

START WITH HER

UNFPA Strategy
for Reproductive,
Maternal and Newborn
Health and Well-Being
2025–2030





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Foreword

Her survival and well-being, our priority



Start With Her – the UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being – is intended to accelerate progress in improving the health of women and children. The world is at an inflection point.

While significant gains have been made in the past three decades, disparities and barriers persist that continue to endanger women and girls, including during pregnancy and childbirth. In adopting the [Pact for the Future](#) at the General Assembly in 2024, United Nations member states recommitted to ensuring universal access to sexual and reproductive health and reproductive rights. Now, it's time to seize the momentum and build on it with the urgency it deserves.

In 2020, an estimated 287,000 women died in pregnancy, childbirth or its aftermath. These figures should outrage us.

As Professor Mahmoud Fathalla, former president of the International Federation of Gynecology and Obstetrics and United Nations Population Award Laureate, observed: "Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving."

It's time to move with conviction and with dispatch to ensure that women's lives, their health and well-being, are a priority.

In collaboration with partners, through this strategy, UNFPA will deploy its convening power and evidence-based solutions to address these challenges in a holistic manner and ensure that all women, girls and newborns have access to the comprehensive care and quality services they need. This approach means tying together different strands of essential work – strengthening quality health systems, improving access to supplies, innovation in emergency obstetric and newborn care service delivery, bolstering the midwifery workforce, promoting respectful care and addressing perinatal mental health.

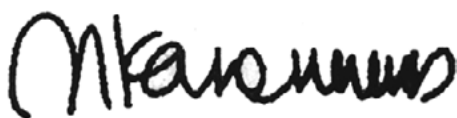
This strategy is the first UNFPA reproductive, maternal and newborn health strategy to take on the issue of well-being, marking a further shift from a disease-focused approach. Our focus extends beyond preventing death and disability to ensuring that all women experience respectful, quality care for improved health and well-being outcomes.

At UNFPA, we believe that every woman, everywhere, has untapped potential. That's why, in everything we do, we start with her. This means further integrating our efforts to transform harmful gender norms across our maternal and newborn health work, including by addressing gender barriers in the health system.

We know that we cannot do this alone. This strategy's success hinges on the active participation and support of the global community, governments, healthcare providers, non-governmental organizations, community leaders and individuals. Let us unite in a shared mission to eradicate preventable maternal and newborn deaths and hold ourselves accountable for promoting women's health and well-being as a core development priority.

This call to action is an invitation to all partners to lean in, innovate and advocate. It is a call to uphold the dignity of every woman and child and to forge a future where every birth is safe, every newborn is healthy, and every woman's agency is respected.

The evolving global landscape of health and gender equality requires us to be agile, responsive and open to learning. By cultivating a culture of innovation and adaptability, we can ensure that our approaches remain relevant and effective in the face of new challenges and opportunities. The time to act is now. Together, let us use this strategy to chart a bold course for every woman and newborn.



Dr Natalia Kanem
Executive Director
United Nations Population Fund



Executive summary

UNFPA, the United Nations sexual and reproductive health agency, envisions a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled. A core priority of UNFPA's work is ensuring safer motherhood for all women by strengthening health systems and improving access to comprehensive sexual and reproductive health and rights.

Since 2016 – while some countries have significantly reduced maternal deaths – global progress to reduce maternal and newborn deaths has stalled, and in some regions gains have regressed. The context is shaped by growing inequalities, climate change and overstretched health systems, including due to humanitarian crises. In 2020, nearly 800 women died every day from maternal causes and there were an estimated 2.3 million newborn deaths in 2022. For every woman who dies, between 20 and 30 more will suffer from pregnancy-related and childbirth injuries, infections or disabilities. Most of these deaths and injuries are entirely preventable.

Key vulnerability factors and barriers

Maternal deaths remain concentrated in the poorest regions and conflict-affected countries. In 2020, nearly 70 per cent of all maternal deaths occurred in sub-Saharan Africa. In fact, only 22 countries accounted for 81 per cent of all maternal deaths globally, with just under a third in Nigeria alone. In nine countries facing severe humanitarian crises, maternal mortality rates are more than double the global average.

The stagnation in progress is due to a number of key barriers:

- 1. Inadequate commitment and funding:** An estimated US\$116 billion is required to end preventable maternal deaths in 120 priority countries, yet only \$12 billion is expected to be provided by donors. Only 12 per cent of low- and middle income countries for which there is data are fully funding their maternal and newborn health plans.
- 2. Poor quality and limited access to care:** Both quality and access to care contribute significantly to maternal and newborn deaths. Despite an increase in facility births, 50 per cent of all maternal and newborn deaths are a result of poor quality services.
- 3. Marginalized women and communities:** Harmful social and gender norms and abuse in healthcare settings can limit access to essential services. Push-back against women's rights limits access to reproductive healthcare including driving unintended pregnancy and unsafe abortion, which is a major contributor to maternal deaths.
- 4. Accountability undermined by data gaps:** Lack of data and transparency, or poor quality data, prevents a comprehensive understanding of the legal and policy barriers and gaps in service delivery, making it harder to improve quality, target interventions where they are most needed, ensure accountability and track progress towards maternal health goals.

Strategic approach

Building on decades of experience in advancing maternal and newborn health, including UNFPA's flagship Maternal and Newborn Health Fund which was established in 2008, UNFPA has continuously turned commitment into life-saving outcomes for women and newborns. This strategy is designed to leverage this experience to address core barriers to progress and support UNFPA's transformative goal to end preventable maternal deaths and contribute directly to several key Sustainable Development Goals (SDGs). It also supports the Every Woman Every Newborn Everywhere (EWENE) coverage targets. The strategy adopts an integrated approach to maternal and newborn health, embedding these services within a comprehensive sexual and reproductive health and rights framework including family planning, prevention of HIV and other sexually transmitted infections (STIs), sexual health, gender-based violence response, women's empowerment, cervical cancer screening and the identification and management of obstetric fistula and other obstetric morbidities.

The strategy employs targeted and context-specific interventions to maximize impact. Resources will be concentrated in countries with the highest maternal mortality ratios and populations that are furthest behind, ensuring no one is left behind, a core principle of the strategy alongside a human rights-based and gender-transformative approach. The strategy also recognizes that women must not only survive childbirth but thrive, which is why UNFPA is introducing a well-being component into its maternal health strategy for the first time. This strategy is deeply connected to UNFPA's other areas of work, such as gender equality and adolescent health, as outlined in chapter 6. By emphasizing the interconnected nature of reproductive, maternal, and newborn health and well-being, it recognizes that these elements are essential to improving overall health outcomes and providing holistic, sustained care throughout a woman's life.

Strategic priorities

Across global, regional and national levels, UNFPA will focus on four core strategic priorities and ten interventions, each addressing key barriers to progress:

- 1. COMMIT to a financial, legal and policy environment** conducive to integrated reproductive, maternal and newborn health and well-being by 1) increasing sustainable financing and 2) deepening integration of reproductive, maternal and newborn health and well-being in national laws, policies and programmes.
- 2. DELIVER access to quality reproductive, maternal and newborn health services** through strengthened, more resilient and integrated health systems by 3) increasing access to quality integrated reproductive, maternal and newborn healthcare, 4) advancing midwifery models of care and 5) increasing access to the full range of recommended, quality-assured maternal health commodities.
- 3. EMPOWER women and communities to be active agents of change** to exercise their rights to reproductive, maternal and newborn health by 6) increasing women- and community-led engagement, social action and accountability and 7) supporting adolescent girls and women as agents of change.
- 4. LEVERAGE data** to drive impact and accountability by 8) strengthening data systems, and by promoting: 9) data-driven quality of care and equity and 10) evidence-based policies and services.

1. UNFPA mandate

ENSURING RIGHTS & CHOICES FOR ALL

UNFPA, the United Nations sexual and reproductive health agency, envisions a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.

Established by the United Nations Economic and Social Council in 1973 and reaffirmed in 1993, the mandate of UNFPA is "to build the knowledge and capacity needed to address population and family planning needs globally". In 1994, United Nations Member States gave UNFPA the lead role in helping countries carry out the Programme of Action of the International Conference on Population and Development (ICPD), emphasizing gender and human rights dimensions of the human population.

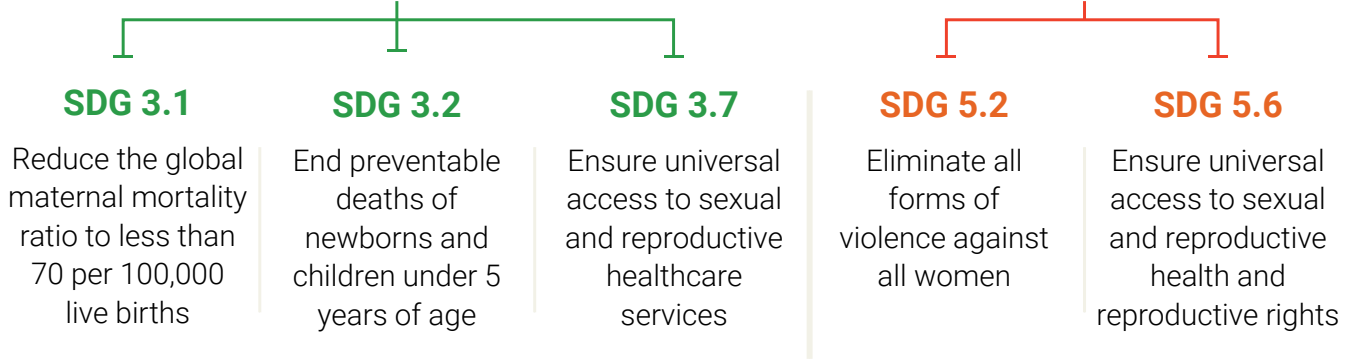
UNFPA, as a multilateral agency, works at the invitation of governments, and supports national ownership, stewardship and sustainability in more than 150 countries to provide access to a wide range of sexual and reproductive health services. Our goal is to achieve three transformative results by 2030: end the unmet need for family planning, end preventable maternal deaths, and end gender-based violence and all harmful practices, including child marriage and female genital mutilation.

To achieve its mission, UNFPA supports the delivery of comprehensive and integrated sexual and reproductive health services across the life cycle, including comprehensive sexuality education, family planning, sexual health, gender-based violence prevention, safer births and postnatal care. Through its flagship programme, the UNFPA Maternal and Newborn Health Fund, UNFPA has already catalysed action in over 100 countries to strengthen health systems, train health workers with a focus on midwives, and improve access to comprehensive and integrated sexual and reproductive health services. As the world's largest provider of donated reproductive health commodities to developing countries, the UNFPA Supplies Partnership plays a pivotal role in promoting universal and equal access to sexual and reproductive healthcare, working tirelessly to uphold respect for every woman's right to her bodily autonomy. UNFPA also leads on both sexual and reproductive health and gender-based violence in emergencies for the UN system.

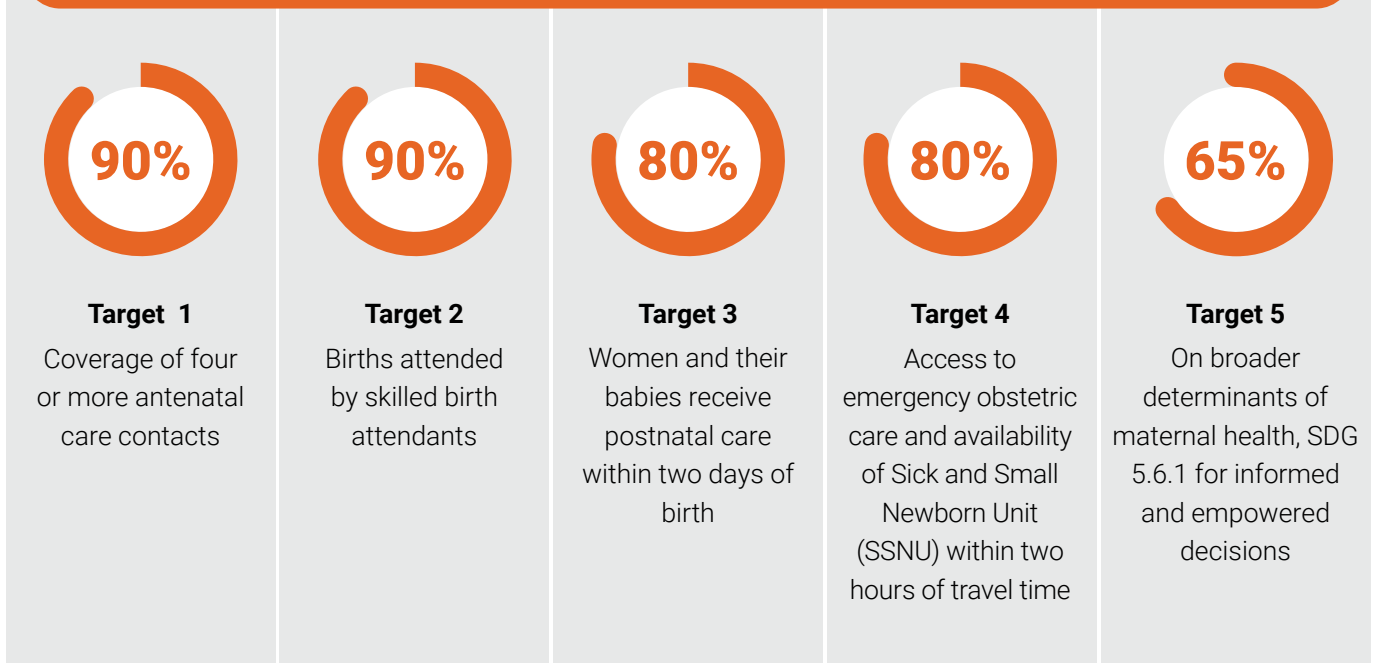
A core priority of UNFPA's work is making pregnancy and childbirth safer for all women. By integrating maternal and newborn health into all technical priorities, transitioning to more sustainable financing mechanisms, and enhancing the effectiveness and efficiency of its programmes, UNFPA is strategically positioned to drive global progress and align the global ecosystem of actors – including financing, technical and advocacy – to drive progress in the countries and communities furthest left behind. This approach addresses both the immediate needs of women, girls and newborns and establishes a foundation for a future where these services are universally accessible, of the highest quality, and delivered with dignity and respect.

Targets for action

UNFPA Transformative Result: End Preventable Maternal Deaths



Every Woman Every Newborn Everywhere (EWENE) coverage targets



2. Strategic imperatives

Accelerating action

Nearly 800 women died every day from maternal causes in 2020 and 2.3 million newborns died globally in 2022.^{1,2} For every woman who dies, between 20 and 30 more will suffer from pregnancy and childbirth related injuries, infections or disabilities. Most of these deaths and injuries are entirely preventable.

In an increasingly polarized world, upholding universally recognized international human rights is essential for advancing women's right to bodily autonomy and ensuring access to vital reproductive, maternal health information, services and supplies. The fragility of these protections is evident in the limitations on bodily autonomy.³ This strategy takes an integrated approach to ending preventable maternal deaths, which starts with a woman's right to decide if and when to have children. It aligns with the accelerators and engagement modes of the UNFPA Strategic Plan, 2022–2025, driving progress to achieve the transformative results. The strategy will be updated to maintain alignment with the upcoming UNFPA Strategic Plan, 2026–2029.

Making pregnancy and childbirth safer is a human rights imperative and at the core of UNFPA's mandate. UNFPA collaborates with governments, health professionals and civil society across over 150 countries to enhance the quality of care, ensure the availability of reproductive health commodities, and support the provision of comprehensive reproductive and maternal health services. By strengthening health systems, UNFPA strives to protect and improve the lives of girls, women and newborns.

Despite significant global progress, with maternal mortality rates falling by 34 per cent since 2000, recent data from UNFPA and United Nations partners reveals alarming trends. While some countries have made progress, since 2016 global progress has stalled and, in some regions, maternal and newborn health gains are regressing. Growing inequalities exacerbated by overburdened health services due to multiple humanitarian crises are reversing hard-won achievements.

Increased impact is needed in the face of a changing world and an uncertain future. As climate change, changing demographics from high fertility to low fertility, rising trends in urbanization and migration, political instability and economic disparities continue to reshape the global landscape, UNFPA's approach to maternal and newborn health must evolve to meet these emerging challenges.

While progress has stagnated, the global community can fulfil its commitment to end preventable maternal and newborn deaths through the country-led acceleration of quality, accessible and integrated sexual and reproductive healthcare. Momentum is building: in 2024, the World Health Assembly passed its first resolution on maternal, newborn and child health in nearly a decade, reigniting global leadership on an issue that has lost international focus since the Millennium Development Goals. A Global Leaders Network⁴ has formed to ensure high level advocacy and accountability at heads of state level for maternal, newborn and child health.

UN agencies are aligning their technical support and expanding partnership under the Every Woman Every Newborn Everywhere (EWENE) platform in line with the principles of the Lusaka Agenda⁵, seeking to support countries to align global pooled financing such as the Global Financing Facility (GFF) and the UNFPA Supplies Partnership under country acceleration plans.

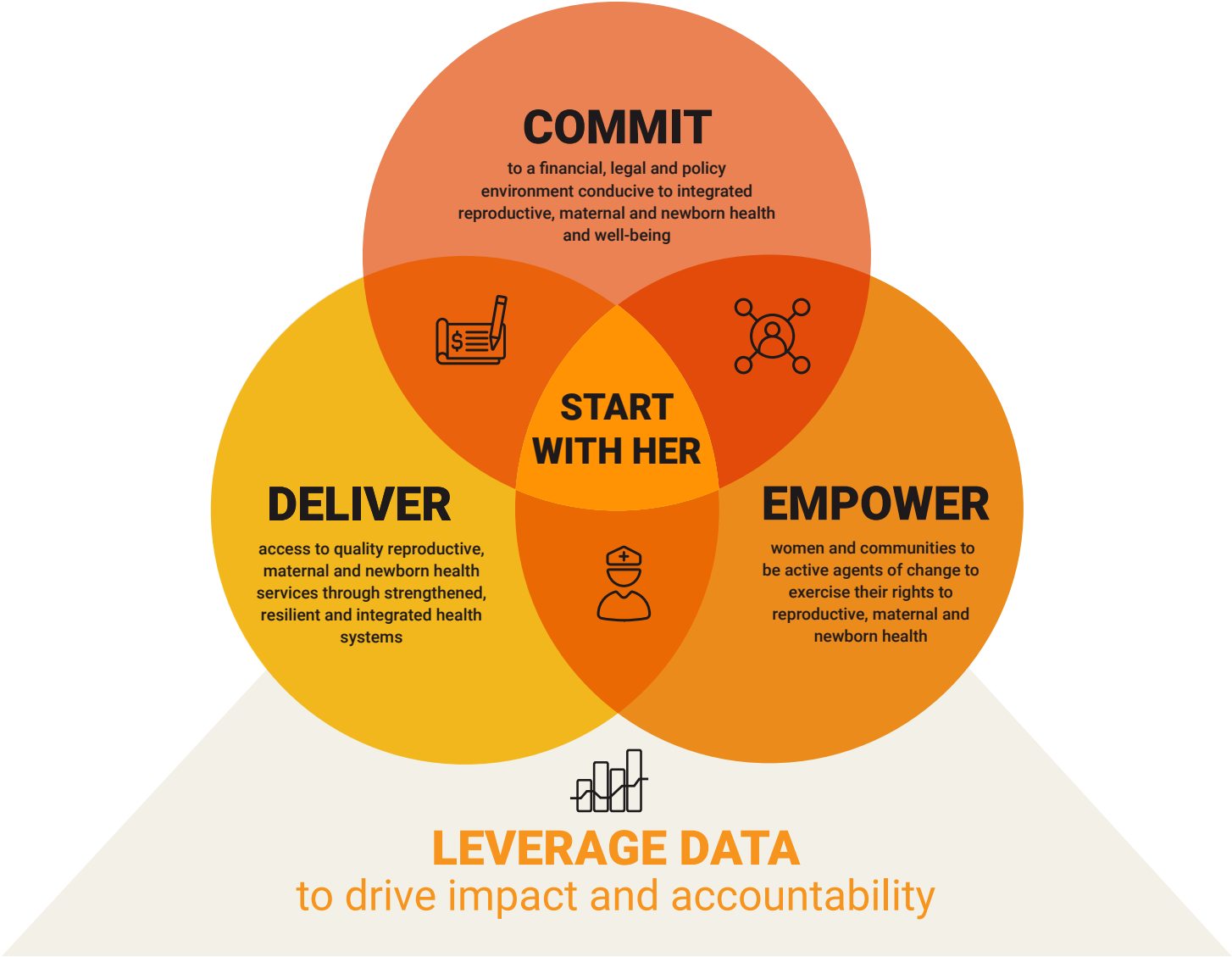
Through a data-driven approach, UNFPA will seize momentum, working in partnership with governments and other stakeholders to focus its efforts on the settings and populations with the highest risks to maternal and newborn mortality and morbidity. Alongside partners, UNFPA will also adapt and utilize the maternal and newborn and stillbirth transition framework to further support governments to prioritize high impact interventions in both high-and-low maternal mortality and high-and-low fertility settings.⁶

Through this strategy, UNFPA aims to achieve its transformative result of ending preventable maternal deaths, contribute to the Sustainable Development Goals (SDG) target to reduce the global maternal mortality ratio to less than 70 per 100,000 live births, and fulfil the promise of the ICPD Programme of Action by providing a comprehensive approach to:

- > End preventable maternal and newborn deaths.
- > Integrate maternal and newborn health within wider sexual and reproductive health and rights as a gateway to universal health coverage and gender equality.
- > Uphold women's rights and bodily autonomy in all aspects of reproductive and maternal health, ensuring that every woman has the freedom to make informed decisions.
- > Create an environment where a woman's reproductive, mental, emotional and social well-being is protected and promoted.

The strategy was developed using an inclusive approach. An internal UNFPA reference group was established, representing Headquarters, Regional Offices and Country Offices, and consultations were conducted with a diverse range of external stakeholders, including implementing partners, research institutions, women's advocacy organizations and donors. A global survey administered to all UNFPA Regional and Country Offices in 2023 also provided key insights on how UNFPA can best contribute to preventing maternal and newborn mortality and morbidity. The target audience for this strategy includes government ministries, UNFPA's technical and programmatic leadership, implementing partners, and funders, ensuring its relevance and usability across key stakeholders. Based on these insights, four strategic priorities were identified: 1) commit to a financial, legal and policy environment; 2) deliver access to quality reproductive, maternal and newborn health services; 3) empower women and communities; and 4) leverage data to drive impact and accountability.

Figure 1: Strategic priorities



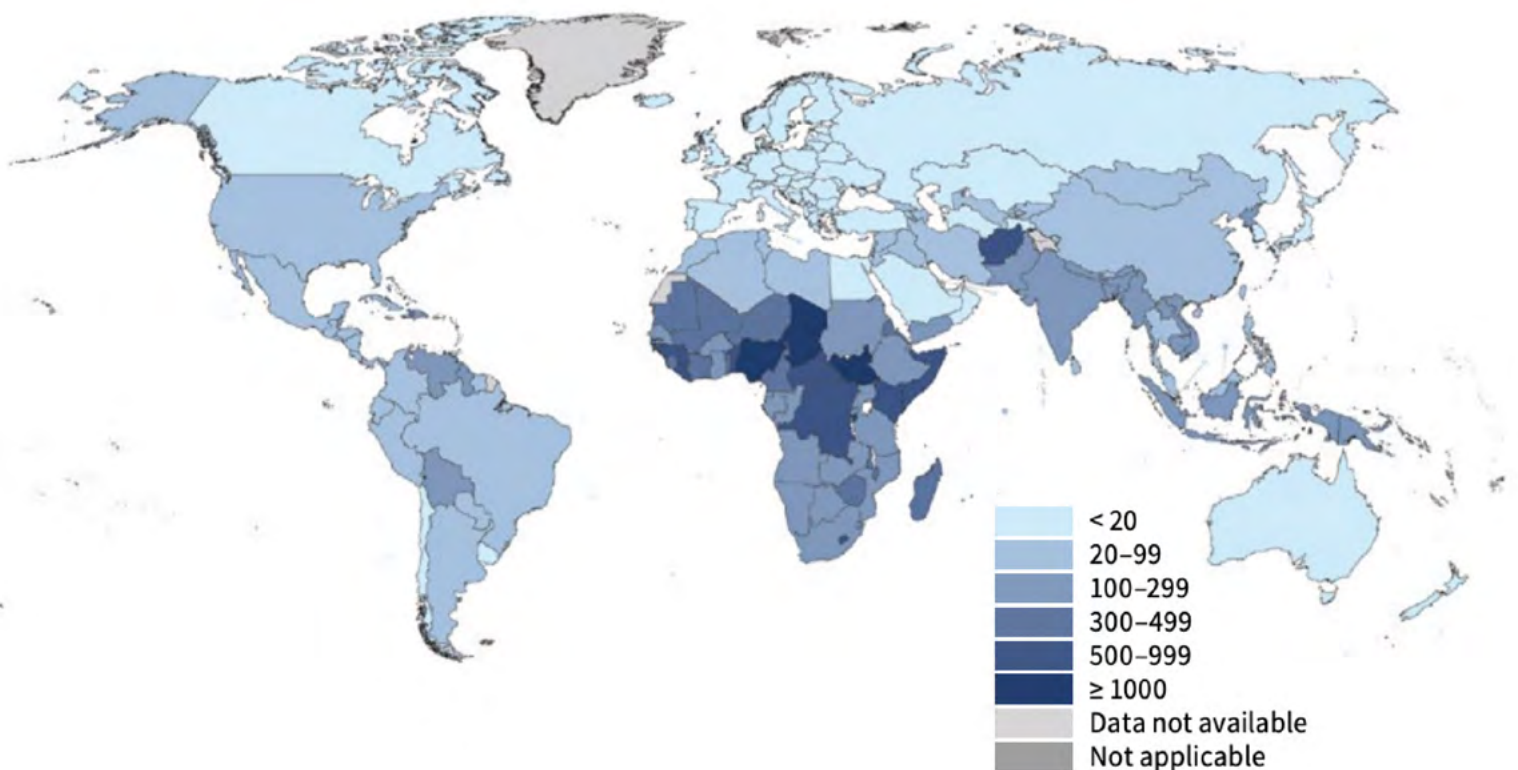


3. Informed by evidence

Maternal and newborn health context

The UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being emerges in response to significant challenges: insufficient legal and policy frameworks and financial commitments, inadequate access to services and poor quality of care, disenfranchised women and communities, and weak health data systems in the context of the poly-crisis of climate change, conflict and increased cost-of-living in the context of global economic downturn.⁷ This strategy outlines key vulnerability factors and barriers that have stalled progress and highlights the strategic priorities needed to overcome these challenges.

Figure 2: Sub-Saharan Africa and Asia Pacific account for the largest proportion of global maternal deaths.



Source: *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division.*

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by UNFPA.

Stagnating progress: situation overview

Maternal deaths remain concentrated in the world's poorest regions and conflict-affected countries. Highlighting the severe and persistent disparities in maternal health, nearly 70 per cent of all maternal deaths occurred in sub-Saharan Africa in 2020. Nigeria alone accounted for 28.5 per cent of all estimated maternal deaths worldwide.^{8,9} In nine countries facing severe humanitarian crises, maternal mortality rates were more than double the world average (551 maternal deaths per 100,000 live births, compared with 223 globally).¹⁰

A woman in Africa who experiences pregnancy and childbirth complications is around 130 times more likely to die from them than a woman living in Europe or North America.¹¹ Adolescent girls are disproportionately vulnerable to the severe complications of pregnancy and childbirth, which remain leading causes of death in this age group globally.

Newborns and mothers, including adolescent mothers, continue to die in unacceptably large numbers from preventable or treatable causes. The most commonly diagnosed, preventable causes of death that account for nearly 75 per cent of all maternal deaths include: post-partum haemorrhage, infections, pregnancy-induced hypertensive disorders such as pre-eclampsia and eclampsia, and complications from delivery and unsafe abortions.¹²

An estimated 257 million women who want to avoid or delay pregnancy are not using safe, modern methods of contraception. This significant unmet need directly fuels unintended pregnancies and significantly contributes to maternal mortality, which is why family planning and reproductive health services are fundamental to improving maternal health outcomes. Six out of 10 unintended pregnancies end in induced abortion¹³ and a staggering 45 per cent of all abortions around the world are unsafe. Among adolescents, 55 per cent of unintended pregnancies result in abortion, many of which are unsafe, particularly in low- and middle-income countries.¹⁴ Data show that restricting access to abortion does not reduce the number of abortions that take place, rather it increases the number of unsafe abortions that occur.¹⁵

Sexually transmitted infections (STIs) such as chlamydia and gonorrhoea are major causes of pelvic inflammatory disease, ectopic pregnancy and infertility, which affects an estimated 48 million couples worldwide.¹⁶ While HIV incidence remains high in some regions, the effect of HIV on maternal mortality has decreased over time since the peak of the HIV epidemic in 2005.¹⁷ Maternal infections, including STIs, are a significant contributor to the global burden of stillbirth, which claims 1.9 million lives annually.¹⁸ Of all maternal deaths globally, 11 per cent of these deaths are attributed to sepsis.¹⁹ The rise of antimicrobial resistance (AMR) is further compounding these challenges. While antibiotics have revolutionized global health, their effectiveness is increasingly threatened. Women are being prescribed antibiotics 38 per cent more frequently than men.²⁰ Alarming, 40 per cent of neonatal sepsis cases in hospitals are now resistant to standard treatments.²¹ Malaria is also another risk factor during pregnancy, which can result in severe complications.

For every woman who dies during pregnancy and childbirth, 20 to 30 more experience severe acute or chronic conditions due to lack of access to or poor quality care.²² These conditions include severe anemia, uterine prolapse, damage to reproductive organs or the nervous system, chronic pain and infertility. Obstetric fistula is one of the most serious childbirth injuries. It leaves women and girls leaking urine, faeces or both, and often leads to chronic medical problems, depression,

social isolation and deepening poverty. An estimated 500,000 women and girls are living with fistula and 90 per cent of women who suffer obstetric fistula lose their baby as a consequence of prolonged obstructed labour. This impacts a woman's physical health and often results in profound trauma and emotional distress.

Globally, approximately 10 per cent of pregnant women and 13 per cent of new mothers experience a mental health disorder. In low- and middle-income countries, these numbers surge further, with 16 per cent of women affected during pregnancy and 20 per cent after childbirth.²³ Poor mental health, such as depression or anxiety, can lead to inadequate self-care, poor nutrition and neglect of prenatal and antenatal care, directly impacting both the mother and the newborn. Additionally, women facing mental health challenges may delay or avoid seeking medical care due to stigma, fear or lack of motivation. In severe cases, mental health disorders can elevate the risk of suicide, highlighting the critical need for timely intervention and support.

Non-communicable diseases significantly affect women's sexual and reproductive health. Cervical cancer, caused by human papillomavirus (HPV), is the fourth most common cancer among women, with 660,000 cases and 350,000 deaths worldwide in 2022.²⁴ Despite its prevalence, cervical cancer is highly treatable with early detection and effective management. Gestational diabetes also poses serious risks, increasing the likelihood of pregnancy complications such as pre-eclampsia, which can endanger both mother and baby. Left untreated, it can lead to excessive birth weight and preterm birth. Effective management of gestational diabetes improves maternal and neonatal outcomes, reducing long-term health risks for both.

Demographic shifts

Demographic shifts are taking place around the world: two thirds of the global population lives in countries where the total fertility rate is less than 2.1 births per woman.²⁵ Many countries with declining fertility rates are trending towards childbirth later in life, which comes with distinct risks.^{26,27,28,29,30} Older women can face heightened sexual and reproductive health risks such as gestational diabetes, pre-eclampsia, preterm birth and other complications linked to advanced maternal age. To provide comprehensive healthcare coverage across the life-course, UNFPA will integrate specific interventions for older pregnant women who face elevated health risks.

By 2054, just six countries – the Democratic Republic of the Congo, Ethiopia, India, Nigeria, Pakistan and the United Republic of Tanzania – are projected to account for half of the world's population growth.³¹ Sub-Saharan Africa, as a region, is expected to experience the largest increase in pregnancies and births in the coming decades and faces significant gaps in comprehensive sexual and reproductive health services, including access to contraception, antenatal and postnatal care, and sufficient coverage of midwives and health workers. These workforce shortages could be exacerbated by the growing burden of non-communicable diseases, such as reproductive cancers, obesity and mental health challenges.³² In addition, the number of adolescents is projected to increase by over 50 per cent by 2050 in sub-Saharan Africa, compared with declines in the number of adolescents projected for Latin America and in Eastern and South-Eastern Asia.³³ Consequently, the demand for adolescent sexual and reproductive health services will rise dramatically in sub-Saharan Africa, making it critical to act now and lay the foundation for meeting future needs effectively.

In addition, by 2050 almost three quarters of the global population will live in cities compared to just over half today.³⁴ While urbanization typically brings benefits such as improved access to education and health services, it can also negatively affect the quality and availability of sexual and reproductive health services in rural areas, which may become under-resourced as populations and healthcare investments concentrate in urban centres. Technology and innovation offer valuable solutions to address these disparities, including the rapid expansion of telemedicine, GIS mapping for creating robust referral networks, and remote counselling and diagnosis. This strategy aims to build upon and fully capitalize on these advancements to improve access to care.

Crisis, displacement and climate change

Humanitarian crises caused by climate change and conflicts are multiplying, posing dire threats to maternal and newborn health worldwide. With approximately 2 billion people residing in areas affected by fragility, conflict and violence, the risks to reproductive, maternal and newborn health are amplified.³⁵ Nearly half of all maternal and newborn deaths, along with deaths of children under five, occur in these humanitarian settings.³⁶

Whether migration is voluntary or forced, it poses several challenges in ensuring universal access to sexual and reproductive health services. Low-income migrant women and refugees often face poor access to healthcare, resulting in reduced access to antenatal (prenatal) and postnatal care, safe delivery facilities and newborn vaccinations. In addition, the rising international migration of health professionals provides financial support through remittances but worsens healthcare disparities in low- and middle-income countries, highlighting the need for retention strategies.³⁷

Climate change exacerbates crisis and displacement and has a direct adverse impact on maternal and newborn health. Exposure to excessive heat, unsafe water and vectors like mosquitos can increase infant and maternal mortality and pose additional risks to pregnant women. Indirectly, extreme weather events like floods and wildfires devastate health infrastructure and supply chains, increasing risks of infectious diseases, unattended deliveries, and limited emergency obstetric care. Climate risks are projected to worsen, but only 38 out of 119 countries have integrated sexual and reproductive health and rights into their national climate plans.³⁸

Leave no-one behind

Disparities in knowledge, access to services, and reproductive rights are intrinsically linked to gender, disability, race, ethnicity and other factors. Social discrimination plays a significant role in health inequalities. For example, in the Americas, maternal mortality rates are disproportionately high among people of African descent, primarily due to systemic race-based inequalities. These disparities are further compounded by entrenched patterns of abuse and neglect within medical education, practices and broader public policies.³⁹

Women with disabilities also face significant vulnerabilities in both reproductive and maternal health due to a range of barriers that hinder their access to adequate care.⁴⁰ These range from limited access to maternity care facilities, lack of adapted equipment and insufficient knowledge and negative attitudes among healthcare providers about their specific needs, which can lead to feelings of dehumanization and fear.



Why has progress stagnated?

Together with UNICEF and the WHO, UNFPA tracks progress against the maternal and newborn SDG targets and indicators and a set of critical coverage targets established under the Every Woman Every Newborn Everywhere (EWENE) partnership.⁴¹

1 INADEQUATE COMMITMENT

Ending maternal and newborn mortality requires strong and coordinated commitments from governments, but maternal and newborn health remains critically underfunded. UNFPA estimates that ending preventable maternal deaths will require \$116 billion between 2020 and 2030 for 120 priority countries. However, donors are only expected to provide approximately \$12 billion during this period, leaving a funding gap of \$104 billion.⁴² This chronic underfunding of public health systems presents a significant barrier to progress.

Domestic financing – essential for sustainable progress – is alarmingly insufficient. Only 61 per cent of countries have developed costed maternal and newborn health plans, and just 12 per cent have fully funded these plans.⁴³ In addition, just 53 per cent of countries have a national strategy or implementation plan to scale-up Emergency Obstetric Care (EmOC), which is critical for reducing maternal and newborn health inequities and ensuring emergency care is accessible to all women and newborns in need.⁴⁴

Of the 153 countries who reported on SDG indicator 5.6.2, only 40 countries report having all of the legal guarantees for access to sexual and reproductive healthcare, information and services including maternity care, in place. However, in many countries, restrictions to these laws exist that negatively impact access for specific populations, particularly young people. Such legal and policy restrictions prevent some countries from addressing all causes of maternal mortality with evidence-informed interventions and ensuring equitable access to services and care.

Compounding these financial shortfalls and policy restrictions are global geopolitical challenges and increased polarization. In some regions, there has been a disturbing push-back on gender equality and sexual and reproductive health and rights, further complicating efforts to address maternal and newborn mortality. Without a firm global commitment to uphold these rights and overcome political and social barriers, progress will remain fragmented and slow.

2 POOR QUALITY SERVICES AND CARE

While lack of access to care remains a critical contributor to maternal and newborn deaths not least in humanitarian settings, the quality of health services is a significant challenge. Despite an increase in facility births, poor quality care including lack of skilled health personnel, preventable medical errors and inadequate access to essential supplies account for 50 per cent of all maternal deaths and 1 million newborn deaths annually.⁴⁵

Inequitable access to life-saving commodities

Inadequate support for supply chains leads to shortages of essential quality-assured medicines that compromise access, availability and quality of care. While a majority of maternal health commodities are procured through domestic resources, demonstrating national commitment, the poor quality of medicines available is a major challenge. Domestic procurement and supply-chain systems are often fragmented with inadequate regulatory capacity. Although several new and underutilized WHO-recommended maternal health products are available, including innovative products such as the low-cost first-aid device Non-pneumatic Anti-Shock Garment (NASG), which can stabilize a women suffering from post-partum haemorrhage for up to 48 hours, there is a lack of awareness, systematic scale up and proper use of such products and treatments.⁴⁶ For instance, low-cost medicines for managing pre-eclampsia are often available, but insufficient screening and diagnosis in low-resource settings limit their effectiveness. New evidence such as the E-MOTIVE⁴⁷ intervention, which includes both oxytocic and tranexamic acid and a low-cost drape to measure blood-loss, found severe bleeding was reduced by 60 per cent and women were less likely to lose their life. This intervention to detect and treat post-partum haemorrhage early offers new hope to end preventable maternal deaths.

Critical shortage of trained midwives and health workers

The global health workforce crisis further compounds these challenges. Midwives, when educated, licensed, regulated and integrated into health systems can deliver 90 per cent of essential sexual, reproductive and maternal health services across the life course. Estimates indicate that midwives could save more than 4.3 million lives a year by 2035, by improving 50 health outcomes and increasing satisfaction for women, adolescent girls and newborns.⁴⁸ Yet, there is a critical shortage of skilled health personnel, and training and supervision systems are inadequate. Estimates indicate a shortfall of at least 900,000 midwives worldwide. Moreover, only 42 per cent of Every Women, Every Newborn, Everywhere (EWENE) countries have a national strategic plan for human resources for maternal and newborn health which includes provisions for equitable distribution of skilled health professionals, and just 28 per cent include strategies to motivate and retain midwives.⁴⁹

Harmful social and gender norms

Women's bodily rights are often circumscribed; data tracking SDG indicator 5.6.1 from 69 countries shows that only 56 per cent of women aged 15 to 49 who are married or in a union are able to make decisions about their sexual and reproductive health and rights. Although more women are delivering in health facilities, 42 per cent report experiencing abuse or discrimination during childbirth. These negative experiences discourage women from utilizing vital healthcare services, and further erode trust in maternal and newborn services.

It is worth noting that 90 per cent of midwives globally are women and often face the same gender discrimination, biases and stigma as healthcare seekers. Gendered workplace hierarchies, and social and economic barriers often prevent midwives from working to their full potential, reinforce unequal power structures and restrict their job opportunities.

3 MARGINALIZED WOMEN AND COMMUNITIES

Harmful norms and stereotypes also often limit access to essential services such as contraception and safe abortion care to the full extent of the law, contributing to high rates of maternal mortality and morbidity. Despite notable progress, women, adolescent girls, families and communities also often remain passive recipients of care rather than active partners in their health journey. Only 54 per cent of countries have updated their national policies in line with the WHO recommendations on intrapartum care for a positive childbirth experience to include allowing a companion of the woman's choice during labour and childbirth. Only 21 per cent of countries have adapted their routine data systems to include a birth/labour companion.⁵⁰ Furthermore, only 42 per cent of countries include in their plans the provisions for the mother to stay with her baby in the newborn care unit.⁵¹

4 ACCOUNTABILITY UNDERMINED BY DATA GAPS

Reliable data is crucial for planning, accurate measurement, programme tracking, informed decision-making, evidence-based implementation and accountability. However, in many low- and middle-income countries, national data systems for reproductive, maternal, newborn health and well-being remain weak, fragmented, and often paper-based, creating significant data gaps. These gaps not only obscure a full understanding of reproductive, maternal, newborn health outcomes but also compromise accountability by limiting the ability to monitor health services accurately and respond effectively to health needs. Uncoordinated reporting systems, often shaped by diverse donor demands, strain resources and impede integrated data collection. Compounded by limited local capacity for data analysis and use, these issues prevent the effective use of data in assessing progress, hinder targeted, evidence-based programme and policy responses, and undermine accountability across national health systems.

Disaggregated data is crucial to ensuring that the most vulnerable populations are reached. More than 100 countries lack disaggregated data on sexual and reproductive health and rights, severely hindering the development of informed policies and programmes.⁵² Maternal and newborn deaths are frequently underreported or misclassified, particularly in low-resource settings where health infrastructure is weak. In addition, while birth registration policies are nearly universal among reporting countries, only 61 per cent of countries have a stillbirth registration policy. While 90 per cent of countries have a maternal and perinatal death surveillance and response (MPDSR) system in place for maternal deaths and 77 per cent for neonatal deaths, only 58 per cent do for stillbirths.⁵³

4. Vision and approach

Direction and guiding principles

UNFPA envisions a world where every woman and girl enjoys safe pregnancy and childbirth by choice, thriving in environments that fully promote and protect their physical, mental, emotional and social well-being. Our commitment is to ensure the right to bodily autonomy so that girls, women and their newborns receive comprehensive, compassionate care, enabling them to lead healthy, autonomous and empowered lives. Whilst this strategy does not represent the full breadth of UNFPA's comprehensive work in sexual and reproductive health, it aims to strongly signal the centrality of integration between reproductive and maternal and newborn health at structural, programme, service delivery and community level.



AN INTEGRATED APPROACH: THE PATH TOWARDS UNIVERSAL HEALTH COVERAGE

UNFPA recognizes that comprehensive sexual and reproductive health and rights (including maternal health) is critical to achieving universal health coverage, which aspires to provide all people with access to the health services they need – when and where they need them – without financial hardship. Understanding the diverse realities of countries in terms of resources, capacity development and policy environments, this strategy focuses on health systems integrating antenatal, childbirth and postnatal care, emergency obstetric and newborn care, and building capacity for reducing barriers to access safe abortion care to the full extent of the law and postabortion care everywhere.ⁱ Well-trained midwives and health professionals will play a critical role in delivering a comprehensive package of sexual and reproductive health services, including maternal and newborn healthcare, modern contraception, HIV, STI and reproductive health cancer prevention and treatment and sexual and gender-based violence response.⁵⁴

Integrated service delivery across the comprehensive package of sexual and reproductive health services delivered through primary healthcare is the most inclusive, equitable and cost-effective way to achieve universal health coverage. As such, the strategy integrates and aligns with other UNFPA strategies and programmes as outlined in section 6.

START WITH HER: WOMEN-CENTRED CARE

Women-centred care, that starts with a woman's right to decide if and when to have children and includes communities' active participation, ensures a holistic approach. 'Starting with her' also signals strong focus on respectful maternity care, listening to and trusting women, as well as eliminating abuse in connection with pregnancy and childbirth. It also entails dismantling harmful social and gender norms, including gender discrimination in the health workforce – where a majority of healthcare workers are women.

TARGETED AND CONTEXT-SPECIFIC

To maximize impact and make effective and efficient use of resources, UNFPA will concentrate its personnel, financial resources and technical assistance on countries with the highest maternal mortality ratios, prioritizing populations that are furthest behind and at greatest risk. This approach ensures the organization fulfills its commitment to leave no one behind (LNOB).

UNFPA will implement tailored interventions that address the specific challenges and needs of each country, recognizing the varied realities in low- and middle-income countries by applying a maternal and newborn and stillbirth transition framework to further support governments to prioritize high impact interventions.⁵⁵

ⁱ In line with the ICPD paragraph 8.25, where abortion is legal, UNFPA states that national health systems should make safe abortion care accessible to the full extent of the national law. Post-abortion care should be available everywhere to save women's lives. UNFPA respects the sovereign right of countries to decide the extent to which safe abortion care is part of a comprehensive approach to sexual and reproductive health and reproductive rights. In all cases and everywhere, UNFPA opposes criminalization of abortion and opposes reproductive violence such as coercive abortion, forced pregnancy or the discriminatory practice of gender-biased sex selection.

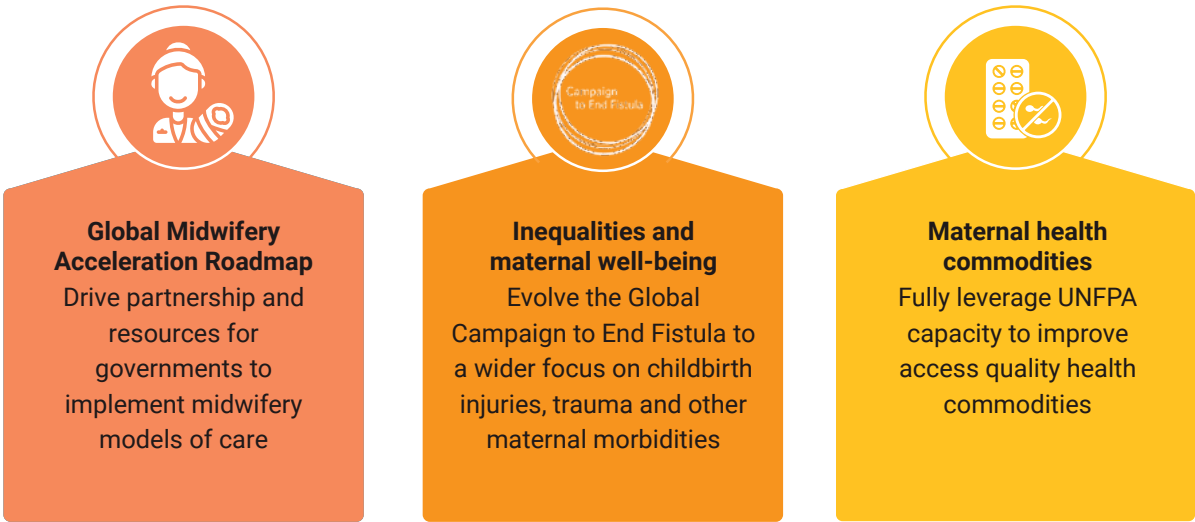
In middle-income countries, UNFPA will prioritize providing high-level policy advice with a focus on reducing inequalities in access to reproductive and maternal health services. In low-income countries, fragile contexts and humanitarian settings, the emphasis will be on accelerating the availability of quality essential reproductive, maternal and newborn health services and supplies.

Identifying populations with the greatest need is a key component of tackling inequalities. Marginalized populations, including indigenous women, adolescent girls, people with disabilities, migrants, refugees and displaced persons and women in rural areas and informal settlements, will be a central focus. The strategy focuses on the critical periods before, during and after childbirth, as well as the first 28 days of a newborn’s life, because this is the most critical and fragile and risky time for adverse maternal and newborn health outcomes.

KEY POLICY INITIATIVES

UNFPA will lead or co-lead three pivotal policy initiatives to advance our reproductive, maternal and newborn health and well-being strategic priorities: 1) The Global Midwifery Acceleration Roadmap unites global midwifery actors to foster partnerships and mobilizes resources to support governments to implement and accelerate midwifery models of care, which are crucial for ensuring skilled birth attendance and significantly reducing maternal and newborn mortality. 2) The Inequalities and Maternal Well-Being initiative expands the Global Campaign to End Fistula, addressing a wider range of childbirth injuries, trauma and maternal morbidities to tackle health inequities head-on, and 3) the Maternal Health Commodities initiative seeks to fully leverage UNFPA’s capacity to enhance access to high-quality, essential maternal health commodities, which are vital for saving lives and improving overall maternal health outcomes. This will be done through a strong ecosystem approach aligning and integrating across reproductive health, newborn and child health commodities in collaboration with sister agencies and other strategic partners.

Figure 3: Policy initiatives



LEVERAGING PARTNERSHIPS

This strategy emphasizes collaboration across all levels – global, regional and national – to achieve its priorities. Globally, UNFPA, alongside the WHO and UNICEF co-chairs the Every Woman Every Newborn Everywhere (EWENE), a partnership that works closely with the Global Financing Facility (GFF) to support investments in high impact practices as part of national health sector or national reproductive, maternal and newborn plans. UNFPA is also a member of the Partnership on Maternal, Newborn and Child Health (PMNCH) to drive global advocacy, alignment and coherence. UNFPA will also continue to co-chair the Prevention of Unsafe Abortion Partners Group, and the International Obstetric Fistula Working group and lead the Global Campaign to End Fistula.

To support research priority setting and to ensure policy and guidelines are translated into programmes, UNFPA is cosponsor of the Human Reproduction Programme (HRP) in partnership with the United Nations Development Programme (UNDP), UNICEF, WHO and the World Bank. At the regional level, UNFPA works closely with multiple initiatives like the African Union’s Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA), regional economic communities and initiatives such as the LAC Regional Task Force for Maternal Mortality Reduction⁵⁶ and regional parliamentary fora to build political will, exchange of learnings and best practice and to strengthen accountability.

UNFPA will partner with civil society organizations to ensure they play a vital role in advocacy, accountability and gender-transformative approaches while the private sector will be engaged as key partners and innovators in expanding access to reproductive, maternal and newborn health services. Together, these partnerships will create a comprehensive and sustainable framework to advance the health and well-being of women and newborns globally.

WELL-BEING: SURVIVING AND THRIVING

While this strategy is aimed at accelerating the reduction of maternal and newborn deaths, it is not just enough to survive – women and the newborn must be given the support to thrive. It adopts a socio-ecological framework that places maternal and newborn well-being at the core of sexual and reproductive health and rights. This strategy introduces a working definition of well-being as it relates to UNFPA’s mandate:

MATERNAL AND NEWBORN WELL-BEING

Maternal and newborn well-being refers to a woman and her newborn’s physical, mental, emotional and social well-being, impacting a woman throughout her life course and acknowledging the intersectionality of these factors. Well-being is deeply impacted by structural and social determinants -- policies, laws, social and community norms and health systems -- and needs to be contextually relevant.

The outer circles of the socio-ecological model (figure 4) highlight the context necessary for promoting maternal and newborn well-being: equity, non-discrimination, protection and justice. This includes ensuring laws, policies and financial commitments for access to comprehensive sexual and reproductive health services are in place; supporting inclusive communities; establishing accountability mechanisms, and respecting women’s and girls’ rights and bodily autonomy. The strategy addresses the structural environment, health system, and community, with UNFPA aligning its strategic priorities at each layer.

Figure 4: Socio-ecological model

Legal and policy environment

Promote comprehensive SRHR and UHC, laws and policies supportive of adolescents, women and gender equality, address social and gender determinants of health

Services (facility)

Maternal and newborn care as part of SRH services, access to quality care, culturally acceptable and respectful maternity care, and experiences of care



Society and community

Social and gender norms

Norms supporting women’s autonomy, choice, decision-making, engagement of leaders in promoting equitable and supportive systems, enhance young people’s leadership, leave no one behind, comprehensive sexuality education

Family

Agency within family, support system, free from violence; unpaid labour is acknowledged, appreciated and shared

Woman/individual

Bodily autonomy, free from morbidities, good perinatal mental health, support for post-partum and post-abortion family planning, self-care to protect and maintain physical and mental health

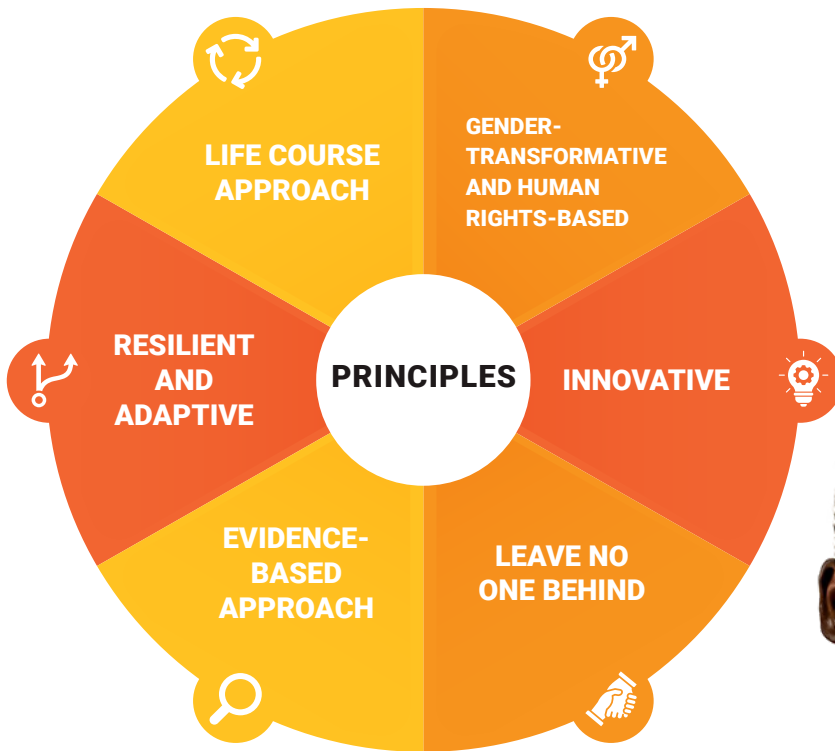
Mother and baby dyad

Promote and protect the physical, mental, emotional and social well-being of the woman and her newborn; survival, attachment, skin-to-skin and infant health

KEY PRINCIPLES

The UNFPA Strategy for Reproductive, Maternal and Newborn Health and Well-Being is founded on core principles that ensure a comprehensive, inclusive and innovative approach to meet the diverse needs of women and girls at all life stages.

Figure 5: Strategy principles



5. Strategic priorities

Start with her

Figure 6: Strategic priorities and interventions



PRIORITY 1: Commit to a financial, legal and policy environment conducive to integrated reproductive, maternal and newborn health and well-being

Financial commitments are crucial to prevent mortality and morbidity and foster a positive context of health and well-being for women and newborns. Ending preventable maternal deaths will require \$116 billion between 2020 and 2030 for 120 priority countries, but there is a critical funding gap of \$104 billion.⁵⁷



INTERVENTION 1: INCREASE SUSTAINABLE FINANCING

Advocate for increased, aligned global financing

UNFPA is committed to catalysing a transformative shift from traditional funding approaches to comprehensive financing strategies for reproductive, maternal and newborn health in the context of universal health coverage delivered through primary healthcare. UNFPA aims to broaden the resource base and optimize resource allocation for maximum impact. Central to this approach are the principles of sustainability, accountability and transparency in financial management.

UNFPA will support countries to actively explore innovative financing mechanisms such as social bonds, impact investments and guarantees to mobilize additional resources from the private sector for reproductive, maternal and newborn health initiatives in low- and middle-income countries. Collaborative efforts with private sector entities through strategic purchasing and public-private partnerships will be pivotal in enhancing service delivery and strengthening healthcare systems across these countries.

UNFPA will also strengthen partnerships with major global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM), PEPFAR, Gavi and the Global Financing Facility (GFF) and other global financing mechanisms with a strong focus on country level alignment and complementarity. These partnerships will facilitate collaborative efforts to leverage resources and expertise towards advancing reproductive, maternal and newborn health agendas globally. Additionally, UNFPA will deepen collaboration with international financing institutions, regional development banks and financial institutions to mobilize additional international development assistance funds, grants and investments. This concerted effort seeks to amplify support for comprehensive strategies that improve health outcomes, promote gender equality, women's and girls' empowerment and advancement and strengthen health systems worldwide.

Recognizing funding constraints and the need to generate resources beyond traditional development assistance, UNFPA will urge the international community to consider reproductive, maternal and newborn health as an urgent Global Public Health Investment. This will serve to broaden the donor base, ensuring that all countries can contribute through sustained, long-term and predictable financial commitments according to their ability.

Catalyse sustained domestic resources

UNFPA will catalyse the unlocking of additional and sustained domestic resources for reproductive, maternal and newborn health. This will involve supporting and incentivizing governments to ensure sustainable public budget allocations and spending for these services, providing financial protection to vulnerable populations, and making services financially accessible for everyone.

UNFPA will assist governments to integrate essential sexual, reproductive, maternal and newborn health and rights interventions into universal health coverage benefit packages, financial risk protection mechanisms, quality assurance systems and measurement and accountability frameworks. In collaboration with partners, UNFPA will support national health financing reforms to achieve universal health coverage.

UNFPA will support robust evidence-based advocacy efforts to secure increased and sustained public budget allocations for sexual, reproductive, maternal and newborn health and well-being services. By engaging with policymakers, including parliamentarians, UNFPA will promote the importance of investing in these critical health areas.

To strengthen the case for investment, UNFPA will develop tools to measure the cost of inaction and calculate the return on investment. These tools will highlight the financial gaps and the necessary resources and commitments required to achieve transformative health outcomes. By showcasing the potential losses from underinvestment and using proven behavioural science techniques such as loss aversion, UNFPA aims to shift public health management towards a more proactive approach.

Connecting to strategic priority 4 to leverage data, UNFPA will ensure that decision-makers have access to reliable data to streamline and prioritize resource allocation to high impact interventions and enhance the efficiency of health spending.

INTERVENTION 2: DEEPEN INTEGRATION IN LAWS, POLICIES AND PROGRAMMES

Advance human rights standards, policy improvements and legal protections

UNFPA will support integration of reproductive, maternal and newborn health and well-being into national laws, policies and programmes. UNFPA will advocate for policy improvements that address gaps in the current legal and policy frameworks, ensuring that national health systems are equipped to meet evolving reproductive, maternal and newborn health needs. Achieving compliance with universally recognized international human rights standards is crucial for addressing barriers such as restrictions on bodily autonomy and ensuring comprehensive sexual and reproductive health services. This includes guaranteeing adolescents' access to comprehensive sexual and reproductive health information and services, including a full range of contraceptive methods, regardless of age or marital status. Ensure affordability through universal health coverage, insurance, and cost-reduction strategies.

UNFPA will advance global human rights standards and approaches to maternal health by supporting the implementation of key United Nations resolutions. These include the Human Rights Council's resolution on Preventable Maternal Mortality and Morbidity and Human Rights, and the UN General Assembly's resolution on Intensification of Efforts to End Obstetric Fistula. UNFPA will collaborate with partners to update and develop operational guidelines and tools, and strengthen engagement with human rights-based accountability mechanisms, including international human rights mechanisms and National Human Rights Institutions, while ensuring alignment with the UNFPA Strategic Plan Accountability Framework. UNFPA will also strengthen the linkages between the Human Rights Council Universal Periodic Review process and Voluntary National Reviews of the SDGs. UNFPA will also focus on enhancing policy frameworks that support the consistent application of human rights standards in healthcare, ensuring that regular policy reviews and improvements are built into national accountability structures.

UNFPA will support countries in fulfilling their commitments under SDG target 5.6, to ensure universal access to sexual and reproductive health and reproductive rights. This includes advocating for strengthened legal protections against discriminatory practices in health settings,

encouraging the enactment of specific laws, enhancing patients' rights charters and rights literacy, and building patient feedback mechanisms to improve the quality of care and access to redress for those who experience maltreatment and discrimination. UNFPA will also work to dismantle legal and policy barriers that limit access to services, including those affecting minors, non-citizens or women lacking spousal consent. Additionally, UNFPA will support the development and implementation of laws and policies that guarantee free and informed consent for all individuals.

UNFPA will work closely with governments to ensure policies are future-proofed. By leveraging insights from the ICPD30 reviews and aligning with global commitments such as the Pact for the Future, UNFPA will help countries build resilient frameworks that can adapt to new challenges, such as technological advancements in healthcare delivery and the growing impacts of climate change on health systems.

Strengthen integration, inclusion and accountability at all levels

UNFPA will intensify support for the parliamentary function of budget appropriation and oversight as part of increased accountability efforts for reproductive, maternal and newborn health and well-being. This also includes working closely with regional organizations to implement region-specific strategies and normative frameworks, enhancing ownership, coordination and South-South learning and cooperation, as well as global accountability mechanisms such as the High Level Political Forum and the Human Rights Council, and follow up of relevant World Health Assembly Resolutions.

UNFPA will support the development of inclusive policies that encourage social participation in health and well-being. It will use its convening power to meaningfully engage key stakeholders in legal and policy reform processes, including midwifery associations, women's rights and youth organizations and representatives of marginalized communities. These efforts will include regular and systematic policy analysis and with specific recommendations improvements of policy frameworks ensure alignment global standards, for improved relevance and impact.



PRIORITY 2: Deliver access to quality reproductive, maternal and newborn health services through strengthened, more resilient and integrated health systems

To end preventable maternal and newborn mortality and create a positive context of well-being, UNFPA will help countries deliver accessible, high-quality health services that are integrated into sexual, reproductive, maternal and newborn health and rights. At the core of this strategy is expanded coverage of emergency obstetric and newborn care, availability of well-trained midwives and access to quality-assured commodities, including in fragile and humanitarian settings.



INTERVENTION 3: INCREASE ACCESS TO QUALITY INTEGRATED SEXUAL, REPRODUCTIVE AND MATERNAL AND NEWBORN HEALTHCARE

Strengthen integrated and quality routine service delivery

Recognizing the critical role that maternal and newborn health plays in achieving universal health coverage, this strategy emphasizes the integration of sexual and reproductive health and rights within maternal health services at the primary healthcare level. This integration is vital for improving maternal and newborn health outcomes and for addressing broader health issues, such as family planning, HIV and STI prevention and treatment, counselling, sexual and gender-based violence response, and cervical cancer screening and prevention. Integrated service delivery across the comprehensive package of sexual and reproductive health services delivered through primary healthcare is the most inclusive, equitable and cost-effective way to achieve universal health coverage.

UNFPA will prioritize supporting countries to elevate the quality of reproductive, maternal and newborn health and well-being services by aligning national protocols and standards with the latest WHO guidelines. This includes ensuring that protocols are standardized and effectively implemented across all healthcare facilities. This includes both routine and emergency care, to ensure early detection, improved screening, counselling and treatment, thereby ensuring timely and better management of risk factors and timely referrals for both mother and baby, as the continuum of care from pregnancy to the post-partum period. It also includes the promotion of kangaroo mother care, a lifesaving, high-impact technique involving ongoing skin-to-skin contact and exclusive breastfeeding, which has been proven to reduce newborn mortality by 30%. UNFPA will support governments to integrate kangaroo mother care as an essential component of care for preterm and small babies within national programmes and also advocate for its financing, monitoring, and the necessary infrastructural adjustments in hospitals. UNFPA will also work to establish and expand kangaroo mother care in health facilities, particularly in basic and comprehensive emergency obstetric and newborn care and emergency settings.

UNFPA will also assist countries in defining and implementing comprehensive, integrated, high quality packages of sexual, reproductive, maternal and newborn health and well-being services that are tailored to specific country needs and capacities, including post-partum and post-abortion family planning. These will include clear norms and protocols for human resources, infrastructure, equipment and the necessary commodities.

Improve coverage of emergency obstetric and newborn care

Building on its extensive expertise in health system redesign for reproductive, maternal and newborn health and well-being, UNFPA will assist countries in revisiting their network of health facilities to optimize access, cost-effectiveness and service quality, particularly in emergency obstetric and newborn care (EmONC). By 2023, 16 countries in sub-Saharan Africa and Asia had adopted the innovative approach proposed by UNFPA, now featured in the EMoNC handbook⁵⁸ produced by partners in the Averting Maternal Death and Disability (AMDD) programme, including UNFPA, UNICEF and the WHO. This approach ensures equitable access to maternal and newborn health services in fully functional facilities within two hours of travel time.

UNFPA will leverage health facility data and Geographic Information System (GIS) technology to help sub-national stakeholders identify which facilities should offer routine reproductive, maternal

and newborn health services and basic or comprehensive emergency obstetric and newborn care. This approach promotes timely access to emergency care for all women and newborns facing complications, and increase the proportion of births occurring in well-functioning facilities. It will further promote timely referrals for cesarean sections and blood transfusions. The strategic selection of health facilities will enhance service quality by enabling more effective resource allocation. These facilities are regularly monitored and provided supervision and mentorship support to ensure functionality. Additionally, UNFPA will support countries in defining referral linkages between health facilities and in assessing gaps in terms of infrastructure, human resources (e.g. obstetricians and midwives), essential equipment and commodities. Establishing the referral network between peripheral and higher-level facilities is essential to provide timely care for high-risk pregnancies, such as advanced maternal age or with underlying medical conditions. UNFPA will also expand coverage of low-cost, first aid solutions such as the Non-pneumatic Anti-shock Garment (NASG) to maximize chances of survival in remote locations.

Champion respectful, women- and adolescent girl-centered services

UNFPA will prioritize respectful, women and adolescence-centered care as a core component of reproductive, maternal and newborn healthcare, ensuring that midwives and healthcare workers are trained to promote bodily autonomy and well-being.

Through partnerships with community-based organizations, women's rights groups, feminist collectives and youth groups, and health service providers, UNFPA will drive social action and foster dialogue that promotes bodily autonomy and shifts social and gender norms to support women's and girls' agency over their maternal health. This includes values clarification and attitude transformation, an evidence-based approach aimed at improving attitudes and behaviours, including for midwives and health professionals, especially in stigmatized services such as comprehensive sexual and reproductive health services for marginalized populations who may face discrimination. This also includes providing culturally sensitive services to meet the needs of ethnic minorities, including indigenous women and adolescent girls, while challenging biases that lead to mistreatment, particularly for adolescent mothers.

Central to this strategy is eliminating mistreatment in health facilities and fostering respectful, dignified care for all women adolescent girls and newborns. Countries will be supported in assessing, preventing, and addressing any form of mistreatment, including physical, sexual or verbal abuse, discrimination, neglect and the denial of services. Healthcare delivery will be redesigned based on user experiences, enhancing client engagement and trust, which in turn improves health outcomes. Maternal and newborn care assessments will be conducted through exit interviews and community engagement.

UNFPA will support the strengthening of adolescent health services to ensure they are accessible, acceptable, and age-appropriate, protecting privacy and confidentiality, while avoiding stigma and discrimination. A client-centered approach helps healthcare workers understand and respond to the diverse and specific sexual and reproductive health-needs of adolescents. Digital tools and community-based distribution can strengthen service delivery and improve maternal and newborn health outcomes and well-being.

UNFPA will intensify efforts to ensure every woman's pregnancy and childbirth experience is characterized by effective communication between healthcare providers, women, and their families. Continuous emotional support during the perinatal period will support both woman and baby, including for those facing pregnancy loss, including miscarriages, stillbirths, and newborn deaths, where compassionate care is essential. Women will be encouraged to feel empowered to make informed decisions throughout their care journey, including choosing a companion during labour. To achieve this, UNFPA will address barriers to respectful care, such as social and cultural norms, discrimination, power imbalances, heavy workloads, and infrastructure deficiencies. This intervention links closely to intervention 4, midwifery models of care.

Maintain quality services in humanitarian settings

UNFPA is a leading global organization providing access to reproductive and maternal healthcare during crises. UNFPA will continue to ensure that the Minimum Initial Service Package (MISP) for sexual and reproductive health in crises situations is available and accessible to ensure life-saving interventions designed to prevent excess maternal and newborn morbidity and mortality, avoid unintended pregnancies, prevent sexual violence and respond to the needs of survivors, and ensure the prevention and treatment of HIV and other STIs.

Given the increasing impact of conflict, climate change and humanitarian crises, emergency preparedness and anticipatory action are important and UNFPA will continue to strengthen national preparedness and contingency planning while integrating gender and sexual and reproductive health and rights into recovery frameworks. UNFPA is a leader in building resilient health systems through humanitarian–development–peace nexus approaches, which include enhancing the functionality of EmONC facilities and referral networks, strengthening the linkages between gender-based violence and sexual and reproductive healthcare, and building the capacity of frontline healthcare providers, including midwives, in humanitarian settings.

UNFPA and its partners will scale-up implementation of interagency training toolkits on sexual and reproductive health in emergencies, advancing capacities at the country, regional and global levels in areas such as the MISP, clinical management of rape, EmONC and the provision of long-acting reversible contraception. To further strengthen emergency preparedness, UNFPA will support countries in conducting readiness assessments for the MISP for sexual and reproductive health in crisis situations, and resource readiness assessments to inform disaster risk management and response plans.

INTERVENTION 4: ADVANCE MIDWIFERY MODELS OF CARE

Scale up midwifery models of care

UNFPA will continue to advocate for midwives as the main caregivers for women, adolescent girls and newborns to promote normal physiological births, prevent childbirth injuries and the timely detection and early management of complications, including referrals for accessing medical care or other appropriate assistance in case of obstetric emergencies.⁵⁹ UNFPA will also emphasize the pivotal role midwives play in serving as entry points for broader sexual and reproductive health, such as STIs, cervical cancer screening, and identifying and supporting women experiencing mental health issues.

UNFPA will work to scale up Midwifery Models of Care (MMoC) in line with the global position paper.⁶⁰ UNFPA will expand its engagement in the development of implementation guidance and provide support to countries planning to transition to MMoC, which covers the continuum from pre-pregnancy to postnatal care, in which primary care providers are educated and regulated midwives provide the full scope of midwifery practice. In this model, midwives provide and coordinate respectful quality care for women and their newborns in all healthcare settings based on a philosophy of midwifery care.⁶¹

A shift to midwifery models of care

A midwifery model of care is where the main care providers for women and newborns, starting from pre-pregnancy and continuing all the way through the postnatal period, are educated, licensed, regulated midwives who autonomously provide and coordinate respectful, high-quality care across their full scope of practice. The approach is aligned with the midwifery philosophy of care, which: (i) promotes a person-centred approach to care; (ii) values the woman–midwife relationship and partnership; (iii) optimizes physiological, biological, psychological, social and cultural processes; and (iv) uses interventions only when indicated. In midwifery models of care, midwives provide integrated care, addressing the needs of each individual woman and newborn, within a functioning health system, equipped with necessary resources and streamlined consultation and referral processes. They collaborate within networks of care as part of interdisciplinary teams characterized by equality, trust and respect. This approach guarantees that every woman and newborn receives personalized care, tailored to their health needs. Midwifery models of care are adaptable to all levels of care and contexts, including home, community and hospital-based settings; the public and private sectors and public–private partnerships; resource-constrained environments; and humanitarian and crisis settings. This ensures wide accessibility, equity and relevance across different cultural contexts for women, newborns, partners, families and communities.

Support high-quality education, deployment and retention strategies

To improve access to quality midwifery care, UNFPA will support high-quality pre-service education and in-service training in partnership with global, regional and national stakeholders. This includes scaling-up the Alliance to Improve Midwifery Education (AIME), founded by UNFPA, to strengthen national midwifery educational institutions, especially equipping skills labs, regulatory and licensing frameworks to international standards, and the technical backstopping, training, mentorship and coaching of midwifery educators. This initiative will ensure continuous professional development and create promising career pathways for midwives.

UNFPA will also focus on creating supportive enabling environments for midwives to perform optimally, retain them in their profession and maintain their motivation. This includes, effective deployment strategies for adequate staffing, equitable distribution and retention of midwives; fair employment conditions; safe and well-equipped working environments; well-functioning and supportive interdisciplinary teams; and effective regulations that allow midwives to practice

autonomously to their full scope. UNFPA will also advocate for a combination of financial and non-financial incentives to improve retention, such as hardship allowances, subsidized accommodation, career progression opportunities, recognition awards, trust-building initiatives, improved infrastructure, mentorship programmes, and enhanced workplace safety and resource management.

UNFPA will develop tools for conducting cost-benefit analyses of midwifery models of care and establish effective health workforce strategies with robust data systems to accurately assess current and future needs. As a member of the WHO Strategic and Technical Advisory Group of Experts, UNFPA will support the development of coherent implementation guidance across global actors and support countries transitioning to midwifery models of care. This would enable countries to implement robust midwifery programmes across all healthcare settings.

Empower midwives through leadership, including in humanitarian contexts

Recognizing that 90 per cent of midwives globally are women who may face the same gender discrimination, biases and stigma that women everywhere face, UNFPA will assess the negative impacts of social and gender norms within health systems and roll out gender-transformative approaches, interventions and research. Enabling midwives to participate at various policy tables in the health sector and in parliaments, will elevate the voices of midwives on issues that impact them and ensure that conducive policy measures are adopted. UNFPA will support the institutional capacity development of midwifery associations, midwifery management positions within health ministries and health facilities, nurture young midwifery leaders, and advocate for their inclusion in high-level decision-making processes.

In collaboration with the International Confederation of Midwives (ICM), UNFPA will equip midwives with the updated ICM Essential Competencies for Midwifery Practice to ensure they can deliver their full scope of practice. UNFPA will also advocate for and support midwives in humanitarian contexts by including midwives in emergency preparedness and response plans. It will ensure that midwives deployed in humanitarian settings are well trained and fully supported on the ground, including with necessary supplies, referral mechanisms, safety measures, increased psychosocial support and social protection. These efforts will ensure the accessibility of the MISP and the provision of respectful, quality care from the onset of crises.

INTERVENTION 5: INCREASE ACCESS TO THE FULL RANGE OF RECOMMENDED, QUALITY-ASSURED MATERNAL HEALTH COMMODITIES

Increase access to quality-assured maternal health commodities

Part of UNFPA's work under the Every Woman Every Newborn Everywhere (EWENE) partnership is to align the global ecosystem to accelerate access to quality-assured maternal, newborn and child health commodities.

Through the UNFPA Supplies Partnership, UNFPA will support the development and implementation of National Supply Plans, support integrated reproductive and maternal health quantification and forecasting, promote the development of plans to introduce new and lesser-used products, and procure quality-assured reproductive and maternal health medicines for

partner governments. Historically, national reproductive health budgets have been used to procure maternal health medicines, and the UNFPA Supplies Partnership will continue to support governments to expand options of reproductive health commodities in national treatment guidelines, while incentivizing domestic resource mobilization and procurement of quality-assured products. Scaling up new commodities will be prioritized and occur through Emergency Obstetric and Newborn Care networks to ensure emergency care to all mothers, including those experiencing miscarriage, and newborns. Critical success factors for introducing new products include supporting governments to develop introduction plans, documenting bottlenecks, implementation research, and informing national and regional experience sharing and learning.

Together with partners, UNFPA will also continue to develop its normative and advocacy roles, using implementation and scientific evidence to inform global dialogue and contributing to joint statements, such as the WHO, UNICEF and UNFPA Joint Statement on the appropriate storage and management of oxytocin which are used for a range of indicators including prevention and treatment of post-partum hemorrhage respectively.⁶²

Update protocols and training providers

UNFPA will support countries in updating their national lists of essential medicines and protocols, and train providers in the use of new diagnostics and administration of new drugs. UNFPA will also strengthen national capacity to implement updated protocols in line with WHO guidelines and provide differentiated support to improve policy, regulations, delivery and use environments. Training health personnel, particularly midwives, will be a key component of this effort, to ensure health system readiness and practical use of new diagnostics and treatments at primary and community levels. This will include both pre- and in-service education, by emphasizing simulated clinical practice and mentoring through low-dose, high frequency approaches.

To deliver this intervention, UNFPA will further integrate its UNFPA Supplies Partnership and UNFPA Maternal and Newborn Health Fund. This approach is piloted under the joint UNFPA and Unitaïd Safe-Births Africa programme, which works to improve access to commodities for preventing and treating post-partum haemorrhage in Africa, funded by the European Union.

Inter-Agency Reproductive Health Kits

As custodian of the Inter-Agency Reproductive Health Kits, UNFPA will continue to manage and update these kits for use in humanitarian crises, ensuring they comply with the latest evidence and logistical requirements. The UNFPA Humanitarian Response Division will lead the update process, drawing on expertise from various agencies to recommend new kit compositions and strengthen medical supply chain management for effective reproductive health services during crises. The kit was most recently updated in October 2024, and now includes additional key new maternal health commodities such as heat stable carbetocin and tranexamic acid, alongside established products such as misoprostol and oxytocin, which are used for the treatment and prevention of postpartum haemorrhage.

PRIORITY 3: Empower women and communities to be active agents of change to exercise their rights to reproductive, maternal and newborn health

UNFPA will prioritize women and girls' empowerment and advancement and community participation to become active agents of change, enabling them to exercise their sexual, reproductive health and rights. Communities are also the physical and social environments where adolescent girls and women live and give birth, forming the foundation of reproductive, maternal and newborn health and well-being. Ensuring the health and well-being of women and newborns requires high-quality health systems that are seamlessly integrated with actively engaged women, adolescent girls and communities at the centre.



INTERVENTION 6: INCREASE WOMEN- AND COMMUNITY-LED ENGAGEMENT, SOCIAL ACTION AND ACCOUNTABILITY

Connect communities and health facilities

UNFPA will take a targeted approach to preventing maternal and newborn mortality and morbidity by reducing the three delays (decision to seek care, reaching the appropriate level of care, and receiving appropriate care at the facility level) by strengthening community health systems, community health worker competencies on reproductive, maternal and newborn health and community referral systems. This includes supporting community engagement, sensitization and awareness-raising for reproductive, maternal and newborn health services, especially in support of antenatal and postnatal care, family planning, and recognizing danger signs during pregnancy and childbirth. Strengthening community health workers is key to establish linkages to health facilities, communication with women, adolescent girls and building trust in healthcare systems within communities.

UNFPA will actively support the expansion of birth plans, telemedicine and mobile diagnostic devices to facilitate quicker, informed decision-making, ensuring women and newborns are referred to the appropriate level of care. In line with UNFPA's reorientation towards increasing community engagement and ownership, UNFPA will promote the integration of information on comprehensive sexual and reproductive health and rights into ongoing community engagement efforts.

This approach includes sensitization and information dissemination through community dialogues, radio broadcasts and campaigns using information-education-communication materials, as well as collaboration with key influencers, such as traditional and faith-based leaders and civil society organizations and healthcare providers.

Amplify community voices, strengthen agency and accountability

UNFPA will work to amplify the voices and strengthen the agency of women and adolescent girls, particularly for those most at risk of poor reproductive and maternal health outcomes. By collaborating with youth-led and women's rights organizations, UNFPA will mainstream women's and girls' voices into health system accountability mechanisms, including through community health entities and patient feedback mechanisms and by co-creating programmes and policies to build community-driven social accountability mechanisms. This includes ensuring all marginalized groups – such as rural women, indigenous women, women of African descent, women living with disabilities, adolescents and young people – are part of decisions impacting their lives and can demand accountability for access and quality of services, including leveraging digital tools for social accountability and community-led monitoring.

Recognizing the importance of self-care as a concept and self-care interventions as evidence-based approaches to promoting health as outlined by the WHO and within the framework of its mandate, UNFPA will support the integration of evidence-based self-care interventions into its ongoing work, such as HIV testing, HPV vaccination and family planning, including in humanitarian settings.

Despite significant inequalities in online access, smart technologies are increasingly available, especially among younger populations, expanding access to health information. A new wave of

“femtech” apps is breaking down barriers in women’s health by tackling traditionally stigmatized areas like menstrual tracking, while AI is proving valuable in enhancing the diagnosis and treatment of reproductive cancers.⁶³ UNFPA will capitalize on digital innovations to enhance agency and accountability, whilst ensuring equitable access, safety and protection.

Critical to community and woman-driven ownership of reproductive and maternal health and support for bodily autonomy is UNFPA support for rehabilitation and social reintegration of obstetric fistula survivors and survivors of other maternal morbidities. UNFPA will continue to amplify their voices and strengthen the agency of women and communities by reconnecting survivors with their families and communities. UNFPA will support a comprehensive package for survivors including counselling, reproductive health education and income-generating skills, including seed capital, to enable survivors to be economically independent and boost confidence. Trained and empowered fistula survivors can serve as safe motherhood ambassadors, raising awareness and advocating for fistula prevention and treatment. UNFPA will support more community initiatives to prevent fistula and enable more women and girls to access quality and holistic treatment, reaching the most rural and remote communities through community mobilization and digital technology.

INTERVENTION 7: SUPPORT ADOLESCENT GIRLS AND WOMEN AS AGENTS OF CHANGE

Promote bodily autonomy and rights

UNFPA will champion gender mainstreaming through policies, laws and accountability mechanisms that protect the bodily autonomy and rights of women and adolescent girls, addressing gender-based factors that affect reproductive, maternal and newborn health. Aligned with its Global Strategy for Adolescents and Youth, UNFPA will prioritize accessible, youth-responsive services to prevent early and unintended pregnancies among adolescents. This includes comprehensive sexuality education, support networks and skill-building initiatives for girls’ empowerment, as well as leveraging technology to enhance self-care and provide virtual access to adolescent sexual and reproductive health information and services.

Foster gender-transformative health systems

UNFPA will utilize its Promoting Gender Equality and the Rights of Women and Adolescent Girls Strategy to engage men as partners, moving away from patriarchal norms, particularly around pregnancy, childbirth and parenting. By leveraging social and gender norm change tools and fostering positive male role models, UNFPA will encourage countries and communities to promote positive masculinity and gender-sensitive behaviours that support bodily autonomy. Additionally, UNFPA will assess health systems from a gender-transformative, rights-based perspective to evaluate their impact on women’s and girls’ agency and access to quality care, while fostering dialogue with healthcare providers and integrating gender-transformative content into training and supervision.

PRIORITY 4: Leverage data to drive impact and accountability

UNFPA will strengthen data and evidence and harness the power of digital innovation at scale to drive efficient, results-based planning, programming and monitoring and evaluation for accountability.



INTERVENTION 8: STRENGTHEN DATA SYSTEMS

Support standards, indicators and health technologies

To support countries in measuring and achieving Every Woman Every Newborn Everywhere (EWENE) coverage targets, and in close collaboration with global partners such as WHO and UNICEF, UNFPA will contribute to the development of and implement harmonized reproductive, maternal and newborn health standards and indicators, including those for the midwifery workforce. This effort will ensure comprehensive care by integrating new maternal and newborn health frameworks and standards for emergency obstetric and newborn care and evolving the measurement of norms and standards and sexual and reproductive agency under SDG target 5.6.

Embracing new health technologies, including digital solutions, UNFPA will support the assessment and improvement of reproductive, maternal and newborn health services. Since 2009, UNFPA has led national assessments of emergency obstetric and newborn care services, developing streamlined assessment tools through global initiatives.

UNFPA will also contribute its technical expertise and implementation experience to inform development of standardized indicators to improve gap measures for quality of care such as maternal well-being and respectful maternity care as identified by the EWENE partnership.⁶⁴

As a member of the United Nations Maternal Mortality Estimation Inter-Agency Group, UNFPA will continue to play a key role in producing high-quality, internationally comparable maternal mortality estimates for global progress monitoring. UNFPA will scale-up its support for countries in reviewing and validating these estimates to enhance country ownership. This collaboration fosters partnerships, builds technical capacity, and strengthens national reporting and classification of maternal deaths. Additionally, UNFPA will continue to provide technical assistance to improve the quality of underlying maternal mortality data through systems like civil registration and vital statistics (CRVS), population-based surveys, and censuses.

Strengthen national health data systems

A robust national health data system, encompassing population-based surveys, health facility assessments, health information management systems (HIMS), logistics management information systems (LMIS), and CRVS systems, is essential to achieving targeted reproductive, maternal, and newborn health outcomes. High-quality health data enable monitoring of health trends, development of informed policies, resource allocation, and identification of research priorities across all health system levels.

UNFPA supports countries in strengthening health data collection through population-based surveys such as the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), which provide essential data for reproductive, maternal, newborn, and child health programmes. Additionally, UNFPA assists with health facility assessments, particularly focusing on EmONC facilities, where critical gaps often exist. These assessments help countries analyse facility strengths and weaknesses, improve referral networks, and generate process indicators for monitoring to enhance the overall quality of care.

Strengthening HMIS is a key priority in this strategy to enhance reproductive, maternal and newborn health outcomes. To achieve this, UNFPA will support countries to strengthen routine

health information systems by improving routine monitoring, advocating for updating data modules, and optimizing health facility registers. Additionally, UNFPA will develop advanced data analysis tools and strengthen the capacity of healthcare providers and district managers to effectively collect, analyse and use data, promoting local ownership and accountability in health information management.

Aligned with the Secretary-General's report, *Intensifying Efforts to End Obstetric Fistula within a Decade*, UNFPA will support countries to generate obstetric fistula data within national health information systems for regular monitoring of its incidence and prevalence. UNFPA will also advocate for integrating fistula surveillance into national public health emergency systems, recognizing it as an active reportable condition. This will improve case identification, contribute essential data to the Global Fistula Hub for mapping treatment facilities, and bolster global efforts to eradicate fistula. Additionally, UNFPA will support establishing a global technical working group on *Fistula Estimates*.

UNFPA will also support countries in scaling up national reproductive health LMIS, enhancing the availability of life-saving reproductive health supplies at service delivery points. This will include electronically linking central ministries with districts to improve planning, management and decision-making at both the health facility and ministry levels and ensure an efficient and responsive health service delivery system nationally.

In addition, UNFPA implements a human rights-based, life-course approach to CRVS systems support –from birth to death, including marriage and divorce– and works to strengthen data on maternal mortality and morbidity. UNFPA harnesses the Centre of Excellence for CRVS, a critical resource that actively supports national, regional and global efforts to develop, strengthen sustainable civil registration and vital statistics systems. UNFPA in collaboration with WHO and UNICEF will support strengthening of HMIS and linkages to community level service delivery on gender based violence and child marriage, as well as geospatial analysis for better targeting of interventions. Through enhanced CRVS systems, UNFPA will strengthen linkages with the maternal and perinatal death surveillance and response (MPDSR) system to ensure timely action on addressing preventable causes of maternal and perinatal deaths.

INTERVENTION 9: DATA-DRIVEN QUALITY AND EQUITY

Enhance Maternal and Perinatal Death Surveillance and Response

Maternal and perinatal death surveillance and response (MPDSR) is a critical mechanism for ensuring accountability and improving the quality of care in maternal and newborn health services. It involves real-time monitoring of maternal and perinatal deaths, enabling health facility managers and staff to identify and address the underlying causes and contributing factors. UNFPA is committed to supporting countries to establish and scale up robust MPDSR systems that link data to life-saving interventions, health system failures, gaps in stocks and equipment, provider competencies, together with a focus on community engagement, health workforce sensitization and feedback mechanisms to enhance patient satisfaction.

To improve accountability and strengthen health systems, UNFPA will support community engagement through activities such as community death reviews and verbal autopsies. These

efforts, integrated with HIMS, will help countries use MPDSR findings to guide intersectoral coordination and actions aimed at preventing future deaths and improving programme quality.

At the global, regional and national levels, UNFPA will improve MPDSR programmes by enhancing the framework and coordination, developing guidelines, tools and national MPDSR plans, and monitoring their implementation. This quality improvement intervention is vital for understanding the causes of maternal and newborn deaths and taking proactive measures to prevent them.

UNFPA will also provide tailored guidance for setting up simplified MPDSR systems, including rapid surveillance methods designed to address the challenges of system adoption, particularly in crisis settings. Understanding the causes of maternal and neonatal mortality, including in emergencies, is crucial for identifying effective solutions and ensuring that future deaths are prevented.

INTERVENTION 10: EVIDENCE-BASED POLICIES AND SERVICES

Build capacities to utilize data for policy and planning

UNFPA will leverage its role as a global source of population data and projections to generate robust data and research, advocating for policies and programmes that are evidence-based. Utilizing demographic insights to forecast future shifts will aid in prepositioning supplies and enhancing health systems to be inclusive, resilient and responsive. Geographic Information System (GIS) tools will help plan maternal and newborn health services, ensuring no one is left behind by identifying facilities for routine and emergency care and assessing resource gaps.

Additionally, UNFPA will advocate for the routine collection and use of high-quality, timely and disaggregated data to meet the diverse needs of countries and communities. This includes strengthening national and subnational data systems, supporting CRVS systems, conducting population censuses and enhancing Demographic and Health Surveys. Collaboration with the GFF will improve the alignment of death registration, MPDSR and health information systems for comprehensive analysis and informed decision-making.

Generate evidence for gender-transformative health systems

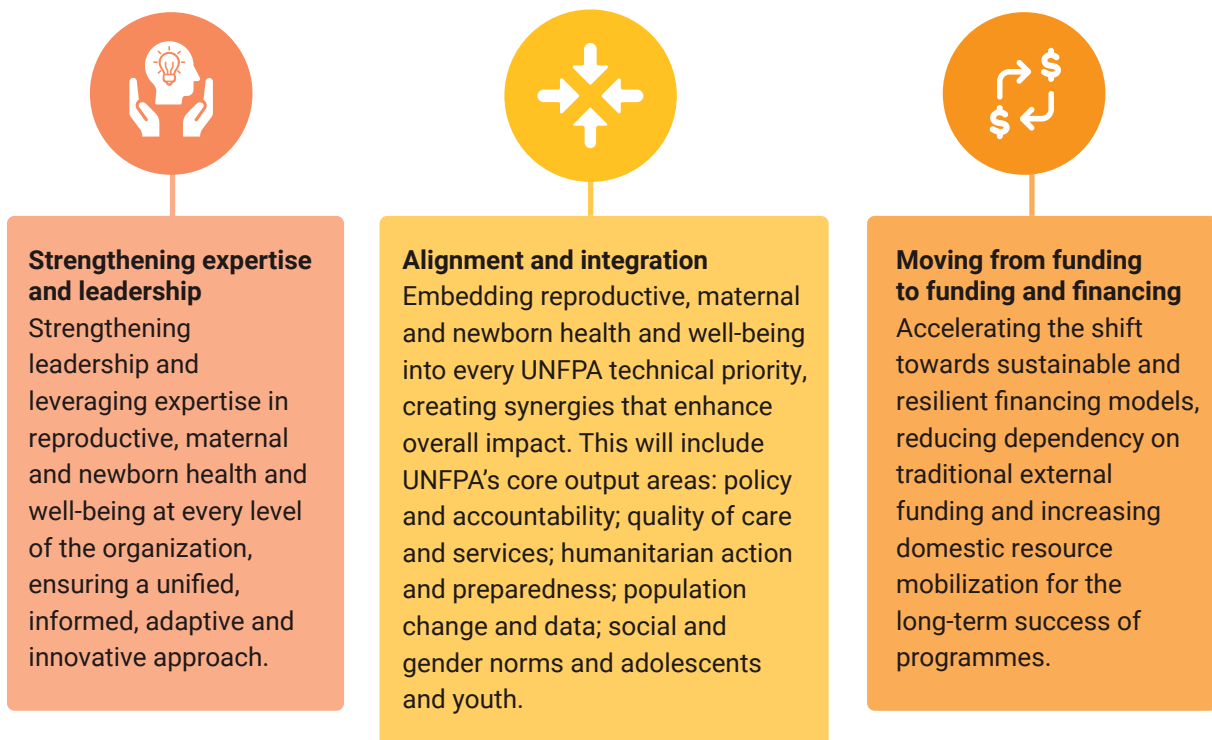
UNFPA will work with partners to define global standards and measurements for new priority areas, including maternal mental health and well-being. Research partnerships with academic institutions and HRP, will be critical, with a focus on regional academic institutions and National Public Health Institutes. Under the UNFPA Strategy for Promoting Gender Equality and the Rights of Women and Adolescent Girls, social and gender norms within health systems will be addressed. This includes tackling intersectional discrimination and harmful norms that limit access to essential services like contraception and safe abortion care to the full extent of the law. By consolidating these initiatives, UNFPA aims to create a more cohesive, data-driven strategy to improve reproductive, maternal and newborn health outcomes globally.

6. Delivering the strategy

Blueprint for change

This strategy marks a shift in UNFPA’s approach by fully and holistically integrating reproductive, maternal and newborn health and well-being across technical priorities to ensure maximum effectiveness, efficiency and impact. This strategy aligns with the organization’s vision as a revitalized global hub that leads ICPD thought-leadership and delivers and supports integrated sexual and reproductive health and rights policy and financing, empowering countries to thrive in their diversity and unlock their full potential through future-ready, evidence-based solutions. Rooted in critical thinking from ICPD30 Think Pieces, this strategy anticipates challenges and opportunities, aligning with global commitments like the Pact for the Future and the Global Digital Compact to ensure health systems adapt to technological, social and environmental changes for future generations.

Figure 7: Three strategic shifts



Expertise and leadership

To achieve its goal of ending preventable maternal deaths, UNFPA will embrace “UN 2.0”, which encapsulates a forward-thinking UN culture empowered by cutting-edge skills, including innovation, data, digital, foresight and behavioural science.⁶⁵ UNFPA will prioritize investments in capacity development through training, mentorship and coaching ensuring that its workforce is equipped to tackle the evolving challenges in global health.

Key actions include:

- > **Capacity-building:** UNFPA will invest in staff knowledge and skills by broadening their expertise across multiple sectors, including behaviour change programming, health economics and financing, digital innovation and gender-transformative approaches. UNFPA will further develop staff capacity in data analytics and foresight, enabling the organization to design and implement future-informed, high-quality programmes that address emerging challenges. By equipping staff with these forward-looking skills, UNFPA will enhance its ability to anticipate trends and respond proactively to shifting needs. UNFPA will also work to increase staff knowledge and skills in identifying and leveraging financing opportunities from both international and domestic public and private resources. This will help secure sustainable funding solutions and improve programme effectiveness.
- > **Scaling digital innovation:** In line with the Global Digital Compact, UNFPA will deploy the transformative potential of equitable technology, AI and digitalization to improve reproductive, maternal and newborn health services. This includes remote ultrasound technology, mobile health applications, virtual reality training programmes, telemedicine platforms and e-health records.
- > **Knowledge management:** UNFPA will optimize and systematize knowledge management and its widespread dissemination to ensure the latest knowledge is applied in programming approaches. A centralized platform will be created to share documented experiences, high-impact practices and lessons learned, facilitating South-South cooperation and knowledge exchange. In addition, UNFPA will establish and/or strengthen communities of practice focused on reproductive, maternal, and newborn health and well-being, collaborating across regions and offices to address implementation challenges and fill knowledge gaps. Each region will host a centre of excellence, a specialized hub that promotes best practices, innovation and expertise, tailored to regional priorities.

Alignment and integration

The three transformative results of the UNFPA Strategic Plan, 2022–2025 (ending the unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and harmful practices) are deeply interconnected.⁶⁶ These strategic UNFPA priorities focus on sexual and reproductive health and rights, universal health coverage and health systems strengthening. This strategy plays a crucial role by embedding reproductive, maternal and newborn health and well-being within comprehensive sexual and reproductive health and rights, which are further integrated into universal health coverage and primary healthcare policies and programmes. This strategy will help shape the upcoming UNFPA Strategic Plan (2026–2029), refining our approach under the organization’s transformative result to end preventable maternal deaths. This strategy’s comprehensive and integrated approach will guide UNFPA’s efforts to end an unmet need for family planning, end preventable maternal death and ending gender-based violence and harmful practices. Key areas of integration include:

- > [UNFPA Strategy for Family Planning, 2022–2030](#): Free access to modern contraceptives can prevent unintended pregnancies and unsafe abortions, both of which are significant contributors to maternal mortality. meeting the global demand for contraception could reduce maternal deaths by nearly a third.⁶⁷
- > [UNFPA Gender Strategy \(2022–2025\)](#): Integration with the gender strategy is vital to ensure that sexual and reproductive health services are gender-responsive. This includes strengthening the integration of gender-based violence identification and referral pathways, reinforcing accountability mechanisms, and linking these efforts with broader initiatives to shift social and gender norms, including the promotion of positive masculinities.⁶⁸
- > [My Body, My Life, My World: Rights and choices for all adolescents and youth: a UNFPA global strategy \(2019\)](#): This strategy⁶⁹ complements UNFPA’s adolescent and youth strategy, which emphasizes promotion and prevention activities that reduce maternal mortality and morbidity.⁷⁰ This includes comprehensive sexuality education, prevention of early and unintended pregnancies and the elimination of child marriage, a harmful practice that not only violates rights but also significantly increases the risk of pregnancy among girls.
- > [UNFPA Disability Inclusion Strategy, 2022–2025](#): By integrating disability inclusion into maternal health initiatives, UNFPA ensures that women with disabilities receive the same quality of care, support and protection as everyone else. This is vital for reducing maternal mortality rates and ensuring that all women, regardless of their circumstances, can experience safe pregnancies and childbirth.⁷¹
- > UNFPA’s forthcoming sexual health and well-being and HIV/STI prevention strategy.

Sustainable funding and financing

To strengthen UNFPA’s role in mobilizing domestic resources and securing sustainable financing for reproductive, maternal and newborn health and well-being, UNFPA will prioritize expanding health financing knowledge throughout the organization. This will be achieved through targeted capacity-building programmes that include specialized skills development, peer learning opportunities and online courses. These efforts will be supported by comprehensive guidance and knowledge-sharing

resources, ensuring that UNFPA staff are equipped to engage in innovative financing strategies that promote the long-term sustainability of our investments.

UNFPA funding relies entirely on voluntary contributions and it is also essential for UNFPA to strategically leverage all available resources to scale up high-impact interventions, supporting national and subnational systems in adopting sustainable practices that contribute to achieving our three transformative results.

UNFPA leadership will play a crucial role in ensuring a coherent approach to resource management across different funding streams at the global, regional and country levels. This includes aligning project-based funding with the strategic plan outcomes, outputs and indicators through UNFPA's integrated results and resources framework. UNFPA will also use its Maternal and Newborn Health Fund and the UNFPA Supplies Partnership as key vehicles for implementation while linking with programming around adolescents and youth, gender, culture and human rights and data. The two thematic funds will operate in a more coordinated manner, aligning processes such as commodity quantification, needs assessments and performance monitoring. Joint efforts will also be made to co-fund human resources, align capacity-building initiatives and promote strategic planning at the regional and country levels.

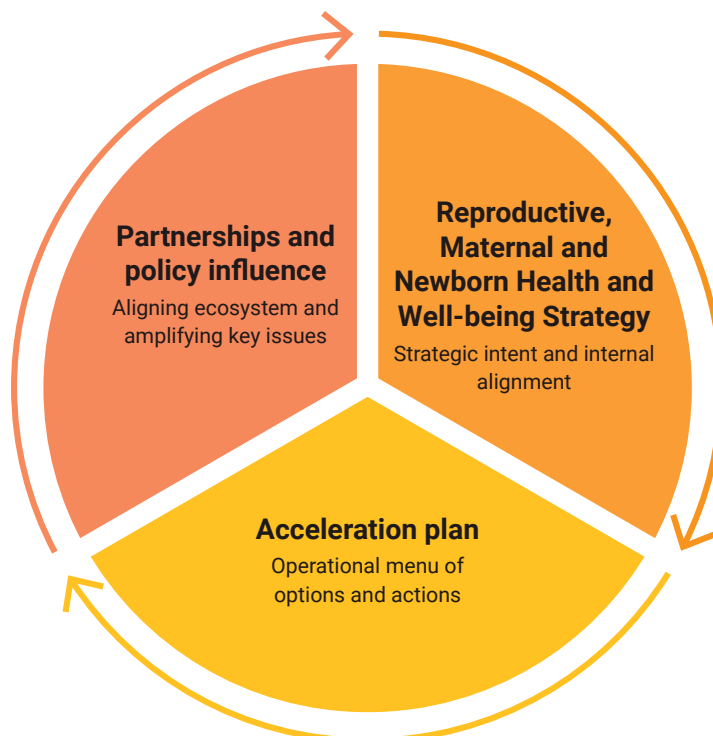


Operationalizing the Reproductive, Maternal and Newborn Health and Well-being strategy

The strategy provides UNFPA with direction to drive internal alignment around the four pillars. To implement the strategy, UNFPA will launch an acceleration plan to guide regional and country offices to deliver context-specific and tangible actions that will equip staff with the tools needed to drive measurable impact.

UNFPA will deploy a coherent partnership and policy influence agenda across the global, regional and national levels to achieve its priorities. It will initially be anchored in the three key policy initiatives outlined namely: 1) the Global Midwifery Acceleration Roadmap, 2) the Inequalities and Maternal Well-Being initiative, and expanding on the Global Campaign to End Fistula, and 3) the Maternal Health Commodities initiative. Globally, UNFPA, alongside WHO and UNICEF co-chairs the Every Woman Every Newborn Everywhere (EWENE) partnership, a partnership that works closely with the Global Financing Facility (GFF) to support investments in high impact practices as part of national health sector or national reproductive, maternal and newborn health plans. UNFPA is also a member of the Partnership on Maternal, Newborn and Child Health (PMNCH) to drive global advocacy, alignment and coherence. To deliver the strategy, UNFPA will develop a dedicated partnership strategy to articulate clearly where UNFPA will lead, participate and encourage others to engage to a well aligned ecosystem of actors across national, regional and global levels working towards the shared goal of ending preventable maternal and newborn deaths.

Figure 8: Operationalizing the strategy





Annex A: Terms and concepts

Agency

The capacity of individuals to have the power and resources to fulfil their potential and make choices.

Bodily autonomy

The concept of bodily autonomy encompasses an individual's power and agency to make choices about their own body and future, without being subject to violence or coercion. This includes whether, when and with whom to have sex and/or become pregnant. It means the freedom to seek healthcare without needing permission from anyone.

Family planning

Family planning allows people to attain their desired number of children, if any, and to determine the spacing of their pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility.⁷²

Gender equality

The concept that all human beings, both women and men, are free to develop their personal abilities and make choices without limitations set by stereotypes, gender norms or roles, or prejudices. Gender equality is the equal valuing by society of women and men in all their diversity and the roles they play.

Gender norms

Accepted attributes and characteristics of male and female gendered identity at a particular point in time for a specific society or community. Gender norms are ideas about how men and women should be and act.

Gender-transformative approaches

Challenge gender inequality by transforming harmful gender norms, roles and relations, while working towards redistributing resources more equally.

Gender mainstreaming

Assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres.

Integrated sexual and reproductive health and rights⁷³

Sexual and reproductive health is a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity. Therefore, a positive approach to sexuality and reproduction should recognize the part played by pleasurable sexual relationships, trust and communication in the promotion of self-esteem and overall well-being. All individuals have a right to make decisions governing their bodies and to access services that support that right. Achievement of sexual and reproductive health relies on the realization of sexual and reproductive rights, which are based on the human rights of all individuals to:

- > have their bodily integrity, privacy and personal autonomy respected
- > freely define their own sexuality, including sexual orientation and gender identity and expression
- > decide whether and when to be sexually active
- > choose their sexual partners
- > have safe and pleasurable sexual experiences
- > decide whether, when and whom to marry
- > decide whether, when and by what means to have a child or children, and how many children to have
- > have access over their lifetimes to the information, resources, services and support necessary to achieve all the above, free from discrimination, coercion, exploitation and violence.

Maternal health

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Maternal deaths are deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy. Maternal morbidity is any health condition that is caused by or made worse by pregnancy and childbirth, and that negatively affects a woman's well-being or ability to function. Maternal morbidity can have direct, indirect or psychological causes.

Positive masculinities

Highlights the beneficial aspects of the masculine identity, while practicing positive, peaceful and gender-equitable forms of masculinities, which challenge the typical characterizations and expectations of men and boys as being aggressive, violent, unemotional, non-nurturing or risk taking.

Social norms

Unwritten “rules” governing behaviour shared by members of a given group or society. These are informal, often implicit, rules that most people accept and abide by.

Unintended pregnancy

A pregnancy that occurs to a woman who was not planning to have any (more) children, or that was mistimed, in that it occurred earlier than desired. This definition is applied independent of the outcome of the pregnancy (whether induced abortion, spontaneous abortion/miscarriage or unplanned birth). An unintended pregnancy is not necessarily an unwanted one.⁷⁴

Universal health coverage

Universal health coverage⁷⁵ means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the full continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care.

Well-being

Well-being refers to a woman and her newborn’s physical, mental, emotional and social well-being. Well-being is deeply impacted by structural and social determinants: policies, laws, social and community norms and health systems.

Women’s and girls’ empowerment and advancement

Increasing the ability of women and girls to take control of their lives and achieve gender equality. Women’s and girls’ empowerment and advancement increases women’s choice, agency and ability to assert their knowledge, opinions and skills in a way that is recognized, respected and valued by society.

Annex B: Strategic overview



Strategic Priority 1 COMMIT

Commit to a financial, legal and policy environment conducive to integrated reproductive, maternal and newborn health and well-being.

1: INCREASE SUSTAINABLE FINANCING

- > Advocate for increased, aligned global financing
- > Catalyse sustained domestic resources

2: DEEPEN INTEGRATION IN LAWS, POLICIES AND PROGRAMMES

- > Advance human rights standards and legal protections
- > Strengthen integration, inclusion and accountability at all levels



Strategic Priority 2 DELIVER

Deliver access to quality reproductive, maternal and newborn health services through strengthened, more resilient and integrated health systems.

3: INCREASE ACCESS TO QUALITY INTEGRATED SEXUAL, REPRODUCTIVE, MATERNAL AND NEWBORN HEALTHCARE

- > Strengthen integrated and quality routine services delivery
- > Improve coverage of emergency obstetric and newborn care
- > Champion respectful women- and adolescent girl-centered services
- > Maintain quality services in humanitarian settings

4: ADVANCE MIDWIFERY MODELS OF CARE

- > Scale up midwifery models of care
- > Support high-quality education, deployment and retention strategies
- > Empower midwives through leadership, including in humanitarian contexts

5: INCREASE ACCESS TO THE FULL RANGE OF RECOMMENDED, QUALITY-ASSURED MATERNAL HEALTH COMMODITIES

- > Increase access to quality-assured maternal health commodities
- > Update protocols and training providers
- > Inter-Agency Reproductive Health Kits



Strategic Priority 3 EMPOWER

Empower women and communities to be active agents of change to exercise their rights to reproductive, maternal and newborn health.

6: INCREASE WOMEN- AND COMMUNITY-LED ENGAGEMENT, SOCIAL ACTION AND ACCOUNTABILITY

- > Connect communities and health facilities
- > Amplify community voices, strengthen agency and accountability

7: SUPPORT ADOLESCENT GIRLS AND WOMEN AS AGENTS OF CHANGE

- > Promote bodily autonomy and rights
- > Foster gender-transformative health systems



Strategic Priority 4 DATA

Leverage data for impact and accountability

8. STRENGTHEN DATA SYSTEMS

- > Support standards, indicators and health technologies
- > Strengthen national health data systems

9: DATA-DRIVEN QUALITY AND EQUITY

- > Enhance Maternal and Perinatal Death Surveillance and Response

10. EVIDENCE-BASED POLICIES AND SERVICES

- > Build capacities to utilize data for policy and planning
- > Generate evidence for gender-transformative health systems

Annex C: Measurement framework

The UNFPA Reproductive, Maternal and Newborn Health and Well-being strategy leverages existing resources for performance monitoring, aligning with the targets and indicators of the Sustainable Development Goals (SDGs) and the UNFPA Strategic Plan. It outlines UNFPA's contributions to the EWENE coverage targets. UNFPA reports on a diverse range of targets from SDG indicators, which are globally understood and tracked. This reporting will continue annually, maintaining the current timeline. Additionally, a future Acceleration Plan will be developed to align with this strategy. The combined high-level performance measures and targets for this strategy will ensure comprehensive tracking and reporting, facilitating a cohesive approach to improving reproductive, maternal and newborn health outcomes.

Sustainable Development Goals

Goal 3: Ensure healthy lives and promote well-being for all at all ages

SDG Target	SDG Relevant Indicators
3.1 (MMR): By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 (MMR) Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-5 mortality rate 3.2.2 Neonatal mortality rate
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.2 Suicide mortality rate
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods 3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income
3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution

UNFPA Strategic Plan

Indicators supporting reproductive, maternal and newborn health and well-being

Output 1: Policy and Accountability – By 2025, improved integration of sexual and reproductive health and reproductive rights, as well as the prevention of and response to gender-based violence and harmful practices, into universal health coverage-related policies and plans, and other relevant laws, policies, plans, and accountability frameworks

Indicators

Output 1.1. Proportion of countries that have integrated sexual and reproductive health and rights, as well as the prevention and response to gender-based violence and harmful practices into the universal health coverage-related policies and plans, and other relevant laws, policies, plans and accountability frameworks

Output 1.2. Proportion of countries that increased domestic resources for (a) sexual and reproductive health, including (and differentiated for) family planning; and (b) gender-based violence and harmful practices

Output 1.3. Proportion of countries where essential sexual and reproductive services are included as part of their financial protection mechanisms and/or risk pooling and/or pre-payment schemes

Output 1.5.a Number of countries have made a national commitment to end preventable maternal deaths through a costed national action plan/s, strategy, laws, political commitment or any other mechanism

Output 1.7. Number of countries that have multiple stakeholder mechanisms that include (a) women-led and youth-led civil society organizations, (b) faith-based organizations, (c) men and boys; (d) people with disabilities; (e) indigenous populations; (f) young people; (g) parliamentarians; (h) media to support the acceleration of transformative results and ICPD Programme of Action

Output 1.8. Proportion of voluntary country commitments set for accelerating the implementation of the Programme of Action of the International Conference on Population and Development and the acceleration of the three transformative results operationalized through a budgeted plan or a programme

Output 1.9. Proportion of countries that have integrated sexual and reproductive health and reproductive rights and Programme of Action of the International Conference on Population and Development priorities into the national climate policies

Output 1.10. Number of countries with national development plans addressing sexual and reproductive health and reproductive rights and gender equality that explicitly integrate population changes, including changing age structures, population distribution and urbanization

Output 1.11. Number of countries have laws and regulations aligned with international human rights standards that support the realization of universal access to sexual and reproductive health and reproductive rights, including related to one or more of the three transformative results

Output 2: Quality of care and services – By 2025, strengthened capacity of systems, institutions and communities to provide high-quality, comprehensive sexual and reproductive health information and services, including supplies, as well as essential services to address gender-based violence and harmful practices

Indicators

Output 2.1. Proportion of countries that meet at least 75 per cent of their requirement of midwifery professionals for the sexual, reproductive, maternal, newborn and adolescent health care

Output 2.2. Percentage of countries with national and/or subnational mechanisms for accreditation of midwife education and training institutions and their programmes in line with International Confederation of Midwives (ICM) standards

Output 2.3. Proportion of countries where at least 50 per cent of women aged 30–49 years screened for cervical cancer at least once, or more often, and for lower or higher age groups, according to national programmes or policies

Output 2.4. Number of countries scaled up new adaptations (including innovations) to improve the availability, accessibility, acceptability and quality of services related to transformative results

Output 2.5. Number of countries with at least 50 per cent of the population covered by functioning emergency obstetric and newborn care health facility within two-hour travel time (EPMM Target #4)

UNFPA Strategic Plan

Indicators supporting reproductive, maternal and newborn health and well-being

Output 2.6.a: Proportion of countries have a mechanism for getting routine, patient /client satisfaction modalities for the provision to the services related to sexual and reproductive health, including family planning, gender-based violence and harmful practices

Output 2.8. Number of countries in which at least 50 per cent of the estimated maternal deaths are notified

Output 2.10. Proportion of countries in which at least half of the government-led health facilities provide the comprehensive package of sexual and reproductive health

Output 2.11. Number of women, adolescents and youth, including women and young people with disabilities benefited from the high-quality services related to sexual and reproductive health, prevention and protection from gender-based violence (including services related to mental health and psychosocial support) and harmful practices

Output 2.12. Proportion of countries with national standards for the provision of sexual and reproductive health services to adolescents aged 10–19 years

Output 3: Gender and social norms output – By 2025, strengthened mechanisms and capacities of actors and institutions to address discriminatory gender and social norms to advance gender equality and women's decision-making

Indicators

Output 3.1. Proportion of countries with a national or subnational mechanism to address discriminatory gender and social norms, stereotypes, practices and power relations at the individual, social and institutional levels related to three transformative results

Output 3.2. Proportion of countries rolled out the social norm empowerment package that supports women and girls become agents of change promoting egalitarian gender beliefs, social and gender norms

Output 3.3. Proportion of countries that have functional diversity inclusive community platforms in reflective dialogue towards eliminating discriminatory social and gender norms, stereotypes and practices, as well as GBV and harmful practices that affect girls and women

Output 4: Population change and data output – By 2025, strengthened data systems and evidence that take into account population changes and other megatrends (including ageing and climate change), in development policies and programmes, especially those related to sexual and reproductive health and reproductive rights

Output 4.1. Proportion of countries in which sexual and reproductive health indicators are routinely collected as part of the national health information system and made publicly available

Output 4.7. Proportion of countries that conduct vulnerability assessments, mapping or similar evidence gathering to mitigate the potential impact of natural disasters or humanitarian crises on the achievement of the transformative results

Output 5: Humanitarian action output – By 2025, strengthened the capacity of critical actors and systems in preparedness, early action and in the provision of life-saving interventions that are timely, integrated, conflict- and climate-sensitive, gender-transformative and peace-responsive

Output 5.11 Number of countries that performed a readiness assessment to provide Minimum Initial Service Package (MISP) for sexual and reproductive health in Crisis Situations within the past 12 months

UNFPA Strategic Plan

Indicators supporting reproductive, maternal and newborn health and well-being

Output 6: Adolescents and youth – By 2025, strengthened skills and opportunities for adolescents and youth to ensure bodily autonomy, leadership and participation, and to build human capital

Indicators

Output 6.3. Proportion of countries that involved adolescents and youth, including youth with disabilities and those affected by UNFPA other core furthest behind factors, in the formulation and implementation of policies and programmes related to three transformative results and climate change

Output 6.4. Number of marginalized girls, including girls with disabilities and girls affected by UNFPA other core furthest behind factors, reached by girl-centred programmes that build their life skills, health, social and economic assets

Output 6.5. Number of countries that promoted youth-led innovative initiatives, including digital solutions, for accelerating the achievement of the transformative results, with support from UNFPA



Every Woman Every Newborn Everywhere (EWENE) coverage targets

Target: Every Pregnant Woman

Indicator: Four or more antenatal care contacts

Global target: 90% global coverage of four or more antenatal care contacts

National target: 90% of countries have > 70% coverage

Sub-national target: 80% of districts have > 70% coverage

Target 2: Every Birth

Indicator: Births attended by skilled health personnel

Global target: 90% global average coverage of births attended by skilled health personnel

National target: 90% of countries with > 80% coverage

Subnational target: 80% of districts with > 80% coverage

Target 3: Every Woman & their babies

Indicator: Early routine postnatal care (within 2 days)

Global target: 80% global coverage of early postnatal care

National target: 90% of countries with > 60% coverage

Subnational target: 80% of districts with > 60% coverage

Target 4: Every Pregnant Woman with obstetric complications

Indicator: Proportion of the population covered by Emergency Obstetric Care (EmOC) health facilities within 2 hours of travel time

Global target: at least 60% of the population able to physically access the closest EmOC health facility within 2h of travel time

National target: 80% of countries with > 50% of the population able to physically access the closest EmOC health facility within 2h of travel time

Target 5: On broader determinants of maternal health

Indicator: Proportion of women aged 15–49 who make their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care (SDG 5.6.1.)

Global target: 65% of women making their own informed and empowered decisions regarding sexual relations, contraceptive use, and reproductive health care

National target: 80% of countries enact legal and policy changes that guarantee full and equal access to women and men aged 15 years and older to sexual and reproductive health care, information and education



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 www.unfpa.org

 info@UNFPA.org

 605 Third Avenue New York, NY 10158