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UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for the Republic of Serbia

Proposed indicative UNFPA assistance:	\$6.2 million: \$3.7 million from regular resources and \$2.5 million through co-financing modalities or other resources
Programme period:	5 years (2026-2030)
Cycle of assistance:	Third
Category:	Tier III
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2030

I. Programme rationale

1. Serbia is a landlocked parliamentary republic, classified as an upper-middle-income country and projected to reach high-income status by 2031. It was granted European Union candidate status in 2012. In the absence of an overarching national development strategy, the country's national development agenda is primarily guided by the European Union accession reforms and the Growth Plan. These frameworks aim to enhance: (a) the business environment and private sector development; (b) green and digital transition; (c) human capital; and (d) the rule of law. The goals are aligned with the 2030 Agenda for Sustainable Development.
2. Serbia faces demographic challenges that include low fertility, an aging population and out-migration. According to the 2022 census, the population stands at 6.6 million – a 6.9 per cent decrease from the 2011 census. The total fertility rate was 1.6 in 2023, below the replacement rate. In 2023, the share of persons aged 65 and over was 22.3 per cent, and those under 15 years accounted for 14.4 per cent, adding pressure on the already increasing demand for social protection services and benefits. The Common Country Analysis emphasized that between 2011 and 2018, Serbia lost about 97,000 people due to out-migration. In 2022–2023, net migration turned positive with an increase in work-related immigration. Youth emigration and unemployment are challenges, with a quarter of those aged 15–30 years unemployed. Internal migration persists as people move from rural to urban areas for better opportunities.
3. Serbia lacks a comprehensive population strategy. Demographic considerations in sectoral policies are sporadic. The Birth Promotion Strategy, adopted in 2018, has not been supported by action plans for its implementation. Prolonged low fertility rates keep fertility-boosting financial incentives high on the Government's priority agenda, positioning women in a central role.
4. Serbia has made progress across the three transformative results but continues to fall short of the global targets for family planning. The unmet need for family planning dropped from 14 per cent in 2014 to 8.8 per cent in 2019; however, modern contraceptive use remains low (21 per cent), with disparities among Roma women (14 per cent unmet need and only 7 per cent contraceptive use). The maternal mortality ratio decreased to 11.2 per 100,000 live births in 2022. Nearly all births are attended by skilled personnel, yet women report poor quality care and uneven access to procedures, such as epidural anaesthesia. While abortion is legal, it is not covered by health insurance. Cervical cancer – though preventable – is the fifth most common cancer among women, and breast cancer remains the leading cause of cancer-related deaths. Greater efforts are needed to improve uptake of human papilloma virus (HPV) vaccination and increase coverage of the organized cervical screening programme. Comprehensive sexual and reproductive health (SRH) services have yet to be fully integrated within universal health.
5. Infertility is rising, highlighting the need for better SRH education, particularly for young people. Comprehensive sexuality education is not fully integrated into schools. The adolescent birth rate declined to 14.1 per 1,000 among women aged 15–19 years in 2022 but is high among Roma girls (164 per 1,000 in 2019).
6. Gender-based violence (GBV) is a significant concern. A 2019 survey by the Organization for Security and Co-operation in Europe reported that 62 per cent of women experienced some form of violence after age 15 and 22 per cent are survivors of physical or sexual violence. Lack of regular surveys prevents trend analysis. Although Serbia has adopted international standards on gender equality and GBV, progress is hindered by political setbacks, including the suspension of the Law on Gender Equality. Implementation of the existing framework is insufficient, particularly in addressing new forms of GBV linked to technology. While women with disabilities, Roma women and older women are at higher risk, they often do not report abuse due to deep-rooted norms. Child marriage is a challenge, affecting 34 per cent of Roma girls aged 15–19 years, compared to 4 per cent in the general population.
7. Poverty and inequality have declined, though gaps persist, especially in rural areas with limited access to high-quality education, healthcare and employment. Groups at risk of being left behind include older persons, rural women, youth not in employment, education, or training, Roma and persons with disabilities. Deinstitutionalization remains a challenge due to the limited number of community-based services. Specialized services – such as personal assistance for persons with disabilities – are available only in 17 per cent municipalities, while supported housing is available in just three municipalities across Serbia.
8. The previous country programme advanced the three transformative results, supporting national capacities for quality SRH services, advancing the youth agenda, and improving understanding of population dynamics, with a focus on achieving demographic resilience. Gender equality and the eradication of GBV were mainstreamed in all three outputs. The programme supported national partners in: (a) producing clinical guidelines on physiological

childbirth; (b) piloting cervical screening based on HPV testing, in parallel with cytology; (c) introducing online training on GBV for health professionals; (d) addressing social norms and improving health-seeking behaviour among women in vulnerable situations (e) developing the Youth Strategy Action Plan; (f) introducing the Youth Wellbeing Index to monitor youth policy implementation; (g) conducting a body-right campaign to raise awareness on technology-facilitated gender-based violence (TFGBV); (h) launching a life skills development programme within the education system; (i) enhancing demographic resilience by supporting data-driven research; (j) organizing the 2022 census and post-census analyses; (k) conducting national transfer accounts and related policy briefs; (l) adopting strategies for active and healthy ageing and improving the status of persons with disabilities; and (m) implementing initiatives to improve service access for older persons, promote intergenerational exchange, and enhance digital literacy.

9. The country programme evaluation recommended that UNFPA prioritize high-impact areas aligned with the country's European Union integration goals, including data systems, life-skills education, SRH for groups in vulnerable situations, and aging. UNFPA should promote the use of demographic intelligence to support evidence-based planning, with a particular focus on addressing key data gaps, such as fertility and migration. Gender equality and family planning should be prioritized, especially for vulnerable situations – including Roma women – by tackling discriminatory norms and addressing infertility needs. Maternal health initiatives should emphasize improving the quality of healthcare and strengthening the response to reproductive cancers.

10. The new country programme draws on the evaluation of the United Nations Sustainable Development Cooperation Framework (UNSDCF), 2021-2025, while taking forward the goals of the new Cooperation Framework 2026-2030. It contributes to all three strategic priorities of UNSDCF, 2026-2030 – (a) low-carbon, inclusive and resilient growth; (b) human capital and well-being; (c) rule of law, human rights, human security and accountable institutions – and the associated four outcomes. It highlights UNFPA advantage in advancing sexual and reproductive rights (SRHR), strengthening demographic resilience through data-driven policymaking, and transforming harmful social norms to empower women, youth, older persons and all population groups to contribute to community and institutional development. It contributes to the 2030 Agenda by supporting the achievement of SDGs 3, 4, 5, 10, 13, 16, 17.

II. Programme priorities and partnerships

11. The overall vision of the new country programme is that by 2030, Serbia will accelerate the implementation of the International Conference on Population and Development (ICPD) Programme of Action and advance human capital development and demographic resilience as a key pillar of its European Union accession process, fostering an inclusive society where all individuals, youth, women and older persons, especially those from groups in vulnerable situations, have equal opportunities to make informed, healthy choices and access good quality integrated SRHR and GBV services. Ensuring universal access to comprehensive SRHR services and addressing rural-urban and regional disparities will empower individuals to exercise their reproductive rights freely, challenge social and gender norms, contribute to peacebuilding and pursue high-quality education and employment, ultimately driving sustainable development and economic growth.

12. The country programme is grounded in rights-based, gender-transformative, inclusive and life-course based approaches. It adopts evidence-based strategies to reach groups in vulnerable situations and remove barriers to their access to information, services and development opportunities. Target populations include women, youth, older persons living in poverty, persons living with disabilities, the unemployed, persons living in rural areas, communities in vulnerable situations, including Roma, survivors of GBV and internally displaced persons, recognizing the intersectional nature of discrimination, exclusion and vulnerability. Geospatially, the country programme will cover urban and rural areas. This approach will help address regional disparities and promote inclusive development across Serbia.

13. These efforts align with the UNFPA Strategic Plan outputs related to policy and accountability, high-quality care and services, gender and social norms, and population change, while harnessing the benefits of data innovation, digitalization, new partnerships and financing opportunities, and ensuring no one is left behind. Addressing youth issues will be integrated across all subject and programme areas.

14. The country programme will support the Government in advancing priorities outlined in the Reform Agenda, as an accelerator for achieving the SDGs in Serbia. UNFPA will support the implementation of national strategies, including the National Programme on Sexual and Reproductive Health, the Youth Strategy (2023-2030), the Strategy for Active and Healthy Ageing (2024-2030), the Strategy for Improving the Position of Persons with

Disabilities (2025-2030), the Gender Equality Strategy, the Strategy for Social Inclusion of Roma Men and Women (2022-2030) and their respective action plans. UNFPA will apply a range of engagement modalities, including advocacy and policy dialogue, capacity development to foster an enabling environment, partnership and coordination, and knowledge management to deliver the programme.

15. The country programme will leverage partnerships across a broad spectrum of government counterparts, including ministries responsible for youth, health, gender equality, human rights, demography, social protection, education, European Union integration, foreign affairs, finance, and others, as well as specialized government bodies, independent institutions, academia, parliamentarians, and local self-governments. Strategic partnerships will be strengthened with international development partners – primarily the European Union Delegation, the Swiss Agency for Development and Cooperation, the Swedish International Development Cooperation Agency, the United Kingdom, the German Corporation for International Cooperation, Italy, France, Austria, Spain – in advancing policy and advocacy efforts for accession to the European Union.

16. Partnerships with international financial institutions will focus on the convening role of UNFPA in new funding and financing endeavours while collaboration with United Nations entities will be streamlined towards joint programmes/programming ventures under the overarching framework of demographic resilience, with a specific focus on scaling-up existing joint initiatives in peacebuilding, gender equality, disability, social protection, migration. This collaboration will involve UNDP, UNICEF, UNOPS, UN-Women, the International Labour Organization (ILO), the International Organization for Migration, among others.

17. Direct cooperation will continue with civil society organizations, networks of women, youth, Roma, persons with disabilities, older persons, and other groups. Close collaboration with the media will enhance advocacy efforts. Coordination with United Nations organizations will be fostered, including through complementary and joint initiatives. The programme will also draw on UNFPA expertise in the Western Balkans to foster cross-country collaboration and shared learning for accelerated progress and multi-country initiatives. Continued engagement with the United Nations trust funds – including the Peacebuilding Fund, Global Disability Fund and the Sustainable Development Goals Fund – will support key interventions. Special attention will be given to scaling up partnerships with the private sector, particularly in promoting family-friendly policies and equal employment opportunities for all generations and gender.

18. The country programme will integrate humanitarian, development and peacebuilding efforts to promote sustainable peace and resilience. It will enhance emergency preparedness and response, in line with national disaster risk-reduction strategies, addressing megatrends such as climate change and digital transformation.

A. Output 1. Improved policies and accountability frameworks for integrating SRHR, including GBV prevention and response into universal health coverage policies and plans, and other relevant laws, and policies ensuring equitable access and advancing demographic resilience, gender equality and well-being for all generations.

19. The output contributes to three UNFPA Strategic Plan transformative results and outputs related to policy and accountability, quality of care and services. It contributes to four UNSDCF outcomes, especially UNSDCF outcome 3 (health, education and social protection services) and outcome 4 (digital transformation, human rights and gender equality).

20. The output supports the Government in strengthening evidence-based policies that integrate SRHR and GBV prevention and response within universal health coverage, ensuring equitable access to essential services, particularly for youth, women in vulnerable situations, Roma women and girls, persons with disabilities, and older persons. By promoting gender equality, youth well-being and demographic resilience through strategies focused on parenting, aging, human capital and migration management, the output fosters inclusive decision-making, enhances governance and accountability, and contributes to a demographically resilient society that meets the needs of both current and future generations.

21. To achieve this output, UNFPA will facilitate policy dialogue and provide technical assistance in the following areas: (a) integrating SRH services, including GBV prevention and response, into the normative framework for universal health care; (b) developing comprehensive frameworks for SRH, demographic resilience, labour, and social protection; (c) incorporating SRH components into cancer control programmes, with a focus on those furthest left behind, and aligning with human rights/antidiscrimination strategies, as well as climate change and emergency preparedness and response frameworks; (d) strengthening the gender equality normative framework to combat GBV, including in emergency settings; (e) implementing the Youth Wellbeing Index and updating the

Youth Strategy Action Plan; and (f) supporting the Government and relevant stakeholders in improving policies related to migration.

B. Output 2. Strengthened capacity of systems, institutions, and communities to deliver high-quality, integrated sexual and reproductive health, GBV prevention and response, and social services, ensuring their accessibility, affordability and availability, prioritizing those furthest behind.

22. The output is linked to all UNSDCF outcomes, especially UNSDCF outcome 3 (health, education and social protection services) and outcome 4 (digital transformation, human rights and gender equality), and the UNFPA Strategic Plan output on quality care and services.

23. By ensuring that high-quality SRH and GBV services are accessible, affordable and available, especially for those in vulnerable situations, this output supports the three transformative results of the UNFPA Strategic Plan, as well as the creation of a demographically resilient society.

24. To achieve this output, UNFPA will support partners to: (a) improve the quality of SRH services by developing clinical guidelines, sharing knowledge, implementing international standards, and promoting innovative, rights-based approaches to breast and cervical cancer prevention, family planning, maternal healthcare, and GBV prevention and response, with a focus on youth and groups in vulnerable situations; (b) transform social protection services through guidance, capacity building and piloting new initiatives to support survivors of GBV (including TFGBV) and informal caregivers, while reducing social isolation and strengthening mechanisms for intergenerational exchange in response to ageing; (c) encourage local governments to enhance local youth offices and spaces; (d) expend in-school and out-of-school education for life skills development across the life cycle; and (e) collaborate with the public and private sector to foster age-diverse workplaces, advance the silver economy, implement family-friendly policies, and address labour migration challenges.

C. Output 3. Enhanced mechanisms and capacities of actors and institutions to address discriminatory gender and social norms, and promote gender equality and the empowerment of women, youth, and groups in vulnerable situations, while fostering a transformative approach that factors population dynamics as opportunities for sustainable development.

25. This output directly contributes to UNSDCF outcome 4 (digital transformation, human rights and gender equality) and the UNFPA Strategic Plan output related to gender and social norms.

26. By fostering inclusive, gender-responsive social norms, this output will contribute to all three UNFPA transformative results and support the creation of a demographically resilient society.

27. To achieve this output, UNFPA will provide technical expertise, build capacity and broker partnerships among authorities, institutions, civil society, the media, the private sector and international partners in the following areas: (a) enhancing health literacy and positive health-seeking behaviours, empowering youth and groups in vulnerable situations to make informed decisions about SRH, including family planning and active and healthy aging; (b) promoting zero tolerance to stigma and discrimination, hate speech, toxic masculinity and all forms of GBV (including child marriages and sexual violence and abuse); (c) engaging boys and men in fostering constructive narratives, promoting gender equality and strengthening social cohesion; (d) supporting youth transition to healthy adulthood and employment by fostering an environment for digital and entrepreneurship skills, innovation platforms, and leveraging youth diaspora networks for knowledge sharing; (e) advancing transformative narratives to demographic trends, particularly aging, by supporting longevity, active and healthy aging, the silver economy and intergenerational exchange; (f) fostering multi-stakeholder partnerships, including with the private sector, to address discriminatory gender and social norms and create an enabling environment for the promotion of gender-responsive family policies, balanced household responsibilities, and the recognition of unpaid care work; (g) strengthening partnerships with traditional and social media and influencers to raise awareness of the root causes of gender inequality, challenge harmful gender and social norms and promote positive narratives, as key vehicle to capitalize on the transformational potential of the new programme.

D. Output 4. Strengthened data systems and evidence frameworks at national and local levels that integrate population changes and megatrends to inform policies, systems and programmes to build demographic resilience.

28. This output advances all four UNSDCF outcomes and UNFPA Strategic Plan outputs focused on population change and data, policies and accountability, and quality of care and services. It supports the availability of data in key UNFPA and sustainable development areas, enhancing evidence systems and national capacity to integrate demographic trends and megatrends for informed policymaking and response.

29. By strengthening data and evidence, this output will contribute to the achievement of all three UNFPA transformative results and the creation of a demographically resilient society.

30. To achieve this output, UNFPA will support: (a) national counterparts in improving reporting mechanisms and routine data collection on family planning, GBV, and quality and use of SRH services; (b) the convening of partnerships for data collection and analysis through tools such as population analyses and projections, registries, surveys and targeted thematic research (including the Generations and Gender Survey and the Multiple Indicator Cluster Survey); (c) analysing census and large surveys data and translating findings into policy briefs; (d) preparing for a future population census, in cooperation with the Statistical Office of the Republic of Serbia; (e) advocating for and conducting targeted assessments of key socioeconomic issues, including the labour force participation of women, the impact and extent of unpaid care work (including through national transfer accounts and national time transfer accounts analysis), investment cases for family planning, and other essential SRH and social services addressing barriers and root causes of gender inequality; (f) assessing the contribution of older persons to society; (g) analysing the effects of gender-responsive family policies on productivity and family aspirations of women and men; and (h) supporting stakeholders to improve data on labour migration trends and motivations.

III. Programme and risk management

31. UNFPA will continue to engage in the coordination mechanisms of the Cooperation Framework, managed by the Joint National Steering Committee, co-chaired by the United Nations Resident Coordinator and the designated government representatives. UNFPA will contribute to all three programme results groups and other interagency groups, such as gender, communication, monitoring and evaluation, and the operations management team. UNFPA will continue to co-chair one results group and the Gender Thematic Group.

32. The programme seeks to transform UNFPA partnership with the Government to align with the evolving needs as it moves towards high-income country status and European Union membership. UNFPA will continue to collaborate with government institutions, including ministries responsible for health, education, youth, labour and social welfare, family welfare and demography, human rights and relevant parliamentary committees. UNFPA will work closely with the Statistical Office of the Republic of Serbia, the Institute of Public Health, the Ombudsman, and the Commissioner for the Protection of Equality. UNFPA will expand partnerships with academia, professional associations and civil society, particularly those that are implementing partners. UNFPA will prioritize partnerships with stakeholders that support women, youth, older persons and communities in vulnerable situations and explore opportunities for collaboration with the private sector in these specific thematic areas, including through the United Nations Global Compact, national and international chambers of commerce and bilateral channels of communication. UNFPA will continue collaborating with international development partners, including the European Union, bilateral donor organizations and international financial institutions. Collaboration will continue with United Nations organizations, including those engaged in human capital development and well-being. These partnerships will aimed to streamline the delivery of joint outcomes of the new UNSDCF, which mirror the national development priorities, the European Union Growth Plan priorities and the 2030 Agenda.

33. UNFPA has the relevant technical expertise to implement the country programme effectively. The UNFPA Office of Audit and Investigation Services issued an overall audit rating of “satisfactory” for the country office, signifying that the assessed governance arrangements, risk management practices and controls were adequately designed and operating effectively to provide reasonable assurance. However, areas for improvement were identified, including the need to strengthen supervisory controls over compliance – specifically the requirement to assess the capacity of implementing partners to prevent sexual exploitation and abuse (PSEA). The country office has already take steps to address this by increasing monitoring and enhancing oversight to ensure full compliance. Furthermore, the capacity of the country office team will be enhanced in the areas of policy development, advocacy, resource mobilization and partnerships. Strengthening internal capacity will improve programme integration and

reduce reliance on external expertise. Knowledge sharing within the cluster will be encouraged, with support from the UNFPA Eastern Europe and Central Asia Regional Office and headquarters as needed. Additional staffing needs will be funded through other resources. The recently signed Standard Basic Assistance Agreement with the Government will enable UNFPA to leverage national expertise to complement the capacity of the country office team.

34. UNFPA partnership and resource mobilization plan strengthen partnerships with the European Union in policy and advocacy efforts, and explore opportunities for accessing the pre-accession funding, as well as multi-country funding opportunities. To secure non-core funding for implementation, and considering shifts in financing landscape in Serbia, UNFPA will: (a) pursue bilateral and multilateral support from partners like European Union, Swedish International Development Agency, Swiss Development Cooperation, the United Kingdom, and Italy; (b) enhance financial sustainability through pooled funding and multi-partner trust funds in the form of joint programmes; (c) scale up partnerships with the private sector as donors, while identifying opportunities to complement these efforts by providing expertise and technical assistance to infrastructure programmes implemented by international financial institutions and other United Nations organizations; and (d) develop regional initiatives across the Western Balkans, to optimize resources.

35. Key risks to partnership and resource mobilization include: (a) the country's progress towards high-income status, which may reduce the perceived need for United Nations technical assistance and lead to a shift toward more direct partnerships between international donors and the Government; (b) a continued decline in overall international donor assistance to Serbia; (c) challenges associated with aligning the harmonized approach to cash transfers with the country's public financial systems, which may affect to implementation efficiency and donor confidence.

36. The main risks to programme implementation include: (a) frequent elections and government changes resulting in high turnover of technical staff; (b) inconsistencies in strategic priorities and institutional capacities; (c) natural disasters or public health emergencies; (d) sensitivities related to the UNFPA mandate, particularly in areas concerning gender equality and reproductive rights; and (e) the lack of reliable disaggregated data. To mitigate these risks, UNFPA, in cooperation with the Ministry of Foreign Affairs, will convene a Steering Committee to oversee programme implementation and conduct annual risk assessments. These assessments will inform a mitigation strategy that also considers larger global risks, such as funding cuts, austerity measures, and other regional/global factors. Annual work plans will be agreed upon with relevant institutions and reviewed mid-year, allowing for updates to the country programme results framework if national priorities shift. UNFPA will also diversify partnerships and funding sources, strengthen alliances to promote civic dialogue, and continue rights-based advocacy to influence social and gender norms. Preparedness strategies will ensure adequate integration of SRH and GBV services.

37. The 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

38. UNFPA, together with the Government and the United Nations country team, will establish a framework to monitor and evaluate implementation of the Cooperation Framework. UNFPA will actively participate in the Monitoring and Evaluation Group and the Common Country Analysis, and in developing joint workplans, joint annual reviews and Cooperation Framework results reporting. UNFPA will contribute and actively participate in the end-of-cycle UNSDCF evaluation.

39. UNFPA, in collaboration with relevant stakeholders, will carry out participatory quality assurance activities and conduct regular annual programme reviews to track progress against planned results and indicators in the results framework. These efforts will improve accountability and promote a results-based management culture. The country programme milestones and results will be tracked through UNFPA reporting mechanisms and incorporated into UN-Info. UNFPA will also support implementing partners in conducting regular activity monitoring, assessing their performance, and adjusting implementing arrangements, as needed.

40. A country programme evaluation will be conducted as per the country programme evaluation plan and in line with the most recent UNFPA evaluation policy of 2024. The programme will adopt participatory approaches to generate evidence for the design of the next programming cycle, ensure accountability for the relevance and performance of the programme, and promote a learning culture.

41. UNFPA will support national statistical and monitoring capacities to produce disaggregated population data and enable effective monitoring and evaluation of progress toward the SDGs, with a focus on making visible the needs of those furthest behind. UNFPA will continue to contribute inputs and feedback to the voluntary national reviews, universal periodical reviews, and reports to the Group of Experts on Action against Violence against Women and Domestic Violence, as well as the Committee on the Elimination of Discrimination against Women.

RESULTS AND RESOURCES FRAMEWORK FOR SERBIA (2026-2030)

NATIONAL PRIORITY: Serbia aims to accelerate reforms and the social and economic convergence with the European Union. In alignment with key policy areas of the Reform Agenda, priority reforms will focus on improving the business environment and private sector development, advancing the energy sector, supporting the green and digital transition, strengthening human capital, and reinforcing core institutional fundamentals. In the long term, the country's overarching goal for sustainable demographic development is to achieve a stationary population – where future generations are equal in size to the current ones. This includes preserving and improving the sexual and reproductive health of the population, while ensuring everyone's right to make informed decisions about sexuality and reproduction, regardless of sex, gender, age, disability, socioeconomic status, cultural identity, sexual orientation, exposure to social deprivation, HIV status, or any other personal characteristics. Young people are active, equal participants in all aspects of social life, able to fully develop their potential with the support of society and contribute to personal and societal development and well-being. Older persons live dignified and fulfilling lives through healthy and active aging. Quality of teaching is improved, equality and accessibility in pre-university education ensured, and educational institutions strengthened through the implementation of high-quality quality programmes.

UNSDCF OUTCOME(S): By 2030, sustainable, nature-positive, participatory, accountable and gender-responsive solutions for environmental protection, climate and disaster resilience and the management of natural and cultural resources – leveraging new technologies and traditional knowledge – are promoted and implemented; By 2030, economy of Serbia is more sustainable, knowledge-based, competitive and gender-responsive with equitable access to green and digital economic opportunities and SDG-aligned investment and financing; By 2030, all people in Serbia, particularly vulnerable groups, benefit from high-quality, gender-responsive, equitable inclusive and innovative health, education and social protection services, ensuring well-being across the lifecycle; By 2030, Serbia ensures an independent and transparent judicial system, good governance and inclusive digital transformation, civic engagement and the full realization of human rights and gender equality, fostering social cohesion and an inclusive and participatory democracy for all.

RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2025, the reduction in the unmet need for family planning has accelerated; 2. By 2025, the reduction of preventable maternal deaths has accelerated; 3. By 2025, the reduction in gender-based violence and harmful practices has accelerated.

UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods <i>Baseline: 30% (2019); Target: 40% (2030)</i>	Output 1. Improved policies and accountability frameworks for integrating SRHR – including GBV prevention and response – into universal health coverage policies and plans, and other relevant laws and policies, ensuring equitable access and advancing demographic resilience, gender equality, and well-being for all generations.	<ul style="list-style-type: none"> National strategy on sexual and reproductive health and rights, including a costed action plan, developed and validated <i>Baseline: No (2025); Target: Yes</i> Number of comprehensive national policies explicitly integrating population changes that contribute to demographic resilience, with a costed action plan developed and validated <i>Baseline: 0 (2025); Target: 2</i> Number of national and local policies or strategies informed by population analyses, demographic projections, or surveys which respond to the specific needs of all population groups <i>Baseline: 3 (2025); Target: 8 (2030)</i> 	Ministries of: Health; Family Welfare and Demography; Labour, Employment, Veteran and Social Affairs; Tourism and Youth; Human and Minority Rights and Social Dialogue; Education; European Integration; National Parliament; Secretariat for Public Policies; Institute of Public Health; Health Insurance Fund; Statistical Office of the Republic of Serbia; local-self-governments; health professional associations; medical faculties and institutes; Commissioner for the Protection of Equality; academia/research institutions; Faculty of Geography; Institute of Social Sciences; Centre for Demographic Research; think tanks/civil society organizations; the private sector; Chamber of Commerce and Industry of Serbia (CCIS) and international chambers of commerce; the media and influencers; United Nations organizations;	\$1.1 million (\$1.0 million from regular resources and \$0.1 million from other resources)

			international financial institutions; development partners; Council of Europe; German Cooperation in Serbia; Organization for Security and Co-operation in Europe (OSCE).	
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Adolescent birth rate per 1,000 women (aged 15-19 years) in that age group <i>Baseline: 12 (2019); Target: 8 (2030); Baseline (Roma): 163 (2019) Target: 80 (2030)</i> 	<p>Output 2. Strengthened the capacity of systems, institutions and communities to deliver high-quality, integrated sexual and reproductive health, GBV prevention and response, and social services, ensuring their accessibility, affordability and availability, prioritizing those furthest behind.</p>	<ul style="list-style-type: none"> Number of new or revised clinical guidelines and protocols to enhance the quality and accessibility of SRH services, including cervical and breast cancer prevention, family planning and maternal healthcare <i>Baseline: 1 (2025); Target: 3 (2030)</i> Proportion of eligible adolescent girls covered by HPV vaccination <i>Baseline: 10% (2024); Target: 50% (2030)</i> Age-appropriate, cross-curricular and extra-curricular programmes supporting life skills development introduced in the seventh and eighth grades of primary and first and second grades of secondary schools <i>Baseline: No (2025); Target: Yes (2030)</i> Number of initiatives improving community services for older persons at the local self-government level, in line with the Strategy for Active and Healthy Aging <i>Baseline: 3 (2025); Target: 7 (2025)</i> 	<p>Ministries of: Health; Family Welfare and Demography; Labor, Employment, Veteran and Social Affairs; Tourism and Youth; Human and Minority Rights and Social Dialogue; Education; European Integration; Cabinet of the Minister without Portfolio in Charge of Gender Equality; Secretariat for Public Policies; Institute of Public Health; Network of district institutes of public health; local governments; local youth offices; centres for social work; primary health centres; health professional associations; medical faculties and institutes; Centre for the Politics of Emancipation (CPE); academia/research institutions; think tanks/civil society organizations (CSOs) (primarily women organizations, Roma women networks, organizations of persons with disabilities); the media and influencers; United Nations organizations; international financial institutions; development partners; Council of Europe; German Cooperation in Serbia; OSCE; CCIS and international chambers of commerce.</p>	<p>\$1.9 million (\$0.7 million from regular resources and \$1.2 million from other resources)</p>
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Proportion of women aged 20-24 years who were married or in a union; (a) before age 15; (b) before age 18 <i>Baseline: (a) 1.2%; (b) 5.5% (2019); Target: (a) 0.5%; (b) 2.5% (2030)</i> Proportion of women aged 15-49 years who make their own informed 	<p>Output 3. Enhanced mechanisms and capacities of actors and institutions to address discriminatory gender and social norms, and promote gender equality and the empowerment of women, youth, and groups in vulnerable situations, while fostering a transformative approach that factors population dynamics as opportunities</p>	<ul style="list-style-type: none"> Number of public awareness initiatives tailored to transform social and gender stereotypes, promote balanced parenting, and advocate for zero tolerance to GBV, including technology-facilitated GBV, ageism, and other forms of violence <i>Baseline: 1 (2025); Target: 4 (2030)</i> Number of youth-led local initiatives aimed at addressing harmful gender and social norms <i>Baseline: 10 (2025); Target: 20 (2030)</i> Number of private companies that introduced and applied gender-responsive family policies <i>Baseline: 10 (2025); Target: 15 (2030)</i> 	<p>Ministries of: Health; Family Welfare and Demography; Labor, Employment, Veteran and Social Affairs; Tourism and Youth; Human and Minority Rights and Social Dialogue; Education; European Integration; Cabinet of the Minister without Portfolio in Charge of Gender Equality; Secretariat for Public Policies; Institute of Public Health; HIS, network of district institutes of public health; local governments; local youth offices; health professional associations; medical faculties and institutes; CPE; academia/research institutions; CCIS and international chambers of commerce; think tanks/civil society organizations; the media and influencers; the private sector;</p>	<p>\$1.5 million (\$0.7 million from regular resources and \$0.8 million from other resources)</p>

decisions regarding sexual relations, contraceptive use and reproductive health care <i>Baseline: 82% (2019); Target: 90% (2030)</i> <i>Baseline (Roma): 56% (2019); Target: 70% (2030)</i>	for sustainable development.		United Nations organizations; international financial institutions; United Nations Global Compact; development partners; Council of Europe; German Cooperation in Serbia; OSCE.	
<u>Related UNFPA Strategic Plan Outcome indicator(s):</u> <ul style="list-style-type: none"> Unmet need for family planning among women aged 15-49 years <i>Baseline: 8,8 % (2019); Target: 5% (2030); Baseline (Roma women): 13,8% (2019); Target: 10% (2030)</i> 	<u>Output 4.</u> Strengthened data systems and evidence frameworks at national and local levels that integrate population changes and megatrends to inform policies, systems, and programmes to build demographic resilience.	<ul style="list-style-type: none"> Number of large-scale household research conducted with UNFPA support using internationally validated methodologies <i>Baseline: 0 (2025); Target: 2 (2030)</i> Number of research/studies incorporating disaggregated data on vulnerable populations (e.g., youth, women, Roma communities, persons with disabilities, older persons) to assess needs and access to SRH, GBV prevention and response, employment and social services <i>Baseline: 0 (2025); Target: 3 (2030)</i> Number of published demographic studies or reports analysing megatrends (e.g., migration, urbanization, aging, climate change, digitalization) to support evidence-based policy decisions <i>Baseline: 0 (2025); Target: 3 (2030)</i> Improved availability and quality of data on persons with disabilities through the establishment and operationalization of the national registry <i>Baseline: No (2025); Target: Yes (2030)</i> 	Ministries of: Health; Family Welfare and Demography; Labor, Employment, Veteran and Social Affairs; Tourism and Youth; Human and Minority Rights and Social Dialogue; Education; European Integration; Cabinet of the Minister without Portfolio in Charge of Gender Equality; Secretariat for Public Policies; Statistical Office of the Republic of Serbia; local governments; local youth offices; CPE; Commissariat for Refugees and Migration; academia/research institutions; think tanks/civil society organizations; the media and influencers; United Nations organizations; international financial institutions; development partners; Council of Europe; German Cooperation in Serbia; OSCE; CCIS and international chambers of commerce.	\$1.3 million (\$0.9 million from regular resources and \$0.4 million from other resources)
Programme coordination and assistance				0.4 million from regular resources