

**UNFPA Inputs to 2021 HLPF theme and related 9 SDGs under review**

**2021 HLPF Theme: “Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development”.**

The 2021 HLPF will review 9 SDGs – 1, 2, 3, 8, 10, 12, 13, 16, 17

**(a) Impacts of the COVID-19 pandemic on the implementation of the nine SDGs under review: (SDGs 1, 2, 3, 8, 10, 12, 13, 16 & 17)**

**Impacts of COVID-19 on Health and Wellbeing (SDGs 3, 5)**

- COVID-19 has exacerbated the humanitarian challenges and added to the vulnerability of the people who are already most in need. The pandemic has caused huge disruption to people’s ability to access quality essential health services including sexual and reproductive health and reproductive rights services.
- Healthcare providers have contracted COVID-19 with significant numbers of death and loss of this skilled workforce that is required to provide SRH and gender-based violence (GBV) services, and due to fear of getting infected, people are hesitant to seek SRH and GBV care, which makes it even harder to reach the furthest behind, and to leave no one behind.
- In 2020, UNFPA projected that around 47 million women in 114 low- and middle-income countries would be unable to use modern contraceptives if the average lockdown or COVID-19-related disruptions continue. As a result of these disruptions, as many as 1.4 million unintended pregnancies may have occurred before women were able to resume use of family planning services. This number could be as high as 2.7 million at the higher end of projections, or as low as 500,000 at the lower end of projections<sup>1</sup>. The impact of the global pandemic on essential services including for sexual and reproductive health, GBV and mental health and psychosocial support (MHPSS) further exacerbated existing vulnerabilities in the health sector and beyond.
- Fragile health systems have become weaker, and economies of all countries have taken a huge battering with the poor and vulnerable groups of society left without safety nets to support access to essential services and care. Funding for sexual and reproductive health services and gender-based violence prevention and treatment has been jeopardized as some countries do not see it as a commensurate priority with direct containment of the pandemic. This has resulted in negative consequences on maternal health and the health, safety, and security of women and young people more generally.
- **COVID-19 affects women and men differently.** Women make up a significant portion of frontline health workers and continue to do the majority of unpaid care work. Women and girls are more likely to be poor and living in vulnerable situations, making them more likely to bear the brunt of health, economic and social shocks such as COVID-19. As health, social protection and legal systems are weakened or under pressure, the pandemic makes existing inequalities for women and girls worse, placing them at higher risk of domestic violence, abuse and other forms of discrimination.
- As the COVID-19 pandemic continues to evolve, UNFPA is coordinating its efforts at the country, regional, and global levels in support of prevention, response and early recovery, working with governments, other UN agencies, civil society organizations, private-sector partners, as well as with affected groups, such as frontline health workers, young people and older persons. UNFPA co-

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<sup>1</sup> <https://www.unfpa.org/resources/impact-covid-19-family-planning-what-we-know-one-year-pandemic>

authored the health pillar of the UN framework for the immediate socio-economic response to COVID-19 in collaboration with WHO, and provided contributions to the other pillars of social protection and basic services, economic recovery and multilateral collaboration.

**Impacts of COVID-19 on Poverty, Food insecurity, Gender Based Violence & Harmful Practises: (SDGs 1, 2, 3, 5)**

- 650 million people were thought to be in extreme poverty in 2019, The COVID-19 pandemic pushed even more people into extreme poverty. The pandemic-induced global “new poor” was estimated to be between 119 and 124 million in 2020. In 2021, the estimated COVID-19-induced poor is set to rise to between 143 and 163 million<sup>2</sup>.
- Food security and nutrition are foundational to human health, wellbeing and development, and food security is at the core of the 2030 Agenda for Sustainable Development, the corresponding Sustainable Development Goals and the United Nations Framework Convention on Climate Change. The Programme of Action of the International Conference on Population and Development affirmed that measures should be taken to strengthen food, nutrition and agricultural policies and programmes and fair trade relations, with special attention paid to the creation and strengthening of food security at all levels. Ongoing assessments point to COVID-19 worsening an already precarious situation, given that before the pandemic nearly 690 million people, or 8.9 percent of the global population, were undernourished, 2 billion were moderately or severely food insecure and over 700 million lived in extreme poverty. COVID-19 will add 83 to 132 million persons to those undernourished in 2020.<sup>3</sup>
- In the COVID-19 context, food scarcity and restricted mobility during lockdowns heighten the risk of child labour, transactional sex and other forms of sexual exploitation of women and girls, and increased risks of child marriage.
- Food insecurity and malnutrition are both causes and consequences of child marriage. Marrying off daughters may be means for families to save limited food resources, yet young mothers are at increased risk of maternal mortality and morbidity, and babies born to girls under age 15 are more likely to have low birth weight, to experience stunting, and to die before age five.
- The incidence of gender-based violence increases in almost every type of crisis or humanitarian situation, and there is wide-spread evidence of increased GBV reports and emergency shelter requests under COVID-19 lockdowns; select country offices of both UNFPA and UNHCR report increases in the number of calls for protection. Most consequentially, food scarcity itself exacerbates stress in a household and has been shown to increase domestic and intimate partner violence (IPV), and data from UNFPA’s [Geospatial Dashboard on IPV](#) highlight that younger women are at the highest risk of IPV. Despite such risks, pandemic-related closures have drastically reduced the availability of traditional resources for GBV survivors. In France, following a 30 per cent increase in domestic violence reports since March 2020, authorities converted 20,000 hotel rooms into temporary shelters. (UNDP. (2020). Gender-based violence and COVID-19). Where GBV support services are categorized as essential they can remain open, but alert systems are needed for girls and women who lack access to communication during lockdowns. In Somalia, development partners are establishing “neighborhood watch systems” to identify, prevent or mitigate incidents of violence.
- Limited mobility, limitations and restrictions due to COVID-19 related lockdowns impacted global and national economies, with closure of business and limited access to relief measures in many parts of the world, millions were plunged further into poverty. With deepening poverty came direct

<sup>2</sup> <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-looking-back-2020-and-outlook-2021>

<sup>3</sup> <https://undocs.org/en/E/CN.9/2021/3>

and indirect impacts on food security, health and access to essential services, gender discrimination, with women and girls bearing the brunt including the additional burden of care work for the young and elderly. Increased rates and exacerbations of child marriage in countries like Bangladesh and Yemen were recorded with food insecurity and lack of resources pushing women and young people into transactional sex and heightening risks and rates of gender based violence which we saw sky rocket across many parts of the world.

### **Impacts of COVID-19 on Inequalities and Peaceful and Inclusive Societies (SDGs 10, 16)**

- The Global Pandemic and policy responses to it provided opportunities to state and non-state actors alike to tighten or advance their power and undermine their opponents while leaving civilians more exposed and vulnerable to violence. (SDG 16.)
- In conflict contexts, competing political powers and local armed groups appear to have used the pandemic measures to tighten their territorial control and power, hinder the movement of others (including humanitarian aid), and undermine the legitimacy of their opponents. According to the Armed Conflict Location and Event Dataset, state oppression has increased globally approximately 30 percent during the pandemic and in some regions, armed violence against civilians by state actors was also on the rise. Of particular concern are two conflict- inducing megatrends - First, deepened inequalities within countries (SDG 10) by hitting hardest those groups and people that are already marginalized within their societies, threatening social solidarity and civil peace by widening the gap between the elites and the masses, and between different societal groups. Second, these grievances, deprivations & Inequalities are then taken advantage of by disinformation and conspiracy theory campaigns being spread across the world in real time in the digital realm, allowing malicious actors to use the pandemic as a tool to further polarize and increase distrust in societies.
- The linkages between gender equality and the empowerment of women and peaceful societies are also key. Concerted actions are necessary to reach key SDGs and their targets. Achieving targets related to combating gender-based violence, ending trafficking, ensuring women and girl's effective participation at all levels of decision-making, ensuring universal access to sexual and reproductive health-care services and providing women with equal rights to economic resources as well as access to ownership and control over land, among many others, all contribute to advancing the peaceful and inclusive societies.
- Given the worrying trend, it is important to prioritize the protection of civilians in fragile and conflict-affected regions as the pandemic evolves. Supporting local peacebuilding actors and insider mediators, and incentivizing policies that restrict violent behavior particularly gender-based violence, are at the core of this. Furthermore, it remains crucial to continue providing third-party support to design and agree upon ceasefire frameworks between conflict parties. Here, clearly defined frameworks with humanitarian agendas and third-party monitoring mechanisms are important.

### **Interlinkages across the Goals (SDG 1, 2, 3, 8, 10, 13, 17)**

- A wide range of research shows the centrality of health (SDG 3), specifically sexual and reproductive health and reproductive rights to poverty reduction and prosperity (SDG 1). Reductions in maternal mortality and morbidity (SDG 3.1) through improvements in health have had significant impacts on economic growth and poverty reduction in low and middle income countries (SDG 1, 8).<sup>4</sup>
- Poor health reduces children's ability to attend school, their performance and future earnings (SDG 4,8).<sup>5</sup>

<sup>4</sup> Lancet, Dec 2013. Global health 2035: a world converging within a generation.

<sup>5</sup> Stenberg, K et al. (2013). Advancing social and economic development by investing in women's and children's

- Within the arena of sexual and reproductive health, the HIV epidemic resulted in a decline in the agricultural workforce of 12 high-prevalence countries by three to 10 percent, contributing to food shortages and poverty.<sup>6</sup> (SDG 1,2).
- Unwanted births tend to increase household poverty, perpetuating cycles of inequality and deprivation.<sup>7</sup> SDG(1, 10). Death and disability from unsafe abortion, and lack of access to post abortion care, result in an estimated five million years of lost productive life annually(SDG 8).<sup>8</sup> Overall, sexual and reproductive health-related illness represents approximately 14 percent of the global burden of disease<sup>9</sup>, and pregnancy and childbirth are the second leading cause of death among girls aged 15-19 globally.
- Meeting the SDG 5.6.1 criteria is associated with better reproductive health knowledge and outcomes, as women are more likely to be able to identify how to prevent HIV (SDG 3.3), have the recommended number of prenatal visits, and access skilled delivery at birth. There also appear to be significant associations between SRH and Reproductive rights (SDG 5.6.1) and gender-equal outcomes. Women who meet this indicator criteria are more likely to own their home and land (alone or jointly with their partner), be currently working, and have health insurance coverage (SDG 3.8). They are also significantly less likely to have ever experienced intimate partner violence.<sup>10</sup> (SDG 5.2)
- In certain parts of the world, the pandemic and policy responses to it have provided opportunities to state and non-state actors alike to tighten or advance their power and undermine their opponents while leaving civilians more exposed and vulnerable to violence, particularly women and girls (SDG 16).
- We know that Climate change is the existential crisis of our time, and a major threat to the vision of human centered sustainable development articulated in the 2030 Agenda. The [ongoing drought in eight countries in Southern Africa](#) has been worsened by warming on the continent that has outpaced the global average, with [massive implications for protection and health among women and girls](#). Desert locusts are swarming across the Greater Horn of Africa, [exacerbated by climate change](#) and threatening [huge increases in food insecurity](#). No one and nowhere is safe from climate change, and all efforts for sustainable development must grapple with this reality.

**(b) Actions, policy guidance, progress, challenges and areas requiring urgent attention in relation to the SDGs and to the theme**

**COVID-19 and Data for Sustainable Development**

The 2030 Agenda advances the bold ambition to “leave no one behind” and “reach the furthest behind first”, and the ICPD Programme of Action (1994) called for universal support to “...strengthen ...collection, analysis, dissemination and utilization of population and development data”, that aims to serve this very purpose of ensuring that everyone everywhere is counted and accounted for in the pursuit of sustainable development.

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health: a new Global Investment Framework. The Lancet, Volume 383, No. 9925, p1333–1354, 12 April 2014.

<sup>6</sup> UNAIDS (2006) Report of the Global AIDS Epidemic, UNAIDS: Geneva.

<sup>7</sup> Hakkert, R, JM Guzman, M Herrmann and D Schensul (2012). “Impacts of Population Dynamics, Reproductive Health and Gender on Poverty.” UNFPA Working Paper.

<sup>8</sup> Singh, S (2006). Hospital admissions resulting from unsafe abortion: estimates from 13 developing countries, The Lancet, Volume 368, Issue 9550, Pages 1887 - 1892, 25 November 2006.

<sup>9</sup>Global Burden of Disease database, 2013.

<sup>10</sup> Ensure universal access to sexual and reproductive health and reproductive rights, Measuring SDG Target 5.6 - <https://www.unfpa.org/sdg-5-6>

With 107 SDG indicators requiring population data to be calculated, national population data systems are critical to the monitoring and reporting of progress on SDG implementation. In many countries, the census is the key source of population data. In the course of this 2020 census round, UNFPA is advocating with governments to include questions on disability, migration status, age at first marriage, self-identification of ethnicity and race, and other items within a geographic framework that will greatly expand **the potential disaggregation of SDG data**, to ensure that everyone is indeed counted and accounted for and no one is left behind.

COVID-19 has negatively impacted the 2020 round of census resulting in postponements of planned census enumerations in many countries. It is critical for governments to ensure continued availability of population data from censuses, surveys and administrative data sources and wider utilisation of the data for sustainable development. For countries that have postponed census enumeration, it is important to avoid changing census methods without adequate time for planning and testing of new methods. To assure broad access to population data for the pandemic and relevant vulnerability factors, UNFPA created the [COVID-19 Population Vulnerability Dashboard](#) which provides decision makers, experts and the general public with access to information on populations at risk in order to target preparedness and response.

The Population Vulnerability Dashboard highlights population vulnerabilities at the national and subnational levels, using data from the latest Integrated Public Use Microdata Series (IPUMS) census samples for 94 countries, based on key indicators such as age, older persons living alone, population density, among others. The dashboard features daily updates on COVID-19 cases and deaths, as well as global data on health sector readiness. From the onset of the pandemic, UNFPA has used existing partnerships to strengthen collaboration for the response, and engaged in proactive coalition building to bring its leadership and expertise in data to governments to contribute to and inform their COVID response action.

### ***Some key actions and policy guidance, and best practises in COVID-19 Recovery***

- Strengthen COVID-19 response across humanitarian, development and peace contexts to ensure the continuity of SRH and GBV services and essential supplies. Explore peace, humanitarian, development nexus as it pertains to ensuring service continuity and upholding sexual and reproductive rights across the continuum.
- Facilitate targeted inclusion of vulnerable populations, most at risk from the impact of COVID-19, across all pillars of the UN Framework to support countries: namely adolescent girls and young women, pregnant and lactating women, female-headed households, persons living with HIV, Persons living with disabilities, key populations, etc
- Scale up provision of PPEs to frontline health workers to ensure continuity of services and quality of care during (ante, intra and post-natal care), and accelerate equitable vaccine distribution within and across countries.
- Scale up key partnerships -UNFPA, UNICEF and WFP partnership - that provide integrated service support on nutrition, food security, education, and reproductive health information and services for women, adolescent girls, people living with HIV as well as pregnant and lactating women. Leveraging WFP logistics and distribution mechanisms to deliver food parcels and dignity kits to hard to reach and underserved communities.
- To design inclusive responses to food insecurity and malnutrition exacerbated by COVID-19, it is important for Member States to enhance the collection and analysis of reliable and timely data, disaggregated by age, sex, disability status and other key characteristics, to assess the impact of the pandemic on nutrition programming and outcomes. In addition, they should test the feasibility of nutrition assessments during the pandemic and consider innovations to support improved data collection and analysis.

**COVID-19 Response & Recovery actions in SRHR:**

The COVID-19 pandemic has had, and will continue to have a negative effect on ending preventable maternal deaths, ending unmet need for family planning, ending gender-based violence and all harmful practices, the three transformative results, within the SDG framework, that UNFPA aims to achieve by 2030:

- In response to these challenges, UNFPA has launched the **COVID-19 Global Response Plan** in support of the UNSG’s strategy to respond to the devastating socioeconomic impacts of COVID-19. To this end, UNFPA’s operations are focused on three strategic priorities including: continuing SRH services and interventions, including protection of the health workforce; addressing GBV; and ensuring the supply of modern contraceptives and reproductive health commodities.
- Actions are necessary at the regional and local levels to address the impact of the pandemic. To that effect, UNFPA has modified its programmes, including through acquiring personal protective equipment (PPE), and spreading pandemic awareness and preventive measures, especially by working with adolescents and young people. In Western and Central Africa, UNFPA interventions are focused on supporting the continuity of SRH services, including protection of health workers, and addressing GBV. Special focus is placed on reaching vulnerable groups and providing integrated care to pregnant women, prenatal monitoring and delivery.
- The COVID-19 pandemic has made reaching the goal of universal access to sexual and reproductive health and reproductive rights much harder, blocking women’s access to services that protect their health and rights, putting them at risk of unintended pregnancy. Insufficient maternal health services are threatening the lives of mothers and newborns. It will be critical to ensuring that women and adolescent girls are able to exercise bodily autonomy and sexual and reproductive rights, which requires the existence of an enabled legal and policy environment, access to reproductive rights literacy, and comprehensive sexuality education (CSE) in line with International Technical Guidance.
- **The impact of the pandemic on young people and their role in recovery efforts must not be ignored.** UNFPA has also issued policies and normative guidance related to COVID-19. **The Compact for Young People in Humanitarian Action**, which is a coalition of over 60 humanitarian actors co-led by UNFPA and IFRC, issued a “COVID-19 guidance on working with and for Young People in 2020” which covers the health impacts and safety protection issues that young people face due to COVID-19, as well as the educational and economic effects and the importance of participation and mobilizing young people during the response efforts. ( SDGs 1, 2, 3, 8, 16)

**(c) An assessment of the situation regarding the principle of “ensuring that no one is left behind” at the global, regional and national levels, against the background of the COVID-19 pandemic, in achieving the 2030 Agenda and the SDGs, within UNFPAs mandate areas:**

**Leaving no one behind, and visualizing the SDGs with data.**

To ensure that no one is left behind with regards to access to essential and life saving services and commodities, UNFPA contributes to the prevention and control of the pandemic, to ensure the continuity of essential services for women, young people and vulnerable populations such as older persons, persons with disabilities, LGBTQI, ethnic minorities including Afro-descendants and indigenous people, and developed specific guidance and provided platforms to raise the visibility of and address the challenges faced by these groups during the COVID-19 response and recovery. UNFPA also works to protect frontline health and social workers, 70 percent of whom are women that need PPE. Leveraging data and geospatial mapping for SDG visualization, and harnessing data from the COVID-19 Vulnerability dashboards to ensure that decision makers have the information to target needed interventions towards those most at risk and furthest behind.



**(d) Cooperation, measures and commitments at all levels in promoting sustainable and resilient recovery from the COVID-19 pandemic;**

The Global Pandemic and response provides a critical opportunity to build forward better, addressing systemic challenges and development gaps in health & well-being, inequalities, social protection, gender, decent work and data among others. Some key measures to build forward better include:

- Redoubled efforts to anticipate COVID-19 related essential services disruptions, leveraging population data and vulnerability assessments to determine needs and preposition supplies and commodities including PPE, to ensure continuity of essential services.
- Adaptation and flexibility in modes of service delivery, leveraging digital technologies and telemedicine to mitigate risk of exposure, and ensure service continuity including through remote delivery of essential preventive public health and social protection services where possible.
- Investing in, and fully leveraging, existing technology & infrastructure to urgently scale up and support the development and equitable distribution of COVID-19 Vaccines, with a view towards reaching those most at risk, and indeed at greatest risk of being left behind or left out.
- Targeting COVID-19 response and recovery funding to countries with weak public health, social support and data systems, including countries in fragile and humanitarian situations, with a view towards systematically strengthening these essential systems within the broader framework of accelerated efforts to deliver the SDGs in the decade of action.

**(e) Various measures and policy recommendations on building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development**

- Developing and scaling up integrated policy approaches towards delivering on the SDGs in a manner that leverages synergies and co-benefits, and that mitigates trade offs across goals:
- The world is only as strong as its weakest health system and while the 2030 Agenda and its SDGs highlighted our global interdependence, it has taken a global pandemic to place in stark relief the realities of our interconnectedness and the centrality of health and wellbeing to sustainable development. With this in mind, universal health coverage (UHC) can no longer remain an aspiration, rather strong health systems, accessible to all people that integrate essential services including SRH, and other preventive healthcare measures and interventions, is not only a measure of global solidarity, but a critical accelerator for sustained recovery and sustainable development;
- As the international community gears up for a Decade of Action to deliver on the SDGs, the need to amplify our actions on gender equality is a leading priority. The new national data gathered through indicator 5.6.2 of the SDGs highlights a major opportunity for these actions: focusing effort on laws and regulations that support equal sexual and reproductive health and reproductive rights, and — just as crucially — focusing on the implementation of these laws and regulations. At the same time, the findings from this indicator shed light on the numerous legal barriers and conflicting plural legal systems that prevent many women, and adolescents in particular, from making autonomous decisions about their reproductive health. These barriers must be dismantled to ensure that all women and men can exercise their equal rights to sexual and reproductive health.
- It is essential to leverage multi-stakeholder opportunities to accelerate implementation of relevant SDGs and internationally agreed goals and targets, including the Generation Equality Forum (GEF) and its Action Coalitions. The Forum intends to spur financial and political commitments for gender equality and to fuel a multi-sector movement to ensure action and accountability, which will have an impact across the SDGs and be an opportunity to advance women's rights, and to ensure that gender is at the center of the post-COVID agenda.

- Conducting periodic routine vulnerability assessments to preemptively identify and visualize pockets of need and to better tailor interventions to meet the furthest behind first to facilitate our recovery from COVID-19:
  - By counting everyone, census data allows more granular disaggregation of data to allow for identification of those left behind. Census is extremely useful for such analyses, but it is under-used and under-exploited in many cases. The modernization of the 2020 round of census and the resulting georeferenced census data provides a unique opportunity to identify and map population vulnerabilities. For example, integration of georeferenced census data and other geospatial data such as location of health facilities and road networks, allows mapping of population distributions and geographic proximity to essential sexual and reproductive health services.
  - It is important to strengthen national capacities to utilize census data for analysis, identification and mapping of those left behind, as well as those furthest behind. Census data offers enormous potential to generate detailed disaggregations of relevant SDG indicators.
- Scaling up efforts to empower women and girls, and young people and to build resilience from shocks and insecurity, including adaptation to climate change through individual and community level adaptation, and building climate resilient health and protection systems .

### *Leveraging the power of young people in COVID-19 Recovery and Sustainable Development*

The global COVID-19 crisis is exacerbating existing vulnerabilities and inequalities, going well beyond health issues and well beyond the pandemic time frame. All of these impacts are further amplified in humanitarian contexts where fragility, conflict, and emergencies have undermined institutional capacity and limited access to services. Restrictions of movement have hampered the ability of young leaders and organizations to mobilize and support their communities. Youth civil society organizations are often uniquely placed to understand the specific challenges faced by their communities as well as existing coping mechanisms that may help communities mitigate the effects of the pandemic.

The current crisis is likely to have long-term effects on the critical work that youth organizations undertake. Such organizations tend to rely on volunteer work and already face major challenges in accessing reliable, sustained, and flexible funding. Youth leaders and organizations generally have little access to power and decision makers. The scale and complexity of humanitarian decision-making structures, funding mechanisms, and reporting structures further marginalize and threaten the survival of youth CSOs.

All young people, including adolescents below the age of 18, should enjoy their rights to full and meaningful participation, rights that should be upheld in humanitarian crises, fragile contexts, peacebuilding, and the current COVID-19 crisis. As is being increasingly recognized, it is precisely in these settings that investing in and tapping into the power of young people's participation, and acknowledging their role as rights-holders and decision makers, can make a difference to improve the quality and impact of humanitarian responses.

- **Addressing the needs and supporting the agency and leadership of adolescents and youth is a critical lever to engage young people as agents of change and to leave no one behind.** Supporting young people as they go through life's critical transitions – from adolescence and education to family formation and work to old age – without risk of being derailed by conflict, violence or displacement, child marriage or teenage pregnancy, maternal mortality or morbidity, exposure to harmful practices, conflict, or the pain of discrimination, will be critical in supporting the achievement of sustainable development and sustainable peace. **More efforts are required to**



**provide young people with a nurturing environment for the full realization of their rights and capabilities, supporting countries to reap the demographic dividend.**

- Strengthening the capacity of youth-led organizations and networks enables young people to engage safely and meaningfully in protecting themselves and their communities from COVID-19, and contributing towards an inclusive recovery and the achievement of the SDGs in the Decade of Action.

#### **(f) Key messages for inclusion into the Ministerial Declaration of the 2021 HLPF**

- Noting with grave concern the **health and socioeconomic impacts of the COVID-19** global pandemic, we stress that the 2030 Agenda and its Sustainable Development Goals are more crucial than ever, and should remain the north star and guiding framework within which COVID-19 response and recovery efforts are embedded. In this regard, and in our efforts to build forward better from COVID-19, we redouble our commitment to accelerated SDG implementation within the Decade of Action, and to the principle of leaving no one behind, and reaching the furthest behind first;
- Noting also, our global interdependence, interconnectedness and solidarity, we recognise that the world is only as strong as its weakest health system and reaffirm that health is a precondition for, and indicator & accelerator of the social, economic and environmental dimensions of sustainable development and the 2030 Agenda<sup>11</sup>, and in this context; stress the **importance of wholistically strengthening health systems, and call for the full and effective implementation of the Political Declaration of the High-level Meeting on Universal Health Coverage** “Universal health coverage: moving together to build a healthier world”;
- While women make up a disproportionate share of the health workforce, including at the COVID-19 frontlines, we note with great concern that this **global pandemic risks rolling back the slow gains made in the past decades on gender equality, as it is deepening pre-existing inequalities, and exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic**<sup>12</sup>, with growing reports of increases in gender-based violence and sexual exploitation and abuse, even as related services for prevention and response are under pressure<sup>13</sup>.
- We reaffirm that gender equality and the empowerment of all women and girls will make a crucial contribution to progress across all the SDGs and targets, and we recommit to targeted and accelerated action to remove all legal, social and economic barriers to achieve gender equality and the empowerment of all women and girls, and the realization and full enjoyment of their human rights;
- We affirm **data is a critical accelerator for delivering on the SDGs within the Decade of Action.** Exploiting existing data and leveraging innovative techniques and analyses enables identification of pockets of deprivation, and effective targeting of resources and interventions to ensure no one is left behind. We recommit to strengthening our national statistical capacities to address the data gaps and provide high-quality, timely, reliable, disaggregated data and statistics that fully integrate the Sustainable Development Goals in our monitoring and reporting systems. We encourage

<sup>11</sup> <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>

<sup>12</sup> [https://www.un.org/sites/un2.un.org/files/policy\\_brief\\_on\\_covid\\_impact\\_on\\_women\\_9\\_apr\\_2020\\_updated.pdf](https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf)

<sup>13</sup> [https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_-\\_UNFPA\\_Global\\_Response\\_Plan\\_April\\_07.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_-_UNFPA_Global_Response_Plan_April_07.pdf)

international cooperation supporting statistical capacity-building in developing countries, in particular the most vulnerable countries, which face the greatest challenges in collecting, analysing and using reliable data and statistics to accelerate the pace and scale of sustainable development interventions;

- More efforts are required to provide **adolescents and youth with a nurturing environment** for the full realization of their rights and capabilities, supporting countries to reap the demographic dividend. Recognizing that addressing the needs of adolescents and youth is a critical lever to engage young people as leaders and agents of change, and to leave no one behind, we call for targeted investments to strengthen the capabilities of adolescents and youth, to engage safely in protecting themselves and their communities from the COVID-19, and to contribute meaningfully to inclusive recovery efforts, and to the achievement of the SDGs in the Decade of Action.

#### **Annex: Field examples of UNFPA's collaboration with other UN agencies**

**Annex 1:****Field Examples of UNFPA's collaboration with other UN agencies**

**In the Arab States region**, the UNFPA regional office participates in the WHO regional crisis management group and sub-working groups on risk communication and community engagement; humanitarian settings and displaced populations; and supplies. UNFPA co-chairs the regional inter-agency gender theme group and its gender-based violence COVID-19 sub-working group ensuring integration of gender-based violence within the health sector and the wider socio-economic response.

UNFPA is engaged in country-specific socio-economic impact assessments, which form the basis for developing country specific medium-term UN socio-economic response plans. The Fund's particular focus is on health, social protection, basic social services and gender, to ensure no one is being left behind, especially those most vulnerable, such as persons with disabilities, older persons, refugees, internally displaced persons and migrants.

The UNFPA regional office, jointly with WHO and UNICEF, is supporting the continuity of essential reproductive, maternal, neonatal, child and adolescent health services in the context of COVID-19. UNFPA, WHO and UNICEF have also engaged in advocacy geared toward national ministries of health to emphasize the criticality of maintaining maternal, child and reproductive health services during the pandemic to avoid excess morbidity and mortality. As part of the regional alliance for the Global Action Plan for Healthy Lives and Well-being for All, and in partnership with WHO, UNICEF, UNAIDS, UNHCR and the World Organization for Family Doctors, the regional office is also developing an online training programme for primary health care providers on COVID-19 management and on how to sustain essential services.

**In the Asia and Pacific region**, a regional ad hoc task team on protection against sexual exploitation and abuse (PSEA) was established, with dedicated emphasis on supporting inter-agency coordination on PSEA during the COVID-19 response; UNFPA was selected to co-lead. Further, UNFPA also co-leads the UNiTE working group on eliminating violence against women and the risk communication sub-group on vulnerable and marginalized populations as part of a global effort to leave no one behind.

UNFPA is also an active member of several interagency working groups, including on COVID-19, on gender in humanitarian action, and on logistics. Furthermore, UNFPA hosts the inter-agency Regional Emergency Gender-based Violence Advisor team. In June, the team reached 172 emergency responders with remote capacity-building sessions on 'gender-based violence in emergencies', delivered in collaboration with the International Council of Voluntary Agencies and World Vision International.

Through the 'kNOwVAWdata' initiative, the UNFPA Regional Office for Asia and the Pacific Region, jointly with UN-Women and WHO, developed the Data Collection on Violence against Women and COVID-19: Decision Tree to guide the United Nations, national statistical offices, policymakers and researchers on how to best collect data on women's experiences of violence during the COVID-19 pandemic, as well as on their access to and use of services without compromising their safety.

**In the Eastern Europe and Central Asia region**, UNFPA continues to work with UN country teams to design joint programmes, partnerships, and to mobilize funding. In June, UNFPA started implementation of COVID-19 programmes under the Multi-Partner Trust Fund in five countries. UNFPA continues to build partnerships to ensure that no one is left behind, and has joined with 4 partners to reach marginalized and vulnerable groups, specifically older people, pregnant women, and those at risk of domestic abuse and violence.

**In Armenia**, for example, UNFPA is a partner in a \$1 million project on mitigating the socio-economic impact of COVID-19 on vulnerable people and communities, providing support to survivors of domestic violence as well as other vulnerable women and older persons. The project is funded through the UN Secretary-General's Recover Better Fund. As part of a project on the promotion and protection of human rights (implemented together with UNDP and UNICEF), the Fund has produced a report on the "Rapid assessment on the Government response to domestic violence during the COVID-19 pandemic."

**In Uzbekistan**, within the framework of the United Nations COVID-19 Response and Recovery Fund, focusing on support to early recovery and inclusive service delivery for vulnerable groups affected by COVID-19, UNFPA is providing inclusive legal, psychosocial and direct support to disabled women and girls as well as gender-based violence survivors through shelters, hotlines and social media.

**In the East and Southern Africa region**, UNFPA is engaged in the elaboration of the UN socio-economic response plan to COVID-19, guided by the UNFPA Global Response Plan strategic priorities and accelerator interventions. The regional office is a part of the Regional Partnership Forum, which has brought together all UN agencies at the regional level, and continues to provide guidance to countries on case management, surveillance, continuity of essential services, mental health and psychosocial support, and entry points. UNFPA chairs the continuity of essential health services working group in the forum, which aims to contextualize guidance to address regional specificities in a comprehensive and coherent manner.

**In Botswana**, for instance, the UNFPA country office, together with WHO, UNICEF and UNAIDS, launched an assessment to track the continuity of essential sexual, reproductive, maternal, neonatal, child and adolescent health services in the country. The assessment was supported by the regional offices of all agencies involved; it will provide the Government and partners with actionable recommendations to address bottlenecks in service delivery. In Namibia, UNFPA, in collaboration with UNICEF and the International Organization for Migration, conducted a rapid assessment on the availability of mental health and psychosocial support services from the government, civil society organizations and the private sector. The information is being used to develop a telephone directory for such support services nationwide.

In the **Latin America and the Caribbean region**, UNFPA is actively participating in UN system efforts to support national Government responses to COVID-19. Under the leadership of the Resident Coordinators, the UNFPA regional office and the country offices are collaborating on national socio-economic assessments in the region. In humanitarian situations, the humanitarian country teams are using the structure already in place to support the response to COVID-19.

UNFPA actively participates in humanitarian coordination mechanisms, including the health and protection clusters, and leads or co-leads the gender-based violence sub-cluster where this has been established.

UNFPA continues its coordination efforts with regional partners, including the Pan American Health Organization (PAHO)/WHO, UNICEF, the Inter-American Development Bank, World Bank, UNAIDS and professional associations, such as La Federación Latinoamericana de Sociedades de Obstetricia y Ginecología, and the International Confederation of Midwives. The 5 objective is joint advocacy with health authorities, particularly those related to sexual and reproductive health.

In **Nicaragua**, for example, UNFPA is leading the interagency group on gender, human rights and interculturality, which has prepared “Recommendations for the incorporation of a gender approach in programming in relation to COVID-19.” In Guatemala, in coordination with the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UN-Women, UNFPA is working to strengthen the national networks on gender and health, sexual violence, and midwives within the context of the pandemic.

In the **West and Central Africa region**, OHCHR now chairs weekly meetings of the Regional Directors Group aimed at coordinating the UN response to the pandemic, previously chaired by UNFPA. The UNFPA regional office is fully engaged in the UN system collective effort to save lives, protect people and build back better. The regional office continues to participate in the regional working group on risk communications and community engagement, led by UNICEF and WHO. The group is running a media campaign to raise awareness on COVID-19 through a multilingual website. The website includes local languages spoken across the region. The group is also undertaking a social research campaign aimed at generating high-quality information and insights into how risk communication and community engagement activities could be better framed, packaged and delivered to enhance the response to COVID-19 pandemic.

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