

**UNFPA input to the 2021 Report of the Secretary-General on the  
Implementation of the Vienna Programme of Action for Landlocked Developing  
Countries for the Decade 2014 - 2024**

**BACKGROUND:**

The Office of the High Representative for Least Developed Countries, Landlocked Developing Countries and Small Island Developing States is preparing the 2021 SG report on the implementation of the Vienna Programme of Action (VPoA) for Landlocked Developing Countries for the Decade 2014–2024 in response to the request by the General Assembly, in its resolution 75/228, to the Secretary-General to submit at its seventy-sixth session.

In this regard, UNFPA is requested to provide input to the report in line with the draft outline proposed by OHRLLS. The report will:

- *provide comprehensive information and analysis on recent progress in the implementation of the VPoA and on actions requested in the Political Declaration of the High-level Midterm Review and the performance of the LLDCs on the Sustainable Development Goals and recent socio-economic development*
- *also highlight COVID-19 recovery efforts in LLDCs and identify areas that require further action and support.*

**Section I: Introduction**

*The section will briefly introduce the report, highlighting the legislative mandate for the report and its scope. - FOR OHRLLS DRAFTING*

**Section II: An overview of recent socio-economic development in landlocked developing countries including impact of COVID-19 pandemic and building back better**

- *Using recent data, the section analyses recent developments in the social and economic situation of the LLDCs including progress made by LLDCs on the SDGs.*
- *It will highlight the impact of COVID-19 pandemic and recovery efforts and suggest policy recommendations to enhance the implementation of the VPoA and achievement of the SDGs by the LLDCs.*
- *The report will also provide an analysis of the impact on gender and youth and identify recommendations.*

**[UNFPA PROPOSALS TO SECTION II:](#)**

[The United Nations Comprehensive Response to COVID-19](#) and the [Global Humanitarian Response Plan to COVID-19](#) were launched in 2020. UNFPA’s contribution included co-authoring the health pillar of the UN framework for the Immediate Socio-Economic Response to COVID-19 in collaboration with WHO and providing contributions to the other pillars of social protection and basic services, economic recovery, and multilateral collaboration. UNFPA also developed the [Coronavirus Disease \(COVID-19\) Pandemic:](#)

[UNFPA Global Response Plan](#), which focuses on three strategic priorities: (a) continuity of sexual and reproductive health services, including the protection of the health workforce; (b) addressing gender-based violence and harmful practices; (c) ensuring the supply of contraceptives and reproductive health commodities. UNFPA reprogrammed 30 percent of 2020 work plan interventions to respond to the COVID-19 pandemic. In addition to programmatic interventions at the national level, UNFPA also launched the [COVID-19 Population Vulnerability Dashboard](#) in 2020. The dashboard provides policy makers with data on population risk factors that can help governments prepare and respond to the pandemic and save lives.

In addition to concretely contributing to global initiatives, UNFPA has also assessed the potential [impacts of COVID-19 on the three transformative results namely, Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage](#). The aim of which was to anticipate disruptions in those key areas and on the achievement of the Sustainable Development Goals at the national level. UNFPA also recently published [Impact of COVID-19 on Family Planning: What we know one year into the pandemic](#), which notes that an estimated 12 million women may have been unable to access family planning services as a result of the COVID-19 pandemic, and as many as 1.4 million unintended pregnancies may have occurred before women were able to resume use of family planning services.

The following interventions account for the response to the pandemic via the maintenance of the provision of health services during the pandemic and in development settings in LLDCs.

- **Afghanistan** (UNFPA supported clinics to screen approximately 30,000 Afghan travellers and provided emergency reproductive health kits to Kunduz regional hospital to ensure the continuity of sexual and reproductive health services)
- **Nepal** (in the context of Reproductive, Maternal, New-born, Child and Adolescent Health (RMNCAH), UNFPA supported the implementation of services included in the Minimum Initial Service Package (MISP))
- **Bhutan** (RMNCAH and nutrition services were provided including through enhanced use of mobile applications to improve the service providers knowledge and on use of remote ante-natal care and postnatal care service provision)
- **Uzbekistan** (the improvement of the quality of health services provided to pregnant women, women in delivery and adolescents was realised by supporting the revision of existing health care protocols and development of new protocols in order to reflect interventions needed to address COVID-19. UNFPA also supported a series of online and onsite training, procurement and delivery of personal protective equipment (PPE) to maternity hospitals to ensure safe and quality services in the Aral Sea region.
- **Botswana** (together with WHO, UNICEF and UNAIDS, UNFPA launched an assessment to track the continuity of essential sexual, reproductive, maternal, neonatal, child and adolescent health services in the country. The assessment provided the Government and partners with actionable recommendations to address bottlenecks in service delivery.

### **III. Status of implementation of the priorities of the Vienna Programme of Action**

This section assesses the progress made in the implementation of the VPoA highlighting the major progress and challenges experienced. It will be prepared through an analysis of available relevant statistical data for each priority area.

The specific priorities include -

1. Fundamental Transit Policy issues.
2. Infrastructure Development and Maintenance
3. International Trade and Trade Facilitation

4. Regional Integration and cooperation
5. Structural economic transformation
6. Means of implementation

### **UNFPA PROPOSALS TO SECTION III:**

Landlocked developing countries face varied development challenges and UNFPA continues to support national efforts as they relate to the following priorities of the Vienna Programme of Action:

- Priority 4 *Regional integration & cooperation*, paragraphs 54 to 58, through South-South Cooperation
- Priority 5 *Structural economic transformation*, paragraphs 59 and 62, through strengthening health systems to provide quality sexual and reproductive health services and promoting innovative solutions towards universal access to sexual and reproductive health, data for development, policy advocacy and normative guidance
- Priority 6 *Means of Implementation*, paragraph 68, through official development assistance flows for universal access to sexual and reproductive health; and supporting landlocked developing countries to achieve Sustainable Development Goals (SDGs) 3, 5, 10, 16, and 17; and promoting South-South and triangular cooperation as a strategy to achieve the above goals.

#### *Regional integration and cooperation*

Global mandates on South-South and Triangular Cooperation include the Buenos Aires Plan of Action for Promoting and Implementing Technical Cooperation Among Developing Countries (BAPA) and BAPA+40 (2019), the International Conference on Population and Development Programme of Action and the 2030 Agenda for Sustainable Development, and the Quadrennial Comprehensive Policy Review of the UN General Assembly. These agreements underscore the importance of SSTC and partnerships as critical mechanisms to support state actors to realise all 17 Sustainable Development Goals.

UNFPA promotes regional integration and cooperation to advance learning and knowledge transfer through robust South-South and Triangular Cooperation (SSTC) in line with its corporate strategy, thus enabling the LLDCs and LLDCs which are also least developed countries (LDCs) to benefit from the experiences and lessons learned from one another in the areas of strengthening health systems, investing in population data, harnessing the demographic dividend, gender equality and addressing humanitarian interventions and human mobility issues. [UNFPAs interventions through SSTC](#) contributes to the achievement of Sustainable Development Goal (SDG) 3 “Promoting Family Planning,” SDG 5 “Gender Equality” and SDG 17 “Partnership for the Goals. For example, at the end of 2020, UNFPA partnered with Partners in Population and Development to organize a ministerial forum to facilitate sharing of good practices in areas of maternal health and youth among its 27 member states, which include LLDCs and LDCs.

Through SSTC, UNFPA assisted governments to integrate population dynamics into the actions geared towards the achievement of sustainable development. The interventions supported LLDCs to enhance investments in young people in order to harness the demographic dividend; strengthen their data and statistics systems to utilise population data for planning, monitoring and evaluation of development interventions; strengthen health systems, and to address gender inequality and gender-based violence. UNFPA also responded to calls for a comprehensive response to the global health emergency due to COVID-19, including enabling LLDCs and those which are also LDCs to benefit from the experiences and lessons learned from one another in advancing their maternal and reproductive health capacities, through South-South Cooperation.

#### *Structural economic transformation*

Vulnerable populations such as older persons, people with underlying health conditions and disabilities, indigenous populations, women and girls, including pregnant women, internally displaced persons, refugees and migrants, continue to be among the most disproportionately affected by the COVID-19 pandemic, thus further cementing the need to invest in strengthening health systems and social protection systems.

In Kyrgyzstan, UNFPAs upstream engagement focused on mobilizing domestic financing to meet the family planning needs of women with the aim of supporting the government to transition from reliance on donor funding to domestic resources. As a result, the Ministry of Health allocated USD 60,000 for the procurement of contraceptives in 2019. Further, an Implementation Plan on Family Planning for the period 2020-2030 was drafted. UNFPA supported the Ministry of Health and the Parliament to develop a 5-year plan (2019-2023), which was subsequently approved, to gradually increase the state budget for the procurement of contraceptives to cover the needs of 50% of women at high medical and social risks of maternal mortality by 2023. Further, in order to maintain awareness regarding the need to maintain reproductive health services during the COVID-19 pandemic and ensure that women's basic health needs are met, key messages and health education materials on information about COVID-19 risks for women and female health workers were disseminated.

Further in Kazakhstan, UNFPA supported the government in the development of video materials in sign language to help people with disabilities in order to share information about protecting themselves from the virus; outlining guidance about potential security steps which can be taken when leaving or arriving home and what to do if faced with violence.

### *Means of Implementation*

Without question, effective use of data saves lives. The COVID-19 pandemic and the response and recovery periods to the same has demonstrated that the lack of data, including population data, continues to hinder actions by state and non-state actors alike. UNFPA has made critical contributions to global, regional (such as the [Africa United Nations Knowledge Hub for COVID-19](#)) and national initiatives geared towards strengthening statistical systems to collect and analyse demographic data. UNFPA has supported the World Population and Housing Census (WPHC) Programme in the context of respective country programmes and as part of the United Nations Country Teams, through the 2020 round of the census.

UNFPA also worked to support LLDCs in their census preparations as a response to the delays and postponements due to the COVID-19 pandemic. The delays experienced during 2020 are expected to result in an unprecedented large number of countries simultaneously conducting respective censuses in 2021/2022. To respond to this issue, UNFPA moved to mobilize additional resources such as PPE to ensure that enumeration can take place safely in LLDCs.

In **Asia Pacific**, UNFPA co-chairs the Regional Collaborative Platform Working Group on SDG Data and Statistics, which focused on the harmonization and alignment of SDG data and statistics and has provided technical support to National Statistics Offices including in addressing the impacts of COVID-19 on statistical operations in LLDCs.

The crux of support from UNFPA is strengthening population (demographic) data systems in LLDCs which are also LDCs. Actions to strengthen civil registration and vital statistics and to develop disaggregated data in African LLDCs such as Burkina Faso, Burundi, and South Sudan were critical interventions.

In **Moldova**, UNFPA also contributed to improving national statistical data and ensured that population policies are evidence-based and people-centred. The new national development strategy "Moldova 2030" is based on data and recommendations provided by UNFPA.

In **Turkmenistan**, UNFPA is the key partner of the government with respect to supporting the roll-out of the Population and Housing Census 2022, the results of which will serve as a key data source for SDGs and other national development indicators, and also for the national response to COVID-19 and future global crises. UNFPA supported the State Statistics Committee to cost the census.

In **Nepal**, UNFPA provided technical and quality assurance support to the Central Bureau of Statistics (CBS) to carry out the preparatory activities for the upcoming 2021 Census and to ensure harmonized support for the census, which enhanced alignment of the final instruments with stakeholder’s data needs, and with international standards.

In **Afghanistan**, UNFPA partnered with the Bill and Melinda Gates Foundation and Flowminder to use remote sensing technology, applying new statistical methods and drawing on existing surveys, satellite and mobile data to generate large-scale population estimates. This approach allows data to be collected in remote, hard-to-reach and insecure areas.

In **Bhutan**, UNFPA trained 250 experts including government officials, data producers and communications specialists with respect to the utilisation of data visualization methods and tools which facilitate informed decision-making.

Further, UNFPA continued its support to **Uzbekistan** to prepare for its first Population and Housing Census (2023) in over three decades. In response to lockdown measures to respond to COVID-19, the preparation of legislation, training, coordination with international experts, and awareness raising activities were successfully shifted to online platforms.

#### **IV. Follow-up and review**

The section will highlight progress in the activities of the United Nations system and other international organizations relating to implementation of the priorities of the VPoA including on the key activities of the Roadmap for accelerated implementation of the Vienna Programme of Action in the remaining five years.

It will also review actions made by all stakeholders aimed at promoting the integration, synergy and coherence in the implementation and monitoring of, and follow-up to, the Vienna Programme of Action and the 2030 Agenda at the national, regional and international levels.

#### **UNFPA PROPOSALS TO SECTION IV:**

UNFPA will continue to support the implementation of the United Nations [Roadmap for Accelerated Implementation of the Vienna Programme of Action for LLDCs in the Remaining Five Years](#) in LLDCs based on their national priorities with respect to the need to improve on key areas of development, including **strengthening health systems**, investing in population data, **harnessing the demographic dividend, gender equality** and addressing humanitarian interventions and issues concerning human mobility. Support in these areas is aligned with the political declaration of the Mid-Term Review of the Vienna Programme of Action.

#### *Harnessing the Demographic Dividend*

The [United Nations Youth Strategy](#) is a framework which guides the UN system as it steps up its work with and for young people across three pillars – peace and security, human rights, and sustainable development – in all contexts. [UNFPA’s global strategy for youth and adolescents](#), “My Body, My Life, My World” is aligned with the UN Youth Strategy. The former addresses the need for access to quality health care services, education and investments in enabling environments for young people to realize their full potential. This

approach concretely supports LLDCs with the implementation actions geared towards harnessing the demographic dividend as outlined in the political declaration on the Mid-Term Review of the Vienna Programme of Action.

In the **Lao People's Democratic Republic (PDR)**, UNFPA released the publication “Demographic Change for Development: Lao PDR 2030”, providing an analysis of demographic shifts and their impact on achievement of the SDGs. A policy brief based on the analysis on the demographic dividend was developed and highlighted areas for investment in young people. The latter was also incorporated in the Ninth National Socio-Economic Development Plan.

In **Afghanistan**, UNFPA conducted an orientation session for 400 young people from civil society organizations to increase their understanding of the demographic dividend, in order to support young people's advocacy for the necessary policies and investments.

In **Turkmenistan**, UNFPA leads the UN joint efforts on Youth Policy and supports the Ministry of Sport and Youth Policy with respect to the implementation and monitoring of the new State Programme on Youth Policy. UNFPA also continues to work with partners to generate data, promote innovative mechanisms and demographic policies for youth.

#### *Strengthening health systems*

The provision of support for LLDCs to achieve the Sustainable Development Goals 3 (Good Health and well-being and the respective targets) and 5 (Achieve gender equality and empower all women and girls, and the respective targets) through efforts to accelerate investments in integrated health systems remain critical, as demonstrated by lengthy disruptions to supply chains and service delivery as a result of the COVID-19 pandemic.

In **Afghanistan**, UNFPA supported the government to enhance access to sexual and reproductive health services by increasing the number of Family Health Houses, bringing the total to 171. Under the Family Health House initiative, individuals from rural communities are trained as midwives, and once trained, they return to their communities to operate Family Health Houses which provide free maternal health services 24 hours a day, 7 days a week. The Family Health Houses also provide family planning information and services, as well as referrals to provincial and regional health facilities. UNFPA is currently working with the Ministry of Public Health to further integrate the Family Health Houses into the Basic Package of Health Services to ensure that women in remote areas have access to timely maternal health services to end preventable maternal deaths.

The COVID-19 pandemic erased the gains made in maternal mortality in Kazakhstan. The maternal mortality rate showed an upward trend and UNFPA supported the Ministry of Health to develop a new maternal health strategy which emphasised guidelines to improve infection control management related to COVID-19 in obstetric institutions, and to disseminate crucial information for pregnant women on how to protect themselves from the risks of COVID-19. UNFPA will continue to support institutional capacity building of antenatal care and effective perinatal technology. In order to reduce the transmission of sexually transmitted infections especially among young people, UNFPA supported the Government in improving youth friendly health services and developed several clinical protocols on reproductive health services and algorithms for psycho-social support.

#### *Gender-Based Violence (GBV)*

The COVID-19 pandemic is putting pressure on public health systems, triggering unprecedented measures by governments including movement restrictions and shelter-in-place orders. Women are disproportionately represented in the health and social services sectors, increasing their risk of exposure to

the disease. Stress, limited mobility and livelihood disruptions also increase the vulnerability of women and girls to gender-based violence and exploitation. UNFPA plays a global leadership role in provision of gender-based violence services and coordination of multi-sectoral response services. UNFPAs interventions also support the implementation of the Spotlight Initiative which is a gender-responsive effort to stem the spread of the virus, while working to eliminate all forms of violence against women and girls. The Spotlight Initiative delivers much needed services which are in line with World Health Organization and United Nations guidelines to prevent the spread of COVID-19.

In **Asia and the Pacific region**, UNFPA, in collaboration with UN Women and WHO, have jointly developed "Data Collection on Violence against Women and COVID-19: Decision Tree" to guide actors to decide when and how to best collect data on women's experiences of violence and their access and use of relevant services during the COVID-19 pandemic.

In **Nepal**, UNFPA provided technical and financial support for the coordination of the sexual and reproductive health and gender-based violence health responses including data generation and analysis, regular performance monitoring, the procurement of reproductive health commodity supplies, and supported the continuation of RMNCAH services.

In **Mongolia**, UNFPA supported the training of over 100 COVID-19 front-line workers on basic gender-based violence concepts, detection, and referral in emergency contexts, and provided guidelines for reducing the risks of gender-based violence and ensuring the continuation of lifesaving and essential services to be safely provided to survivors nationwide. In addition, UNFPA supported the development of Standard Operating Procedures (SOPs) as part of the national protection system, to implement the legislation on combating domestic violence and to guide the sectoral work and coordination to prevent and respond to gender-based violence.

In the **Lao PDR**, UNFPA supported the government to accelerate gender equality and to eliminate violence against women through the provision of technical support for drafting a series of national policies, the law on Gender Equality, the National Action Plan for Preventing and Combating Violence Against Women for 2021-2025, and the National Women's Development Plan for 2021-2025. With the support of UNFPA, these national policies were drafted in line with the international agreements and standards, Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), International Conference on Population and Development (ICPD), the Beijing Declaration and Platform for Action, SDG 5, and Essential Service Package for providing essential health, social and justice services for women and girls subject to violence.

In **North Macedonia**, UNFPA supported the government to address the needs of women and girls in the development of two key policy documents namely, the law on Prevention of Violence Against Women and Domestic Violence and the National Health 2030 Strategy. It should be noted further that UNFPA mobilized significant resources through joint programming with the following partners

- European Union (maternal health and cervical cancer prevention)
- the United Kingdom (on gender-based violence)
- UNICEF and WHO (maternal and new-born health)
- UNICEF, UNDP, and UN Women (persons with disabilities)
- Red Cross (older persons)
- Y-PEER (youth engagement)

#### *Data*

Further, as part of United Nations Country Teams, UNFPA engaged with relevant stakeholders on respective country programme documents which address development priorities, needs, and responses in the areas of gender

equality, the demographic dividend and improving data capacity in many LLDCs. Respective LLDCs endorse the programmes based on their development priorities. Continued investments in Population and Housing Censuses at the national level will be guided by the [UNFPA Strategy for the 2020 Round of Population & Housing Censuses \(2015-2024\)](#).

UNFPA, as part of the United Nations Migration Network has also been instrumental with regards to providing support to the technical support in relation to population dynamics and trends. In the context of a joint programme (International Organization for Migration and United Nations High Commissioner for Refugees) “Migration Partner Trust Fund” in North Macedonia, UNFPA contributes to migration policy development and supports the Member State as it engages in the regional review of the Global Compact for Safe and Orderly Migration (GCM) in the lead up to the Mid-Term Review of the GCM in 2022.

#### **V. Conclusions and recommendations**

This section will provide key recommendations to accelerate the implementation of the Vienna Programme of Action based on the analysis provided in the report.

*Insert recommendations based on challenges experienced working with stakeholders to implement the initiatives highlighted in Sections 3 and 4*

#### **UNFPA PROPOSALS TO SECTION V:**

- The United Nations system should continue to provide support based on the development priorities of LLDCs, particularly within the context of the response and recovery from the COVID-19 pandemic, regional and global initiatives such as the 2030 Agenda and the “Roadmap for Accelerated Implementation of the Vienna Programme of Action for LLDCs” in the Remaining Five Years. The implementation of the roadmap should account for enhancing capacity and building resilience in the national health, economic, social, harnessing the demographic dividend and governance systems through data collection and analysis on the overall COVID-19 case management and socio-economic situations.
- In all LLDCs and those which are also LDCs, the responses to COVID-19 and other crises, government policymakers, non-governmental partners, the private sector, academia, UN system funds and programmes and specialized agencies and other development partners should account for the proven and potential impacts of past public health crises (SARS-CoV, HIV/AIDS, Ebola, Zika and MERS-CoV) on women, children, elderly, persons with disabilities and other vulnerable populations in order to develop and effectively implement interventions with the aim of:
  - **Strengthening and integrating health systems**, to ensure that supply chains and provision of services are not disrupted
  - **Building resilience of education systems** to ensure that learning opportunities are not disrupted in formal and informal education settings
  - **Strengthening employment and social protection systems** that are also gender-responsive, in order to ensure persons who are employed in informal and formal economies, particularly women, young people and people with disabilities are not overlooked in recovery efforts
  - **Providing technical support to ensure that GBV prevention and clinical management care** and GBV referral systems are functioning according to national guidelines that address the needs of persons at high risk of experiencing violence
  - **Ensuring that COVID-19 response plans are sensitive to adolescent and youth-specific health-care needs, including sexual and reproductive health, mental health, and psychosocial support;** and
  - Strengthening existing networks at the national and sub-national levels in order to cultivate compassion, raise awareness of and protection from the virus, promote healthy behaviour and

social norm change, reduce stigma and discrimination while supporting the building of safer more resilient communities.