical violence. While technology-facilitated violence against women and girls has been intensifying – with a report published in 2024 showing 16 to 58 per cent of women worldwide impacted – artificial intelligence is creating new forms of abuse and amplifying existing ones at alarming rates;
- (d) Climate change deepens existing gender inequalities. In South Sudan, for example, an approximate 50 per cent increase in gender-based violence incidents was noted in climate-affected areas.

77. The new UNFPA Strategic Plan, 2026-2029, will seek to address these challenges by increasing the focus on financing for strengthening responses to gender-based violence and harmful practices, including technology-facilitated gender-based violence.

B. Other key high-level results

78. In 2025, UNFPA played an instrumental role in the adoption of United Nations Human Rights Council resolution 58/15, the first-ever resolution on women, diplomacy and human rights. UNFPA also contributed to the adoption of Human Rights Council resolution 59/16 on the elimination of female genital mutilation. This resolution recognized that female genital mutilation constitutes a grave human rights violation and abuse and a form of extreme gender-based violence against women and girls.

79. These normative efforts yielded tangible results in 2025, demonstrating the impact of UNFPA advocacy, in collaboration with its partners. UNFPA, together with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and the global community, marked the 30th anniversary of the adoption of the Beijing Declaration and Platform for Action with additional commitments to advance women’s rights. As of 2025, over 1,500 laws against gender-based violence have been adopted in 193 countries; in 1995, only 12 countries had such laws. There are now 112 national action plans on women, peace and security, compared to 19 in 2010. Furthermore:

- (a) The third Global Symposium on Technology-facilitated Gender-based Violence, held in New York in March 2025, brought together 1,400 participants from 84 countries to examine the complex manifestations, policy gaps and cross-sector solutions in technology-facilitated gender-based violence. UNFPA, Global Affairs Canada and the Association for Progressive Communications co-hosted the symposium;
- (b) The United Nations High-level Committee on Programmes officially launched the Task Team on Demographic Change in June 2025, under the leadership of UNFPA and the United Nations

Department of Economic and Social Affairs. It marks a key step toward strengthening collaboration and evidence-based decision-making on population and development issues;

- (c) The Fourth International Conference on Financing for Development, held in Seville, Spain, UNFPA, in collaboration with the European Parliamentary Forum for Sexual and Reproductive Rights, strengthened parliamentary advocacy and mobilized support that advanced concrete policy and financing outcomes for the ICPD agenda;
- (d) At the 2025 International Conference on Family Planning held in Bogotá, Colombia, UNFPA galvanized partners and secured commitments to expand equitable access to voluntary family planning. Partners reaffirmed their commitment to resource mobilization, including increased domestic financing, thereby accelerating progress for women, adolescents and underserved populations;
- (e) The Second World Summit for Social Development, held in November 2025 in Doha, Qatar, adopted the Doha Political Declaration, which reaffirmed global commitments to social development and the 2030 Agenda for Sustainable Development, while reflecting priority themes linked to the ICPD Programme of Action;
- (f) The latest United Nations Climate Change Conference, held in Belém, Brazil in November 2025, launched the Belém Health Action Plan to integrate health into climate action. The Parties also adopted the Belém Gender Action Plan to guide gender-responsive climate efforts.

C. Output-level results that contributed to outcome-level results

80. The six UNFPA outputs under the strategic plan, 2022-2025 – (a) policy and accountability; (b) quality of care and services; (c) gender and social norms; (d) population change and data; (e) humanitarian action; and (f) adolescents and youth – served as the primary means through which UNFPA worked to advance progress towards the three transformative results.

81. UNFPA recorded strong performance across its strategic plan outputs, which represent the main channels through which the organization directly contributes to results (see annex 1 on scorecard and indicator updates).

82. Figure 13 below highlights key output-level achievements that contributed to accelerating progress towards achieving the three outcomes. Together, these outputs reflect the integrated approach of UNFPA, which combines policy influence; scaling-up high-quality service delivery; social and behavioural change; population change, data and analysis; humanitarian action; and investments in adolescents and youth.

Figure 13
Key output-level achievements supported by UNFPA, as of 2025

- 83 per cent of programme countries have integrated sexual and reproductive health into universal health coverage-related policies;
- 70 per cent of programme countries have integrated sexual and reproductive health and rights into national youth policies and plans;
- 55 per cent of programme countries have integrated sexual and reproductive health into emergency preparedness and disaster risk-reduction plans;
- Over 30 per cent of programme countries have integrated sexual and reproductive health into policies related to climate change;
- Over 55 per cent of countries have integrated population change into policies related to sexual and reproductive health and gender equality;
- 65 per cent of programme countries have laws and regulations that support the realization of universal access to sexual and reproductive health;
- 57 per cent of programme countries have a national mechanism to address discriminatory social and gender norms;

- 70 per cent of programme countries have social movements that advocated against harmful gender and social norms;
- Over 40 per cent of programme countries have operationalized in-school comprehensive sexuality education;
- Over 85 per cent of programme countries have strengthened civil registration and vital statistics systems;
- 89 per cent of programme countries have promoted youth-led innovative solutions related to the three outcomes;
- 12 countries have adopted national youth, peace and security frameworks.

IV. Advancements in organizational effectiveness and efficiency

83. UNFPA introduced a range of measures to strengthen organizational effectiveness and efficiency. During 2022-2025, UNFPA achieved an overall operational efficiency gain of \$72.3 million. Of these gains, \$44.7 million were generated from UNFPA-specific initiatives; \$6.6 million were from bilateral initiatives with partner United Nations organizations; and \$21 million were through business operations.

84. UNFPA achieved additional cost savings and operational efficiencies in several areas:

- (a) UNFPA achieved an approximate 37 per cent reduction in expenditure with regard to travel in 2024 and 2025; this represents approximately \$17 million in savings for the organization;
- (b) The launch of the Global Emergency Response Team boosted the prospects for swift deployment of staff, allowing specialized experts to be on the ground within days of a crisis. In addition, the surge response roster successfully deployed 596 humanitarian experts between 2022 and 2025;
- (c) UNFPA is one of the few United Nations entities that has met the environmental management systems criteria. Between 2010 and 2024, total emissions were reduced by 28 per cent;
- (d) The move of UNFPA headquarters to new premises in New York City was successfully completed within the planned timeline and budget. Furthermore, UNFPA was able to achieve \$9.79 million in cost avoidance due to the landlord's contribution towards tenant improvements for the new headquarters office in New York City.
- (e) The headquarters optimization project was successfully completed, with one-time costs savings of \$2.5 million below the appropriated budget;
- (f) Vehicle leasing with UN FLEET – the global light vehicle service for United Nations entities – enabled UNFPA to streamline vehicle replacement and save resources.

85. According to the 2025 UNFPA humanitarian evaluation, operational efficiency improved over time, driven by restructuring, policy changes and the adoption of cost-effective modalities such as cash and voucher assistance.

86. Recent assessments, including by the Multilateral Organisation Performance Assessment Network (MOPAN) and the strategic plan formative evaluation, confirmed that UNFPA contributed significantly to advancing the 2030 Agenda for Sustainable Development. These assessments also determined that: (a) the UNFPA strategic plan, 2022-2025, continued to play a catalytic role in achieving country priorities; and (b) UNFPA is a fundamental pillar of the repositioning of the United Nations development system.

87. Country programme evaluations conducted during 2022-2025 concluded that:

- (a) UNFPA demonstrated significant relevance in addressing national priorities, particularly in sexual and reproductive health, gender-based violence, and population dynamics;
- (b) UNFPA demonstrated overall effectiveness in achieving its development objectives and contributing to significant changes in national development policies and programmes;

- (c) UNFPA demonstrated efficiency in managing its human, financial and technical resources at the country level, particularly in management and programme delivery;
- (d) UNFPA demonstrated effectiveness in responding to humanitarian settings, including during the COVID-19 pandemic, by providing evidence-based data for policy decisions and addressing the needs of vulnerable groups.

88. These improvements were driven by: (a) the introduction of internal reforms and restructuring; (b) advanced programming for results; (c) strengthening the internal control environment, risk management and independent oversight functions; (d) leveraging innovative, digital and technology solutions; (e) strengthening the culture initiative as well as interventions to combat racism and racial discrimination; (f) improving resources management, financing and strategic partnerships; and (g) enhancing adaptive management in crisis contexts.

89. UNFPA introduced a series of internal reforms to strengthen its agility and align itself with the broader United Nations reform processes, including the Secretary-General's UN80 initiative. During the period of the strategic plan, UNFPA advanced a set of institutional reform initiatives, which are aligned with the UN 2.0 vision and the UN80 initiative; these initiatives served to strengthen organizational responsiveness and proximity to field needs. In addition, UNFPA implemented the following internal reforms:

- (a) UNFPA completed in 2025 a [headquarters optimization](#) initiative that established a new programme division that integrates technical and strategic functions. By September 2025, most of the functions of this merged division had moved from New York City and other locations to Nairobi, Kenya. UNFPA also moved the Independent Evaluation Office to Nairobi;
- (b) UNFPA restructured its Supply Chain Management Unit and launched a new supply chain management strategy;
- (c) UNFPA established the Innovation and Transformation Branch, which merged the former Innovation Unit and the Corporate Performance and Foresight Unit. In 2025, UNFPA launched its Innovation Strategy, 2030. UNFPA also operationalized the "WomenX Collective" initiative, an innovation platform that seeks to accelerate innovation, research and investment in women's sexual and reproductive health. UNFPA also established a WomenX Collective hub in Berlin, Germany.

90. UNFPA strengthened its results culture by: (a) digitalizing the results planning, monitoring and reporting systems; (b) updating the results-based management policy; (c) introducing innovative initiatives such as the "Results-Based Management Seal" to enhance the organization's results culture; and (d) strengthening the capacity of UNFPA staff on results-based management. In 2025, the UNFPA Office of Audit and Investigation Services issued an overall positive audit rating for UNFPA, noting that governance arrangements, risk management practices and controls were adequately designed and operating effectively.

91. UNFPA systematically mainstreamed gender equality and human rights in its policies and programmes. During the strategic plan, 2022-2025, it ranked among the top performers in the United Nations system under the System-wide Action Plan on Gender Equality and the Empowerment of Women, consistently meeting or exceeding accountability standards.

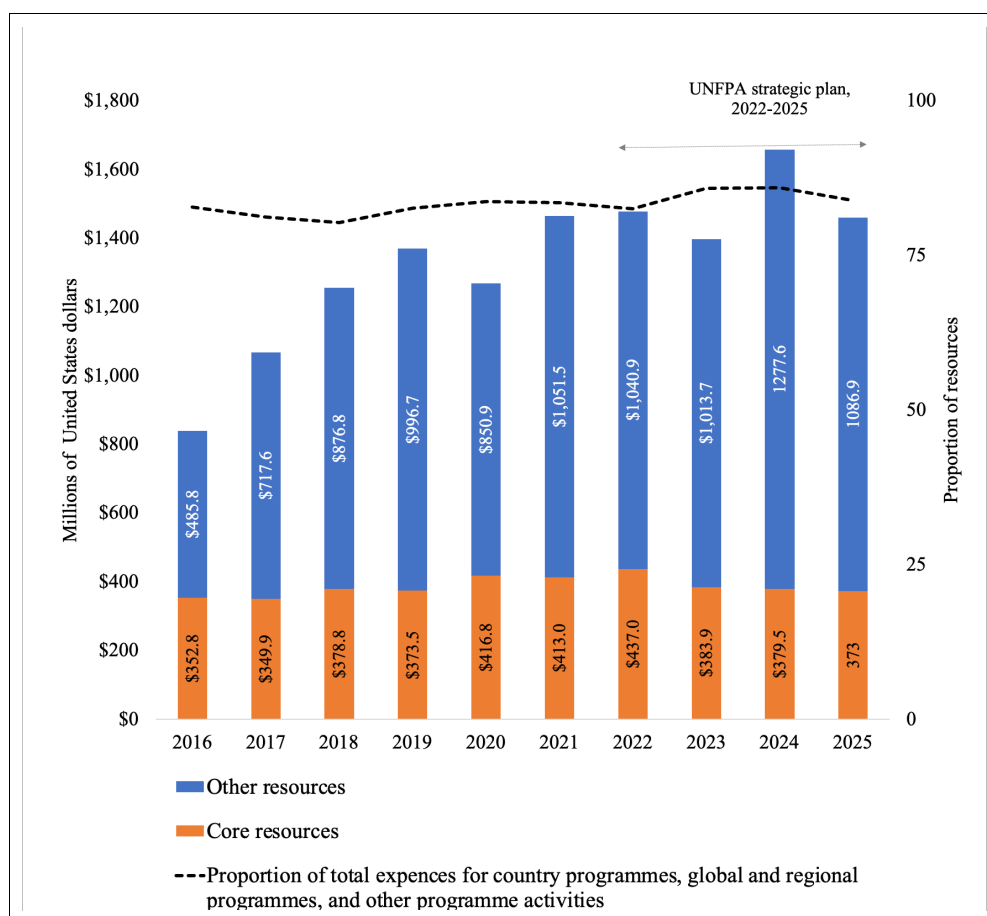
92. The evaluation of UNFPA support for integrating the principles of 'leaving no one behind' and 'reaching the furthest behind first' concluded that the organization had also made substantive progress in embedding these principles across its strategic, programmatic and operational work.

93. During the period of the strategic plan, UNFPA also strengthened the institutionalization of its foresight and futures work, including integrating foresight into country programme development. In 2025, UNFPA launched its first foresight strategy and toolkit. Several countries are currently conducting futures analyses to inform strategy and policy.

94. UNFPA remained in strong financial standing in 2025, despite the loss of a key donor and a challenging operating environment that impacted many of the other donors of UNFPA. UNFPA revenue exceeded the \$1 billion mark for the ninth year in a row and surpassed the funding targets of its strategic plan. Regular resources were \$373 million during 2025. Other resources increased to \$1,086.9 million (see figure 14 below). The overall core to non-core ratio declined to 23 per cent, which is below the funding compact target of 30 per cent. In-kind donations to UNFPA also increased over the period of the strategic plan.

95. UNFPA continued to expand its humanitarian response capacity. UNFPA has increased humanitarian funding over the past five years, with growth of over 32 per cent during 2022-2025, compared to 2018-2021. However, the growth was primarily observed between 2022 and 2024, followed by a sharp decline in 2025.

Figure 14
Contribution revenue and total expenses for country programmes, global and regional programmes, and other programme activities, 2016-2025



96. In a context of shifting global priorities and reduced funding, UNFPA diversified its funding base through increased engagement with international financial institutions, foundations, the private sector and individual giving. Under the new Strategic Plan, 2026-2029, UNFPA will further strengthen its efforts to leverage sustainable financing and investment, including domestic financing, to accelerate progress in achieving its mandate and the Sustainable Development Goals.

97. During 2022-2025, UNFPA initiated a shift from funding to 'funding and financing'. During this period, UNFPA operationalized its first strategy for financing the ICPD agenda and scaled up: (a) the UNFPA Strategic Investment Facility; (b) the Match Fund of the UNFPA Supplies Partnership; and (c) the development of investment cases.

98. During 2022-2025, UNFPA strengthened its partnerships with the private sector, including corporations, foundations and philanthropic organizations. Contributions from the private sector nearly tripled over this period, surpassing the targets set in the strategic plan. UNFPA also successfully piloted and launched its individual giving programme, which has mobilized significant resources for the organization.

99. During the strategic plan period, UNFPA strengthened its internal control environment, risk management and independent oversight functions in order to achieve results. By utilizing the High-level Committee on Management's reference maturity model for risk management, UNFPA reached an 'established' level in risk culture, frameworks and capabilities, alongside notable advancements in governance and integration. In addition, UNFPA:

- (a) Operationalized its Enterprise Risk Management Policy;
- (b) Updated its Accountability Framework;
- (c) Modernized its digital enterprise risk management ecosystem;
- (d) Managed the risks of implementing its policies and programmes through its partners by utilizing a robust, risk-based implementing partner assurance framework.

100. UNFPA maintained a zero-tolerance approach to wrongdoing while strengthening prevention, accountability and organizational culture. During the strategic plan period, UNFPA launched its first strategy on protection from sexual exploitation, sexual abuse and sexual harassment, which upholds a policy of zero tolerance for sexual misconduct through three core pillars: (a) evidence-driven prevention and response; (b) accountability and survivor-centred principles; and (c) organizational culture change. The strategy included a robust workplan, planning paradigms to support its implementation, and a framework to track both progress and measure the impact of these efforts.

101. Throughout 2022-2025, UNFPA received an 'unqualified' audit opinion from its Office of Audit and Investigation Services. UNFPA is committed to accelerating the implementation of the recommendations of the Office of Audit and Investigation Services in a timely manner as well as strengthening accountability and operational effectiveness. UNFPA addresses audit findings expeditiously, ensuring transparency while improving its governance and oversight mechanisms.

102. UNFPA advanced its 2030 People Strategy to better align human resources with the achievement of the three outcomes. UNFPA maintained a gender-balanced workforce: women comprised 52 per cent of staff and represented 53 per cent of senior management (D1 and above).

103. UNFPA made noteworthy progress in digital transformation. In 2025, UNFPA launched its first digital strategy. UNFPA digitalized 75 per cent of the processes that were targeted to become paperless or automated in the future. In addition, UNFPA:

- (a) Obtained the ISO 27001 certification for cybersecurity management;
- (b) Operationalized the digitalized enterprise resource planning system, including a supply chain control tower – a centralized hub providing real-time, end-to-end supply chain oversight and coordination;
- (c) Operationalized an artificial intelligence ideation process and launched a comprehensive knowledge search engine;
- (d) Established a digital centre of excellence to support UNFPA programmes.

104. UNFPA played a leadership role in United Nations country teams in advancing the acceleration of the three outcomes and in prioritizing population dynamics. UNFPA also continued to support United Nations reforms and business harmonization. In 2025:

- (a) Over 93 per cent of UNFPA country offices participated in joint programmes;
- (b) Over 80 per cent of UNFPA offices shared premises with other United Nations organizations;
- (c) Over 88 per cent of UNFPA country offices conducted joint risk assessments;
- (d) The proportion of group chair or co-chair posts that UNFPA held in United Nations country teams increased from 2022 to 2025;

- (e) In cooperation with the Office of the United Nations High Commissioner for Refugees, 24 UNFPA offices utilized UN FLEET for the disposal of old vehicles and other assets; this generated a net income of over \$600,000 for UNFPA.

105. UNFPA has continued to invest in strategic communications to advance its mandate. In 2025, UNFPA was mentioned over 93,000 times in the media. This marked a 30 per cent increase, compared to 2021. Media coverage was driven primarily by UNFPA work in humanitarian contexts and the publication of the State of World Population 2025 report, which has also been frequently cited in policies and academic research.

106. UNFPA digital channels continue to grow and engage more people. By 2025, the number of visitors to all UNFPA websites had increased by 54 per cent, compared to 2021, and reached more than 14.2 million users. The growth rate on social media has been even greater, with UNFPA audiences doubling from 4 million followers in 2021 to over 8 million in 2025. During times of transition and change, internal communications also acquired additional importance; the focus on staff communications has increased correspondingly.

V. Operationalization of the new UNFPA strategic plan, 2026-2029

107. Building on the results and lessons of the strategic plan, 2022-2025, UNFPA is well positioned to sustain and accelerate progress in an increasingly complex and resource-constrained global environment. In 2025, following extensive consultation with Member States and other stakeholders, UNFPA finalized its strategic plan for 2026-2029, which was endorsed by consensus at the second regular session 2025 of the Executive Board.

108. This new plan is the third and final strategic plan in a series of sequential UNFPA strategic plans aligned with the 2030 Agenda for Sustainable Development. It reaffirms the commitment of UNFPA to the ICPD Programme of Action, including the promotion of individual rights and choices for women, adolescents and youth. UNFPA has maintained sexual and reproductive health and rights at the centre of its new strategic plan, reaffirming its normative and operational commitment to bodily autonomy, women's health and gender equality.

109. A new outcome on population dynamics and demographic change will strengthen the ability of UNFPA to support countries through rights-based, data-driven policies, while accelerating progress towards achieving the other three outcomes of the new strategic plan, and advancing the ICPD Programme of Action, within the broader United Nations development system and in alignment with the UN80 reform agenda. This new outcome reinforces the unique contribution of UNFPA in supporting Member States to deliver integrated, rights-based and forward-looking solutions that prioritize the most marginalized and vulnerable populations.

110. Going forward, the operationalization of the strategic plan will focus on scaling results further, strengthening efficiency, and enhancing impact through a deeper alignment of country programmes, expanded partnerships, and greater use of data, foresight and innovation. Emphasis on adaptability will also remain central to sustaining progress in rapidly evolving contexts. In this period of profound demographic, social and economic change, UNFPA remains well positioned to help countries protect rights, strengthen resilience and accelerate sustainable development for both current and future generations.