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United Nations Population Fund

Country programme document for Albania

Proposed indicative UNFPA assistance:	$7.3 million: $3.3 million from regular resources and $4.0 million through co-financing modalities or other resources
Programme period:	5 years (2027-2031)
Cycle of assistance:	Sixth
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2027-2031

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Albania has experienced rapid economic development since the 1990s, transforming from one of the poorest countries in Europe to an upper middle-income country, with a Human Development Index of 0.81 in 2024. Economic growth has continued, with an average annual growth rate above 3.5 per cent, despite a series of external shocks and a population decline of 14.8 per cent since 2011.

2. Albania, with a population of 2.4 million, is facing significant demographic shifts, driven by a fertility rate of 1.37, a rapidly ageing population, which now counts for 19.7 per cent of the population, and a persistent youth exodus, resulting in a 23 per cent decline in young population. To safeguard long-term social cohesion and economic sustainability, Albania must transition toward a demographic resilience framework.

3. While outward migration contributes to the population reduction, return migration and remittance flows play an increasingly important role in household income and local economies.

4. The resource allocation frameworks decouple the public sector, including health financing, from the demographic reality, preventing the integration of the International Conference on Population and Development (ICPD) agenda into the Medium-Term Expenditure Framework.

5. A parliamentary republic, Albania is committed to joining the European Union by 2030. While UNFPA is focused on the delivery of the Sustainable Development Goals (SDGs), European Union accession-related reforms and investments offer an opportunity for UNFPA, aligned with the Western Balkans cluster strategy, to unlock funding and leverage financing through a demographic resilience framing.

6. Despite gains in life expectancy and education, disparities and social inequalities persist. Women and girls are at a higher risk of poverty than males in their respective age cohorts. In 2021, 25 per cent of youth (aged 15-29 years) were not in employment, education or training, more than double the European Union average.

7. Internal migration trends continue to increase the concentration of the population in urban areas, with 31.6 per cent living in Tirana. Many younger people move to urban areas to seek work, resulting in an aging rural population that lacks adequate support, social connection or services.

8. While the Gender Inequality Index improved (0.06 in 2022), structural gaps remain. The gender pay gap is 4.9 per cent, and women perform over three times more unpaid care work than men.

9. Gender-based violence (GBV) is widespread and underreported, with 53 per cent of women reporting at least one form of violence. Harmful norms persist: 50 per cent of Roma and Egyptian women marry before age 18, and the sex ratio at birth (107 boys born for every 100 girls) suggests an ongoing gender-biased sex selection.

10. Public health expenditure is low, at 3 per cent of the gross domestic product. The health system struggles to deliver equitable integrated high-quality primary care, as health facilities are disproportionately located in urban areas. Particularly in rural areas 55 per cent of women report barriers to access to services.

11. In 2023, approximately 20 per cent of the population was at risk of poverty, and 42 per cent was at risk of poverty or social exclusion, while 35 per cent of the population was living in households in severe material and social deprivation.

12. Poverty, inequality and social exclusion disproportionately affect marginalized and vulnerable groups, including women, children, youth, persons with disabilities, older persons, the Roma, victims of domestic and gender-based violence, LGBTIQ+ individuals, and those living in rural or remote areas. Discrimination drives exclusion from education and training, social care services, housing, employment opportunities, and healthcare access, perpetuating a cycle of poverty across generations.

13. To address the significant challenges of poverty and social exclusion, the Government has prioritized the national roll-out of social protection and care service reforms. Data monitoring within the primary healthcare system is challenging, along with centralized planning and rigid resource allocation frameworks, which limit health access and the budget flexibility and autonomy of local authorities to respond to specific health needs.

14. Albania has a maternal mortality ratio of approximately 4.5 per 100,000 live births (one maternal death was recorded in 2024). Significant health disparities and inequalities persist, particularly for women living in poor families, rural or remote areas, and Roma communities, which can affect the continuity and quality of prenatal and postnatal care.

15. The modern contraceptive prevalence rate is critically low, at around 4 per cent, and the unmet need for family planning is 15 per cent, with a heavy reliance on traditional methods. Barriers to uptake include: (a) a failure of domestic resources to replace the levels of previous donor funding; (b) deprioritization of contraception in national procurement, leading to long stock-outs in public facilities, with out-of-pocket expenses increasing as a result; (c) a lack of focus among community-level health workers on counselling for contraceptive uptake. The gap between policy and practice is a primary barrier; family planning is prioritized in national health strategies, yet public healthcare facilities suffer from frequent supply shortages of modern contraceptive methods. Another critical root cause driving the very low modern contraceptive prevalence rate is related to socio-economic disparities. Marginalized groups face additional intersectional barriers, including discrimination in healthcare settings and lower awareness of the services available, including family planning.

16. Abortion is legal on demand; the abortion rate is highest among women aged 20-34 years, but reliable abortion incidence data is not available. In 2025, the adolescent birth rate was 10.4 births per 1,000 girls aged 15-19 years.

17. Cervical cancer is the second deadliest cancer, after breast cancer, among women aged 15-49 years, with a mortality-to-incidence ratio exceeding 50 per cent. The clear gaps in healthcare access result in women in remote areas being at higher risk of late diagnoses and adverse health outcomes.

18. Sexually transmitted infections are on the rise, with young people aged 25-34 years the most affected age group; congenital syphilis remains a critical issue. HIV prevalence is estimated at 0.08 per cent, with 1,844 cases reported since 1993. The root cause driving the increase in incidence and prevalence is social stigma, influenced by low levels of information and awareness, which directly impacts the very low testing rates and the delays in diagnosis and treatment.

19. Universal access to sexual reproductive health and rights (SRHR) is an unfulfilled priority in Albania. While the overall universal health care service coverage index reached 71 per cent in 2023, the coverage for reproductive, maternal, neonatal, child and adolescent health was low, at 46.3 per cent. This critical gap is driven by systemic bottlenecks, including fragmented infrastructure and resources, the lack of critical skilled health workforce at the primary level, and persistent inequalities in the quality of care, as well as poor data collection and analysis. The latter makes it difficult for policymakers to identify gaps in reproductive, maternal, newborn, child and adolescent health coverage and to allocate resources where they are needed most, leading to inadequate prioritization. It makes it difficult for the public to hold the system accountable and respond to the needs of all Albanians. A root cause contributing to the low reproductive, maternal, newborn, child and adolescent health index is related to socio-economic disparities, with a direct impact on poor access to services, especially among rural women, the Roma and Egyptian communities and other marginalized groups.

20. Albania is considered one of the countries that are most vulnerable to natural disasters in Europe. The risk inform index reveals significant exposure to earthquakes (9.3/10) and climate hazards like floods (4.7/10) and droughts (6.9/10). Due to its geographic location, the climate change impacts and the infrastructure limitations, the country faces an average of nearly one disaster per year, with significant economic and social consequences.

21. The new country programme is informed by the evaluation of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2022-2026 and joint United Nations project evaluations on ‘ending violence against women’ and ‘leaving no one behind’. Achievements with the support of UNFPA include: (a) the development of strengthened legal and normative frameworks aligned to European Union acquis and directives (Reproductive Health Law, Law on Youth, the Criminal Code and the Family Code); (b) completion of thematic analysis on youth, older populations, Roma and Egyptians, and people with disabilities, based on 2023 Census, and with 56 per cent of municipalities having used the census data to inform planning and budgeting for social services; (c) strengthening of cervical cancer screening and immunization programmes, with an outreach of 42 per cent of targeted women screened and 74 per cent of targeted girls vaccinated; (d) expansion of health education programme coverage, with a focus on comprehensive sexuality education as a life skill, reaching 100 per cent of public schools (targeting students aged 10-18 years);and (e) over half of municipalities increased their capacity to deliver SRHR and GBV services.

22. Key lessons learned from the evaluative evidences informed the new country programme: (a) strategic alignment with national development priorities enable systemic impact; (b) contributing to population data outputs from either census, surveys, civil registration and vital statistics systems or administrative records and fostering partnerships enhance data use in policy dialogue; (c) strengthening partnerships with non-traditional donors,

including European Union; and (d) strengthening joint programming with other United Nations agencies to enhance effectiveness and impact.

II. Programme priorities and partnerships

23. Informed by the National Strategy for Development and European Integration, 2022-2030, the UNSDCF, 2027-2031, European Union Accession Roadmap, 2027-2030, the 'leave no one behind' principle, the National Health Strategy, 2021-2030, the National Action Plan on Ageing, 2025-2030, the National Action Plan on SRHR, 2022-2030, the National Youth Strategy, 2022-2029, the National Strategy for Education, 2021-2026, the National Strategy for Gender Equality, 2021-2030 and root cause analysis, the proposed country programme is characterized by three interlinked catalytic directions: (a) leveraging sustained financing; (b) institutionalizing demographic resilience to ensure Albania systematically anticipates and responds to demographic shifts – such as population ageing, youth emigration and regional disparities; and, (c) enhancing municipal capacity and institutional ownership to address the long-standing gap between the aspiration of national laws and policies and their weak monitoring and implementation at the community level.

24. The new country programme aims to support the Government in adapting to demographic change through evidence and rights-based policies to achieve demographic resilience by 2031, marked by decisive actions against GBV and driven by government policies that establish a future of sustained growth and enhanced health and well-being for all.

25. At the heart of the country programme's theory of change lies demographic resilience, to support inclusive, equitable and sustainable development in the context of major population shifts. This will be achieved through the two planned programme outputs, which will ensure that interventions on SRHR and GBV are not siloed and are based on solid data and evidence. The outputs are framed as essential drivers for long-term demographic resilience. By leveraging the commitment of Albania to the SDGs and the momentum of European Union accession, UNFPA will adopt an entirely normative and catalytic role to achieve tangible results on SRHR and GBV prevention and response, positioning these rights as the fundamental anchors of the country's demographic resilience.

26. A greater focus on financing will enable the UNFPA to unlock domestic, European Union and international financial institutions resources to advance the ICPD agenda, while a focus on narrowing the gap between national laws and sub-national reality will ensure that normative work to strengthen laws and policies will have concrete impact on the lives of intended beneficiaries at community level. Catalysing sustainable domestic financing for inclusive human capital development will require the UNFPA to inform national and municipal budgets allocations, ensuring that rights-based policies for women, youth, and older persons are funded and institutionalized within the public system.

27. The country programme strategies are informed by a granular analysis of national data, utilizing the Availability, Accessibility, Acceptability and Quality (AAAQ) Framework to assess, monitor and improve public services. This evidence-based analysis is central to uncovering the structural barriers that disproportionately affect the most marginalized, ensuring no one is left behind. Consultations with stakeholders, including people with disabilities, rural women, young people, young key populations at risk of HIV, older persons, government partners, the private sector, research institutions and representatives of civil society, have been crucial in the country programme development process. The programme will foster collaborative and inclusive processes and strengthen mechanisms that empower civil society organizations to challenge implementation gaps and demand transparency in resource allocation. This will ensure that key stakeholders remain central to the implementation and monitoring of strategic initiatives aiming for a sustained impact. The programme will be implemented at the national and subnational levels.

The country programme will target people in remote areas, women and girls with disabilities, vulnerable young people (young key populations at risk of HIV, Roma and Egyptian), GBV survivors, older persons and other hard-to-reach population groups. It will apply a continuum approach – linking humanitarian, development and peacebuilding efforts – while ensuring all interventions are risk-informed, climate-resilient and anchored in emergency preparedness.

28. The programme will consider the country's vulnerability to natural disasters, which requires a strategic shift from emergency response to a proactive national strategic framework centred on institutional preparedness. The continuum approach provides the framework to address intersecting vulnerabilities and strategically bridges immediate emergency response and long-term resilience by embedding life-saving interventions as minimum initial

service packages into health care system policies and strategies to guarantee readiness and preparedness, with a special emphasis on those furthest left behind.

29. The country programme contributes to the achievement of the four outcomes of the UNFPA strategic plan. It will directly contribute to SDGs 3, 4, 5, 10 and 16, and is aligned with two out of the three UNSDCF outcomes (human capital; and governance, justice and fundamental rights).

30. The programme will focus on upstream work, with selected strategic downstream interventions to provide proof of concepts or test models for scaling-up or moving upstream.

31. UNFPA will foster partnerships with the Government at national and subnational levels, providing policy advice and technical assistance, including by developing a new collaboration with the Ministry of Finance to include financing for ICPD in the Medium-Term Expenditure Framework. To scale up work with individual municipalities, UNFPA will work with the National Association of Municipalities of Albania and the Institute for Albanian Municipalities. Partnerships with the Albania Institute of Statistics (INSTAT), academia and think tanks will be critical for generating improved disaggregated data that aligns with EUROSTAT standards, to inform policymaking and budget allocation, especially to address gaps faced by the most vulnerable and marginalized groups. UNFPA will work with civil society organizations (CSOs) and faith-based organizations as well as activists and advocates to foster coalitions among traditional and non-traditional actors to transform harmful norms, scale up family-friendly policies and ensure high-quality service delivery at the community level.

32. Best practices and lessons learned from work on gender-transformative programmes, initiatives for women with disabilities and health care will be documented and shared with partners at the national, regional and international levels. UNFPA will utilize intergovernmental platforms, such as the Commission on Population and Development, the Commission on the Status of Women, the Regional Forum on Sustainable Development, as well as other forums and platforms to advocate for and ensure the ICPD agenda is included and well positioned. Strategic partnerships with the Albanian Voluntary Group for Population and Development as well as with the International Parliamentarians Conference will continue, to advance the ICPD agenda and influence policy dialogue and decision-making. UNFPA will collaborate with youth activists and influencers that have outreach capacities to local population groups who can help improve UNFPA exposure and awareness, particularly in awareness-raising campaigns and topic-focused initiatives. Private-sector companies are key strategic partners in advocacy and awareness-raising activities. Social partnerships with the private sector will aim to create inclusive labour conditions and opportunities for women, tailored to the country's specific needs, and promote family-friendly corporate policies and social services.

A. Output 1. Enhanced use of population data and evidence to develop and implement gender-responsive policies and financial frameworks, at national and subnational levels, that address demographic change and promote demographic resilience

33. This output, contributing to UNFPA Strategic Plan Outcome 4 and UNSDCF Outcomes 1 and 3, will be achieved through advocacy, technical support and evidence-generation, at national and subnational levels, for: (a) strengthened institutional capacities in understanding and addressing the challenges of demographic shifts, leading to the development of a codified national demographic resilience policy mainstreaming population dynamics analysis across all sectors; (b) strengthened institutional capacities, through guidance and training, to improve the quality of disaggregated population data to inform policy and programme design, aligned to the priorities of gender-responsive, rights-based population development strategies, including on outward migration of youth, barriers to the participation of women in the labour force, and population ageing; (c) improved availability of research, analysis and guidance, for better comprehension of the demographic resilience framework by parliamentarians, CSOs and national institutions, to mainstream demographic change response across policies; and (d) strengthened institutions to implement gender-responsive family policies and family-friendly workplaces, benefiting individuals and employers, while working with the private sector and relevant ministries to make legislative and policy revisions aligned with the European Union-directives.

B. Output 2. Strengthened capacity of systems, institutions and communities to provide equitable, high-quality, comprehensive sexual and reproductive health, and gender-based violence prevention and response services and information for women, girls and young people, with particular focus on the most marginalized

34. This output, contributing to UNFPA Strategic Plan Outcomes 1, 2 and 3 and UNSDCF Outcomes 1 and 3, will support national partners, leveraging the opportunity created by the ongoing reform of health and social service delivery at subnational levels, and build on achievements under the previous country programme, to increase access to SRHR and GBV high-quality information and integrated services, especially for vulnerable populations in rural and remote areas.

35. The output will address root causes and structural issues through technical assistance, advocacy, policy dialogue and capacity development aiming at: (a) *sustainable financing and systemic policy alignment* (influence and resilience): advocating for increased domestic financing for SRHR and GBV services by developing robust investment cases. This includes supporting the expansion of National Health Insurance and Municipal Social Funds to achieve universal health coverage for SRHR, reduce out-of-pocket costs and close access gaps for rural women, youth and other vulnerable and marginalized groups, updating provider accreditation metrics, and institutionalizing the Minimum Initial Service Package within the national emergency frameworks to operationalize the humanitarian-development-peace continuum; (b) *high-quality, inclusive service delivery and norm change* (inequality and LNOB): strengthening institutional and community capacities to deliver integrated SRHR and GBV services that prioritize the furthest left-behind groups. This strategic focus encompasses expanding community-based approaches (such as community nursing and cervical cancer screening), integrating comprehensive sexuality education into curricula, and mobilizing local governments and civil society to combat harmful social norms, child marriage and technology-facilitated GBV; (c) *data-driven governance and harmonization* (data, SDGs and European Union accession): enhancing the availability and use of high-quality, disaggregated data to inform the prioritization of interventions for at-risk populations. This involves supporting the development of fully interoperable digital records for SRHR and GBV case management to eliminate fragmentation and ensure the data systems meet European Union requirements and international treaty body recommendations.

III. Programme and risk management

36. The country programme will be implemented with the Government, relevant ministries and bodies, the Institute of Statistics, regional and local authorities, academia, CSOs, religious leaders, and the private sector. It will promote positive social norms and ensure rights-based and culturally sensitive programming.

37. The programme will be delivered by a core technical team and experts, focusing on upstream support to the Government and national partners. Under the overall umbrella of demographic resilience, it will strengthen leadership in SRHR, GBV, data and analysis, while enhancing skills in the use of artificial intelligence and digitalization, for family-friendly policies at the workplace, and European Union directives. Accessibility for women, older people, people with disabilities and the most marginalized and disadvantaged will be prioritized. The country office will leverage regional and international expertise, including from other UNFPA Western Balkan country offices, share capacity with other United Nations country team members, and explore country-to-country partnerships. The programme will ally with CSOs and activists to influence shifts in government priorities.

38. UNFPA will continue to leverage inter-agency cooperation for risk mitigation and cost efficiencies. UNFPA will strengthen existing partnerships and engage in new ones, including with the private sector, academia and faith-based organizations. UNFPA will diversify funding sources for the ICPD agenda, seek increased government financing, private-sector engagement and local government funding. UNFPA will work with United Nations organizations and development partners to strengthen advocacy for government commitments to sustainable financing.

39. UNFPA identified several programme risks, including insufficient or unpredictable funding, shifts in government priorities or leadership, cultural norms and social stigmas hindering programme implementation, unreliable demographic and health data, weak accountability frameworks, limited interest in family-friendly policies, growing anti-rights movements, and misalignment or poor coordination with local stakeholders. Contextual risks include local government elections, potential government changes, public health emergencies, reduced development assistance, and the increasing impact of climate change. To mitigate these risks, UNFPA will: (a) develop an operational and programmatic risk assessment and mitigation strategy to be reviewed annually;

(b) coordinate with other United Nations agencies on common risk management and assurance processes, such as enterprise risk management, the harmonized approach to cash transfers, joint programme audits and implementing partner monitoring; (c) conduct regular socio-political scanning; (d) diversify funding sources and partnerships to complement regular resources; and (e) ensure preparedness strategies adequately integrate SRHR and GBV.

40. Global developments related to the changing priorities in the official development assistance and sensitivity to the ICPD Programme of Action will be closely followed. UNFPA will support the Government and partners in assessing critical information about public health emergencies and in evaluating the capacities of the health systems to manage potential health crises.

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

IV. Monitoring and evaluation

42. UNFPA, in partnership with the State Agency of Strategic Programming and Aid Coordination (SASPAC) and the Resident Coordinator Office, will manage and monitor the country programme implementation following UNFPA policies, results-based management and accountability frameworks. UNFPA and its stakeholders will apply monitoring mechanisms to track progress and make adjustments, as needed, to improve the effectiveness and relevance of the programme.

43. UNFPA will engage in national United Nations coordination platforms, with leadership and proactive roles within the UNSDCF and country analysis structures, the United Nations country team, the Programme Management Team, results groups, the Communications Group and the Monitoring, Evaluation and Learning Group, and lead and contribute to the development of joint workplans, midterm and mid-year reviews and reporting. UNFPA will participate in the implementation of the United Nations business operations strategy and the harmonized approach to cash transfers, where relevant.

44. UNFPA, in collaboration with relevant stakeholders, will carry out participatory quality-assurance activities and conduct regular programme reviews to track progress against planned results. These efforts will improve accountability and promote a results-based management culture.

45. The country programme milestones and results will be tracked using UNFPA reporting mechanisms and by incorporating the country programme measures into UN Info.

46. UNFPA will conduct an evaluation of the country programme. It will draw on the evaluative evidence from joint programme evaluations and project evaluations and will participate in the final evaluation of the UNSDCF 2027-2031 to foster integration and alignment.

47. UNFPA will strengthen the capacity of entities to produce disaggregated population data, collaborate with academia on data analysis and reporting, and ensure effective monitoring of SDG progress, focusing on those furthest left behind. Data results and gaps will be shared through reporting mechanisms like the Universal Periodic Review and other United Nations treaty bodies, and the Voluntary National Review. It will support the Government in revitalising the monitoring systems to track commitments.

RESULTS AND RESOURCES FRAMEWORK FOR ALBANIA (2027-2031)

NATIONAL PRIORITY: 1. Inclusive human capital development; 2. Governance, justice and human rights

UNSDCF OUTCOME: 1: By 2031, all people in Albania – especially women and girls and those at risk of being left behind – enjoy improved learning outcomes, future-ready skills, increasing decent work prospects, equitable access to quality, gender-responsive health, and inclusive social and child protection systems, contributing to demographic resilience and social cohesion. 3: By 2031, Albania's institutions - particularly justice, law enforcement, oversight and human rights bodies - operate more effectively, transparently and accountably, upholding human rights, rule of law, and gender equality, and improve capacities to prevent and combat corruption, organized and cybercrime, while strengthening border, migration and diaspora management in a safe, orderly and rights-based manner, all in line with EU and international standards.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2. By 2029, the reduction of preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated; and 4. By 2029, adapt to demographic change through evidence and rights-based policies

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
UNSDCF Outcome indicator(s): ● Proportion of time spent on unpaid domestic and care work, disaggregated by sex, age *Baseline: TBD(2026);* *Target: For age group 10+ years:* *Females:21.7% (5.13 hr);* *Males: 3.5% (0.50 hr);* *For 15-64 years:* *Women: 24% (5.46 hr)* *Men: 3.3% (0.48 hr) (2031)* ● Statistical Capacity Index (indicator for SDG monitoring) *Baseline: 83.7 (2024)* *Target: 85.8 (2031)* Related UNFPA Strategic Plan Outcome indicator(s): ● Country has a dedicated section on demographic change and its implications in national or sectoral development strategies *Baseline: No (2026);* *Target: Yes (2031)* ● Country national budget allocations—including for health, social protection, and infrastructure—are informed by population projections	Output 1. Enhanced use of population data and evidence to develop and implement gender-responsive policies and financial frameworks at national and sub-national levels that address demographic change and promote demographic resilience	● Number of national policy instruments developed or revised that address or mainstream demographic change and are informed by population projections and evidence. *Baseline: 5 (2025); Target: 10 (2030)* ● Number of private sector companies that have adopted at least one workplace policy for family-friendly workplaces addressing one of the following areas: (a) sexual and reproductive health; (b) gender-based violence, harmful practices; and/or (c) gender equality *Baseline: 10 (2025); Target:20 (2030)* ● Evidence-based, right-based and gender-responsive population based metapolicy in place *Baseline: No (2025); Target: Yes (2031)*	Parliament, The Prime Minister's Office; Ministry of Finance, Ministry of Economy and Innovation, Ministry of Justice, Ministry of Interior, Ministry of Health and Social Welfare; INSTAT; national human rights institutions; local governments and GBV coordinated referral mechanisms; civil society organisations, including women's alliances, youth networks, older persons networks; Alliance of Women MPs; European Commission, international bilateral donors and the international Financial institutions; United Nations partners, including UNDP, UNHCR, UNICEF, UNOPS, UN-Women, ILO, WHO, Resident Coordinator Office	$3.4 million ($1.4 million from regular resources and $2.0 million from other resources)

Baseline: No (2026); *Target: Yes (2031)*				
UNSDCF Outcome indicators: ● Universal health care service coverage index *Baseline: 71% (2023);* *Target: 82% (2031)* ● Gender Equality Index (GEI), by domain *Baseline:* *GEI 60.9; Work: 67.6; Money: 59.6; Knowledge: 55.6; Time: 48.1; Power: 60.9; Health: 81.8 (2020);* *Target:* *GEI 62.3; Work: 71.5; Money: 61.9; Knowledge: 52.8; Time: 54.3; Power: 68.1; Health: 82.3 (2031)* ● Gender Pay Gap *Baseline: 4.9% (2024);* *Target: 2.9% (2031)* Related UNFPA Strategic Plan Outcome indicator(s): ● Adolescent birth rate per 1,000 women aged 15-19 years *Baseline*: 10.4 (2025); *Target*: 10.0 (2031)	Output 2. Strengthened capacity of systems, institutions and communities to provide equitable, high-quality, comprehensive sexual and reproductive health, and gender-based violence prevention and response services and information for women, girls and young people, with particular focus on the most marginalized	● Percentage of primary healthcare facilities meeting National Quality Standards for Reproductive, Maternal, Newborn, Child and Adolescent, Health *Baseline: 60% (2021); Target: 80% (2030)* ● The country routinely collects data on at least five indicators of comprehensive sexual and reproductive health and at least one indicator on HIV as part of the national health management information system, and makes these data publicly available *Baseline: No (2025); Target: Yes (2029)* ● National coverage of cervical cancer screening, women 35-55) *Baseline: 0 (2025); Target:70% (2031)* ● Number of Teacher Training Universities that include Health Education with a focus on Sexuality Education as a Life Skill as a core, credit-bearing component of the degree *Baseline: 0 (2025); Target:9 (2031)* ● Digital health registries, including GBV incidence data, are aligned to international and European Union standards *Baseline: No (2025); Target: Yes (2031)*	Ministry of Health and Social Welfare, Ministry of Education, Ministry of Tourism, Culture and Sport, Ministry of Finance, Institute of Public Health, Agency of Health and Social Care Quality Assurance, Health Insurance Fund, National Health Care Operator, local health care units, local education offices, Agency for Quality Assurance at Pre-University Education, civil society organizations working on SRHR and youth, NGOs of persons with disabilities, Roma and other minorities, parents associations, Parliament, academia, professional associations, media, private sector, United Nations partners: Resident Coordinator Office, UNICEF, WHO, UNDP, UNESCO, UN Women, UNHCR, ILO, FAO; European Union Commission and other development partners.	$3.5 million ($1.5 million from regular resources and $2.0 million from other resources)
Programme coordination and assistance				$0.4 million from regular resources