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Programme, the United Nations
Population Fund and the United
Nations Office for Project Services**

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UNFPA – Annual report of the Executive Director

United Nations Population Fund
Implementation of the UNFPA strategic plan, 2018-2021
Report of the Executive Director

Summary

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

This report also describes the results achieved in 2020 in responding to the coronavirus disease 2019 (COVID-19) pandemic. The report further describes the joint interventions carried out with other United Nations entities.

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

Elements of a decision

The Executive Board may wish to:

- (a) Take note of the documents that make up the report of the Executive Director for 2020: DP/FPA/2021/4 (Part I, Part I/Add.1 and Part II);
- (b) Note with appreciation the progress made by UNFPA in achieving the results of the UNFPA strategic plan, 2018-2021, during the penultimate year of its implementation.

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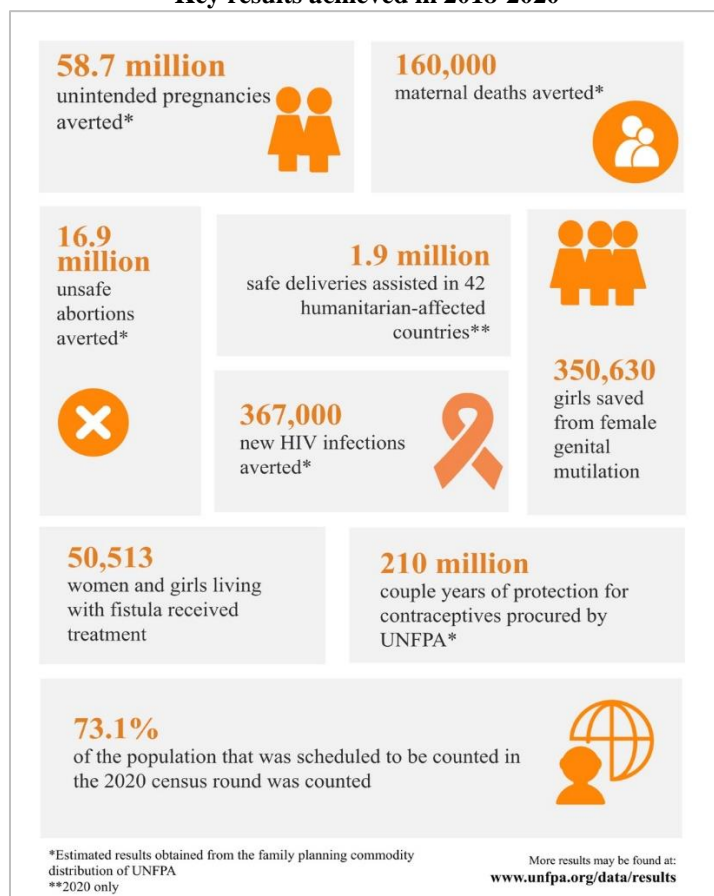
Annex 5: Implementation of the common chapter of the strategic plan, 2020

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

I. Overview

1. This report details the progress UNFPA made in achieving the results of the UNFPA strategic plan, 2018-2021, during the penultimate year of its implementation. The current strategic plan is the first of three consecutive strategic plans that will guide UNFPA in contributing to the achievement of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development and the implementation of the Programme of Action of the International Conference on Population and Development. The two subsequent strategic plans will cover the years 2022-2025 and 2026-2029.
2. This report also details the progress made in implementing General Assembly resolution 71/243 on the quadrennial comprehensive policy review of operational activities for development of the United Nations system, as well as the contributions of UNFPA global and regional interventions in achieving the results of the strategic plan. The report describes the challenges encountered and the lessons learned in implementing the strategic plan in 2020.
3. Despite the disruption caused by the coronavirus disease 2019 (COVID-19) pandemic, UNFPA made progress towards achieving the three transformative results of the strategic plan: (a) ending preventable maternal deaths; (b) ending the unmet need for family planning; and (c) ending gender-based violence and harmful practices, including female genital mutilation and child, early and forced marriage. Figure 1 highlights the key results achieved in 2018-2020.

Figure 1
Key results achieved in 2018-2020



4. The COVID-19 pandemic has had an impact on the achievement, by 2030, of the three transformative results. Nonetheless, the analysis of the 2020 results shows that, overall, UNFPA demonstrated a positive trend in achieving its strategic plan outputs compared to 2019.

5. The outputs on (a) workforce capacity; (b) adolescent and youth skills and capabilities; and (c) gender-based violence have shown significant increases in terms of achieving the 2020 targets. This was a result of (a) training and deploying more health workers to respond to the COVID-19 pandemic; (b) engaging young people in the response to the pandemic; and (c) an increase in the reported incidents of gender-based violence (see table 1).

6. The pandemic affected primarily the output indicator targets that depended heavily on policy and accountability, and data and supply chains. This was due to (a) the difficulty of providing contraceptives to 'last-mile' beneficiaries; (b) the effects of the pandemic on the functioning of logistics management information systems; (c) challenges in engaging stakeholders in policy interventions; and (d) disruptions to data generation and analysis, including the closure of statistical offices.

Table 1
Strategic plan output scorecard, 2019 and 2020

	Development output	2019 target achievement	2020 target achievement	Trend
1	Sexual and reproductive health policies for those furthest behind	65%	70%	Positive
2	Provision of integrated sexual and reproductive health services	89%	73%	Negative
3	Health workforce capacity	61%	85%	Positive
4	Delivery of sexual and reproductive health commodities	102%	52%	Negative
5	Accountability for sexual and reproductive health	85%	96%	Positive
6	Adolescent and youth skills and capabilities	66%	85%	Positive
7	Adolescent and youth policies	108%	52%	Negative
8	Youth leadership and participation	96%	103%	Positive
9	Gender equality laws and policies	60%	58%	Negative
10	Gender and sociocultural norms	76%	79%	Positive
11	Preventing and addressing gender-based violence	82%	133%	Positive
12	Elimination of harmful practices	80%	94%	Positive
13	Population data systems	87%	85%	Negative
14	Demographic intelligence	107%	113%	Positive

7. Effective and efficient COVID-19 response mechanisms helped UNFPA and its partners to maintain the progress of the strategic plan by:

- (a) Applying an organization-wide approach to respond to the COVID-19 pandemic;
- (b) Responding to the pandemic as a protracted situation, focusing on resiliency, flexibility and agility of operations, programmes and policies;
- (c) Rolling out early the UNFPA COVID-19 global response plan with strategic priorities;
- (d) Coordinating the UNFPA COVID-19 response with other United Nations organizations, at all levels;

(e) Mobilizing \$94.8 million in additional resources to support the UNFPA COVID-19 pandemic response. More than one-fourth of funding for the UNFPA COVID-19 response came from United Nations entities.

8. The COVID-19 pandemic also provided an opportunity for UNFPA to scale up its programming and operations. In 2020, there was an increase in programming and operational initiatives that were implemented jointly with other United Nations organizations. In 2020, UNFPA offices that integrated minimum preparedness actions increased from 60 per cent in 2019 to 80 per cent. Offices that prioritized innovation also increased in 2020. Section III of this report provides a detailed analysis of the results achieved by UNFPA in response to the pandemic.

9. In 2021, UNFPA and its implementing partners will focus primarily on the immediate response to and recovery from the COVID-19 pandemic, and build on lessons learned in 2020. UNFPA has begun the development of its new strategic plan, 2022-2025, which seeks to accelerate the achievement of the transformative results. The new strategic plan will also help UNFPA and its partners to better respond to and recover from future uncertainties and disasters.

II. The 2020 context: the impact of the coronavirus disease 2019 (COVID-19) on achieving the three transformative results

10. The year 2020 marked the first anniversary of the 2019 Nairobi Summit on ICPD25 (convened by the Governments of Denmark and Kenya, together with UNFPA), which was held to accelerate the implementation of the Programme of Action of the International Conference on Population and Development (ICPD). It also marked the 25th anniversary of the Beijing Platform for Action, which was a major achievement for gender equality. However, as a result of the COVID-19 pandemic, even the gains made in past decades are at risk of being rolled back.

11. The COVID-19 pandemic is the greatest humanitarian crisis since the creation of UNFPA 52 years ago. The pandemic is also a global socioeconomic, political and human rights crisis. Global humanitarian needs doubled between 2019 and 2020.

12. As of the writing of this report, the COVID-19 pandemic had claimed over 3.1 million lives and infected more than 147 million people. It has had a disproportionate impact on women and girls. Furthest behind populations, including young people, older persons, indigenous people, people of African descent, persons with disabilities, migrants and refugees have experienced severe effects from the pandemic. It has exacerbated pre-existing inequalities, resulted in alarming health and economic impacts for women, and brought about an increase in the reporting of incidences of gender-based violence.

13. The COVID-19 pandemic is expected to push 71 million people into extreme poverty. The pandemic will likely increase female poverty. It has also intensified women's unpaid care work.

14. The pandemic has exposed vulnerabilities and exacerbated inequalities within and between developing and developed countries, hitting the poorest and most vulnerable people particularly hard. The pandemic disrupted the implementation of the three transformative results and, in some cases, reversed progress.

15. UNFPA projects that there has been an average of 3.6 months of family planning service disruptions in 115 low-income and middle-income countries, affecting as many as 12 million women and leading to as many as 1.4 million unintended pregnancies. For every 3 months that a lockdown continues, assuming high levels of disruption, it is projected that up to 2 million additional women who wish to use modern contraceptives will be unable to do so. A recent United Nations survey found that 7 in 10 countries experienced disruptions in contraceptive services.

16. The COVID-19 pandemic is likely to undermine efforts to end gender-based violence. The pandemic has led to a reduction in prevention and protection efforts, including access to social services and care, as well as an increase in the incidence of violence against women. The pandemic is likely to cause a one-third reduction in progress towards ending gender-based violence by 2030. For every three months that a lockdown continues, an additional 15 million additional cases of gender-based violence are expected. In 2020, the United Nations Secretary-General called for a domestic violence ceasefire, appealing for “peace in homes” in the face of the dramatic increase in intimate partner violence related to COVID-19 lockdowns.

17. Due to COVID-19 disruptions, a one-third reduction in progress towards ending female genital mutilation by 2030 is anticipated. Due to disruptions in prevention programmes, it is projected that 2 million female genital mutilation cases could occur over the next decade that would otherwise have been averted.

18. In 2020, the pandemic had a devastating effect on adolescents and young people’s lives, health and well-being, including the interruption of employment, formal and informal education, and health and social services. Together with the wide-reaching economic consequences of the pandemic, these factors are expected to result in an additional 13 million child marriages between 2020 and 2030 that otherwise would not have occurred. The potential medium-term and long-term impacts can only be minimized if adequate measures are taken to guarantee adolescents and youth their basic rights to health, safety, choice and voice.

III. The UNFPA response to the COVID-19 pandemic

19. In 2020, UNFPA responded to the COVID-19 pandemic with agility and determination. UNFPA launched its COVID-19 response with two objectives in mind: ensuring the continuity of services and saving lives.

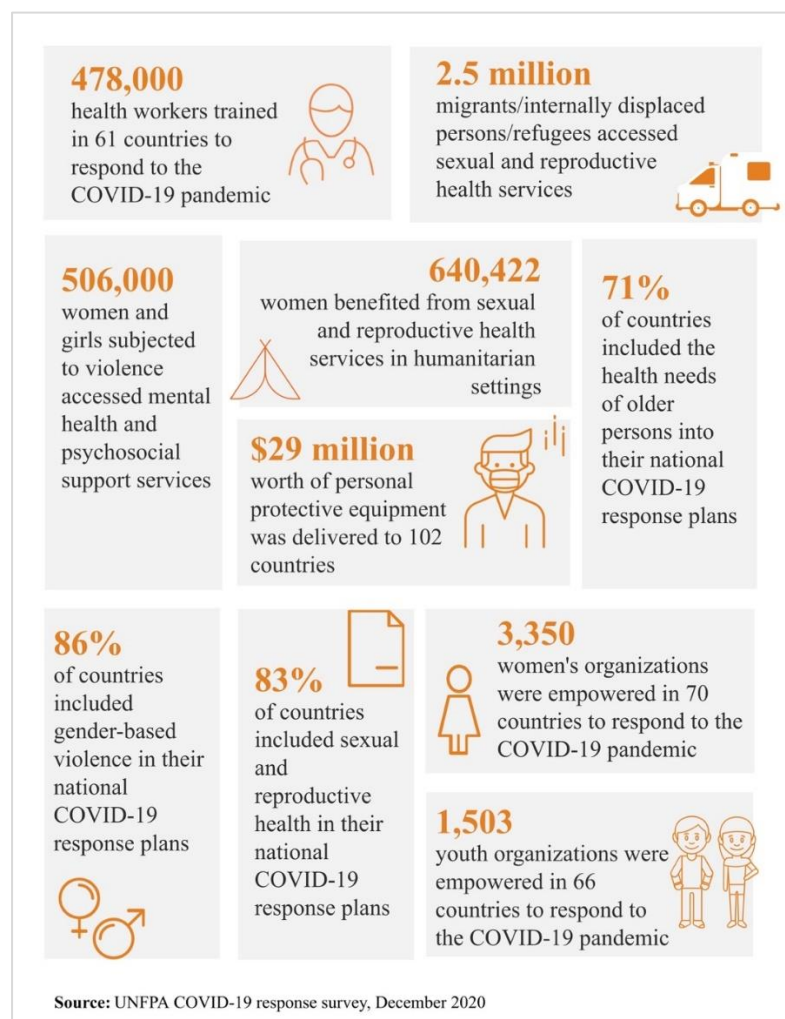
20. In April 2020, UNFPA rolled out a global COVID-19 response plan that had three strategic priorities: (a) continuity of sexual and reproductive health services, including the protection of the health workforce; (b) addressing gender-based violence and harmful practices; and (c) safeguarding the supply of contraceptives and other reproductive health commodities.

21. The interventions of UNFPA country programmes were also adapted to respond to the pandemic. The 2020 annual reports from country offices indicate that 74 per cent of UNFPA programme countries maintained or expanded the provision of family planning services at the community level, and 91 per cent maintained or expanded interventions to prevent gender-based violence.

22. UNFPA programme countries also ensured the functioning of safe spaces for survivors of gender-based violence. As of December 2020, over 88 per cent of countries maintained or expanded these safe spaces, while 71 per cent ensured women’s access to justice through police and justice responses that addressed the impunity of perpetrators and protected women and children (figures 2 and 11).

23. The UNFPA survey on response and preparedness found that 84 per cent of UNFPA programme countries had comprehensive COVID-19 pandemic response and recovery plans. Further, 80 per cent of those plans had measures to protect people with disabilities and ensure their access to health services; 71 per cent had such measures for older persons.

Figure 2
Results of the UNFPA COVID-19 response



24. A coordinated approach with other United Nations organizations helped UNFPA respond to and recover from the effects of the pandemic in an efficient manner. At the end of 2020, 71 per cent of UNFPA programme countries had a functional, multisectoral coordination mechanism to enable sexual and reproductive health interventions to respond to the pandemic, while 72 per cent of countries had a coordination mechanism for gender-based violence, and 63 per cent had a multisectoral working group to respond to mental health and psychosocial support needs.

25. In addition, UNFPA:

- Was an integral part of the coordinated United Nations response plan;
- Served on the advisory committee of the United Nations COVID-19 response and recovery fund;
- Complemented the COVID-19 strategic preparedness and response plan of the World Health Organization (WHO);

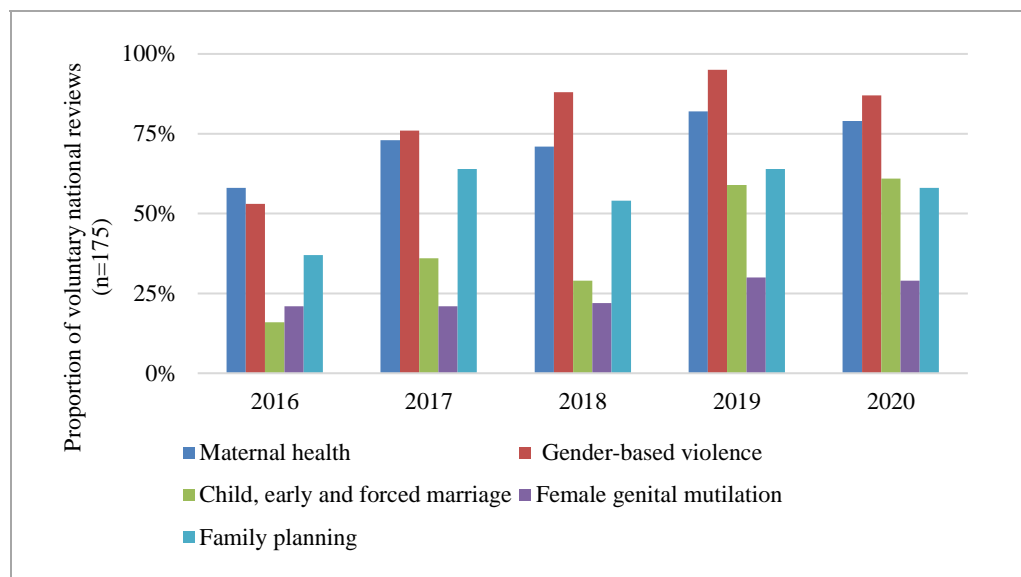
- (d) Led or co-led the maternal health, youth and gender sections of the United Nations socioeconomic response plan and the global humanitarian response plan.
26. UNFPA played a key role at global and regional levels in responding to the pandemic. In 2020, the organization disseminated over 40 global-level and regional-level technical notes and guidance to support the COVID-19 response and recovery.
27. UNFPA learned several lessons in responding to and recovering from the effects of the COVID-19 pandemic, including:
- (a) The importance of preparedness and building resilience at national, institutional, community, family and individual levels;
 - (b) The importance of adaptiveness and decentralization in changing contexts and during crises;
 - (c) The necessity of flexible business practices to respond to uncertainties;
 - (d) The importance of mechanisms for community feedback during pandemics. According to UNFPA data, only 55 per cent of UNFPA programme countries had such mechanisms;
 - (e) The need for more sex- and age-disaggregated data to understand the full impact of COVID-19;
 - (f) The need for gender-responsive and age-responsive policies and programmes;
 - (g) The need to increase investments in disaster risk reduction and climate change adaptation;
 - (h) The importance of prioritizing livelihood support as an entry point for recovery from the pandemic;
 - (i) The acknowledgement of the opportunities that can be seized as a result of the disruption caused by the pandemic, including through innovative solutions, creative thinking and rapid change.
28. UNFPA will incorporate the above lessons in its new strategic plan for 2022-2025.

IV. Results achieved in 2020

A. Status of the three transformative results

29. The first three years of implementing the UNFPA strategic plan, 2018-2021, saw substantial progress. However, unless progress accelerates, the world will be unable to achieve the transformative results by 2030.
30. Progress was made in integrating the transformative results into global, regional and national development frameworks. In 2020, all new UNFPA country programmes pledged to achieve at least one of the three transformative results. Nearly all United Nations Sustainable Development Cooperation Frameworks developed in 2020 integrated the transformative results into the frameworks.
31. The transformative results were prioritized in voluntary national reviews. An analysis of 175 voluntary national reviews implemented from 2016 to 2020 revealed that: (a) 75 per cent of the reviews included sexual and reproductive health and rights; (b) 83 per cent included gender-based violence; (c) 43 per cent included child early and forced marriage; and (d) 25 per cent included female genital mutilation.

Figure 3
Inclusion of the three transformative results in voluntary national reviews, 2016-2020



Source: UNFPA analysis

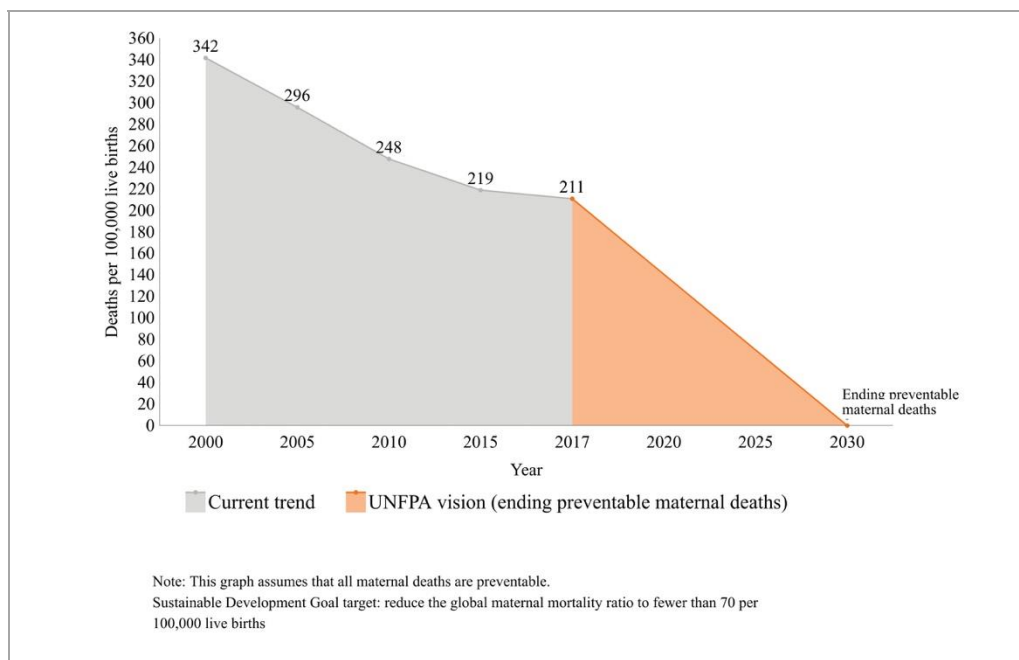
32. A number of countries integrated the voluntary country commitments made at the Nairobi Summit into their national policies and programmes. This action was taken to accelerate the achievement of the transformative results as well as the implementation of the ICPD Programme of Action at the country level.

33. In 2020, 96 per cent of UNFPA programme countries – of the 68 that submitted reports in 2020 – have taken follow-up actions to implement their voluntary country commitments at the national level. In 2020, UNFPA established the High-level Commission on the Nairobi Summit on ICPD25 Follow-Up, which follows up on the implementation of the voluntary country commitments to accelerate the three transformative results and the implementation of the ICPD Programme of Action.

Ending preventable maternal deaths

34. Maternal deaths declined from 451,000 in 2000 to 295,000 in 2017 – a 38 per cent reduction. The global lifetime risk of maternal mortality for a 15-year-old girl in 2017 was approximately half the risk in 2000. The proportion of women of reproductive age (15 to 49 years) who died due to maternal causes was estimated at 9.2 per cent in 2017 – down by 26.3 per cent since 2000.

Figure 4
Trends in maternal mortality



35. The reduction in maternal mortality is still not at the level required to achieve the Sustainable Development Goal target on maternal mortality (fewer than 70 maternal deaths per 100,000 live births) nor to reach the UNFPA transformative result to end preventable maternal deaths by 2030. The United Nations has projected that maternal mortality rates will likely increase in the post-COVID-19 era. For example, the maternal mortality ratio could increase in 14 countries in the Asia and the Pacific region, which already have a high burden of maternal deaths –from the projected 2020 baseline of 184 deaths per 100,000 live births to 214 or 263 per 100,000 live births for the best-case and the worst-case scenarios, respectively.

36. Even before the COVID-19 pandemic, it was estimated that countries would need \$103.6 billion between 2020 and 2030 to end preventable maternal deaths by 2030.

Box 1

Cost benefits of investing in the transformative results in small island developing States

In 2020, UNFPA conducted a cost-benefit analysis of achieving the transformative results in small island developing States.

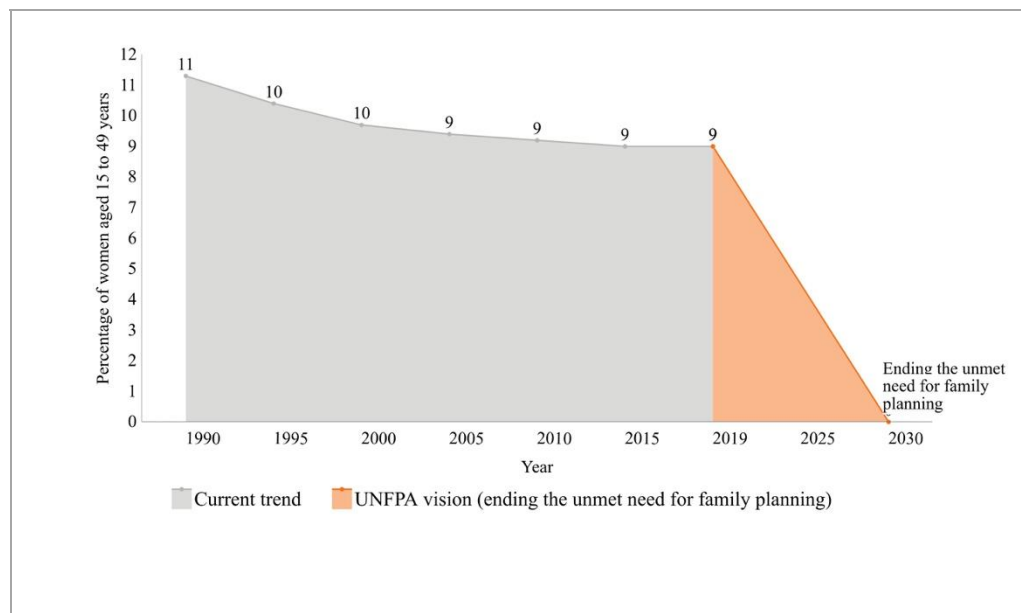
Between 2020 and 2030, five countries in the Pacific subregion will require an additional cumulative investment of \$13.4 million. This additional investment could bring an eleven-fold economic benefit of \$149.7 million by preventing maternal and newborn deaths, stillbirths and unintended pregnancies.

Between 2020 and 2030, four countries in the Caribbean subregion will require an additional cumulative investment of \$18.8 million. This investment could result in a twenty-fold economic benefit of \$375.4 million by preventing maternal and newborn deaths, stillbirths and unintended pregnancies.

Ending the unmet need for family planning

37. The unmet need for family planning declined worldwide from 11.3 per cent in 1990 to 9 per cent in 2019.

Figure 5
Trends in the unmet need for family planning



38. Nonetheless, nearly 1 in 10 women of reproductive age worldwide has an unmet need for family planning: they want to avoid or postpone their pregnancies but are not using any form of contraception. More than 200 million of the 885 million women in developing countries who wish to prevent their pregnancies have no access to or do not wish to use modern contraceptive information and services. To end the unmet need by 2030, the world will require \$59.9 billion in new investments.

39. Adolescents, in particular, have a substantial unmet need for sexual and reproductive health care. The number of women aged 15-19 years with an unmet need for family planning has decreased or remained constant in most regions of the world since 2000.

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

40. A review of available population-based prevalence data for women aged 15 years and older from 2000 to 2018 indicates that an estimated 736 million women – almost 1 in 3 – have been subjected to intimate partner violence, non-partner sexual violence or both, at least once during their lifetime. More than 640 million women aged 15 years and older (26 per cent) have been subjected to intimate partner violence.

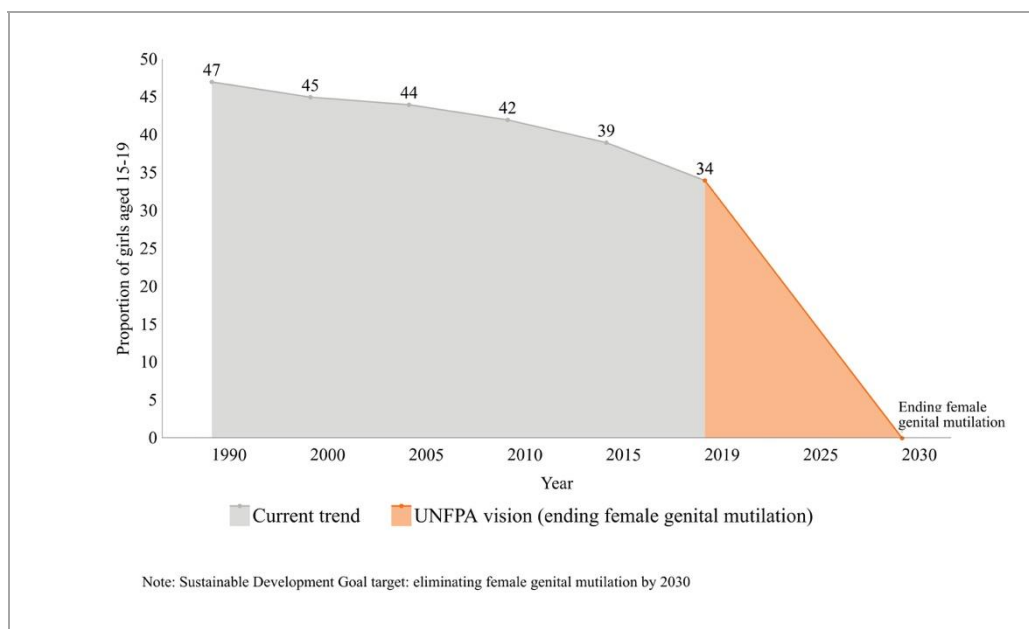
41. Of girls aged 15-19 years who have been in a relationship, almost 1 in 4 (24 per cent) have experienced physical or sexual violence from an intimate partner or husband.

42. The cost of ending gender-based violence by 2030 will require \$32.5 billion in new investments.

43. The prevalence of such violence declines with age but persists among older women and women with disabilities, who are at greater risk of experiencing violence at the hands of their grown children while still at risk of violence from their domestic partners. Globally, about 137 women are killed every day by a member of their own family.

44. Since 2000, female genital mutilation has declined by 25 per cent. In the 30 countries with nationally representative prevalence data, approximately 1 in 3 girls aged 15-19 years today have undergone the practice, compared to nearly 1 in 2 in 2000.

Figure 6
Trends in female genital mutilation



45. Over 200 million women and girls today have experienced female genital mutilation. Without concerted and accelerated action, 48 million more girls could be subjected to this practice by 2030. The pace of decline of female genital mutilation has been uneven. The progress must be 10 times faster to meet the global target of elimination by 2030. The total cost for 2020-2030 would be \$2.4 billion for the 31 priority countries concerning female genital mutilation.

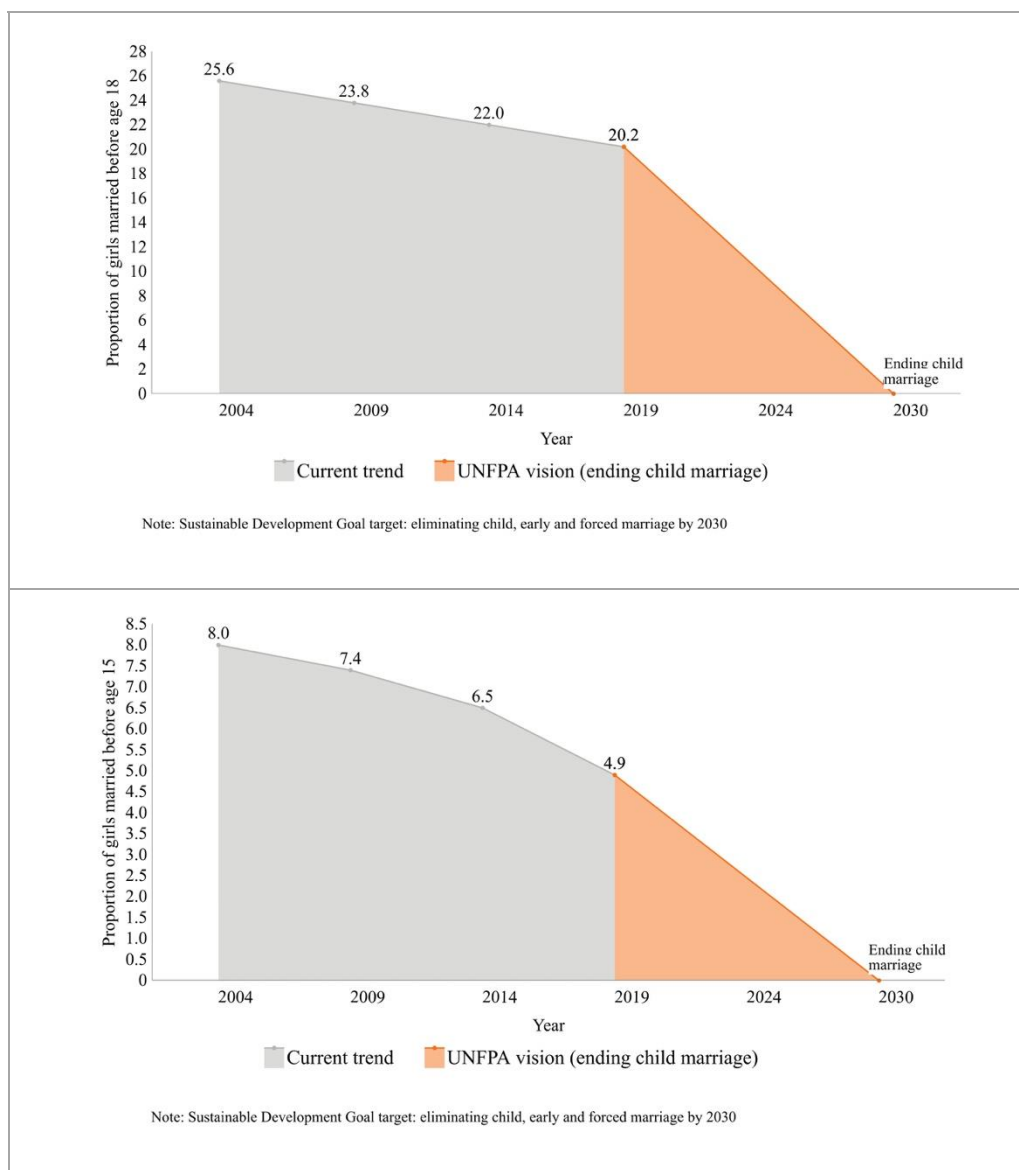
46. An estimated 12 million girls are married in childhood each year. The global number of child brides today is estimated at 650 million girls and women. Child marriage is, however, on the decline. During the last decade, the proportion of young women who were married as children decreased by 15 per cent, from 1 in 4 to approximately 1 in 5.

47. Before the pandemic, the largest decline in child marriage in the last 10 years occurred in South Asia, where a girl’s risk of marrying before her 18th birthday dropped by more than a third. In Latin America and the Caribbean, prevalence has remained stagnant for decades, with levels of child marriage as high as they were 25 years ago. In sub-Saharan Africa, levels of child marriage declined modestly. In West and Central Africa, the region with the highest prevalence of child marriage, progress has been the slowest. Population growth threatens to result in an even higher number of child brides in sub-Saharan Africa in the coming years.

48. The current rate of decline in child marriage is insufficient to meet the 2030 target. Without accelerating the reduction in child marriages, more than 150 million additional girls under 18 years of age will marry by 2030. To meet the 2030 target, progress needs to accelerate 12 times faster.

49. To eliminate child marriage by 2030, priority countries with a high burden of child marriage will have a \$24.1 billion resource gap.

Figure 7
Trends in child marriage



50. To accelerate the achievement of the transformative results, UNFPA and its partners recognized the importance of (a) integrating the transformative results within universal health coverage; (b) integrating the transformative results within socioeconomic frameworks and mobilizing additional international, domestic, public and private resources; (c) applying a more tailored approach in implementing the results; (d) greater emphasis on reaching the furthest behind first; and (e) communicating the urgency of accelerating the achievement of the transformative results through a “call to action”.

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

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

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



51. Global trends demonstrate notable progress in increasing the utilization of integrated sexual and reproductive health services, as of early 2020. During 2020, 41 million women and young people in UNFPA priority countries utilized integrated sexual and reproductive health services with support from UNFPA.

52. Globally, access to modern family planning services increased from 73.6 per cent in 2000 to 76.8 per cent in 2020. In the least developed countries, primarily the UNFPA priority countries, the proportion of women who are married or in a union and have their need for family planning satisfied with modern methods increased from 39.4 per cent in 2000 to 58.5 per cent in 2020. The gap between the poorest and wealthiest groups, and between women living in rural and urban settings, has narrowed over the past two decades. However, inequalities persist.

53. Some countries in sub-Saharan Africa experienced the largest observed increases in the use of modern methods of family planning (table 2).

Table 2
Countries with the largest increase in the total family planning satisfied by modern methods, 2000-2020

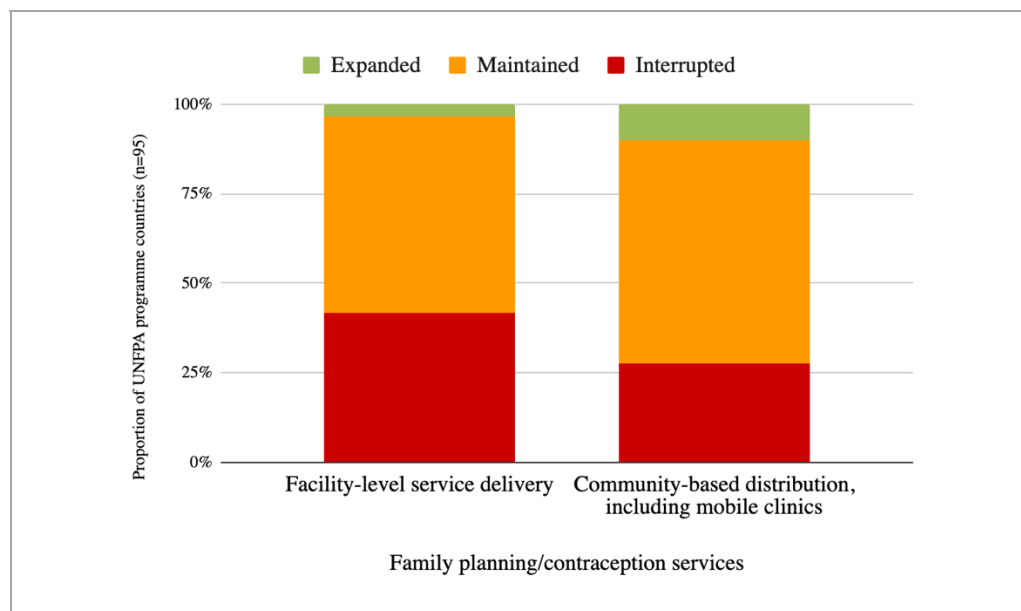
Country	2000	2020	Percentage point change
Rwanda	13.8	67.8	54.0
Ethiopia	15.5	64.9	49.5
Madagascar	26.0	64.4	38.4
Burkina Faso	19.0	56.9	37.9
Sierra Leone	20.8	55.7	34.9
Malawi	42.3	76.7	34.4
Senegal	22.0	55.0	32.9
Congo	17.8	48.3	30.6
Zambia	37.6	67.2	29.6
Kenya	47.8	77.1	29.2

Source: United Nations, Department of Economic and Social Affairs, Population Division (2020)

54. Globally, births attended by skilled birth attendants increased by 15 per cent, from 70.8 per cent in 2010 to 81.3 per cent in 2019. The increase was faster (31 per cent) in the least developed countries and in South Asia, where it almost doubled.

55. The COVID-19 pandemic had a devastating impact on health systems, affecting their capacity to provide sexual and reproductive health services. Over 17,000 health workers worldwide died from COVID-19 during the year. The pandemic disrupted the provision of family planning services at the facility level in 42 per cent of UNFPA programme countries (figure 8). Some countries reported a decline in institutional deliveries compared to previous years.

Figure 8
Disruption of family planning services due to the COVID-19 pandemic



Source: UNFPA COVID-19 response survey, 2020

56. Despite the pandemic, UNFPA made good progress in increasing the utilization of sexual and reproductive health services. UNFPA fully achieved the outputs on midwifery and sexual and reproductive health accountability. However, due to the disruption caused by the pandemic, including in services and supply chains, UNFPA partially achieved the outputs on (a) sexual and reproductive health policies for those furthest behind; (b) integrated sexual and reproductive health services; and (c) the delivery of sexual and reproductive health commodities.

57. Table 3 below illustrates the key achievements in utilizing sexual and reproductive health services between 2017 and 2020.

Table 3
Key achievements in utilizing sexual and reproductive health services
between 2017 and 2020

Change	Before the implementation of the strategic plan (2017)	The penultimate year of the implementation of the strategic plan (2020)	Percentage increase
Countries with a costed sexual and reproductive health plan that prioritized marginalized groups	32	54	69
Countries with budgeted emergency preparedness plans and response and disaster-risk reduction plans	18	36	100
Countries in which at least 25 per cent of the estimated maternal deaths are notified	56	87	55
Countries using a functional logistics management information system, including “reaching the last mile”	45	52	16

58. In 2020, the ability of UNFPA country offices to adapt to respond to the pandemic helped to maintain or increase the utilization of sexual and reproductive health services. For example:

- (a) In the Syrian Arab Republic, UNFPA partnered with the World Food Programme (WFP) to add a hygiene and protection grant to WFP electronic vouchers, which are used for food and hygiene products. This programme reached over 70,000 pregnant and lactating women. In 2020, with support from UNFPA, 103,000 people benefited from humanitarian cash and voucher assistance initiatives in 13 countries;
- (b) A number of programme countries introduced or scaled up telemedicine in 2020;
- (c) In Zimbabwe, UNFPA collaborated with WFP to distribute contraceptives with general food distribution;
- (d) UNFPA, together with WHO, launched online inspections of reproductive health commodities;
- (e) A safe delivery mobile app, introduced in the Asia and the Pacific region with the Maternity Foundation, provided frontline workers with updates on global policies and clinical protocols in obstetric care;
- (f) UNFPA, in partnership with the UNICEF, WHO and Partners in Population and Development, shared experiences from over 30 countries through South-South cooperation on ways to reduce the risk of mother-to-child infections during the pandemic.

59. UNFPA global and regional programme interventions contributed to an increase in the utilization of sexual and reproductive health services. With the technical support of these interventions, UNFPA disseminated technical briefs on COVID-19 preparedness and response for maternal health and family planning services. In addition:

- (a) UNFPA chaired the sexual and reproductive health component of the inter-agency task team of Sustainable Development Goal 3 on good health and well-being;
- (b) UNFPA contributed to the H6 partnership and Universal Health Coverage 2030. UNFPA and WHO co-led the revitalization of the initiative to end preventable maternal mortality;

- (c) UNFPA continued its efforts to end obstetric fistula. It supported the adoption of General Assembly resolution 73/147 on the intensification of efforts to end obstetric fistula. By the end of 2020, 23 countries had national strategies to end obstetric fistula;
- (d) UNFPA Supplies began its third phase as the UNFPA Supplies Partnership, 2021-2030. By 2030, the UNFPA Supplies partnership will have the potential to prevent 141 million unintended pregnancies and avert 328,000 maternal deaths;
- (e) The UNFPA Regional Office for East and Southern Africa contributed to the development of a framework to prevent the sexual transmission of HIV in the region, covering 2021-2030;
- (f) The UNFPA maternal and newborn health thematic fund developed a COVID-19 package of technical briefs for maternity services during the pandemic and, in partnership with WHO, developed a guide to monitor the effects of COVID-19 on essential reproductive, maternal, newborn, child and adolescent health services;
- (g) UNFPA introduced menstrual cups and menstrual pads as new, stand-alone items in the UNFPA procurement catalogue.
60. UNFPA learned key lessons regarding the utilization of sexual and reproductive health services, including the importance of integrating sexual and reproductive health into the broader socioeconomic framework. These include:
- (a) The realization that one of the most challenging aspects of implementing sexual and reproductive health services and reproductive rights lies in the delivery of services and information that are responsive to adolescents, youth and populations that are the furthest behind;
- (b) The importance of improving health-system management at subnational levels and ensuring decentralized funding;
- (c) The necessity of scaling up work on self-care (the individual practice of health management with or without the support of a health-care provider);
- (d) The importance of having a community feedback mechanism for COVID-19; in 2020, only 55 per cent of programme countries had such a mechanism;
- (e) The importance of scaling up geographic information system technology to map the accessibility to emergency obstetric and neonatal care facilities for pregnant women.

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

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



61. During 2018-2020, adolescents and youth, in particular adolescent girls, were empowered to have access to sexual and reproductive health and rights. By 2020, in 50 per cent of UNFPA programme countries, young people, including marginalized adolescents and youth, participated in the formulation of sexual and reproductive health policies and programmes. Some 57 of 99 UNFPA programme countries reported that they had laws and regulations that guaranteed full and equal access to sexuality education to women aged 15 years and older.

62. Available data on HIV knowledge is a proxy measure for youth empowerment. According to the most recent global data available, the percentage of men and women aged 15 to 24 who have the correct knowledge to prevent the sexual transmission of HIV was 21 per cent for women and 30.8 per cent for men in UNFPA programme countries. The 2019 evaluation of UNFPA capacity in humanitarian action concluded that UNFPA had increased the focus on adolescents and youth in its humanitarian programmes.

63. The pandemic has had a triple-negative effect on young people. These effects include: (a) disruption of education, training and access to services, including sexual and reproductive health services; (b) job loss and increased obstacles to finding work; and (c) greater obstacles for those entering the workforce. The mental health impact of the pandemic is particularly serious for adolescents and young people. According to a survey conducted in 112 countries, approximately a quarter of young people felt that the pandemic had affected their right to access information.

64. Despite the multiple impacts of COVID-19 on young people's lives, many adolescents and youth mobilized to respond to the crisis, including those at the forefront of risk communication initiatives; those directing advocacy and handwashing campaigns; and those countering disinformation, misinformation and stigma in their communities.

65. UNFPA made good progress in achieving the strategic plan outputs for empowering adolescents and youth. Table 4 highlights this progress.

Table 4
Key achievements for the empowerment of adolescents and youth, 2020

Change	Before the implementation of the strategic plan (2017)	The penultimate year of the implementation of the strategic plan (2020)	Percentage change
Countries that operationalized school-based, comprehensive sexuality education curricula	22	41	86
Countries with a national mechanism or strategy in place to deliver out-of-school comprehensive sexuality education	24	35	46
Countries with institutional mechanisms for the participation of young people in policy dialogue and programming, including in the peacebuilding processes	65	83	28
Proportion of countries responding to humanitarian crises that include young people in decision-making mechanisms	19%	62%	226

66. The adaptations introduced by UNFPA country offices helped UNFPA and its partners to continue programmes for young people. For example:

- (a) In Iran, the Government adopted a mobile health-starter package to support and implement an out-of-school, comprehensive prevention programme for young men and women most at risk of HIV;
- (b) In Mongolia, students with disabilities benefited from telemedicine on comprehensive sexuality education, supported by UNFPA;
- (c) In North Macedonia, a digital platform developed by UNFPA allowed young people with an autism spectrum disorder to access accurate, age-appropriate, sexuality education;

- (d) In partnership with the Ministry of Health of the Bolivarian Republic of Venezuela, UNFPA contributed to strengthening the health system by increasing attention to adolescents, through strategies such as door-to-door visits that included the distribution of modern contraceptives.
67. Global and regional developments supported by UNFPA provided a conducive environment for empowering adolescents and youth at the country level. UNFPA, in collaboration with the United Nations Educational, Scientific and Cultural Organization, the Joint United Nations Programme on HIV/AIDS, UNICEF and WHO, developed guidance on out-of-school comprehensive sexuality education.
68. In 2020, UNFPA and the United Nations Peacebuilding Support Office contributed to the report of the Secretary-General on youth, peace and security (S/2020/67). The Security Council took note of that report when it adopted, in July 2020, resolution 2535 on youth, peace and security.
69. UNFPA and the International Federation of Red Cross and Red Crescent Societies co-lead the Compact for Young People in Humanitarian Action, which developed guidelines on working with and for young people in humanitarian and protracted crises. The Inter-Agency Standing Committee adopted those guidelines.
70. The World Bank and UNFPA began the second phase of the Sahel Women's Empowerment and Demographic Dividend project to accelerate the demographic transition and reduce gender inequalities. In 2020, the project helped to increase the income of 26,500 girls and prevent 2.4 million unintended pregnancies.
71. One of the important lessons learned was recognizing the power inherent in mobilizing young people in risk communication initiatives during crises. Young people were also essential in bridging the digital divide by providing information and knowledge to communities that did not have access to digital technologies, and tailoring messaging and channels to reach diverse populations.

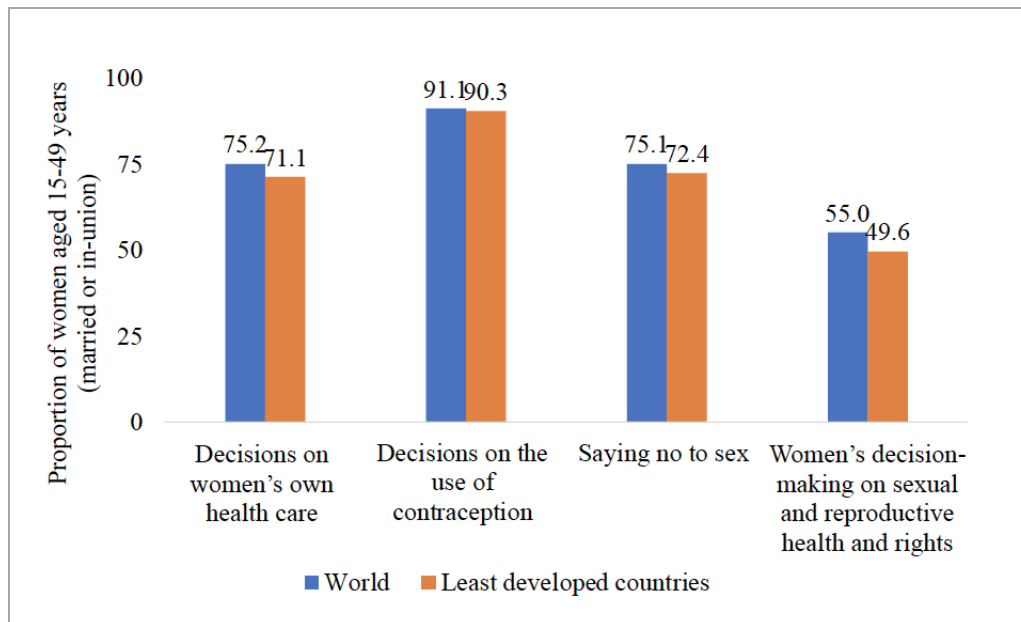
Outcome 3: Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings.

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



72. As of early 2020, gender equality and the empowerment of women and girls continued to progress. The most recent data show that 55 per cent of women aged 15-49 make their own informed decisions regarding sexual relations, contraceptive use and health care (figure 9). Seventy-three countries have laws and regulations that guarantee full and equal access to sexual and reproductive health care, information and services for women and men aged 15 years and older. Child marriage and female genital mutilation continued to decline globally.

Figure 9
Women’s decision-making on sexual and reproductive health

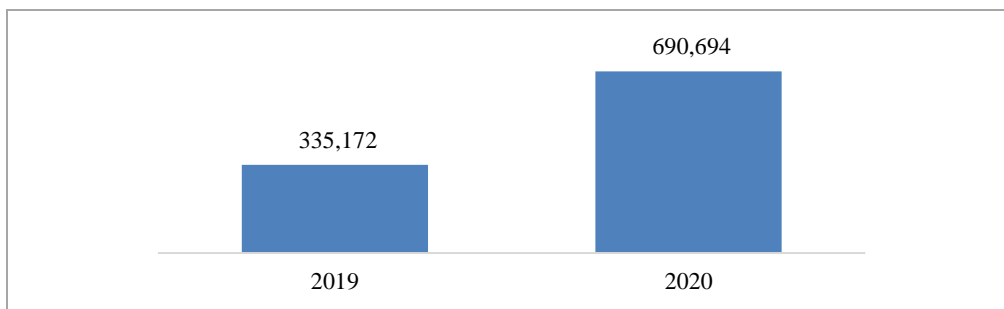


Source: UNFPA database, 2020

73. The COVID-19 pandemic adversely impacted gender equality and women’s empowerment. Online violence and sexual harassment increased. A study conducted in eight countries by the UNFPA Asia and the Pacific Regional Office reported that domestic violence cases and mental health problems increased during, or immediately after, pandemic lockdown periods. During lockdowns in Latin America and the Caribbean, there was an increase of approximately 50 per cent of calls to helplines in most of the countries of the region. There was also an increase in cyber-violence. Some countries reported a decrease in women and girls seeking help, due to the lack of availability of services, mobility restrictions and fear of the virus.

74. Globally, the number of women subjected to violence among those who accessed essential services doubled between 2019 and 2020 (figure 10).

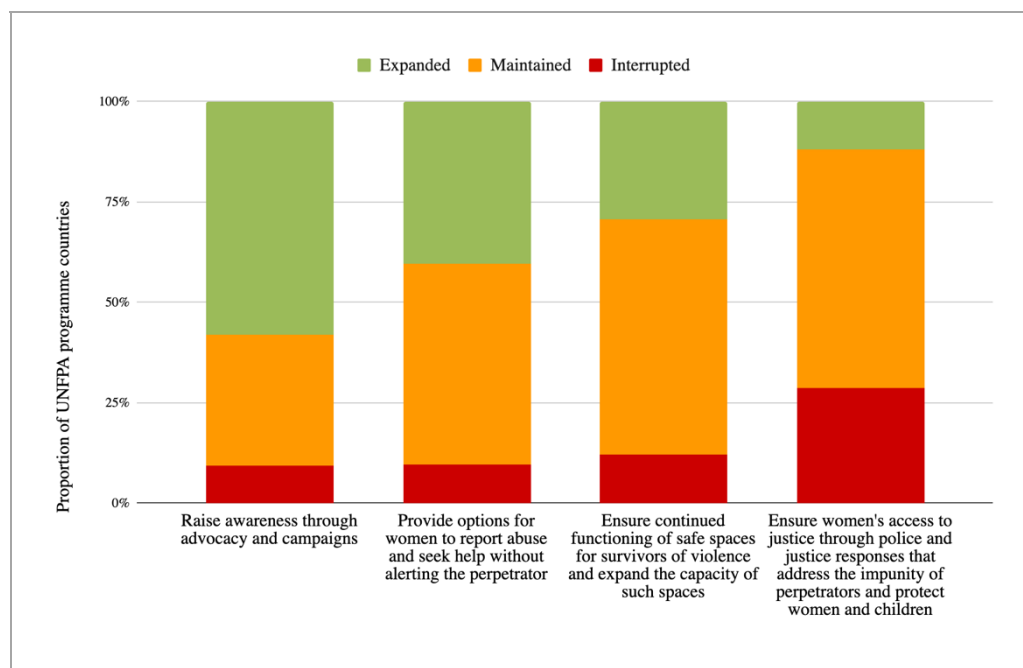
Figure 10
Number of women subjected to violence among those who accessed essential services, 2019-2020



Source: UNFPA country office annual reports

75. Despite these challenges, UNFPA made good progress in achieving the strategic plan outputs for gender equality and women's and girls' empowerment. In 2020, UNFPA and its partners maintained or expanded the majority of initiatives that respond to gender-based violence (figure 11).

Figure 11
Impact of COVID-19 on implementing initiatives that respond to gender-based violence



Source: UNFPA COVID-19 response survey, 2020

76. With support from UNFPA, countries made significant progress in gender equality and the empowerment of women and girls (table 5). UNFPA: (a) reached millions of women and girls with services to prevent gender-based violence in humanitarian settings; (b) supported risk mitigation and response services in 47 countries; (c) supported 800 women-friendly safe spaces in 42 countries; and (d) strengthened 1,430 health facilities that provide services to reduce gender-based violence, including the clinical management of rape in 46 countries.

77. The programme adaptations made by UNFPA at the country level helped to maintain or increase progress in addressing gender-based violence. Over 25 UNFPA programme countries implemented telephone helplines to support women and girls experiencing violence during the COVID-19 pandemic. In Ecuador, UNFPA supported remote case management and psychosocial support for gender-based violence.

Table 5
Key achievements in gender equality and the empowerment of women and girls, 2020

Change	Before the implementation of the strategic plan (2017)	The penultimate year of the implementation of the strategic plan (2020)	Percentage change
Countries that have a national mechanism to engage multiple stakeholders, including civil society, to prevent and address gender-based violence	35	57	63
Countries that have developed a costed national action plan to address harmful practices	23	31	35
Countries that have national systems to collect and disseminate disaggregated data on the incidence and prevalence of gender-based violence	33	42	27

78. UNFPA global and regional interventions were instrumental in advancing gender equality and the empowerment of women and girls. In 2021, in the Inter-Agency Standing Committee, the UNFPA Executive Director assumed the role of “champion” to prevent sexual exploitation, abuse and sexual harassment. UNFPA also launched an inter-agency roster of coordinators trained in preventing sexual exploitation and abuse to serve in humanitarian settings.

79. UNFPA continues to serve as the lead agency in the Inter-Agency Standing Committee in the area of responsibility of gender-based violence in humanitarian settings.

80. Partnerships played an important role for UNFPA. UNFPA:

- (a) Co-chaired the United Nations Sustainable Development Goal task team on gender equality and the empowerment of women;
- (b) In cooperation with UNICEF, UNFPA continued to lead the largest global programme to accelerate the abandonment of female genital mutilation. Female genital mutilation rates steadily declined in 10 countries. Over 4.3 million girls benefited from life-skill interventions and sexuality interventions under the UNFPA and the UNICEF global programme to accelerate action to end child marriage;
- (c) In cooperation with the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), UNFPA co-led the committee on bodily autonomy and sexual and reproductive health and rights at the Beijing+25 Generation Equality Forum;
- (d) UNFPA played a key role in promoting the rights of people of African descent. In 2020, seven countries developed strategies to promote the participation and the rights of young people of African descent in Latin America and the Caribbean.

81. UNFPA and its implementing partners identified gaps in advancing gender equality and the empowerment of women and girls. These gaps include: (a) the fact that only 3 in 4 women can make decisions about their health care or say no to sex; and (b) the risk of intimate partner violence faced by young women.

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

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



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

- (a) 73.1 per cent of the population scheduled to be counted in the 2020 census round was counted by the end of 2020, despite census postponements due to the pandemic;
- (b) 86.1 per cent of countries conducted at least one population and housing census in the last 10 years;
- (c) 59.8 per cent of countries have birth registration data that are at least 90 per cent complete;
- (d) 62.2 per cent of countries have death registration data that are at least 75 per cent complete;
- (e) The births of 73.3 per cent of children under 5 years of age have been registered by age with a civil authority.

83. The pandemic disrupted routine operations of the global statistical and data system, leading to delays in planned censuses, surveys and other data programmes. Some 65 per cent of the headquarters of statistical offices worldwide are partially or fully closed, and 96 per cent have partially or fully stopped face-to-face data collection, while 9 in 10 national statistical offices in low-income and lower-middle-income countries had funding cuts and are struggling to maintain normal operations.

84. Of 49 programme countries scheduled to conduct a census enumeration in 2020, 38 countries postponed the censuses, and only 11 conducted census enumerations.

85. Some examples of UNFPA achievements at the country level, under outcome 4, include the following:

- (a) In Somalia, for the first time, real-time data for planning and policy formulation was generated from the Somali health and demographic survey;
- (b) The UNFPA Country Office in Honduras, together with the National Institute of Statistics, produced subnational population projections;
- (c) In Bosnia and Herzegovina, UNFPA continued to support a network of 17 “healthy ageing” centres. According to a recent study, these centres have had a positive impact on the health and well-being of older persons;
- (d) In 2020, UNFPA generated 55 common operational data sets on population statistics for use in humanitarian settings.

86. UNFPA global and regional initiatives made vital contributions to counting and accounting for everyone, everywhere, in the pursuit of sustainable development. In 2020, UNFPA scaled up the “kNOwVAWdata” initiative to a global level. The original initiative strengthened regional and national capacity to measure violence against women in Asia and the Pacific region. In 2020, 10 countries in Asia and the Pacific region conducted national surveys on violence against women.

87. UNFPA also launched a geospatial dashboard on intimate partner violence. The dashboard features national, subnational and disaggregated data on intimate partner violence by age, place of residence, employment, education and household wealth. In addition, UNFPA introduced a COVID-19 population vulnerability dashboard and a tracker to measure the impact of COVID-19 on censuses.

88. In 2020, UNFPA implemented dedicated initiatives on ageing in over 10 countries. Lebanon developed a national strategy for older persons. In China, UNFPA supported the development of the national five-year plan on ageing, 2021-2025. UNFPA also supported WHO in operationalizing General Assembly resolution 75/131 on the United Nations decade of healthy ageing, 2021-3020.

89. The UNFPA East and Southern Africa Regional Office supported the integration of climate change into the curriculum of comprehensive sexuality education.

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

- (a) Investments in data and innovation are key to responding to crises and in supporting the acceleration of the Sustainable Development Goals;
- (b) Assessments of statistical operations worldwide indicate an urgent need for investments in and support for data innovations;
- (c) The overreliance on “slow” data, which are rarely collected data that hamper real-time effects.

91. Challenges faced in counting and accounting for everyone, everywhere, include COVID-19, countries in conflict and countries in fragile contexts, which hampered the viability of undertaking traditional censuses and surveys. Many of the Sustainable Development Goal indicators do not have internationally comparable data.

Organizational effectiveness and efficiency

92. Advancements in organizational effectiveness and efficiency contributed to the achievement of development results in 2020. UNFPA fully achieved all four outputs under organizational effectiveness and efficiency.

93. UNFPA programmes at global, regional and country levels performed well in 2020. Between 2017 and 2020, the country programmes rated as “good” performers increased from 87 per cent to 90 per cent. During the same period, UNFPA fully met 86 per cent of the targets of its regional programmes and 77 per cent of the targets of its global programme.

94. In 2020, UNFPA realized operational efficiency gains of \$8.3 million through cost avoidance and savings: \$7.1 million from UNFPA-specific initiatives and \$1.2 million from bilateral initiatives with partner United Nations organizations. Box 2 displays the key efficiencies gained by UNFPA in 2020, despite the COVID-19 pandemic.

Box 2 Key efficiencies gained by UNFPA in 2020

Cash transfers to implementing partners

- The full operationalization of the global programming system allowed UNFPA to process a larger volume of implementing partner cash transfer transactions in 2020. This global programming system enabled UNFPA to redirect staff capacity (equivalent to 15 full-time staff) to support other programme and operational activities.
- The full operationalization of the UNFPA global programming system permitted UNFPA to disburse 81 per cent of cash advance requests and expense reports submitted by 1,250 implementing partners within 15 working days of receiving them, compared to 79 per cent in 2019. This contributed to more streamlined programme implementation.

Surge deployment

- The proportion of level 1 and level 2 humanitarian emergencies in which surge deployment was achieved within lead response time increased from 33 per cent to 80 per cent between 2017 and 2020. In 2020, UNFPA and its partners supported 113 deployments to 30 UNFPA country offices.

Cost savings due to generic contraceptives

- The cost savings from procuring generic contraceptives increased more than six times between 2018-2020, from \$1.9 million in 2018 to over \$12.4 million in 2020.

Green procurement

- UNFPA reduced 15,000 tonnes of carbon dioxide and 498,000 kilograms of solid waste by using “green procurement” procedures for latex condoms.

95. Country programme evaluations conducted in 2018-2020 found that the majority of country programmes were effective and that all were relevant to the country context and the UNFPA strategic focus. In 2020, 68 per cent of UNFPA country programmes integrated disability into their programmes.

96. In 2020, UNFPA implemented 89 per cent of the evaluation recommendations. The first formative evaluation of the UNFPA approach to South-South and triangular cooperation found that UNFPA had made progress with institutionalizing South-South cooperation. In 2020, 68 UNFPA country offices utilized South-South cooperation in achieving results.

97. There was an increase in piloting and scaling up innovative initiatives in 2020 compared to 2019. In 2020, the UNFPA innovation fund launched a second global innovation challenge to seek solutions to end preventable maternal deaths. UNFPA will further scale up innovations during the next strategic plan cycle.

98. In 2020, UNFPA revenue surpassed the \$1 billion mark for the fourth year in a row. UNFPA registered a 7 per cent decrease in gross contribution revenue from other resources. Despite this decrease, UNFPA maintained a healthy financial position: regular resources stabilized at approximately \$416 million, which is 11 per cent higher than in 2019; co-financing resources reached \$860 million. UNFPA signed 85 new agreements with private-sector partners in 2020.

99. In 2020, UNFPA increased the contributions arising from United Nations inter-agency transfers by 7 per cent, compared to 2019. Private-sector contributions increased from \$9.4 million in 2019 to \$41.1 million in 2020.

100. Gross contributions to the UNFPA humanitarian thematic fund grew from \$5.8 million in 2019 to \$30.8 million in 2020. In 2020, UNFPA mobilized \$88.9 million of its humanitarian funding from multi-year agreements, up from \$43.2 million in 2016. Nearly 40 per cent of UNFPA funds were allocated to local organizations, including those led by women.

101. In 2020, approximately 12 per cent of total UNFPA programme expenses were incurred primarily for the COVID-19 pandemic response or were significantly related to the pandemic response.

102. UNFPA made good progress in managing its human resources in 2020. It implemented several human resource adaptations, in coordination with other United Nations organizations, to respond to the COVID-19 pandemic. These included: (a) launching remote or locally supported surge missions and remote working arrangements for staff and personnel, while maintaining business continuity; (b) prioritizing duty of care frameworks and access to support for all personnel; and (c) advancements in performance management approaches to focus on output rather than process.

103. In 2020, UNFPA continued to implement several change-management initiatives, including the operationalization of a dedicated project on strengthening organizational culture.

104. UNFPA strengthened its organizational response to prevent sexual exploitation, abuse and harassment and certified all its managers in this area. In 2020, UNFPA led or co-led these networks in 14 high-risk countries.

105. UNFPA focused attention on issues regarding non-inclusion, racism, discrimination and inequality. In 2021, UNFPA launched a young professionals programme for young persons of African descent.

106. UNFPA continues to maintain overall gender parity in the organization. It increased the representation of female staff at the D2 level; in 2020, 38.5 per cent of staff at the D2 level were women, compared to 37.5 per cent in 2019. UNFPA continues to build an inclusive workplace and is committed to strengthening managerial skills. As of 2020, 62 per cent of managers were certified through the managerial certification programme.

107. UNFPA obtained a “clean” external audit opinion (an unqualified opinion) in 2020. It also achieved a 96 per cent implementation rate for internal audit recommendations. In 2020, all mandated UNFPA business units completed enterprise risk assessments and prepared action plans for critical and high-risk categories.

108. Through the results of the established enterprise risk management and control self-assessment processes – supported by the inclusion of fraud prevention and detection controls in policies and procedures and issuance of related awareness materials, as well as the establishment of improved ‘second line of defence’ controls, particularly around implementing partner cash transfers, programme supplies ‘last-mile’ delivery assurance, and better performance reporting, helping to initiate timely management actions as regards issues identified – UNFPA is confident the anti-fraud controls have been effective in 2020. Also, starting in 2020, UNFPA management has been taking necessary actions to introduce mitigating measures in response to the risks stemming from the additional flexibilities necessitated by the pandemic.

109. UNFPA continues to minimize its environmental footprint. In 2020, UNFPA developed social and environmental standards for programming, which it will roll out in 2021. In 2020, UNFPA developed a value proposition for climate change and continued to achieve the results of its “green procurement” process. Through that process, UNFPA: (a) treated 1.5 million cubic metres of water; (b) saved 330,000 cubic metres of water; (c) saved 5 million kilowatts of electricity; and (d) recycled 77 per cent of post-consumer materials.

110. UNFPA, together with UNDP, UNICEF and UN-Women, developed a joint comprehensive cost-recovery policy, which the Executive Board approved in decision 2020/12. The policy will become effective on 1 January 2022 and will coincide with the next integrated budget cycle, 2022-2025.

111. UNFPA made significant contributions to United Nations system-wide results, coordination and coherence in 2020. UNFPA worked with the WFP logistics cluster to ship personal protective equipment to programme countries. In 2020, UNDP, UNFPA, UNICEF and UN-Women implemented the common chapter of their strategic plans (annex 5).

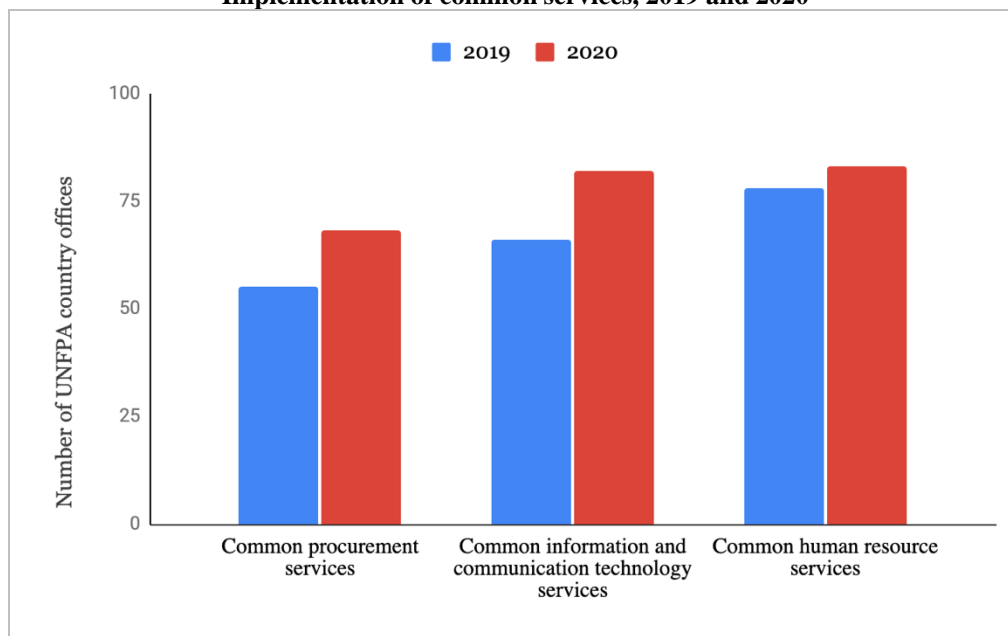
Box 3

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

1. In 2019 and 2020, UNFPA doubled its financial contribution to the resident coordinator system.
2. Ninety-three per cent of UNFPA country offices participated in 219 joint programmes.
3. Seventy-two per cent of UNFPA offices shared premises with other United Nations organizations.
4. In 2020, UNFPA joined the United Nations partner portal. UNFPA is integrating the portal into its partner management processes.
5. Eighty-two countries have business operation strategies with an estimated operational efficiency gain of \$2.2 million per year.
6. In 2020, 82 per cent of UNFPA country offices conducted joint risk assessments.

7. In 2020, UNFPA implemented additional joint implementing partner audits with various United Nations organizations, including the Office of the United Nations High Commissioner for Refugees.

Figure 11
Implementation of common services, 2019 and 2020



Source: UNFPA country office annual reports, 2020

112. The introduction of electronic signatures and automated workflow applications for payment authorization; the review, certification and submission of donor reports; and the review, approval and signature of agreements with other United Nations organizations facilitated field office operations under remote working arrangements and reduced the staff time required for processing transactions, as well as the use of paper documents and reports.

113. UNFPA learned several lessons related to organizational effectiveness and efficiency in responding to the COVID-19 pandemic:

- (a) The importance of institutionalizing the adaptive management framework, which UNFPA drafted in 2020;
- (b) The importance of implementing flexible policies and procedures to ensure business continuity;
- (c) The necessity of further integrating emergency preparedness at all levels of the organization;
- (d) The importance of institutionalizing digital technology to improve programme effectiveness and efficiency. UNFPA expects to develop a digital strategy in 2021.

V. Development of the new UNFPA strategic plan for 2022-2025

114. In 2020, UNFPA began the development of its new strategic plan for 2022-2025. It will serve as the second of three consecutive strategic plans that seek to achieve, by 2030, the three transformative results. It will focus on accelerating the achievement of those results. UNFPA will submit the new strategic plan at the second regular session 2021 of the Executive Board.
